



Sen. Laura Fine

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10200SB3910sam001

LRB102 24062 BMS 36232 a

1 AMENDMENT TO SENATE BILL 3910

2 AMENDMENT NO. _____. Amend Senate Bill 3910 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Uniform Prescription Drug Information Card
5 Act is amended by changing Section 15 as follows:

6 (215 ILCS 138/15)

7 Sec. 15. Uniform prescription drug information cards
8 required.

9 (a) A health benefit plan that issues a physical or
10 electronic card or other technology and provides coverage for
11 prescription drugs or devices and an administrator of such a
12 plan including, but not limited to, third-party administrators
13 for self-insured plans and state-administered plans shall
14 issue to its insureds a card or other technology containing
15 uniform prescription drug information. The uniform
16 prescription drug information card or other technology shall

1 specifically identify and display the following mandatory data
2 elements on the front of the card:

3 (1) BIN number;

4 (2) Processor control number if required for claims
5 adjudication;

6 (3) Group number;

7 (4) Card issuer identifier;

8 (5) Cardholder ID number; ~~and~~

9 (6) The regulatory entity that holds authority over
10 the plan;

11 (7) Any deductible applicable to the plan; if there is
12 a deductible specific to prescription drugs, that shall be
13 the applicable deductible for this card;

14 (8) Any out-of-pocket maximum limitation applicable to
15 the plan; if there is an out-of-pocket maximum limitation
16 specific to prescription drugs, that shall be the
17 applicable limitation for this card;

18 (9) A toll-free telephone number and Internet website
19 address through which the cardholder may seek consumer
20 assistance information, such as up-to-date lists of
21 preferred pharmacist and pharmacy providers and additional
22 information about the plan's prescription drug benefits;
23 and

24 (10) ~~(6)~~ Cardholder name.

25 The uniform prescription drug information card or other
26 technology shall specifically identify and display the

1 following mandatory data elements on the back of the card:

2 (1) Claims submission names and addresses; and

3 (2) Help desk telephone numbers and names.

4 (b) A new uniform prescription drug information card or
5 other technology shall be issued by a health benefit plan upon
6 enrollment and reissued upon any change in the insured's
7 coverage that affects mandatory data elements contained on the
8 card.

9 (c) Notwithstanding subsections (a) and (b) of this
10 Section, a discounted health care services plan administrator
11 providing discounts on prescription drugs or devices shall
12 issue to its beneficiaries a card containing the following
13 mandatory data elements:

14 (1) an Internet website for beneficiaries to access
15 up-to-date lists of preferred providers;

16 (2) a toll-free help desk number for beneficiaries and
17 providers to access up-to-date lists of preferred
18 providers and additional information about the discounted
19 health care services plan;

20 (3) the name or logo of the provider network;

21 (4) a group number;

22 (5) a cardholder ID number;

23 (6) the regulatory entity that holds authority over
24 the plan;

25 (7) ~~(6)~~ the cardholder's name or a space to permit the
26 cardholder to print his or her name, if the cardholder

1 pays a periodic charge for use of the card;

2 (8) ~~(7)~~ a processor control number, if required for
3 claims adjudication; and

4 (9) ~~(8)~~ a statement that the plan is not insurance.

5 (d) As used in this Section, "discounted health care
6 services plan administrator" means any person, partnership, or
7 corporation, other than an insurer, health service
8 corporation, limited health service organization holding a
9 certificate of authority under the Limited Health Service
10 Organization Act, or health maintenance organization holding a
11 certificate of authority under the Health Maintenance
12 Organization Act that arranges, contracts with, or administers
13 contracts with a provider whereby insureds or beneficiaries
14 are provided an incentive to use health care services provided
15 by health care services providers under a discounted health
16 care services plan in which there are no other incentives,
17 such as copayment, coinsurance, or any other reimbursement
18 differential, for beneficiaries to utilize the provider.
19 "Discounted health care services plan administrator" also
20 includes any person, partnership, or corporation, other than
21 an insurer, health service corporation, limited health service
22 organization holding a certificate of authority under the
23 Limited Health Service Organization Act, or health maintenance
24 organization holding a certificate of authority under the
25 Health Maintenance Organization Act that enters into a
26 contract with another administrator to enroll beneficiaries or

1 insureds in a preferred provider program marketed as an
2 independently identifiable program based on marketing
3 materials or member benefit identification cards.

4 (Source: P.A. 96-1326, eff. 1-1-11.)

5 Section 10. The Uniform Health Care Service Benefits
6 Information Card Act is amended by changing Section 15 as
7 follows:

8 (215 ILCS 139/15)

9 Sec. 15. Uniform health care benefit information cards
10 required.

11 (a) A health benefit plan or a dental plan that issues a
12 physical or electronic card or other technology and provides
13 coverage for health care services including prescription drugs
14 or devices also referred to as health care benefits and an
15 administrator of such a plan including, but not limited to,
16 third-party administrators for self-insured plans and
17 state-administered plans shall issue to its insureds a card or
18 other technology containing uniform health care benefit
19 information. The health care benefit information card or other
20 technology shall specifically identify and display the
21 following mandatory data elements on the card:

22 (1) processor control number, if required for claims
23 adjudication;

24 (2) group number;

1 (3) card issuer identifier;

2 (4) cardholder ID number; ~~and~~

3 (5) except for dental plans, the regulatory entity
4 that holds authority over the plan;

5 (6) except for dental plans, any deductible applicable
6 to the plan;

7 (7) except for dental plans, any out-of-pocket maximum
8 limitation applicable to the plan;

9 (8) a toll-free telephone number and Internet website
10 address through which the cardholder may seek consumer
11 assistance information, such as up-to-date lists of
12 preferred providers, including health care professionals,
13 hospitals, and other facilities, offices, or sites that
14 are contracted to furnish items or services under the
15 plan, and additional information about the plan; and

16 (9) ~~(5)~~ cardholder name.

17 (b) The uniform health care benefit information card or
18 other technology shall specifically identify and display the
19 following mandatory data elements on the back of the card:

20 (1) claims submission names and addresses; and

21 (2) help desk telephone numbers and names.

22 (b-5) A uniform health care benefit information card or
23 other technology for a health benefit plan offering dental
24 coverage or dental plan shall include a statement indicating
25 whether the health benefit plan offering dental coverage or
26 dental plan is subject to regulation by the Department of

1 Insurance.

2 (c) A new uniform health care benefit information card or
3 other technology shall be issued by a health benefit plan or
4 dental plan upon enrollment and reissued upon any change in
5 the insured's coverage that affects mandatory data elements
6 contained on the card.

7 (d) Notwithstanding subsections (a), (b), and (c) of this
8 Section, a discounted health care services plan administrator
9 shall issue to its beneficiaries a card containing the
10 following mandatory data elements:

11 (1) an Internet website for beneficiaries to access
12 up-to-date lists of preferred providers;

13 (2) a toll-free help desk number for beneficiaries and
14 providers to access up-to-date lists of preferred
15 providers and additional information about the discounted
16 health care services plan;

17 (3) the name or logo of the provider network;

18 (4) a group number, if necessary for the processing of
19 benefits;

20 (5) a cardholder ID number;

21 (6) the regulatory entity that holds authority over
22 the plan;

23 (7) ~~(6)~~ the cardholder's name or a space to permit the
24 cardholder to print his or her name, if the cardholder
25 pays a periodic charge for use of the card;

26 (8) ~~(7)~~ a processor control number, if required for

1 claims adjudication; and

2 (9) ~~(8)~~ a statement that the plan is not insurance.

3 (e) As used in this Section, "discounted health care
4 services plan administrator" means any person, partnership, or
5 corporation, other than an insurer, health service
6 corporation, limited health service organization holding a
7 certificate of authority under the Limited Health Service
8 Organization Act, or health maintenance organization holding a
9 certificate of authority under the Health Maintenance
10 Organization Act that arranges, contracts with, or administers
11 contracts with a provider whereby insureds or beneficiaries
12 are provided an incentive to use health care services provided
13 by health care services providers under a discounted health
14 care services plan in which there are no other incentives,
15 such as copayment, coinsurance, or any other reimbursement
16 differential, for beneficiaries to utilize the provider.
17 "Discounted health care services plan administrator" also
18 includes any person, partnership, or corporation, other than
19 an insurer, health service corporation, limited health service
20 organization holding a certificate of authority under the
21 Limited Health Service Organization Act, or health maintenance
22 organization holding a certificate of authority under the
23 Health Maintenance Organization Act that enters into a
24 contract with another administrator to enroll beneficiaries or
25 insureds in a preferred provider program marketed as an
26 independently identifiable program based on marketing

1 materials or member benefit identification cards.

2 (Source: P.A. 100-1013, eff. 1-1-19.)

3 Section 99. Effective date. This Act takes effect January

4 1, 2024.".