



## 104TH GENERAL ASSEMBLY

### State of Illinois

2025 and 2026

SB1687

Introduced 2/5/2025, by Sen. Christopher Belt

#### 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.40b 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 one crib and one car seat for each postpartum individual covered under the policy. Provides that the postpartum individual must be covered by the insurance policy at the time of child birth and must submit a claim within 6 months after the birth. Provides that the insurer must either reimburse the postpartum individual for the purchase of an approved crib and car seat upon submission of a valid receipt or provide a car seat and crib to the postpartum individual that complies with all federal and State safety standards. Amends the State Employees Group Insurance Act of 1971, the Counties Code, the Illinois Municipal Code, the School Code, 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 08886 BAB 18941 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.40b, 356z.41, 356z.45,  
18 356z.46, 356z.47, 356z.51, 356z.53, 356z.54, 356z.55, 356z.56,  
19 356z.57, 356z.59, 356z.60, 356z.61, 356z.62, 356z.64, 356z.67,  
20 356z.68, ~~and~~ 356z.70, ~~and~~ 356z.71, 356z.74, 356z.76, and  
21 356z.77 of the Illinois Insurance Code. The program of health  
22 benefits must comply with Sections 155.22a, 155.37, 355b,  
23 356z.19, 370c, and 370c.1 and Article XXXIIB of the Illinois

1 Insurance Code. The program of health benefits shall provide  
2 the coverage required under Section 356m of the Illinois  
3 Insurance Code and, for the employees of the State Employee  
4 Group 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 Counties Code is amended by changing  
3 Section 5-1069.3 as follows:

4 (55 ILCS 5/5-1069.3)

5 Sec. 5-1069.3. Required health benefits. If a county,  
6 including a home rule county, is a self-insurer for purposes  
7 of providing health insurance coverage for its employees, the  
8 coverage shall include coverage for the post-mastectomy care  
9 benefits required to be covered by a policy of accident and  
10 health insurance under Section 356t and the coverage required  
11 under Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u,  
12 356u.10, 356w, 356x, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9,  
13 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.22,  
14 356z.25, 356z.26, 356z.29, 356z.30, 356z.32, 356z.33, 356z.36,  
15 356z.40, 356z.40b, 356z.41, 356z.45, 356z.46, 356z.47,  
16 356z.48, 356z.51, 356z.53, 356z.54, 356z.56, 356z.57, 356z.59,  
17 356z.60, 356z.61, 356z.62, 356z.64, 356z.67, 356z.68, ~~and~~  
18 356z.70, ~~and~~ 356z.71, 356z.74, and 356z.77 of the Illinois  
19 Insurance Code. The coverage shall comply with Sections  
20 155.22a, 355b, 356z.19, and 370c of the Illinois Insurance  
21 Code. The Department of Insurance shall enforce the  
22 requirements of this Section. The requirement that health  
23 benefits be covered as provided in this Section is an  
24 exclusive power and function of the State and is a denial and

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

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

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

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

24 (65 ILCS 5/10-4-2.3)

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

25           Rulemaking authority to implement Public Act 95-1045, if  
26 any, is conditioned on the rules being adopted in accordance

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

5 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;  
6 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.  
7 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731,  
8 eff. 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;  
9 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.  
10 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,  
11 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;  
12 103-535, eff. 8-11-23; 103-551, eff. 8-11-23; 103-605, eff.  
13 7-1-24; 103-718, eff. 7-19-24; 103-751, eff. 8-2-24; 103-914,  
14 eff. 1-1-25; 103-918, eff. 1-1-25; 103-1024, eff. 1-1-25;  
15 revised 11-26-24.)

16 Section 20. The School Code is amended by changing Section  
17 10-22.3f as follows:

18 (105 ILCS 5/10-22.3f)

19 Sec. 10-22.3f. Required health benefits. Insurance  
20 protection and benefits for employees shall provide the  
21 post-mastectomy care benefits required to be covered by a  
22 policy of accident and health insurance under Section 356t and  
23 the coverage required under Sections 356g, 356g.5, 356g.5-1,  
24 356m, 356q, 356u, 356u.10, 356w, 356x, 356z.4, 356z.4a,

1 356z.6, 356z.8, 356z.9, 356z.11, 356z.12, 356z.13, 356z.14,  
2 356z.15, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30, 356z.32,  
3 356z.33, 356z.36, 356z.40, 356z.40b, 356z.41, 356z.45,  
4 356z.46, 356z.47, 356z.51, 356z.53, 356z.54, 356z.56, 356z.57,  
5 356z.59, 356z.60, 356z.61, 356z.62, 356z.64, 356z.67, 356z.68,  
6 ~~and~~ 356z.70, ~~and~~ 356z.71, 356z.74, and 356z.77 of the Illinois  
7 Insurance Code. Insurance policies shall comply with Section  
8 356z.19 of the Illinois Insurance Code. The coverage shall  
9 comply with Sections 155.22a, 355b, and 370c of the Illinois  
10 Insurance Code. The Department of Insurance shall enforce the  
11 requirements of this Section.

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

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

1 eff. 1-1-25; 103-1024, eff. 1-1-25; revised 11-26-24.)

2 Section 25. The Illinois Insurance Code is amended by  
3 adding Section 356z.40b as follows:

4 (215 ILCS 5/356z.40b new)

5 Sec. 356z.40b. Coverage for crib and car seat. A group or  
6 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 for  
9 one crib and one car seat for each postpartum individual  
10 covered under the policy. The postpartum individual must be  
11 covered by the insurance policy at the time of the child's  
12 birth and must submit a claim within 6 months after the birth.  
13 The insurer must either reimburse the postpartum individual  
14 for the purchase of an approved crib and car seat upon  
15 submission of a valid receipt or provide a car seat and crib to  
16 the postpartum individual that complies with all federal and  
17 State safety standards.

18 Section 30. 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.40b, 356z.41, 356z.44, 356z.45, 356z.46,  
13 356z.47, 356z.48, 356z.49, 356z.50, 356z.51, 356z.53, 356z.54,  
14 356z.55, 356z.56, 356z.57, 356z.58, 356z.59, 356z.60, 356z.61,  
15 356z.62, 356z.63, 356z.64, 356z.65, 356z.66, 356z.67, 356z.68,  
16 356z.69, 356z.70, 356z.71, 356z.72, 356z.73, 356z.74, 356z.75,  
17 356z.77, 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.40b, 356z.41, 356z.44, 356z.45,  
10 356z.46, 356z.47, 356z.48, 356z.49, 356z.50, 356z.51, 356z.53,  
11 356z.54, 356z.55, 356z.56, 356z.57, 356z.58, 356z.59, 356z.60,  
12 356z.61, 356z.62, 356z.63, 356z.64, 356z.65, 356z.66, 356z.67,  
13 356z.68, 356z.69, 356z.70, 356z.71, 356z.72, 356z.73, 356z.74,  
14 356z.75, 356z.77, 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 35. 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.40b, 356z.41, 356z.46, 356z.47, 356z.51,  
6 356z.53, 356z.54, 356z.57, 356z.59, 356z.61, 356z.64, 356z.67,  
7 356z.68, 356z.71, 356z.73, 356z.74, 356z.75, 364.3, 368a, 401,  
8 401.1, 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 40. 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.40b, 356z.41,  
22 356z.46, 356z.47, 356z.51, 356z.53, 356z.54, 356z.56, 356z.57,  
23 356z.59, 356z.60, 356z.61, 356z.62, 356z.64, 356z.67, 356z.68,  
24 356z.71, 356z.72, 356z.74, 356z.75, 356z.77, 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 45. 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,  
7 356z.40b, 356z.46, 356z.47, 356z.51, 356z.53, 356z.59,  
8 356z.60, 356z.61, 356z.64, ~~and~~ 356z.67, ~~and~~ 356z.71, and  
9 356z.75 of the Illinois Insurance Code, (ii) be subject to the  
10 provisions of Sections 356z.19, 356z.44, 356z.49, 364.01,  
11 370c, and 370c.1 of the Illinois Insurance Code, and (iii) be  
12 subject to the provisions of subsection (d-5) of Section 10 of  
13 the Network 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.