



Sen. Napoleon Harris, III

Filed: 3/12/2025

10400SB1418sam002

LRB104 06136 BAB 23520 a

1 AMENDMENT TO SENATE BILL 1418

2 AMENDMENT NO. _____. Amend Senate Bill 1418 by replacing
3 everything after the enacting clause with the following:

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

6 (5 ILCS 375/6.11)

7 Sec. 6.11. Required health benefits; Illinois Insurance
8 Code requirements. The program of health benefits shall
9 provide the post-mastectomy care benefits required to be
10 covered by a policy of accident and health insurance under
11 Section 356t of the Illinois Insurance Code. The program of
12 health benefits shall provide the coverage required under
13 Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, 356u.10,
14 356w, 356x, 356z.2, 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8,
15 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15,
16 356z.17, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30, 356z.32,

1 356z.33, 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47,
2 356z.51, 356z.53, 356z.54, 356z.55, 356z.56, 356z.57, 356z.59,
3 356z.60, 356z.61, 356z.62, 356z.64, 356z.67, 356z.68, ~~and~~
4 356z.70, ~~and~~ 356z.71, 356z.74, 356z.76, 356z.77, and 356z.80
5 of the Illinois Insurance Code. The program of health benefits
6 must comply with Sections 155.22a, 155.37, 355b, 356z.19,
7 370c, and 370c.1 and Article XXXIIB of the Illinois Insurance
8 Code. The program of health benefits shall provide the
9 coverage required under Section 356m of the Illinois Insurance
10 Code and, for the employees of the State Employee Group
11 Insurance Program only, the coverage as also provided in
12 Section 6.11B of this Act. The Department of Insurance shall
13 enforce the requirements of this Section with respect to
14 Sections 370c and 370c.1 of the Illinois Insurance Code; all
15 other requirements of this Section shall be enforced by the
16 Department of Central Management Services.

17 Rulemaking authority to implement Public Act 95-1045, if
18 any, is conditioned on the rules being adopted in accordance
19 with all provisions of the Illinois Administrative Procedure
20 Act and all rules and procedures of the Joint Committee on
21 Administrative Rules; any purported rule not so adopted, for
22 whatever reason, is unauthorized.

23 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;
24 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff.
25 1-1-22; 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-768,
26 eff. 1-1-24; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;

1 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.
2 1-1-23; 102-1117, eff. 1-13-23; 103-8, eff. 1-1-24; 103-84,
3 eff. 1-1-24; 103-91, eff. 1-1-24; 103-420, eff. 1-1-24;
4 103-445, eff. 1-1-24; 103-535, eff. 8-11-23; 103-551, eff.
5 8-11-23; 103-605, eff. 7-1-24; 103-718, eff. 7-19-24; 103-751,
6 eff. 8-2-24; 103-870, eff. 1-1-25; 103-914, eff. 1-1-25;
7 103-918, eff. 1-1-25; 103-951, eff. 1-1-25; 103-1024, eff.
8 1-1-25; revised 11-26-24.)

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

11 (55 ILCS 5/5-1069.3)

12 Sec. 5-1069.3. Required health benefits. If a county,
13 including a home rule county, is a self-insurer for purposes
14 of providing health insurance coverage for its employees, the
15 coverage shall include coverage for the post-mastectomy care
16 benefits required to be covered by a policy of accident and
17 health insurance under Section 356t and the coverage required
18 under Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u,
19 356u.10, 356w, 356x, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9,
20 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.22,
21 356z.25, 356z.26, 356z.29, 356z.30, 356z.32, 356z.33, 356z.36,
22 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.48, 356z.51,
23 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, 356z.60, 356z.61,
24 356z.62, 356z.64, 356z.67, 356z.68, ~~and~~ 356z.70, ~~and~~ 356z.71, and

1 356z.74, 356z.77, and 356z.80 of the Illinois Insurance Code.
2 The coverage shall comply with Sections 155.22a, 355b,
3 356z.19, and 370c of the Illinois Insurance Code. The
4 Department of Insurance shall enforce the requirements of this
5 Section. The requirement that health benefits be covered as
6 provided in this Section is an exclusive power and function of
7 the State and is a denial and limitation under Article VII,
8 Section 6, subsection (h) of the Illinois Constitution. A home
9 rule county to which this Section applies must comply with
10 every provision of this Section.

11 Rulemaking authority to implement Public Act 95-1045, if
12 any, is conditioned on the rules being adopted in accordance
13 with all provisions of the Illinois Administrative Procedure
14 Act and all rules and procedures of the Joint Committee on
15 Administrative Rules; any purported rule not so adopted, for
16 whatever reason, is unauthorized.

17 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;
18 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
19 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731,
20 eff. 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;
21 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.
22 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,
23 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;
24 103-535, eff. 8-11-23; 103-551, eff. 8-11-23; 103-605, eff.
25 7-1-24; 103-718, eff. 7-19-24; 103-751, eff. 8-2-24; 103-914,
26 eff. 1-1-25; 103-918, eff. 1-1-25; 103-1024, eff. 1-1-25;

1 revised 11-26-24.)

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

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

5 Sec. 10-4-2.3. Required health benefits. If a
6 municipality, including a home rule municipality, is a
7 self-insurer for purposes of providing health insurance
8 coverage for its employees, the coverage shall include
9 coverage for the post-mastectomy care benefits required to be
10 covered by a policy of accident and health insurance under
11 Section 356t and the coverage required under Sections 356g,
12 356g.5, 356g.5-1, 356m, 356q, 356u, 356u.10, 356w, 356x,
13 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11,
14 356z.12, 356z.13, 356z.14, 356z.15, 356z.22, 356z.25, 356z.26,
15 356z.29, 356z.30, 356z.32, 356z.33, 356z.36, 356z.40, 356z.41,
16 356z.45, 356z.46, 356z.47, 356z.48, 356z.51, 356z.53, 356z.54,
17 356z.56, 356z.57, 356z.59, 356z.60, 356z.61, 356z.62, 356z.64,
18 356z.67, 356z.68, ~~and~~ 356z.70, ~~and~~ 356z.71, 356z.74, 356z.77,
19 and 356z.80 of the Illinois Insurance Code. The coverage shall
20 comply with Sections 155.22a, 355b, 356z.19, and 370c of the
21 Illinois Insurance Code. The Department of Insurance shall
22 enforce the requirements of this Section. The requirement that
23 health benefits be covered as provided in this is an exclusive
24 power and function of the State and is a denial and limitation

1 under Article VII, Section 6, subsection (h) of the Illinois
2 Constitution. A home rule municipality to which this Section
3 applies must comply with every provision of this Section.

4 Rulemaking authority to implement Public Act 95-1045, if
5 any, is conditioned on the rules being adopted in accordance
6 with all provisions of the Illinois Administrative Procedure
7 Act and all rules and procedures of the Joint Committee on
8 Administrative Rules; any purported rule not so adopted, for
9 whatever reason, is unauthorized.

10 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;
11 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
12 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731,
13 eff. 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;
14 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.
15 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,
16 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;
17 103-535, eff. 8-11-23; 103-551, eff. 8-11-23; 103-605, eff.
18 7-1-24; 103-718, eff. 7-19-24; 103-751, eff. 8-2-24; 103-914,
19 eff. 1-1-25; 103-918, eff. 1-1-25; 103-1024, eff. 1-1-25;
20 revised 11-26-24.)

21 Section 20. The School Code is amended by changing Section
22 10-22.3f as follows:

23 (105 ILCS 5/10-22.3f)

24 Sec. 10-22.3f. Required health benefits. Insurance

1 protection and benefits for employees shall provide the
2 post-mastectomy care benefits required to be covered by a
3 policy of accident and health insurance under Section 356t and
4 the coverage required under Sections 356g, 356g.5, 356g.5-1,
5 356m, 356q, 356u, 356u.10, 356w, 356x, 356z.4, 356z.4a,
6 356z.6, 356z.8, 356z.9, 356z.11, 356z.12, 356z.13, 356z.14,
7 356z.15, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30, 356z.32,
8 356z.33, 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47,
9 356z.51, 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, 356z.60,
10 356z.61, 356z.62, 356z.64, 356z.67, 356z.68, ~~and~~ 356z.70, ~~and~~
11 356z.71, 356z.74, 356z.77, and 356z.80 of the Illinois
12 Insurance Code. Insurance policies shall comply with Section
13 356z.19 of the Illinois Insurance Code. The coverage shall
14 comply with Sections 155.22a, 355b, and 370c of the Illinois
15 Insurance Code. The Department of Insurance shall enforce the
16 requirements of this Section.

17 Rulemaking authority to implement Public Act 95-1045, if
18 any, is conditioned on the rules being adopted in accordance
19 with all provisions of the Illinois Administrative Procedure
20 Act and all rules and procedures of the Joint Committee on
21 Administrative Rules; any purported rule not so adopted, for
22 whatever reason, is unauthorized.

23 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;
24 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff.
25 1-1-22; 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-804,
26 eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23;

1 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23; 102-1117, eff.
2 1-13-23; 103-84, eff. 1-1-24; 103-91, eff. 1-1-24; 103-420,
3 eff. 1-1-24; 103-445, eff. 1-1-24; 103-535, eff. 8-11-23;
4 103-551, eff. 8-11-23; 103-605, eff. 7-1-24; 103-718, eff.
5 7-19-24; 103-751, eff. 8-2-24; 103-914, eff. 1-1-25; 103-918,
6 eff. 1-1-25; 103-1024, eff. 1-1-25; revised 11-26-24.)

7 Section 22. The Illinois Insurance Code is amended by
8 adding Section 356z.80 as follows:

9 (215 ILCS 5/356z.80 new)

10 Sec. 356z.80. Coverage for peripheral artery disease
11 screening test. A group or individual plan of accident and
12 health insurance or managed care plan amended, delivered,
13 issued, or renewed on or after January 1, 2027 shall provide
14 medically necessary coverage for a peripheral artery disease
15 screening test for any at-risk individual, as defined by the
16 American College of Cardiology and the American Heart
17 Association's Joint Committee on Clinical Practice Guidelines.

18 Section 25. The Health Maintenance Organization Act is
19 amended by changing Section 5-3 as follows:

20 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

21 (Text of Section before amendment by P.A. 103-808)

22 Sec. 5-3. Insurance Code provisions.

1 (a) Health Maintenance Organizations shall be subject to
2 the provisions of Sections 133, 134, 136, 137, 139, 140,
3 141.1, 141.2, 141.3, 143, 143.31, 143c, 147, 148, 149, 151,
4 152, 153, 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a,
5 155.49, 352c, 355.2, 355.3, 355.6, 355b, 355c, 356f, 356g.5-1,
6 356m, 356q, 356u.10, 356v, 356w, 356x, 356z.2, 356z.3a,
7 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9, 356z.10,
8 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.18,
9 356z.19, 356z.20, 356z.21, 356z.22, 356z.23, 356z.24, 356z.25,
10 356z.26, 356z.28, 356z.29, 356z.30, 356z.31, 356z.32, 356z.33,
11 356z.34, 356z.35, 356z.36, 356z.37, 356z.38, 356z.39, 356z.40,
12 356z.40a, 356z.41, 356z.44, 356z.45, 356z.46, 356z.47,
13 356z.48, 356z.49, 356z.50, 356z.51, 356z.53, 356z.54, 356z.55,
14 356z.56, 356z.57, 356z.58, 356z.59, 356z.60, 356z.61, 356z.62,
15 356z.63, 356z.64, 356z.65, 356z.66, 356z.67, 356z.68, 356z.69,
16 356z.70, 356z.71, 356z.72, 356z.73, 356z.74, 356z.75, 356z.77,
17 356z.80, 364, 364.01, 364.3, 367.2, 367.2-5, 367i, 368a, 368b,
18 368c, 368d, 368e, 370c, 370c.1, 401, 401.1, 402, 403, 403A,
19 408, 408.2, 409, 412, 444, and 444.1, paragraph (c) of
20 subsection (2) of Section 367, and Articles IIA, VIII 1/2,
21 XII, XII 1/2, XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the
22 Illinois Insurance Code.

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

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

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

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

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

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

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

26 (3) the Director shall have the power to require the

1 following information:

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

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

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

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

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

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

1 specified in Section 141.2 of the Illinois Insurance Code,
2 take into account the effect of the management contract or
3 service agreement on the continuation of benefits to enrollees
4 and the financial condition of the health maintenance
5 organization to be managed or serviced, and (ii) need not take
6 into account the effect of the management contract or service
7 agreement on competition.

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

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

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

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

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

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

26 (g) Rulemaking authority to implement Public Act 95-1045,

1 if any, is conditioned on the rules being adopted in
2 accordance with all provisions of the Illinois Administrative
3 Procedure Act and all rules and procedures of the Joint
4 Committee on Administrative Rules; any purported rule not so
5 adopted, for whatever reason, is unauthorized.

6 (Source: P.A. 102-30, eff. 1-1-22; 102-34, eff. 6-25-21;
7 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
8 1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665,
9 eff. 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;
10 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff.
11 1-1-23; 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093,
12 eff. 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24;
13 103-91, eff. 1-1-24; 103-123, eff. 1-1-24; 103-154, eff.
14 6-30-23; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445,
15 eff. 1-1-24; 103-551, eff. 8-11-23; 103-605, eff. 7-1-24;
16 103-618, eff. 1-1-25; 103-649, eff. 1-1-25; 103-656, eff.
17 1-1-25; 103-700, eff. 1-1-25; 103-718, eff. 7-19-24; 103-751,
18 eff. 8-2-24; 103-753, eff. 8-2-24; 103-758, eff. 1-1-25;
19 103-777, eff. 8-2-24; 103-914, eff. 1-1-25; 103-918, eff.
20 1-1-25; 103-1024, eff. 1-1-25; revised 9-26-24.)

21 (Text of Section after amendment by P.A. 103-808)

22 Sec. 5-3. Insurance Code provisions.

23 (a) Health Maintenance Organizations shall be subject to
24 the provisions of Sections 133, 134, 136, 137, 139, 140,
25 141.1, 141.2, 141.3, 143, 143.31, 143c, 147, 148, 149, 151,

1 152, 153, 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a,
2 155.49, 352c, 355.2, 355.3, 355.6, 355b, 355c, 356f, 356g,
3 356g.5-1, 356m, 356q, 356u.10, 356v, 356w, 356x, 356z.2,
4 356z.3a, 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9,
5 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17,
6 356z.18, 356z.19, 356z.20, 356z.21, 356z.22, 356z.23, 356z.24,
7 356z.25, 356z.26, 356z.28, 356z.29, 356z.30, 356z.31, 356z.32,
8 356z.33, 356z.34, 356z.35, 356z.36, 356z.37, 356z.38, 356z.39,
9 356z.40, 356z.40a, 356z.41, 356z.44, 356z.45, 356z.46,
10 356z.47, 356z.48, 356z.49, 356z.50, 356z.51, 356z.53, 356z.54,
11 356z.55, 356z.56, 356z.57, 356z.58, 356z.59, 356z.60, 356z.61,
12 356z.62, 356z.63, 356z.64, 356z.65, 356z.66, 356z.67, 356z.68,
13 356z.69, 356z.70, 356z.71, 356z.72, 356z.73, 356z.74, 356z.75,
14 356z.77, 356z.80, 364, 364.01, 364.3, 367.2, 367.2-5, 367i,
15 368a, 368b, 368c, 368d, 368e, 370c, 370c.1, 401, 401.1, 402,
16 403, 403A, 408, 408.2, 409, 412, 444, and 444.1, paragraph (c)
17 of subsection (2) of Section 367, and Articles IIA, VIII 1/2,
18 XII, XII 1/2, XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the
19 Illinois Insurance Code.

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

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

26 (2) a corporation organized under the laws of this

1 State; or

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

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

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

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

23 (3) the Director shall have the power to require the
24 following information:

25 (A) certification by an independent actuary of the
26 adequacy of the reserves of the Health Maintenance

1 Organization sought to be acquired;

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

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

13 (D) such other information as the Director shall
14 require.

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

21 (e) In considering any management contract or service
22 agreement subject to Section 141.1 of the Illinois Insurance
23 Code, the Director (i) shall, in addition to the criteria
24 specified in Section 141.2 of the Illinois Insurance Code,
25 take into account the effect of the management contract or
26 service agreement on the continuation of benefits to enrollees

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

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

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

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

1 made or additional premium to be paid pursuant to this
2 subsection (f)). The Health Maintenance Organization and
3 the group or enrollment unit may agree that the profitable
4 or unprofitable experience may be calculated taking into
5 account the refund period and the immediately preceding 2
6 plan years.

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

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

23 (g) Rulemaking authority to implement Public Act 95-1045,
24 if any, is conditioned on the rules being adopted in
25 accordance with all provisions of the Illinois Administrative
26 Procedure Act and all rules and procedures of the Joint

1 Committee on Administrative Rules; any purported rule not so
2 adopted, for whatever reason, is unauthorized.

3 (Source: P.A. 102-30, eff. 1-1-22; 102-34, eff. 6-25-21;
4 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
5 1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665,
6 eff. 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;
7 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff.
8 1-1-23; 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093,
9 eff. 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24;
10 103-91, eff. 1-1-24; 103-123, eff. 1-1-24; 103-154, eff.
11 6-30-23; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445,
12 eff. 1-1-24; 103-551, eff. 8-11-23; 103-605, eff. 7-1-24;
13 103-618, eff. 1-1-25; 103-649, eff. 1-1-25; 103-656, eff.
14 1-1-25; 103-700, eff. 1-1-25; 103-718, eff. 7-19-24; 103-751,
15 eff. 8-2-24; 103-753, eff. 8-2-24; 103-758, eff. 1-1-25;
16 103-777, eff. 8-2-24; 103-808, eff. 1-1-26; 103-914, eff.
17 1-1-25; 103-918, eff. 1-1-25; 103-1024, eff. 1-1-25; revised
18 11-26-24.)

19 Section 30. The Limited Health Service Organization Act is
20 amended by changing Section 4003 as follows:

21 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

22 Sec. 4003. Illinois Insurance Code provisions. Limited
23 health service organizations shall be subject to the
24 provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,

1 141.2, 141.3, 143, 143.31, 143c, 147, 148, 149, 151, 152, 153,
2 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.37, 155.49, 352c,
3 355.2, 355.3, 355b, 355d, 356m, 356q, 356v, 356z.4, 356z.4a,
4 356z.10, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, 356z.32,
5 356z.33, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54,
6 356z.57, 356z.59, 356z.61, 356z.64, 356z.67, 356z.68, 356z.71,
7 356z.73, 356z.74, 356z.75, 356z.80, 364.3, 368a, 401, 401.1,
8 402, 403, 403A, 408, 408.2, 409, 412, 444, and 444.1 and
9 Articles IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and
10 XXVI of the Illinois Insurance Code. Nothing in this Section
11 shall require a limited health care plan to cover any service
12 that is not a limited health service. For purposes of the
13 Illinois Insurance Code, except for Sections 444 and 444.1 and
14 Articles XIII and XIII 1/2, limited health service
15 organizations in the following categories are deemed to be
16 domestic companies:

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

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

24 (Source: P.A. 102-30, eff. 1-1-22; 102-203, eff. 1-1-22;
25 102-306, eff. 1-1-22; 102-642, eff. 1-1-22; 102-731, eff.
26 1-1-23; 102-775, eff. 5-13-22; 102-813, eff. 5-13-22; 102-816,

1 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;
2 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91, eff.
3 1-1-24; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445,
4 eff. 1-1-24; 103-605, eff. 7-1-24; 103-649, eff. 1-1-25;
5 103-656, eff. 1-1-25; 103-700, eff. 1-1-25; 103-718, eff.
6 7-19-24; 103-751, eff. 8-2-24; 103-758, eff. 1-1-25; 103-832,
7 eff. 1-1-25; 103-1024, eff. 1-1-25; revised 11-26-24.)

8 Section 35. 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
13 or dealing therewith shall be subject to the provisions of
14 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,
15 143, 143.31, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3,
16 355b, 355d, 356g, 356g.5, 356g.5-1, 356m, 356q, 356r, 356t,
17 356u, 356u.10, 356v, 356w, 356x, 356y, 356z.1, 356z.2,
18 356z.3a, 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9,
19 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.18,
20 356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30,
21 356z.32, 356z.32a, 356z.33, 356z.40, 356z.41, 356z.46,
22 356z.47, 356z.51, 356z.53, 356z.54, 356z.56, 356z.57, 356z.59,
23 356z.60, 356z.61, 356z.62, 356z.64, 356z.67, 356z.68, 356z.71,
24 356z.72, 356z.74, 356z.75, 356z.77, 356z.80, 364.01, 364.3,

1 367.2, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, and 412,
2 and paragraphs (7) and (15) of Section 367 of the Illinois
3 Insurance Code.

4 Rulemaking authority to implement Public Act 95-1045, if
5 any, is conditioned on the rules being adopted in accordance
6 with all provisions of the Illinois Administrative Procedure
7 Act and all rules and procedures of the Joint Committee on
8 Administrative Rules; any purported rule not so adopted, for
9 whatever reason, is unauthorized.

10 (Source: P.A. 102-30, eff. 1-1-22; 102-203, eff. 1-1-22;
11 102-306, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff.
12 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22; 102-804,
13 eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23;
14 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093, eff.
15 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,
16 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;
17 103-551, eff. 8-11-23; 103-605, eff. 7-1-24; 103-656, eff.
18 1-1-25; 103-718, eff. 7-19-24; 103-751, eff. 8-2-24; 103-753,
19 eff. 8-2-24; 103-758, eff. 1-1-25; 103-832, eff. 1-1-25;
20 103-914, eff. 1-1-25; 103-918, eff. 1-1-25; 103-1024, eff.
21 1-1-25; revised 11-26-24.)

22 Section 40. The Illinois Public Aid Code is amended by
23 changing Section 5-16.8 as follows:

24 (305 ILCS 5/5-16.8)

1 Sec. 5-16.8. Required health benefits. The medical
2 assistance program shall (i) provide the post-mastectomy care
3 benefits required to be covered by a policy of accident and
4 health insurance under Section 356t and the coverage required
5 under Sections 356g.5, 356q, 356u, 356w, 356x, 356z.6,
6 356z.26, 356z.29, 356z.32, 356z.33, 356z.34, 356z.35, 356z.46,
7 356z.47, 356z.51, 356z.53, 356z.59, 356z.60, 356z.61, 356z.64,
8 ~~and 356z.67, and 356z.71,~~ 356z.75, and 356z.80 of the Illinois
9 Insurance Code, (ii) be subject to the provisions of Sections
10 356z.19, 356z.44, 356z.49, 364.01, 370c, and 370c.1 of the
11 Illinois Insurance Code, and (iii) be subject to the
12 provisions of subsection (d-5) of Section 10 of the Network
13 Adequacy and Transparency Act.

14 The Department, by rule, shall adopt a model similar to
15 the requirements of Section 356z.39 of the Illinois Insurance
16 Code.

17 On and after July 1, 2012, the Department shall reduce any
18 rate of reimbursement for services or other payments or alter
19 any methodologies authorized by this Code to reduce any rate
20 of reimbursement for services or other payments in accordance
21 with Section 5-5e.

22 To ensure full access to the benefits set forth in this
23 Section, on and after January 1, 2016, the Department shall
24 ensure that provider and hospital reimbursement for
25 post-mastectomy care benefits required under this Section are
26 no lower than the Medicare reimbursement rate.

1 (Source: P.A. 102-30, eff. 1-1-22; 102-144, eff. 1-1-22;
2 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-530, eff.
3 1-1-22; 102-642, eff. 1-1-22; 102-804, eff. 1-1-23; 102-813,
4 eff. 5-13-22; 102-816, eff. 1-1-23; 102-1093, eff. 1-1-23;
5 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91, eff.
6 1-1-24; 103-420, eff. 1-1-24; 103-605, eff. 7-1-24; 103-703,
7 eff. 1-1-25; 103-758, eff. 1-1-25; 103-1024, eff. 1-1-25;
8 revised 11-26-24.)

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