



104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

HB3699

Introduced 2/18/2025, by Rep. Nicolle Grasse and Tracy Katz Muhl

SYNOPSIS AS INTRODUCED:

5 ILCS 375/6.11	
215 ILCS 5/356z.80 new	
215 ILCS 125/5-3	from Ch. 111 1/2, par. 1411.2
215 ILCS 130/4003	from Ch. 73, par. 1504-3
215 ILCS 165/10	from Ch. 32, par. 604
305 ILCS 5/5-16.8	

Amends the Illinois Insurance Code. Provides that a group or individual policy of accident and health insurance or a managed care plan that is amended, delivered, issued, or renewed on or after January 1, 2027, shall provide coverage for medically necessary prescribed vitamins. Amends the State Employee Group Insurance Act of 1971, the Health Maintenance Organization Act, the Limited Health Service Organization Act, the Voluntary Health Services Plans Act, and the Illinois Public Aid Code to require coverage under those provisions.

LRB104 05041 BAB 15069 b

1 AN ACT concerning regulation.

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 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,
17 356z.33, 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47,
18 356z.51, 356z.53, 356z.54, 356z.55, 356z.56, 356z.57, 356z.59,
19 356z.60, 356z.61, 356z.62, 356z.64, 356z.67, 356z.68, ~~and~~
20 356z.70, ~~and~~ 356z.71, 356z.74, 356z.76, 356z.77, and 356z.80
21 of the Illinois Insurance Code. The program of health benefits
22 must comply with Sections 155.22a, 155.37, 355b, 356z.19,
23 370c, and 370c.1 and Article XXXIIB of the Illinois Insurance

1 Code. The program of health benefits shall provide the
2 coverage required under Section 356m of the Illinois Insurance
3 Code and, for the employees of the State Employee Group
4 Insurance Program only, the coverage as also provided in
5 Section 6.11B of this Act. The Department of Insurance shall
6 enforce the requirements of this Section with respect to
7 Sections 370c and 370c.1 of the Illinois Insurance Code; all
8 other requirements of this Section shall be enforced by the
9 Department of Central Management Services.

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

16 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;
17 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff.
18 1-1-22; 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-768,
19 eff. 1-1-24; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;
20 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.
21 1-1-23; 102-1117, eff. 1-13-23; 103-8, eff. 1-1-24; 103-84,
22 eff. 1-1-24; 103-91, eff. 1-1-24; 103-420, eff. 1-1-24;
23 103-445, eff. 1-1-24; 103-535, eff. 8-11-23; 103-551, eff.
24 8-11-23; 103-605, eff. 7-1-24; 103-718, eff. 7-19-24; 103-751,
25 eff. 8-2-24; 103-870, eff. 1-1-25; 103-914, eff. 1-1-25;
26 103-918, eff. 1-1-25; 103-951, eff. 1-1-25; 103-1024, eff.

1 1-1-25; revised 11-26-24.)

2 Section 10. The Illinois Insurance Code is amended by
3 adding Section 356z.80 as follows:

4 (215 ILCS 5/356z.80 new)

5 Sec. 356z.80. Coverage for prescription vitamins. A group
6 or individual policy of accident and health insurance or a
7 managed care plan that is amended, delivered, issued, or
8 renewed on or after January 1, 2027, shall provide coverage
9 for medically necessary prescribed vitamins.

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

12 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

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

14 Sec. 5-3. Insurance Code provisions.

15 (a) Health Maintenance Organizations shall be subject to
16 the provisions of Sections 133, 134, 136, 137, 139, 140,
17 141.1, 141.2, 141.3, 143, 143.31, 143c, 147, 148, 149, 151,
18 152, 153, 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a,
19 155.49, 352c, 355.2, 355.3, 355.6, 355b, 355c, 356f, 356g.5-1,
20 356m, 356q, 356u.10, 356v, 356w, 356x, 356z.2, 356z.3a,
21 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9, 356z.10,
22 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.18,

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

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

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

21 (2) a corporation organized under the laws of this
22 State; or

23 (3) a corporation organized under the laws of another
24 state, 30% or more of the enrollees of which are residents
25 of this State, except a corporation subject to
26 substantially the same requirements in its state of

1 organization as is a "domestic company" under Article VIII
2 1/2 of the Illinois Insurance Code.

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

6 (1) the Director shall give primary consideration to
7 the continuation of benefits to enrollees and the
8 financial conditions of the acquired Health Maintenance
9 Organization after the merger, consolidation, or other
10 acquisition of control takes effect;

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

18 (3) the Director shall have the power to require the
19 following information:

20 (A) certification by an independent actuary of the
21 adequacy of the reserves of the Health Maintenance
22 Organization sought to be acquired;

23 (B) pro forma financial statements reflecting the
24 combined balance sheets of the acquiring company and
25 the Health Maintenance Organization sought to be
26 acquired as of the end of the preceding year and as of

1 a date 90 days prior to the acquisition, as well as pro
2 forma financial statements reflecting projected
3 combined operation for a period of 2 years;

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

8 (D) such other information as the Director shall
9 require.

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

16 (e) In considering any management contract or service
17 agreement subject to Section 141.1 of the Illinois Insurance
18 Code, the Director (i) shall, in addition to the criteria
19 specified in Section 141.2 of the Illinois Insurance Code,
20 take into account the effect of the management contract or
21 service agreement on the continuation of benefits to enrollees
22 and the financial condition of the health maintenance
23 organization to be managed or serviced, and (ii) need not take
24 into account the effect of the management contract or service
25 agreement on competition.

26 (f) Except for small employer groups as defined in the

1 Small Employer Rating, Renewability and Portability Health
2 Insurance Act and except for medicare supplement policies as
3 defined in Section 363 of the Illinois Insurance Code, a
4 Health Maintenance Organization may by contract agree with a
5 group or other enrollment unit to effect refunds or charge
6 additional premiums under the following terms and conditions:

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

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

1 plan years.

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

14 In no event shall the Illinois Health Maintenance
15 Organization Guaranty Association be liable to pay any
16 contractual obligation of an insolvent organization to pay any
17 refund authorized under this Section.

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

24 (Source: P.A. 102-30, eff. 1-1-22; 102-34, eff. 6-25-21;
25 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
26 1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665,

1 eff. 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;
2 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff.
3 1-1-23; 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093,
4 eff. 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24;
5 103-91, eff. 1-1-24; 103-123, eff. 1-1-24; 103-154, eff.
6 6-30-23; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445,
7 eff. 1-1-24; 103-551, eff. 8-11-23; 103-605, eff. 7-1-24;
8 103-618, eff. 1-1-25; 103-649, eff. 1-1-25; 103-656, eff.
9 1-1-25; 103-700, eff. 1-1-25; 103-718, eff. 7-19-24; 103-751,
10 eff. 8-2-24; 103-753, eff. 8-2-24; 103-758, eff. 1-1-25;
11 103-777, eff. 8-2-24; 103-914, eff. 1-1-25; 103-918, eff.
12 1-1-25; 103-1024, eff. 1-1-25; revised 9-26-24.)

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

14 Sec. 5-3. Insurance Code provisions.

15 (a) Health Maintenance Organizations shall be subject to
16 the provisions of Sections 133, 134, 136, 137, 139, 140,
17 141.1, 141.2, 141.3, 143, 143.31, 143c, 147, 148, 149, 151,
18 152, 153, 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a,
19 155.49, 352c, 355.2, 355.3, 355.6, 355b, 355c, 356f, 356g,
20 356g.5-1, 356m, 356q, 356u.10, 356v, 356w, 356x, 356z.2,
21 356z.3a, 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9,
22 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17,
23 356z.18, 356z.19, 356z.20, 356z.21, 356z.22, 356z.23, 356z.24,
24 356z.25, 356z.26, 356z.28, 356z.29, 356z.30, 356z.31, 356z.32,
25 356z.33, 356z.34, 356z.35, 356z.36, 356z.37, 356z.38, 356z.39,

1 356z.40, 356z.40a, 356z.41, 356z.44, 356z.45, 356z.46,
2 356z.47, 356z.48, 356z.49, 356z.50, 356z.51, 356z.53, 356z.54,
3 356z.55, 356z.56, 356z.57, 356z.58, 356z.59, 356z.60, 356z.61,
4 356z.62, 356z.63, 356z.64, 356z.65, 356z.66, 356z.67, 356z.68,
5 356z.69, 356z.70, 356z.71, 356z.72, 356z.73, 356z.74, 356z.75,
6 356z.77, 356z.80, 364, 364.01, 364.3, 367.2, 367.2-5, 367i,
7 368a, 368b, 368c, 368d, 368e, 370c, 370c.1, 401, 401.1, 402,
8 403, 403A, 408, 408.2, 409, 412, 444, and 444.1, paragraph (c)
9 of subsection (2) of Section 367, and Articles IIA, VIII 1/2,
10 XII, XII 1/2, XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the
11 Illinois Insurance Code.

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

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

18 (2) a corporation organized under the laws of this
19 State; or

20 (3) a corporation organized under the laws of another
21 state, 30% or more of the enrollees of which are residents
22 of this State, except a corporation subject to
23 substantially the same requirements in its state of
24 organization as is a "domestic company" under Article VIII
25 1/2 of the Illinois Insurance Code.

26 (c) In considering the merger, consolidation, or other

1 acquisition of control of a Health Maintenance Organization
2 pursuant to Article VIII 1/2 of the Illinois Insurance Code,

3 (1) the Director shall give primary consideration to
4 the continuation of benefits to enrollees and the
5 financial conditions of the acquired Health Maintenance
6 Organization after the merger, consolidation, or other
7 acquisition of control takes effect;

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

15 (3) the Director shall have the power to require the
16 following information:

17 (A) certification by an independent actuary of the
18 adequacy of the reserves of the Health Maintenance
19 Organization sought to be acquired;

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

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

5 (D) such other information as the Director shall
6 require.

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

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

23 (f) Except for small employer groups as defined in the
24 Small Employer Rating, Renewability and Portability Health
25 Insurance Act and except for medicare supplement policies as
26 defined in Section 363 of the Illinois Insurance Code, a

1 Health Maintenance Organization may by contract agree with a
2 group or other enrollment unit to effect refunds or charge
3 additional premiums under the following terms and conditions:

4 (i) the amount of, and other terms and conditions with
5 respect to, the refund or additional premium are set forth
6 in the group or enrollment unit contract agreed in advance
7 of the period for which a refund is to be paid or
8 additional premium is to be charged (which period shall
9 not be less than one year); and

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

25 The Health Maintenance Organization shall include a
26 statement in the evidence of coverage issued to each enrollee

1 describing the possibility of a refund or additional premium,
2 and upon request of any group or enrollment unit, provide to
3 the group or enrollment unit a description of the method used
4 to calculate (1) the Health Maintenance Organization's
5 profitable experience with respect to the group or enrollment
6 unit and the resulting refund to the group or enrollment unit
7 or (2) the Health Maintenance Organization's unprofitable
8 experience with respect to the group or enrollment unit and
9 the resulting additional premium to be paid by the group or
10 enrollment unit.

11 In no event shall the Illinois Health Maintenance
12 Organization Guaranty Association be liable to pay any
13 contractual obligation of an insolvent organization to pay any
14 refund authorized under this Section.

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

21 (Source: P.A. 102-30, eff. 1-1-22; 102-34, eff. 6-25-21;
22 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
23 1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665,
24 eff. 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;
25 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff.
26 1-1-23; 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093,

1 eff. 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24;
2 103-91, eff. 1-1-24; 103-123, eff. 1-1-24; 103-154, eff.
3 6-30-23; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445,
4 eff. 1-1-24; 103-551, eff. 8-11-23; 103-605, eff. 7-1-24;
5 103-618, eff. 1-1-25; 103-649, eff. 1-1-25; 103-656, eff.
6 1-1-25; 103-700, eff. 1-1-25; 103-718, eff. 7-19-24; 103-751,
7 eff. 8-2-24; 103-753, eff. 8-2-24; 103-758, eff. 1-1-25;
8 103-777, eff. 8-2-24; 103-808, eff. 1-1-26; 103-914, eff.
9 1-1-25; 103-918, eff. 1-1-25; 103-1024, eff. 1-1-25; revised
10 11-26-24.)

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

13 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

14 Sec. 4003. Illinois Insurance Code provisions. Limited
15 health service organizations shall be subject to the
16 provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,
17 141.2, 141.3, 143, 143.31, 143c, 147, 148, 149, 151, 152, 153,
18 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.37, 155.49, 352c,
19 355.2, 355.3, 355b, 355d, 356m, 356q, 356v, 356z.4, 356z.4a,
20 356z.10, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, 356z.32,
21 356z.33, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54,
22 356z.57, 356z.59, 356z.61, 356z.64, 356z.67, 356z.68, 356z.71,
23 356z.73, 356z.74, 356z.75, 356z.80, 364.3, 368a, 401, 401.1,
24 402, 403, 403A, 408, 408.2, 409, 412, 444, and 444.1 and

1 Articles IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and
2 XXVI of the Illinois Insurance Code. Nothing in this Section
3 shall require a limited health care plan to cover any service
4 that is not a limited health service. For purposes of the
5 Illinois Insurance Code, except for Sections 444 and 444.1 and
6 Articles XIII and XIII 1/2, limited health service
7 organizations in the following categories are deemed to be
8 domestic companies:

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

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

16 (Source: P.A. 102-30, eff. 1-1-22; 102-203, eff. 1-1-22;
17 102-306, eff. 1-1-22; 102-642, eff. 1-1-22; 102-731, eff.
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21 1-1-24; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445,
22 eff. 1-1-24; 103-605, eff. 7-1-24; 103-649, eff. 1-1-25;
23 103-656, eff. 1-1-25; 103-700, eff. 1-1-25; 103-718, eff.
24 7-19-24; 103-751, eff. 8-2-24; 103-758, eff. 1-1-25; 103-832,
25 eff. 1-1-25; 103-1024, eff. 1-1-25; revised 11-26-24.)

1 Section 25. The Voluntary Health Services Plans Act is
2 amended by changing Section 10 as follows:

3 (215 ILCS 165/10) (from Ch. 32, par. 604)

4 Sec. 10. Application of Insurance Code provisions. Health
5 services plan corporations and all persons interested therein
6 or dealing therewith shall be subject to the provisions of
7 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,
8 143, 143.31, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3,
9 355b, 355d, 356g, 356g.5, 356g.5-1, 356m, 356q, 356r, 356t,
10 356u, 356u.10, 356v, 356w, 356x, 356y, 356z.1, 356z.2,
11 356z.3a, 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9,
12 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.18,
13 356z.19, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30,
14 356z.32, 356z.32a, 356z.33, 356z.40, 356z.41, 356z.46,
15 356z.47, 356z.51, 356z.53, 356z.54, 356z.56, 356z.57, 356z.59,
16 356z.60, 356z.61, 356z.62, 356z.64, 356z.67, 356z.68, 356z.71,
17 356z.72, 356z.74, 356z.75, 356z.77, 356z.80, 364.01, 364.3,
18 367.2, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, and 412,
19 and paragraphs (7) and (15) of Section 367 of the Illinois
20 Insurance Code.

21 Rulemaking authority to implement Public Act 95-1045, if
22 any, is conditioned on the rules being adopted in accordance
23 with all provisions of the Illinois Administrative Procedure
24 Act and all rules and procedures of the Joint Committee on
25 Administrative Rules; any purported rule not so adopted, for

1 whatever reason, is unauthorized.

2 (Source: P.A. 102-30, eff. 1-1-22; 102-203, eff. 1-1-22;
3 102-306, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff.
4 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22; 102-804,
5 eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23;
6 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093, eff.
7 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,
8 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;
9 103-551, eff. 8-11-23; 103-605, eff. 7-1-24; 103-656, eff.
10 1-1-25; 103-718, eff. 7-19-24; 103-751, eff. 8-2-24; 103-753,
11 eff. 8-2-24; 103-758, eff. 1-1-25; 103-832, eff. 1-1-25;
12 103-914, eff. 1-1-25; 103-918, eff. 1-1-25; 103-1024, eff.
13 1-1-25; revised 11-26-24.)

14 Section 30. The Illinois Public Aid Code is amended by
15 changing Section 5-16.8 as follows:

16 (305 ILCS 5/5-16.8)

17 Sec. 5-16.8. Required health benefits. The medical
18 assistance program shall (i) provide the post-mastectomy care
19 benefits required to be covered by a policy of accident and
20 health insurance under Section 356t and the coverage required
21 under Sections 356g.5, 356q, 356u, 356w, 356x, 356z.6,
22 356z.26, 356z.29, 356z.32, 356z.33, 356z.34, 356z.35, 356z.46,
23 356z.47, 356z.51, 356z.53, 356z.59, 356z.60, 356z.61, 356z.64,
24 ~~and~~ 356z.67, ~~and~~ 356z.71, 356z.75, and 356z.80 of the Illinois

1 Insurance Code, (ii) be subject to the provisions of Sections
2 356z.19, 356z.44, 356z.49, 364.01, 370c, and 370c.1 of the
3 Illinois Insurance Code, and (iii) be subject to the
4 provisions of subsection (d-5) of Section 10 of the Network
5 Adequacy and Transparency Act.

6 The Department, by rule, shall adopt a model similar to
7 the requirements of Section 356z.39 of the Illinois Insurance
8 Code.

9 On and after July 1, 2012, the Department shall reduce any
10 rate of reimbursement for services or other payments or alter
11 any methodologies authorized by this Code to reduce any rate
12 of reimbursement for services or other payments in accordance
13 with Section 5-5e.

14 To ensure full access to the benefits set forth in this
15 Section, on and after January 1, 2016, the Department shall
16 ensure that provider and hospital reimbursement for
17 post-mastectomy care benefits required under this Section are
18 no lower than the Medicare reimbursement rate.

19 (Source: P.A. 102-30, eff. 1-1-22; 102-144, eff. 1-1-22;
20 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-530, eff.
21 1-1-22; 102-642, eff. 1-1-22; 102-804, eff. 1-1-23; 102-813,
22 eff. 5-13-22; 102-816, eff. 1-1-23; 102-1093, eff. 1-1-23;
23 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91, eff.
24 1-1-24; 103-420, eff. 1-1-24; 103-605, eff. 7-1-24; 103-703,
25 eff. 1-1-25; 103-758, eff. 1-1-25; 103-1024, eff. 1-1-25;
26 revised 11-26-24.)

1 Section 95. No acceleration or delay. Where this Act makes
2 changes in a statute that is represented in this Act by text
3 that is not yet or no longer in effect (for example, a Section
4 represented by multiple versions), the use of that text does
5 not accelerate or delay the taking effect of (i) the changes
6 made by this Act or (ii) provisions derived from any other
7 Public Act.