

AN ACT concerning insurance.

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

Section 5. The Uniform Prescription Drug Information Card Act is amended by changing Section 15 as follows:

(215 ILCS 138/15)

Sec. 15. Uniform prescription drug information cards required.

(a) A health benefit plan that issues a card or other technology and provides coverage for prescription drugs or devices and an administrator of such a plan including, but not limited to, third-party administrators for self-insured plans and state-administered plans shall issue to its insureds a card or other technology containing uniform prescription drug information. The uniform prescription drug information card or other technology shall specifically identify and display the following mandatory data elements on the front of the card:

- (1) BIN number;
- (2) Processor control number if required for claims adjudication;
- (3) Group number;
- (4) Card issuer identifier;
- (5) Cardholder ID number; and

(6) Cardholder name.

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

(1) Claims submission names and addresses; and

(2) Help desk telephone numbers and names.

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

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

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

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

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

(4) a group number;

(5) a cardholder ID number;

(6) the cardholder's name or a space to permit the

cardholder to print his or her name, if the cardholder pays a periodic charge for use of the card;

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

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

(d) As used in this Section, "discounted health care services plan administrator" means any person, partnership, or corporation, other than an insurer, health service corporation, limited health service organization holding a certificate of authority under the Limited Health Service Organization Act, or health maintenance organization holding a certificate of authority under the Health Maintenance Organization Act that arranges, contracts with, or administers contracts with a provider whereby insureds or beneficiaries are provided an incentive to use health care services provided by health care services providers under a discounted health care services plan in which there are no other incentives, such as copayment, coinsurance, or any other reimbursement differential, for beneficiaries to utilize the provider. "Discounted health care services plan administrator" also includes any person, partnership, or corporation, other than an insurer, health service corporation, limited health service organization holding a certificate of authority under the Limited Health Service Organization Act, or health maintenance organization holding a certificate of authority under the Health Maintenance Organization Act that enters into a contract

with another administrator to enroll beneficiaries or insureds in a preferred provider program marketed as an independently identifiable program based on marketing materials or member benefit identification cards.

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

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

(215 ILCS 139/15)

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

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

(1) processor control number, if required for claims adjudication;

- (2) group number;
- (3) card issuer identifier;
- (4) cardholder ID number; and
- (5) cardholder name.

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

- (1) claims submission names and addresses; and
- (2) help desk telephone numbers and names.

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

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

- (1) an Internet website for beneficiaries to access up-to-date lists of preferred providers;
- (2) a toll-free help desk number for beneficiaries and providers to access up-to-date lists of preferred providers and additional information about the discounted health care services plan;
- (3) the name or logo of the provider network;
- (4) a group number, if necessary for the processing of

benefits;

(5) a cardholder ID number;

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

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

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

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

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

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