

Sen. Ira I. Silverstein

Filed: 5/13/2005

LRB094 05056 RAS 46601 a 09400HB3498sam001 AMENDMENT TO HOUSE BILL 3498 1 2 AMENDMENT NO. . Amend House Bill 3498 on page 1, 3 immediately below line 3, by inserting the following: 4 "Section 5. The Illinois Insurance Code is amended by 5 adding Section 356z.7 as follows: (215 ILCS 5/356z.7 new) 6 7 Sec. 356z.7. Coverage for hearing aids for minors. (a) An individual or group policy of accident and health 8 insurance or managed care plan that is amended, delivered, 9 issued, or renewed after the effective date of this amendatory 10 Act of the 94th General Assembly must provide coverage for 11 hearing instruments and related services for children from 12 birth to the age of 18 years when a hearing care professional 13 prescribes a hearing instrument to augment communication. 14 (b) As used in this Section: 15 16 "Hearing care professional" means a person who is a licensed audiologist or a licensed physician. 17 "Hearing instrument" or "hearing aid" means any wearable 18 non-disposable instrument or device designed to aid or 19 compensate for impaired human hearing that cannot be restored 20 21 either medically or surgically and any parts, attachments, or accessories for the instrument or device, including an ear mold 22 but excluding batteries and cords. 23 "Related services" means those services necessary to 24

12

- assess, select, and adjust or fit the hearing instrument to 1 2 ensure optimal performance.
- 3 (c) An insurer shall provide coverage, subject to all 4 applicable co-payments, co-insurance, deductibles, and out-of-pocket limits, for the full cost of one hearing aid per 5 hearing impaired ear, up to \$1,400 every 36 months, for insured 6 7 individuals under 18 years of age and all related services that may be prescribed by a hearing care professional and dispensed 8 by a hearing care professional. The insured may choose a higher 9 priced hearing aid and may pay the difference in cost above the 10

\$1,400 limit without any financial or contractual penalty to

13 (d) An insurer shall not be required to pay a claim filed by its insured for the payment of the cost of a hearing aid 14 covered by this Section if less than 3 years prior to the date 15 of the claim its insured filed a claim for payment of the cost 16 of the hearing aid and the claim was paid by any insurer. 17

the insured or the provider of the hearing aid.

- 18 Section 10. The Health Maintenance Organization Act is 19 amended by changing Section 5-3 as follows:
- (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2) 20
- Sec. 5-3. Insurance Code provisions. 21
- (a) Health Maintenance Organizations shall be subject to 22 23 the provisions of Sections 133, 134, 137, 140, 141.1, 141.2,
- 24 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154, 154.5,
- 154.6, 154.7, 154.8, 155.04, 355.2, 356m, 356v, 356w, 356x, 25
- 26 356y, 356z.2, 356z.4, 356z.5, 356z.6, <u>356z.7</u>, 364.01, 367.2,
- 27 367.2-5, 367i, 368a, 368b, 368c, 368d, 368e, 401, 401.1, 402,
- 403, 403A, 408, 408.2, 409, 412, 444, and 444.1, paragraph (c) 28
- 29 of subsection (2) of Section 367, and Articles IIA, VIII 1/2,
- XII, XII 1/2, XIII, XIII 1/2, XXV, and XXVI of the Illinois 30
- Insurance Code. 31
- (b) For purposes of the Illinois Insurance Code, except for 32

1	Sections 44	4 and	444.1	and	Art	icles	XIII	and	XIII	1/2,	Неа	alth
2	Maintenance	Orga	nizati	ons	in	the	follo	wing	cat	egori	es	are
3	deemed to be	e "dom	estic	compa	anies	s":						

- (1) a corporation authorized under the Dental Service Plan Act or the Voluntary Health Services Plans Act;
- (2) a corporation organized under the laws of this State; or
- (3) a corporation organized under the laws of another state, 30% or more of the enrollees of which are residents of this State, except a corporation subject to substantially the same requirements in its state of organization as is a "domestic company" under Article VIII 1/2 of the Illinois Insurance Code.
- (c) In considering the merger, consolidation, or other acquisition of control of a Health Maintenance Organization pursuant to Article VIII 1/2 of the Illinois Insurance Code,
 - (1) the Director shall give primary consideration to the continuation of benefits to enrollees and the financial conditions of the acquired Health Maintenance Organization after the merger, consolidation, or other acquisition of control takes effect;
 - (2)(i) the criteria specified in subsection (1)(b) of Section 131.8 of the Illinois Insurance Code shall not apply and (ii) the Director, in making his determination with respect to the merger, consolidation, or other acquisition of control, need not take into account the effect on competition of the merger, consolidation, or other acquisition of control;
 - (3) the Director shall have the power to require the following information:
 - (A) certification by an independent actuary of the adequacy of the reserves of the Health Maintenance Organization sought to be acquired;
 - (B) pro forma financial statements reflecting the

2.4

combined balance sheets of the acquiring company and the Health Maintenance Organization sought to be acquired as of the end of the preceding year and as of a date 90 days prior to the acquisition, as well as proforma financial statements reflecting projected combined operation for a period of 2 years;

- (C) a pro forma business plan detailing an acquiring party's plans with respect to the operation of the Health Maintenance Organization sought to be acquired for a period of not less than 3 years; and
- (D) such other information as the Director shall require.
 - (d) The provisions of Article VIII 1/2 of the Illinois Insurance Code and this Section 5-3 shall apply to the sale by any health maintenance organization of greater than 10% of its enrollee population (including without limitation the health maintenance organization's right, title, and interest in and to its health care certificates).
 - (e) In considering any management contract or service agreement subject to Section 141.1 of the Illinois Insurance Code, the Director (i) shall, in addition to the criteria specified in Section 141.2 of the Illinois Insurance Code, take into account the effect of the management contract or service agreement on the continuation of benefits to enrollees and the financial condition of the health maintenance organization to be managed or serviced, and (ii) need not take into account the effect of the management contract or service agreement on competition.
 - (f) Except for small employer groups as defined in the Small Employer Rating, Renewability and Portability Health Insurance Act and except for medicare supplement policies as defined in Section 363 of the Illinois Insurance Code, a Health Maintenance Organization may by contract agree with a group or other enrollment unit to effect refunds or charge additional

premiums under the following terms and conditions:

- (i) the amount of, and other terms and conditions with respect to, the refund or additional premium are set forth in the group or enrollment unit contract agreed in advance of the period for which a refund is to be paid or additional premium is to be charged (which period shall not be less than one year); and
- (ii) the amount of the refund or additional premium not exceed 20% of the Health Maintenance shall Organization's profitable or unprofitable experience with respect to the group or other enrollment unit for the period (and, for purposes of a refund or additional premium, the profitable or unprofitable experience shall be calculated taking into account a pro rata share of the Health Maintenance Organization's administrative marketing expenses, but shall not include any refund to be made or additional premium to be paid pursuant to this subsection (f)). The Health Maintenance Organization and the group or enrollment unit may agree that the profitable or unprofitable experience may be calculated taking into account the refund period and the immediately preceding 2 plan years.

The Health Maintenance Organization shall include a statement in the evidence of coverage issued to each enrollee describing the possibility of a refund or additional premium, and upon request of any group or enrollment unit, provide to the group or enrollment unit a description of the method used to calculate (1) the Health Maintenance Organization's profitable experience with respect to the group or enrollment unit and the resulting refund to the group or enrollment unit or (2) the Health Maintenance Organization's unprofitable experience with respect to the group or enrollment unit and the resulting additional premium to be paid by the group or enrollment unit.

- 1 In no event shall the Illinois Health Maintenance
- 2 Organization Guaranty Association be liable to pay any
- 3 contractual obligation of an insolvent organization to pay any
- 4 refund authorized under this Section.
- 5 (Source: P.A. 92-764, eff. 1-1-03; 93-102, eff. 1-1-04; 93-261,
- eff. 1-1-04; 93-477, eff. 8-8-03; 93-529, eff. 8-14-03; 93-853,
- 7 eff. 1-1-05; 93-1000, eff. 1-1-05; revised 10-14-04.)
- 8 Section 15. The Voluntary Health Services Plans Act is
- 9 amended by changing Section 10 as follows:
- 10 (215 ILCS 165/10) (from Ch. 32, par. 604)
- 11 Sec. 10. Application of Insurance Code provisions. Health
- 12 services plan corporations and all persons interested therein
- or dealing therewith shall be subject to the provisions of
- 14 Articles IIA and XII 1/2 and Sections 3.1, 133, 140, 143, 143c,
- 15 149, 155.37, 354, 355.2, 356r, 356t, 356u, 356v, 356w, 356x,
- 356y, 356z.1, 356z.2, 356z.4, 356z.5, 356z.6, <u>356z.7</u>, 364.01,
- 17 367.2, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, and 412,
- and paragraphs (7) and (15) of Section 367 of the Illinois
- 19 Insurance Code.
- 20 (Source: P.A. 92-130, eff. 7-20-01; 92-440, eff. 8-17-01;
- 21 92-651, eff. 7-11-02; 92-764, eff. 1-1-03; 93-102, eff. 1-1-04;
- 22 93-529, eff. 8-14-03; 93-853, eff. 1-1-05; 93-1000, eff.
- 23 1-1-05; revised 10-14-04.)"; and
- on page 1, line 4, by replacing "Section 5." with "Section
- 25 20.".