



## 96TH GENERAL ASSEMBLY

### State of Illinois

2009 and 2010

HB0213

Introduced 1/20/2009, by Rep. Michael K. Smith

#### SYNOPSIS AS INTRODUCED:

5 ILCS 375/6.11  
55 ILCS 5/5-1069.3  
65 ILCS 5/10-4-2.3  
105 ILCS 5/10-22.3f  
215 ILCS 5/356z.15 new  
215 ILCS 125/5-3 from Ch. 111 1/2, par. 1411.2  
215 ILCS 165/10 from Ch. 32, par. 604  
305 ILCS 5/5-16.8

Amends the State Employees Group Insurance Act of 1971, the Counties Code, the Illinois Municipal Code, the School Code, the Illinois Insurance Code, the Health Maintenance Organization Act, the Voluntary Health Services Plans Act, and the Public Aid Code to provide coverage for diagnostic testing for cardiovascular disease if the diagnostic testing is ordered by a physician licensed pursuant to the Medical Practice Act of 1987. Effective immediately.

LRB096 03284 RPM 13302 b

FISCAL NOTE ACT  
MAY APPLY

STATE MANDATES  
ACT MAY REQUIRE  
REIMBURSEMENT

A BILL FOR

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 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  
17 Section 155.37 of the Illinois Insurance Code.

18 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;  
19 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-978, eff.  
20 1-1-09; 95-1005, eff. 12-12-08; revised 12-15-08.)

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

22 Sec. 6.11. Required health benefits; Illinois Insurance

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

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

16 (55 ILCS 5/5-1069.3)

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

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

1 356z.10, 356z.13 ~~356z.11~~, and 356z.14, and 356z.15 of the  
2 Illinois Insurance Code. The requirement that health benefits  
3 be covered as provided in this Section is an exclusive power  
4 and function of the State and is a denial and limitation under  
5 Article VII, Section 6, subsection (h) of the Illinois  
6 Constitution. A home rule county to which this Section applies  
7 must comply with every provision of this 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. 5-1069.3. Required health benefits. If a county,  
13 including a home rule county, is a self-insurer for purposes of  
14 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.5, 356u, 356w, 356x, 356z.6, 356z.9,  
19 356z.10, 356z.11, ~~and 356z.12~~, 356z.13 ~~356z.11~~, ~~and 356z.14~~,  
20 and 356z.15 of the Illinois Insurance Code. The requirement  
21 that health benefits be covered as provided in this Section is  
22 an exclusive power and function of the State and is a denial  
23 and limitation under Article VII, Section 6, subsection (h) of  
24 the Illinois Constitution. A home rule county to which this  
25 Section applies must comply with every provision of this

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

8 (65 ILCS 5/10-4-2.3)

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

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

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

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

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 coverage  
9 for the post-mastectomy care benefits required to be covered by  
10 a policy of accident and health insurance under Section 356t  
11 and the coverage required under Sections 356g.5, 356u, 356w,  
12 356x, 356z.6, 356z.9, 356z.10, 356z.11, ~~and~~ 356z.12, 356z.13  
13 ~~356z.11, and~~ 356z.14, and 356z.15 of the Illinois Insurance  
14 Code. The requirement that health benefits be covered as  
15 provided in this is an exclusive power and function of the  
16 State and is a denial and limitation under Article VII, Section  
17 6, subsection (h) of the Illinois Constitution. A home rule  
18 municipality to which this Section applies must comply with  
19 every provision of this Section.

20 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;  
21 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-958, eff.  
22 6-1-09; 95-978, eff. 1-1-09; 95-1005, eff. 12-12-08; revised  
23 12-15-08.)

24 Section 20. The School Code is amended by changing Section

1 10-22.3f as follows:

2 (105 ILCS 5/10-22.3f)

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

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

11 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;  
12 95-876, eff. 8-21-08; 95-978, eff. 1-1-09; 95-1005, eff.  
13 12-12-08; revised 12-15-08.)

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

15 Sec. 10-22.3f. Required health benefits. Insurance  
16 protection and benefits for employees shall provide the  
17 post-mastectomy care benefits required to be covered by a  
18 policy of accident and health insurance under Section 356t and  
19 the coverage required under Sections 356g.5, 356u, 356w, 356x,  
20 356z.6, 356z.9, 356z.11, ~~and~~ 356z.12, 356z.13 ~~and 356z.11,~~ ~~and~~  
21 356z.14, and 356z.15 of the Illinois Insurance Code.

22 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;  
23 95-876, eff. 8-21-08; 95-958, eff. 6-1-09; 95-978, eff. 1-1-09;  
24 95-1005, 12-12-08; revised 12-15-08.)

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

3 (215 ILCS 5/356z.15 new)

4 Sec. 356z.15. Cardiovascular disease testing. A group or  
5 individual policy of accident and health insurance or managed  
6 care plan amended, delivered, issued, or renewed after the  
7 effective date of this amendatory Act of the 96th General  
8 Assembly must provide coverage for diagnostic testing for  
9 cardiovascular disease if the diagnostic testing is ordered by  
10 a physician licensed pursuant to the Medical Practice Act of  
11 1987 based on guidelines for preventative cardiovascular  
12 services issued by a nationally recognized medical society or  
13 federal government agency.

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

16 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

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

18 Sec. 5-3. Insurance Code provisions.

19 (a) Health Maintenance Organizations shall be subject to  
20 the provisions of Sections 133, 134, 137, 140, 141.1, 141.2,  
21 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154, 154.5,  
22 154.6, 154.7, 154.8, 155.04, 355.2, 356m, 356v, 356w, 356x,



1 356y, 356z.2, 356z.4, 356z.5, 356z.6, 356z.8, 356z.9, 356z.10,  
2 356z.13 ~~356z.11~~, 356z.14, 356z.15, 364.01, 367.2, 367.2-5,  
3 367i, 368a, 368b, 368c, 368d, 368e, 370c, 401, 401.1, 402, 403,  
4 403A, 408, 408.2, 409, 412, 444, and 444.1, paragraph (c) of  
5 subsection (2) of Section 367, and Articles IIA, VIII 1/2, XII,  
6 XII 1/2, XIII, XIII 1/2, XXV, and XXVI of the Illinois  
7 Insurance Code.

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

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

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

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

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

25 (1) the Director shall give primary consideration to  
26 the continuation of benefits to enrollees and the financial

1 conditions of the acquired Health Maintenance Organization  
2 after the merger, consolidation, or other acquisition of  
3 control takes effect;

4 (2) (i) the criteria specified in subsection (1) (b) of  
5 Section 131.8 of the Illinois Insurance Code shall not  
6 apply and (ii) the Director, in making his determination  
7 with respect to the merger, consolidation, or other  
8 acquisition of control, need not take into account the  
9 effect on competition of the merger, consolidation, or  
10 other acquisition of control;

11 (3) the Director shall have the power to require the  
12 following information:

13 (A) certification by an independent actuary of the  
14 adequacy of the reserves of the Health Maintenance  
15 Organization sought to be acquired;

16 (B) pro forma financial statements reflecting the  
17 combined balance sheets of the acquiring company and  
18 the Health Maintenance Organization sought to be  
19 acquired as of the end of the preceding year and as of  
20 a date 90 days prior to the acquisition, as well as pro  
21 forma financial statements reflecting projected  
22 combined operation for a period of 2 years;

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

1           (D) such other information as the Director shall  
2           require.

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

9           (e) In considering any management contract or service  
10          agreement subject to Section 141.1 of the Illinois Insurance  
11          Code, the Director (i) shall, in addition to the criteria  
12          specified in Section 141.2 of the Illinois Insurance Code, take  
13          into account the effect of the management contract or service  
14          agreement on the continuation of benefits to enrollees and the  
15          financial condition of the health maintenance organization to  
16          be managed or serviced, and (ii) need not take into account the  
17          effect of the management contract or service agreement on  
18          competition.

19          (f) Except for small employer groups as defined in the  
20          Small Employer Rating, Renewability and Portability Health  
21          Insurance Act and except for medicare supplement policies as  
22          defined in Section 363 of the Illinois Insurance Code, a Health  
23          Maintenance Organization may by contract agree with a group or  
24          other enrollment unit to effect refunds or charge additional  
25          premiums under the following terms and conditions:

26                 (i) the amount of, and other terms and conditions with

1           respect to, the refund or additional premium are set forth  
2           in the group or enrollment unit contract agreed in advance  
3           of the period for which a refund is to be paid or  
4           additional premium is to be charged (which period shall not  
5           be less than one year); and

6           (ii) the amount of the refund or additional premium  
7           shall not exceed 20% of the Health Maintenance  
8           Organization's profitable or unprofitable experience with  
9           respect to the group or other enrollment unit for the  
10          period (and, for purposes of a refund or additional  
11          premium, the profitable or unprofitable experience shall  
12          be calculated taking into account a pro rata share of the  
13          Health Maintenance Organization's administrative and  
14          marketing expenses, but shall not include any refund to be  
15          made or additional premium to be paid pursuant to this  
16          subsection (f)). The Health Maintenance Organization and  
17          the group or enrollment unit may agree that the profitable  
18          or unprofitable experience may be calculated taking into  
19          account the refund period and the immediately preceding 2  
20          plan years.

21          The Health Maintenance Organization shall include a  
22          statement in the evidence of coverage issued to each enrollee  
23          describing the possibility of a refund or additional premium,  
24          and upon request of any group or enrollment unit, provide to  
25          the group or enrollment unit a description of the method used  
26          to calculate (1) the Health Maintenance Organization's

1 profitable experience with respect to the group or enrollment  
2 unit and the resulting refund to the group or enrollment unit  
3 or (2) the Health Maintenance Organization's unprofitable  
4 experience with respect to the group or enrollment unit and the  
5 resulting additional premium to be paid by the group or  
6 enrollment unit.

7 In no event shall the Illinois Health Maintenance  
8 Organization Guaranty Association be liable to pay any  
9 contractual obligation of an insolvent organization to pay any  
10 refund authorized under this Section.

11 (Source: P.A. 94-906, eff. 1-1-07; 94-1076, eff. 12-29-06;  
12 95-422, eff. 8-24-07; 95-520, eff. 8-28-07; 95-876, eff.  
13 8-21-08; 95-978, eff. 1-1-09; 95-1005, eff. 12-12-08; revised  
14 12-15-08.)

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

16 Sec. 5-3. Insurance Code provisions.

17 (a) Health Maintenance Organizations shall be subject to  
18 the provisions of Sections 133, 134, 137, 140, 141.1, 141.2,  
19 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154, 154.5,  
20 154.6, 154.7, 154.8, 155.04, 355.2, 356m, 356v, 356w, 356x,  
21 356y, 356z.2, 356z.4, 356z.5, 356z.6, 356z.8, 356z.9, 356z.10,  
22 356z.11, 356z.12, 356z.13 ~~356z.11~~, 356z.14, 356z.15, 364.01,  
23 367.2, 367.2-5, 367i, 368a, 368b, 368c, 368d, 368e, 370c, 401,  
24 401.1, 402, 403, 403A, 408, 408.2, 409, 412, 444, and 444.1,  
25 paragraph (c) of subsection (2) of Section 367, and Articles

1 IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and XXVI of  
2 the Illinois Insurance Code.

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

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

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

11 (3) a corporation organized under the laws of another  
12 state, 30% or more of the enrollees of which are residents  
13 of this State, except a corporation subject to  
14 substantially the same requirements in its state of  
15 organization as is a "domestic company" under Article VIII  
16 1/2 of the Illinois Insurance Code.

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

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

25 (2) (i) the criteria specified in subsection (1) (b) of  
26 Section 131.8 of the Illinois Insurance Code shall not

1 apply and (ii) the Director, in making his determination  
2 with respect to the merger, consolidation, or other  
3 acquisition of control, need not take into account the  
4 effect on competition of the merger, consolidation, or  
5 other acquisition of control;

6 (3) the Director shall have the power to require the  
7 following information:

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

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

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

22 (D) such other information as the Director shall  
23 require.

24 (d) The provisions of Article VIII 1/2 of the Illinois  
25 Insurance Code and this Section 5-3 shall apply to the sale by  
26 any health maintenance organization of greater than 10% of its

1 enrollee population (including without limitation the health  
2 maintenance organization's right, title, and interest in and to  
3 its health care certificates).

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

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

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



1           (ii) the amount of the refund or additional premium  
2           shall not exceed 20% of the Health Maintenance  
3           Organization's profitable or unprofitable experience with  
4           respect to the group or other enrollment unit for the  
5           period (and, for purposes of a refund or additional  
6           premium, the profitable or unprofitable experience shall  
7           be calculated taking into account a pro rata share of the  
8           Health Maintenance Organization's administrative and  
9           marketing expenses, but shall not include any refund to be  
10          made or additional premium to be paid pursuant to this  
11          subsection (f)). The Health Maintenance Organization and  
12          the group or enrollment unit may agree that the profitable  
13          or unprofitable experience may be calculated taking into  
14          account the refund period and the immediately preceding 2  
15          plan years.

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

1 enrollment unit.

2 In no event shall the Illinois Health Maintenance  
3 Organization Guaranty Association be liable to pay any  
4 contractual obligation of an insolvent organization to pay any  
5 refund authorized under this Section.

6 (Source: P.A. 94-906, eff. 1-1-07; 94-1076, eff. 12-29-06;  
7 95-422, eff. 8-24-07; 95-520, eff. 8-28-07; 95-876, eff.  
8 8-21-08; 95-958, eff. 6-1-09; 95-978, eff. 1-1-09; 95-1005,  
9 eff. 12-12-08; revised 12-15-08.)

10 Section 35. The Voluntary Health Services Plans Act is  
11 amended by changing Section 10 as follows:

12 (215 ILCS 165/10) (from Ch. 32, par. 604)

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

14 Sec. 10. Application of Insurance Code provisions. Health  
15 services plan corporations and all persons interested therein  
16 or dealing therewith shall be subject to the provisions of  
17 Articles IIA and XII 1/2 and Sections 3.1, 133, 140, 143, 143c,  
18 149, 155.37, 354, 355.2, 356g.5, 356r, 356t, 356u, 356v, 356w,  
19 356x, 356y, 356z.1, 356z.2, 356z.4, 356z.5, 356z.6, 356z.8,  
20 356z.9, 356z.10, 356z.13 ~~356z.11~~, 356z.14, 356z.15, 364.01,  
21 367.2, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, and 412,  
22 and paragraphs (7) and (15) of Section 367 of the Illinois  
23 Insurance Code.

24 (Source: P.A. 94-1076, eff. 12-29-06; 95-189, eff. 8-16-07;

1 95-331, eff. 8-21-07; 95-422, eff. 8-24-07; 95-520, eff.  
2 8-28-07; 95-876, eff. 8-21-08; 95-978, eff. 1-1-09; 95-1005,  
3 eff. 12-12-08; revised 12-15-08.)

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

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

15 (Source: P.A. 94-1076, eff. 12-29-06; 95-189, eff. 8-16-07;  
16 95-331, eff. 8-21-07; 95-422, eff. 8-24-07; 95-520, eff.  
17 8-28-07; 95-876, eff. 8-21-08; 95-958, eff. 6-1-09; 95-978,  
18 eff. 1-1-09; 95-1005, eff. 12-12-08; revised 12-15-08.)

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

21 (305 ILCS 5/5-16.8)

22 Sec. 5-16.8. Required health benefits. The medical  
23 assistance program shall (i) provide the post-mastectomy care

1 benefits required to be covered by a policy of accident and  
2 health insurance under Section 356t and the coverage required  
3 under Sections 356g.5, 356u, 356w, 356x, ~~and~~ 356z.6, and  
4 356z.15 of the Illinois Insurance Code and (ii) be subject to  
5 the provisions of Section 364.01 of the Illinois Insurance  
6 Code.

7 (Source: P.A. 95-189, eff. 8-16-07; 95-331, eff. 8-21-07.)

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

15 Section 99. Effective date. This Act takes effect upon  
16 becoming law.