



Rep. Harry Osterman

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09600HB1723ham001

LRB096 05356 RPM 22476 a

1 AMENDMENT TO HOUSE BILL 1723

2 AMENDMENT NO. _____. Amend House Bill 1723 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The State Employees Group Insurance Act of 1971
5 is amended by changing Section 6.11 as follows:

6 (5 ILCS 375/6.11)

7 (Text of Section before amendment by P.A. 95-958)

8 Sec. 6.11. Required health benefits; Illinois Insurance
9 Code requirements. The program of health benefits shall provide
10 the post-mastectomy care benefits required to be covered by a
11 policy of accident and health insurance under Section 356t of
12 the Illinois Insurance Code. The program of health benefits
13 shall provide the coverage required under Sections 356g.5,
14 356u, 356w, 356x, 356z.2, 356z.4, 356z.6, 356z.9, 356z.10,
15 356z.13 ~~356z.11~~, ~~and~~ 356z.14, and 356z.15 of the Illinois
16 Insurance Code. The program of health benefits must comply with

1 Section 155.37 of the Illinois Insurance Code.

2 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
3 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-978, eff.
4 1-1-09; 95-1005, eff. 12-12-08; revised 12-15-08.)

5 (Text of Section after amendment by P.A. 95-958)

6 Sec. 6.11. Required health benefits; Illinois Insurance
7 Code requirements. The program of health benefits shall provide
8 the post-mastectomy care benefits required to be covered by a
9 policy of accident and health insurance under Section 356t of
10 the Illinois Insurance Code. The program of health benefits
11 shall provide the coverage required under Sections 356g.5,
12 356u, 356w, 356x, 356z.2, 356z.4, 356z.6, 356z.9, 356z.10,
13 356z.11, ~~and 356z.12, 356z.13~~ 356z.11, and 356z.14, and 356z.15
14 of the Illinois Insurance Code. The program of health benefits
15 must comply with Section 155.37 of the Illinois Insurance Code.
16 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
17 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-958, eff.
18 6-1-09; 95-978, eff. 1-1-09; 95-1005, eff. 12-12-08; revised
19 12-15-08.)

20 Section 10. The Counties Code is amended by changing
21 Section 5-1069.3 as follows:

22 (55 ILCS 5/5-1069.3)

23 (Text of Section before amendment by P.A. 95-958)

1 Sec. 5-1069.3. Required health benefits. If a county,
2 including a home rule county, is a self-insurer for purposes of
3 providing health insurance coverage for its employees, the
4 coverage shall include coverage for the post-mastectomy care
5 benefits required to be covered by a policy of accident and
6 health insurance under Section 356t and the coverage required
7 under Sections 356g.5, 356u, 356w, 356x, 356z.6, 356z.9,
8 356z.10, 356z.13 ~~356z.11~~, and 356z.14, and 356z.15 of the
9 Illinois Insurance Code. The requirement that health benefits
10 be covered as provided in this Section is an exclusive power
11 and function of the State and is a denial and limitation under
12 Article VII, Section 6, subsection (h) of the Illinois
13 Constitution. A home rule county to which this Section applies
14 must comply with every provision of this Section.

15 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
16 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-978, eff.
17 1-1-09; 95-1005, eff. 12-12-08; revised 12-15-08.)

18 (Text of Section after amendment by P.A. 95-958)

19 Sec. 5-1069.3. Required health benefits. If a county,
20 including a home rule county, is a self-insurer for purposes of
21 providing health insurance coverage for its employees, the
22 coverage shall include coverage for the post-mastectomy care
23 benefits required to be covered by a policy of accident and
24 health insurance under Section 356t and the coverage required
25 under Sections 356g.5, 356u, 356w, 356x, 356z.6, 356z.9,

1 356z.10, 356z.11, ~~and 356z.12,~~ 356z.13 ~~356z.11,~~ ~~and 356z.14,~~
2 and 356z.15 of the Illinois Insurance Code. The requirement
3 that health benefits be covered as provided in this Section is
4 an exclusive power and function of the State and is a denial
5 and limitation under Article VII, Section 6, subsection (h) of
6 the Illinois Constitution. A home rule county to which this
7 Section applies must comply with every provision of this
8 Section.

9 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
10 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-958, eff.
11 6-1-09; 95-978, eff. 1-1-09; 95-1005, eff. 12-12-08; revised
12 12-15-08.)

13 Section 15. The Illinois Municipal Code is amended by
14 changing Section 10-4-2.3 as follows:

15 (65 ILCS 5/10-4-2.3)

16 (Text of Section before amendment by P.A. 95-958)

17 Sec. 10-4-2.3. Required health benefits. If a
18 municipality, including a home rule municipality, is a
19 self-insurer for purposes of providing health insurance
20 coverage for its employees, the coverage shall include coverage
21 for the post-mastectomy care benefits required to be covered by
22 a policy of accident and health insurance under Section 356t
23 and the coverage required under Sections 356g.5, 356u, 356w,
24 356x, 356z.6, 356z.9, 356z.10, 356z.13 ~~356z.11,~~ ~~and 356z.14,~~

1 and 356z.15 of the Illinois Insurance Code. The requirement
2 that health benefits be covered as provided in this is an
3 exclusive power and function of the State and is a denial and
4 limitation under Article VII, Section 6, subsection (h) of the
5 Illinois Constitution. A home rule municipality to which this
6 Section applies must comply with every provision of this
7 Section.

8 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
9 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-978, eff.
10 1-1-09; 95-1005, eff. 12-12-08; revised 12-15-08.)

11 (Text of Section after amendment by P.A. 95-958)

12 Sec. 10-4-2.3. Required health benefits. If a
13 municipality, including a home rule municipality, is a
14 self-insurer for purposes of providing health insurance
15 coverage for its employees, the coverage shall include coverage
16 for the post-mastectomy care benefits required to be covered by
17 a policy of accident and health insurance under Section 356t
18 and the coverage required under Sections 356g.5, 356u, 356w,
19 356x, 356z.6, 356z.9, 356z.10, 356z.11, ~~and~~ 356z.12, 356z.13
20 ~~356z.11, and~~ 356z.14, and 356z.15 of the Illinois Insurance
21 Code. The requirement that health benefits be covered as
22 provided in this is an exclusive power and function of the
23 State and is a denial and limitation under Article VII, Section
24 6, subsection (h) of the Illinois Constitution. A home rule
25 municipality to which this Section applies must comply with

1 every provision of this Section.

2 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
3 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-958, eff.
4 6-1-09; 95-978, eff. 1-1-09; 95-1005, eff. 12-12-08; revised
5 12-15-08.)

6 Section 20. The School Code is amended by changing Section
7 10-22.3f as follows:

8 (105 ILCS 5/10-22.3f)

9 (Text of Section before amendment by P.A. 95-958)

10 Sec. 10-22.3f. Required health benefits. Insurance
11 protection and benefits for employees shall provide the
12 post-mastectomy care benefits required to be covered by a
13 policy of accident and health insurance under Section 356t and
14 the coverage required under Sections 356g.5, 356u, 356w, 356x,
15 356z.6, 356z.9, 356z.13 ~~and 356z.11~~, ~~and~~ 356z.14, and 356z.15
16 of the Illinois Insurance Code.

17 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
18 95-876, eff. 8-21-08; 95-978, eff. 1-1-09; 95-1005, eff.
19 12-12-08; revised 12-15-08.)

20 (Text of Section after amendment by P.A. 95-958)

21 Sec. 10-22.3f. Required health benefits. Insurance
22 protection and benefits for employees shall provide the
23 post-mastectomy care benefits required to be covered by a

1 policy of accident and health insurance under Section 356t and
2 the coverage required under Sections 356g.5, 356u, 356w, 356x,
3 356z.6, 356z.9, 356z.11, ~~and 356z.12, 356z.13 and 356z.11, and~~
4 356z.14, and 356z.15 of the Illinois Insurance Code.

5 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
6 95-876, eff. 8-21-08; 95-958, eff. 6-1-09; 95-978, eff. 1-1-09;
7 95-1005, 12-12-08; revised 12-15-08.)

8 Section 25. The Illinois Insurance Code is amended by
9 adding Section 356z.15 as follows:

10 (215 ILCS 5/356z.15 new)

11 Sec. 356z.15. Lymphedema.

12 (a) A group or individual policy of accident and health
13 insurance or managed care plan amended, delivered, issued, or
14 renewed after the effective date of this amendatory Act of the
15 96th General Assembly must provide coverage for lymphedema
16 screening and treatment to the extent that such benefits are
17 not already covered by the policy of accident and health
18 insurance or managed care plan.

19 (b) Coverage under this Section shall be subject to
20 copayment, deductible, and coinsurance provisions of a policy
21 of accident and health insurance or managed care plan to the
22 extent that other medical services covered by the policy of
23 accident and health insurance or managed care plan are subject
24 to these provisions.

1 (c) This Section shall not be construed as limiting
2 benefits that are otherwise available to an individual under a
3 policy of accident and health insurance or managed care plan
4 and benefits provided under this Section may not be subject to
5 dollar limits, deductibles, copayments, or coinsurance
6 provisions that are less favorable to the insured than the
7 dollar limits, deductibles, or coinsurance provisions that
8 apply to physical illness generally.

9 Section 30. The Health Maintenance Organization Act is
10 amended by changing Section 5-3 as follows:

11 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

12 (Text of Section before amendment by P.A. 95-958)

13 Sec. 5-3. Insurance Code provisions.

14 (a) Health Maintenance Organizations shall be subject to
15 the provisions of Sections 133, 134, 137, 140, 141.1, 141.2,
16 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154, 154.5,
17 154.6, 154.7, 154.8, 155.04, 355.2, 356m, 356v, 356w, 356x,
18 356y, 356z.2, 356z.4, 356z.5, 356z.6, 356z.8, 356z.9, 356z.10,
19 356z.13 ~~356z.11~~, 356z.14, 356z.15, 364.01, 367.2, 367.2-5,
20 367i, 368a, 368b, 368c, 368d, 368e, 370c, 401, 401.1, 402, 403,
21 403A, 408, 408.2, 409, 412, 444, and 444.1, paragraph (c) of
22 subsection (2) of Section 367, and Articles IIA, VIII 1/2, XII,
23 XII 1/2, XIII, XIII 1/2, XXV, and XXVI of the Illinois
24 Insurance Code.

1 (b) For purposes of the Illinois Insurance Code, except for
2 Sections 444 and 444.1 and Articles XIII and XIII 1/2, Health
3 Maintenance Organizations in the following categories are
4 deemed to be "domestic companies":

5 (1) a corporation authorized under the Dental Service
6 Plan Act or the Voluntary Health Services Plans Act;

7 (2) a corporation organized under the laws of this
8 State; or

9 (3) a corporation organized under the laws of another
10 state, 30% or more of the enrollees of which are residents
11 of this State, except a corporation subject to
12 substantially the same requirements in its state of
13 organization as is a "domestic company" under Article VIII
14 1/2 of the Illinois Insurance Code.

15 (c) In considering the merger, consolidation, or other
16 acquisition of control of a Health Maintenance Organization
17 pursuant to Article VIII 1/2 of the Illinois Insurance Code,

18 (1) the Director shall give primary consideration to
19 the continuation of benefits to enrollees and the financial
20 conditions of the acquired Health Maintenance Organization
21 after the merger, consolidation, or other acquisition of
22 control takes effect;

23 (2) (i) the criteria specified in subsection (1) (b) of
24 Section 131.8 of the Illinois Insurance Code shall not
25 apply and (ii) the Director, in making his determination
26 with respect to the merger, consolidation, or other

1 acquisition of control, need not take into account the
2 effect on competition of the merger, consolidation, or
3 other acquisition of control;

4 (3) the Director shall have the power to require the
5 following information:

6 (A) certification by an independent actuary of the
7 adequacy of the reserves of the Health Maintenance
8 Organization sought to be acquired;

9 (B) pro forma financial statements reflecting the
10 combined balance sheets of the acquiring company and
11 the Health Maintenance Organization sought to be
12 acquired as of the end of the preceding year and as of
13 a date 90 days prior to the acquisition, as well as pro
14 forma financial statements reflecting projected
15 combined operation for a period of 2 years;

16 (C) a pro forma business plan detailing an
17 acquiring party's plans with respect to the operation
18 of the Health Maintenance Organization sought to be
19 acquired for a period of not less than 3 years; and

20 (D) such other information as the Director shall
21 require.

22 (d) The provisions of Article VIII 1/2 of the Illinois
23 Insurance Code and this Section 5-3 shall apply to the sale by
24 any health maintenance organization of greater than 10% of its
25 enrollee population (including without limitation the health
26 maintenance organization's right, title, and interest in and to

1 its health care certificates).

2 (e) In considering any management contract or service
3 agreement subject to Section 141.1 of the Illinois Insurance
4 Code, the Director (i) shall, in addition to the criteria
5 specified in Section 141.2 of the Illinois Insurance Code, take
6 into account the effect of the management contract or service
7 agreement on the continuation of benefits to enrollees and the
8 financial condition of the health maintenance organization to
9 be managed or serviced, and (ii) need not take into account the
10 effect of the management contract or service agreement on
11 competition.

12 (f) Except for small employer groups as defined in the
13 Small Employer Rating, Renewability and Portability Health
14 Insurance Act and except for medicare supplement policies as
15 defined in Section 363 of the Illinois Insurance Code, a Health
16 Maintenance Organization may by contract agree with a group or
17 other enrollment unit to effect refunds or charge additional
18 premiums under the following terms and conditions:

19 (i) the amount of, and other terms and conditions with
20 respect to, the refund or additional premium are set forth
21 in the group or enrollment unit contract agreed in advance
22 of the period for which a refund is to be paid or
23 additional premium is to be charged (which period shall not
24 be less than one year); and

25 (ii) the amount of the refund or additional premium
26 shall not exceed 20% of the Health Maintenance

1 Organization's profitable or unprofitable experience with
2 respect to the group or other enrollment unit for the
3 period (and, for purposes of a refund or additional
4 premium, the profitable or unprofitable experience shall
5 be calculated taking into account a pro rata share of the
6 Health Maintenance Organization's administrative and
7 marketing expenses, but shall not include any refund to be
8 made or additional premium to be paid pursuant to this
9 subsection (f)). The Health Maintenance Organization and
10 the group or enrollment unit may agree that the profitable
11 or unprofitable experience may be calculated taking into
12 account the refund period and the immediately preceding 2
13 plan years.

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

26 In no event shall the Illinois Health Maintenance

1 Organization Guaranty Association be liable to pay any
2 contractual obligation of an insolvent organization to pay any
3 refund authorized under this Section.

4 (Source: P.A. 94-906, eff. 1-1-07; 94-1076, eff. 12-29-06;
5 95-422, eff. 8-24-07; 95-520, eff. 8-28-07; 95-876, eff.
6 8-21-08; 95-978, eff. 1-1-09; 95-1005, eff. 12-12-08; revised
7 12-15-08.)

8 (Text of Section after amendment by P.A. 95-958)

9 Sec. 5-3. Insurance Code provisions.

10 (a) Health Maintenance Organizations shall be subject to
11 the provisions of Sections 133, 134, 137, 140, 141.1, 141.2,
12 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154, 154.5,
13 154.6, 154.7, 154.8, 155.04, 355.2, 356m, 356v, 356w, 356x,
14 356y, 356z.2, 356z.4, 356z.5, 356z.6, 356z.8, 356z.9, 356z.10,
15 356z.11, 356z.12, 356z.13 ~~356z.11~~, 356z.14, 356z.15, 364.01,
16 367.2, 367.2-5, 367i, 368a, 368b, 368c, 368d, 368e, 370c, 401,
17 401.1, 402, 403, 403A, 408, 408.2, 409, 412, 444, and 444.1,
18 paragraph (c) of subsection (2) of Section 367, and Articles
19 IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and XXVI of
20 the Illinois Insurance Code.

21 (b) For purposes of the Illinois Insurance Code, except for
22 Sections 444 and 444.1 and Articles XIII and XIII 1/2, Health
23 Maintenance Organizations in the following categories are
24 deemed to be "domestic companies":

25 (1) a corporation authorized under the Dental Service

1 Plan Act or the Voluntary Health Services Plans Act;

2 (2) a corporation organized under the laws of this
3 State; or

4 (3) a corporation organized under the laws of another
5 state, 30% or more of the enrollees of which are residents
6 of this State, except a corporation subject to
7 substantially the same requirements in its state of
8 organization as is a "domestic company" under Article VIII
9 1/2 of the Illinois Insurance Code.

10 (c) In considering the merger, consolidation, or other
11 acquisition of control of a Health Maintenance Organization
12 pursuant to Article VIII 1/2 of the Illinois Insurance Code,

13 (1) the Director shall give primary consideration to
14 the continuation of benefits to enrollees and the financial
15 conditions of the acquired Health Maintenance Organization
16 after the merger, consolidation, or other acquisition of
17 control takes effect;

18 (2) (i) the criteria specified in subsection (1) (b) of
19 Section 131.8 of the Illinois Insurance Code shall not
20 apply and (ii) the Director, in making his determination
21 with respect to the merger, consolidation, or other
22 acquisition of control, need not take into account the
23 effect on competition of the merger, consolidation, or
24 other acquisition of control;

25 (3) the Director shall have the power to require the
26 following information:

1 (A) certification by an independent actuary of the
2 adequacy of the reserves of the Health Maintenance
3 Organization sought to be acquired;

4 (B) pro forma financial statements reflecting the
5 combined balance sheets of the acquiring company and
6 the Health Maintenance Organization sought to be
7 acquired as of the end of the preceding year and as of
8 a date 90 days prior to the acquisition, as well as pro
9 forma financial statements reflecting projected
10 combined operation for a period of 2 years;

11 (C) a pro forma business plan detailing an
12 acquiring party's plans with respect to the operation
13 of the Health Maintenance Organization sought to be
14 acquired for a period of not less than 3 years; and

15 (D) such other information as the Director shall
16 require.

17 (d) The provisions of Article VIII 1/2 of the Illinois
18 Insurance Code and this Section 5-3 shall apply to the sale by
19 any health maintenance organization of greater than 10% of its
20 enrollee population (including without limitation the health
21 maintenance organization's right, title, and interest in and to
22 its health care certificates).

23 (e) In considering any management contract or service
24 agreement subject to Section 141.1 of the Illinois Insurance
25 Code, the Director (i) shall, in addition to the criteria
26 specified in Section 141.2 of the Illinois Insurance Code, take

1 into account the effect of the management contract or service
2 agreement on the continuation of benefits to enrollees and the
3 financial condition of the health maintenance organization to
4 be managed or serviced, and (ii) need not take into account the
5 effect of the management contract or service agreement on
6 competition.

7 (f) Except for small employer groups as defined in the
8 Small Employer Rating, Renewability and Portability Health
9 Insurance Act and except for medicare supplement policies as
10 defined in Section 363 of the Illinois Insurance Code, a Health
11 Maintenance Organization may by contract agree with a group or
12 other enrollment unit to effect refunds or charge additional
13 premiums under the following terms and conditions:

14 (i) the amount of, and other terms and conditions with
15 respect to, the refund or additional premium are set forth
16 in the group or enrollment unit contract agreed in advance
17 of the period for which a refund is to be paid or
18 additional premium is to be charged (which period shall not
19 be less than one year); and

20 (ii) the amount of the refund or additional premium
21 shall not exceed 20% of the Health Maintenance
22 Organization's profitable or unprofitable experience with
23 respect to the group or other enrollment unit for the
24 period (and, for purposes of a refund or additional
25 premium, the profitable or unprofitable experience shall
26 be calculated taking into account a pro rata share of the

1 Health Maintenance Organization's administrative and
2 marketing expenses, but shall not include any refund to be
3 made or additional premium to be paid pursuant to this
4 subsection (f)). The Health Maintenance Organization and
5 the group or enrollment unit may agree that the profitable
6 or unprofitable experience may be calculated taking into
7 account the refund period and the immediately preceding 2
8 plan years.

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

21 In no event shall the Illinois Health Maintenance
22 Organization Guaranty Association be liable to pay any
23 contractual obligation of an insolvent organization to pay any
24 refund authorized under this Section.

25 (Source: P.A. 94-906, eff. 1-1-07; 94-1076, eff. 12-29-06;
26 95-422, eff. 8-24-07; 95-520, eff. 8-28-07; 95-876, eff.

1 8-21-08; 95-958, eff. 6-1-09; 95-978, eff. 1-1-09; 95-1005,
2 eff. 12-12-08; revised 12-15-08.)

3 Section 35. The Limited Health Service Organization Act is
4 amended by changing Section 4003 as follows:

5 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

6 Sec. 4003. Illinois Insurance Code provisions. Limited
7 health service organizations shall be subject to the provisions
8 of Sections 133, 134, 137, 140, 141.1, 141.2, 141.3, 143, 143c,
9 147, 148, 149, 151, 152, 153, 154, 154.5, 154.6, 154.7, 154.8,
10 155.04, 155.37, 355.2, 356v, 356z.10, 356z.15, 368a, 401,
11 401.1, 402, 403, 403A, 408, 408.2, 409, 412, 444, and 444.1 and
12 Articles IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and
13 XXVI of the Illinois Insurance Code. For purposes of the
14 Illinois Insurance Code, except for Sections 444 and 444.1 and
15 Articles XIII and XIII 1/2, limited health service
16 organizations in the following categories are deemed to be
17 domestic companies:

18 (1) a corporation under the laws of this State; or

19 (2) a corporation organized under the laws of another
20 state, 30% of more of the enrollees of which are residents
21 of this State, except a corporation subject to
22 substantially the same requirements in its state of
23 organization as is a domestic company under Article VIII
24 1/2 of the Illinois Insurance Code.

1 (Source: P.A. 95-520, eff. 8-28-07; 95-876, eff. 8-21-08.)

2 Section 40. The Voluntary Health Services Plans Act is
3 amended by changing Section 10 as follows:

4 (215 ILCS 165/10) (from Ch. 32, par. 604)

5 (Text of Section before amendment by P.A. 95-958)

6 Sec. 10. Application of Insurance Code provisions. Health
7 services plan corporations and all persons interested therein
8 or dealing therewith shall be subject to the provisions of
9 Articles IIA and XII 1/2 and Sections 3.1, 133, 140, 143, 143c,
10 149, 155.37, 354, 355.2, 356g.5, 356r, 356t, 356u, 356v, 356w,
11 356x, 356y, 356z.1, 356z.2, 356z.4, 356z.5, 356z.6, 356z.8,
12 356z.9, 356z.10, 356z.13 ~~356z.11~~, 356z.14, 356z.15, 364.01,
13 367.2, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, and 412,
14 and paragraphs (7) and (15) of Section 367 of the Illinois
15 Insurance Code.

16 (Source: P.A. 94-1076, eff. 12-29-06; 95-189, eff. 8-16-07;
17 95-331, eff. 8-21-07; 95-422, eff. 8-24-07; 95-520, eff.
18 8-28-07; 95-876, eff. 8-21-08; 95-978, eff. 1-1-09; 95-1005,
19 eff. 12-12-08; revised 12-15-08.)

20 (Text of Section after amendment by P.A. 95-958)

21 Sec. 10. Application of Insurance Code provisions. Health
22 services plan corporations and all persons interested therein
23 or dealing therewith shall be subject to the provisions of

1 Articles IIA and XII 1/2 and Sections 3.1, 133, 140, 143, 143c,
2 149, 155.37, 354, 355.2, 356g.5, 356r, 356t, 356u, 356v, 356w,
3 356x, 356y, 356z.1, 356z.2, 356z.4, 356z.5, 356z.6, 356z.8,
4 356z.9, 356z.10, 356z.11, 356z.12, 356z.13 ~~356z.11~~, 356z.14,
5 356z.15, 364.01, 367.2, 368a, 401, 401.1, 402, 403, 403A, 408,
6 408.2, and 412, and paragraphs (7) and (15) of Section 367 of
7 the Illinois Insurance Code.

8 (Source: P.A. 94-1076, eff. 12-29-06; 95-189, eff. 8-16-07;
9 95-331, eff. 8-21-07; 95-422, eff. 8-24-07; 95-520, eff.
10 8-28-07; 95-876, eff. 8-21-08; 95-958, eff. 6-1-09; 95-978,
11 eff. 1-1-09; 95-1005, eff. 12-12-08; revised 12-15-08.)

12 Section 95. No acceleration or delay. Where this Act makes
13 changes in a statute that is represented in this Act by text
14 that is not yet or no longer in effect (for example, a Section
15 represented by multiple versions), the use of that text does
16 not accelerate or delay the taking effect of (i) the changes
17 made by this Act or (ii) provisions derived from any other
18 Public Act."