

1 AN ACT concerning the Comprehensive Health Insurance
2 Plan.

3 Be it enacted by the People of the State of Illinois,
4 represented in the General Assembly:

5 Section 5. The Comprehensive Health Insurance Plan Act
6 is amended by changing Section 15 as follows:

7 (215 ILCS 105/15)

8 Sec. 15. Alternative portable coverage for federally
9 eligible individuals.

10 (a) Notwithstanding the requirements of subsection ~~(a)~~
11 of Section 7 of this Act, any federally eligible individual
12 for whom a Plan application, and such enclosures and
13 supporting documentation as the Board may require, is
14 received by the Board within 90 days after the termination of
15 prior creditable coverage shall qualify to enroll in the Plan
16 under the portability provisions of this Section.

17 (b) Any federally eligible individual seeking Plan
18 coverage under this Section must submit with his or her
19 application evidence, including acceptable written
20 certification of previous creditable coverage, that will
21 establish to the Board's satisfaction, that he or she meets
22 all of the requirements to be a federally eligible individual
23 and is currently and permanently residing in this State (as
24 of the date his or her application was received by the
25 Board).

26 (c) A period of creditable coverage shall not be
27 counted, with respect to qualifying an applicant for Plan
28 coverage as a federally eligible individual under this
29 Section, if after such period and before the application for
30 Plan coverage was received by the Board, there was at least a
31 90 day period during all of which the individual was not

1 covered under any creditable coverage.

2 (d) Any federally eligible individual who the Board
3 determines qualifies for Plan coverage under this Section
4 shall be offered his or her choice of enrolling in one of
5 alternative portability health benefit plans which the Board
6 is authorized under this Section to establish for these
7 federally eligible individuals and their dependents.

8 (e) The Board shall offer a choice of health care
9 coverages consistent with major medical coverage under the
10 alternative health benefit plans authorized by this Section
11 to every federally eligible individual. The coverages to be
12 offered under the plans, the schedule of benefits,
13 deductibles, co-payments, exclusions, and other limitations
14 shall be approved by the Board. One optional form of
15 coverage shall be comparable to comprehensive health
16 insurance coverage offered in the individual market in this
17 State or a standard option of coverage available under the
18 group or individual health insurance laws of the State. The
19 standard benefit plan that is authorized by Section 8 of this
20 Act may be used for this purpose. The Board may also offer a
21 preferred provider option and such other options as the Board
22 determines may be appropriate for these federally eligible
23 individuals who qualify for Plan coverage pursuant to this
24 Section.

25 (f) Notwithstanding the requirements of subsection f. of
26 Section 8, any plan coverage that is issued to federally
27 eligible individuals who qualify for the Plan pursuant to the
28 portability provisions of this Section shall not be subject
29 to any preexisting conditions exclusion, waiting period, or
30 other similar limitation on coverage.

31 (g) Federally eligible individuals who qualify and
32 enroll in the Plan pursuant to this Section shall be required
33 to pay such premium rates as the Board shall establish and
34 approve in accordance with the requirements of Section 7.1 of

1 this Act.

2 (h) A federally eligible individual who qualifies and
3 enrolls in the Plan pursuant to this Section must satisfy on
4 an ongoing basis all of the other eligibility requirements of
5 this Act to the extent not inconsistent with the federal
6 Health Insurance Portability and Accountability Act of 1996
7 in order to maintain continued eligibility for coverage under
8 the Plan.

9 (Source: P.A. 92-153, eff. 7-25-01.)