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 Health Maintenance Organization Act is
5 amended by changing Sections 1-2 and 4-14 and by adding Section
6 4-20 as follows:

7 (215 ILCS 125/1-2) (from Ch. 111 1/2, par. 1402)
8 Sec. 1-2. Definitions. As used in this Act, unless the
9 context otherwise requires, the following terms shall have the
10 meanings ascribed to them:
11 (1) "Advertisement" means any printed or published
12 material, audiovisual material and descriptive literature of
13 the health care plan used in direct mail, newspapers,
14 magazines, radio scripts, television scripts, billboards and
15 similar displays; and any descriptive literature or sales aids
16 of all kinds disseminated by a representative of the health
17 care plan for presentation to the public including, but not
18 limited to, circulars, leaflets, booklets, depictions,
19 illustrations, form letters and prepared sales presentations.
20 (2) "Director" means the Director of Insurance.
21 (3) "Basic health care services" means emergency care, and
22 inpatient hospital and physician care, outpatient medical
23 services, mental health services and care for alcohol and drug

abuse, including any reasonable deductibles and co-payments, all of which are subject to the ~~such~~ limitations described in Section 4-20 of this Act and as ~~are~~ determined by the Director pursuant to rule.

(4) "Enrollee" means an individual who has been enrolled in a health care plan.

(5) "Evidence of coverage" means any certificate, agreement, or contract issued to an enrollee setting out the coverage to which he is entitled in exchange for a per capita prepaid sum.

(6) "Group contract" means a contract for health care services which by its terms limits eligibility to members of a specified group.

(7) "Health care plan" means any arrangement whereby any organization undertakes to provide or arrange for and pay for or reimburse the cost of basic health care services, excluding any reasonable deductibles and copayments, from providers selected by the Health Maintenance Organization and such arrangement consists of arranging for or the provision of such health care services, as distinguished from mere indemnification against the cost of such services, except as otherwise authorized by Section 2-3 of this Act, on a per capita prepaid basis, through insurance or otherwise. A "health care plan" also includes any arrangement whereby an organization undertakes to provide or arrange for or pay for or reimburse the cost of any health care service for persons who

1 are enrolled under Article V of the Illinois Public Aid Code or
2 under the Children's Health Insurance Program Act through
3 providers selected by the organization and the arrangement
4 consists of making provision for the delivery of health care
5 services, as distinguished from mere indemnification. A
6 "health care plan" also includes any arrangement pursuant to
7 Section 4-17. Nothing in this definition, however, affects the
8 total medical services available to persons eligible for
9 medical assistance under the Illinois Public Aid Code.
10 (8) "Health care services" means any services included in
11 the furnishing to any individual of medical or dental care, or
12 the hospitalization or incident to the furnishing of such care
13 or hospitalization as well as the furnishing to any person of
14 any and all other services for the purpose of preventing,
15 alleviating, curing or healing human illness or injury.
16 (9) "Health Maintenance Organization" means any
17 organization formed under the laws of this or another state to
18 provide or arrange for one or more health care plans under a
19 system which causes any part of the risk of health care
20 delivery to be borne by the organization or its providers.
21 (10) "Net worth" means admitted assets, as defined in
22 Section 1-3 of this Act, minus liabilities.
23 (11) "Organization" means any insurance company, a
24 nonprofit corporation authorized under the Dental Service Plan
25 Act or the Voluntary Health Services Plans Act, or a
26 corporation organized under the laws of this or another state

1 for the purpose of operating one or more health care plans and
2 doing no business other than that of a Health Maintenance
3 Organization or an insurance company. "Organization" shall
4 also mean the University of Illinois Hospital as defined in the
5 University of Illinois Hospital Act.

6 (12) "Provider" means any physician, hospital facility, or
7 other person which is licensed or otherwise authorized to
8 furnish health care services and also includes any other entity
9 that arranges for the delivery or furnishing of health care
10 service.

11 (13) "Producer" means a person directly or indirectly
12 associated with a health care plan who engages in solicitation
13 or enrollment.

14 (14) "Per capita prepaid" means a basis of prepayment by
15 which a fixed amount of money is prepaid per individual or any
16 other enrollment unit to the Health Maintenance Organization or
17 for health care services which are provided during a definite
18 time period regardless of the frequency or extent of the
19 services rendered by the Health Maintenance Organization,
20 except for copayments and deductibles and except as provided in
21 subsection (f) of Section 5-3 of this Act.

22 (15) "Subscriber" means a person who has entered into a
23 contractual relationship with the Health Maintenance
24 Organization for the provision of or arrangement of at least
25 basic health care services to the beneficiaries of such
26 contract.

(Source: P.A. 92-370, eff. 8-15-01.)

(215 ILCS 125/4-14) (from Ch. 111 1/2, par. 1409.7)

Sec. 4-14. Evidence of Coverage.

(a) Every subscriber shall be issued an evidence of coverage, which shall contain a clear and complete statement of:

(1) The health services to which each enrollee is entitled;

(2) Eligibility requirements indicating the conditions which must be met to enroll in a Health Care Plan;

(3) Any limitation of the services, kinds of services or benefits to be provided, and exclusions, including any reasonable deductibles, copayments, ~~co-payment,~~ or other charges;

(4) The terms or conditions upon which coverage may be cancelled or otherwise terminated;

(5) Where and in what manner information is available as to where and how services may be obtained; and

(6) The method for resolving complaints.

(b) Any amendment to the evidence of coverage may be provided to the subscriber in a separate document.

(Source: P.A. 86-620.)

(215 ILCS 125/4-20 new)

Sec. 4-20. Deductibles and copayments.

1 (a) A Health Maintenance Organization may require
2 deductibles and copayments of enrollees as a condition for the
3 receipt of specific health care services, including basic
4 health care services. Deductibles and copayments shall be the
5 only allowable charges, other than premiums, assessed
6 enrollees. Nothing within this subsection (a) shall preclude
7 the provider from charging reasonable administrative fees,
8 such as service fees for checks returned for non-sufficient
9 funds and missed appointments.
10 (b) Deductibles and copayments shall be for specific dollar
11 amounts or for specific percentages of the cost of the health
12 care services.
13 (c) No combination of deductibles and copayments paid for
14 the receipt of basic health care services may exceed the annual
15 maximum out-of-pocket expenses of a high deductible health plan
16 as defined in 26 U.S.C. 223.
17 (d) Deductibles and copayments applicable to supplemental
18 health care services, catastrophic-only plans as defined under
19 the federal Affordable Care Act, or pre-existing conditions are
20 not subject to the annual limitations described in this
21 Section.
22 (e) This Section applies to enrollees and does not limit
23 the health care plan payment for services provided by
24 non-participating providers.
25 (f) This Section applies to enrollees and does not limit
26 the health care plan payment for services provided by

1 non-participating providers.

2 Section 99. Effective date. This Act takes effect upon
3 becoming law.