

1 AN ACT concerning insurance.

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

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 card or other
10 technology and provides coverage for prescription drugs or
11 devices and an administrator of such a plan including, but not
12 limited to, third-party administrators for self-insured plans
13 and state-administered plans shall issue to its insureds a card
14 or other technology containing uniform prescription drug
15 information. The uniform prescription drug information card or
16 other technology shall specifically identify and display the
17 following mandatory data elements on the front of the card:

18 (1) BIN number;

19 (2) Processor control number if required for claims
20 adjudication;

21 (3) Group number;

22 (4) Card issuer identifier;

23 (5) Cardholder ID number; and

1 (6) Cardholder name.

2 The uniform prescription drug information card or other
3 technology shall specifically identify and display the
4 following mandatory data elements on the back of the card:

5 (1) Claims submission names and addresses; and

6 (2) Help desk telephone numbers and names.

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

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

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

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

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

24 (4) a BIN number;

25 (5) a group number;

26 (6) a cardholder ID number;

1 (7) the cardholder's name or a space to permit the
2 cardholder to print his or her name, if the cardholder pays
3 a periodic charge for use of the card;

4 (8) a processor control number, if required for claims
5 adjudication; and

6 (9) a statement that the plan is not insurance.

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

1 Health Maintenance Organization Act that enters into a contract
2 with another administrator to enroll beneficiaries or insureds
3 in a preferred provider program marketed as an independently
4 identifiable program based on marketing materials or member
5 benefit identification cards.

6 (Source: P.A. 91-777, eff. 1-1-01.)

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

10 (215 ILCS 139/15)

11 Sec. 15. Uniform health care benefit information cards
12 required.

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

24 (1) processor control number, if required for claims

1 adjudication;

2 (2) group number;

3 (3) card issuer identifier;

4 (4) cardholder ID number; and

5 (5) cardholder name.

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

9 (1) claims submission names and addresses; and

10 (2) help desk telephone numbers and names.

11 (c) A new uniform health care benefit information card or
12 other technology shall be issued by a health benefit plan upon
13 enrollment and reissued upon any change in the insured's
14 coverage that affects mandatory data elements contained on the
15 card.

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

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

22 (2) a toll-free help desk number for beneficiaries and
23 providers to access up-to-date lists of preferred
24 providers and additional information about the discounted
25 health care services plan;

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

1 (4) a group number, if necessary for the processing of
2 benefits;

3 (5) a cardholder ID number;

4 (6) the cardholder's name or a space to permit the
5 cardholder to print his or her name, if the cardholder pays
6 a periodic charge for use of the card;

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

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

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

1 organization holding a certificate of authority under the
2 Limited Health Service Organization Act, or health maintenance
3 organization holding a certificate of authority under the
4 Health Maintenance Organization Act that enters into a contract
5 with another administrator to enroll beneficiaries or insureds
6 in a preferred provider program marketed as an independently
7 identifiable program based on marketing materials or member
8 benefit identification cards.

9 (Source: P.A. 92-106, eff. 1-1-02.)