



## 104TH GENERAL ASSEMBLY

### State of Illinois

### 2025 and 2026

### SB2287

Introduced 2/7/2025, by Sen. Mike Simmons

#### 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.3b 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, when a beneficiary, insured, or enrollee receives mental health services from a nonparticipating provider or a nonparticipating health care facility, the health insurance issuer shall ensure that the beneficiary, insured, or enrollee shall incur no greater out-of-pocket costs than the beneficiary, insured, or enrollee would have incurred with a participating provider or a participating health care facility. Requires any cost-sharing requirements to be applied as though the mental health services had been received from a participating provider or a participating health care facility. Provides that, if the cost sharing for the same item or service furnished by a participating provider would have been a flat-dollar copayment, that amount shall be the cost-sharing amount unless the provider has billed a lesser total amount. Provides that administrative requirements or limitations shall be no greater than those applicable to emergency services received from a participating provider or a participating health care facility. Permits a beneficiary, insured, or enrollee receiving ongoing mental health services from a nonparticipating provider to continue treatment with the nonparticipating provider for up to one year from the start of services or one year after the effective date of the amendatory Act, whichever is later, as if the mental health services were provided by a participating provider. 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. Effective January 1, 2027.

LRB104 10420 BAB 20495 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.3b, 356z.4, 356z.4a, 356z.5, 356z.6,  
15 356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14,  
16 356z.15, 356z.17, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30,  
17 356z.32, 356z.33, 356z.36, 356z.40, 356z.41, 356z.45, 356z.46,  
18 356z.47, 356z.51, 356z.53, 356z.54, 356z.55, 356z.56, 356z.57,  
19 356z.59, 356z.60, 356z.61, 356z.62, 356z.64, 356z.67, 356z.68,  
20 ~~and~~ 356z.70, ~~and~~ 356z.71, 356z.74, 356z.76, and 356z.77 of the  
21 Illinois Insurance Code. The program of health benefits must  
22 comply with Sections 155.22a, 155.37, 355b, 356z.19, 370c, and  
23 370c.1 and Article XXXIIB of the Illinois Insurance Code. The

1 program of health benefits shall provide the coverage required  
2 under Section 356m of the Illinois Insurance Code and, for the  
3 employees of the State Employee Group Insurance Program only,  
4 the coverage as also provided in Section 6.11B of this Act. The  
5 Department of Insurance shall enforce the requirements of this  
6 Section with respect to Sections 370c and 370c.1 of the  
7 Illinois Insurance Code; all other requirements of this  
8 Section shall be enforced by the Department of Central  
9 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.3b, 356z.4, 356z.4a, 356z.6, 356z.8,  
13 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15,  
14 356z.22, 356z.25, 356z.26, 356z.29, 356z.30, 356z.32, 356z.33,  
15 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.48,  
16 356z.51, 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, 356z.60,  
17 356z.61, 356z.62, 356z.64, 356z.67, 356z.68, ~~and~~ 356z.70, ~~and~~  
18 356z.71, 356z.74, and 356z.77 of the Illinois Insurance Code.  
19 The coverage shall comply with Sections 155.22a, 355b,  
20 356z.19, and 370c of the Illinois Insurance Code. The  
21 Department of Insurance shall enforce the requirements of this  
22 Section. The requirement that health benefits be covered as  
23 provided in this Section is an exclusive power and function of  
24 the State and is a denial and limitation under Article VII,

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

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

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

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

23 (65 ILCS 5/10-4-2.3)

24 Sec. 10-4-2.3. Required health benefits. If a

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

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

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

3 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;  
4 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.  
5 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731,  
6 eff. 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;  
7 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.  
8 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,  
9 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;  
10 103-535, eff. 8-11-23; 103-551, eff. 8-11-23; 103-605, eff.  
11 7-1-24; 103-718, eff. 7-19-24; 103-751, eff. 8-2-24; 103-914,  
12 eff. 1-1-25; 103-918, eff. 1-1-25; 103-1024, eff. 1-1-25;  
13 revised 11-26-24.)

14 Section 20. The School Code is amended by changing Section  
15 10-22.3f as follows:

16 (105 ILCS 5/10-22.3f)

17 Sec. 10-22.3f. Required health benefits. Insurance  
18 protection and benefits for employees shall provide the  
19 post-mastectomy care benefits required to be covered by a  
20 policy of accident and health insurance under Section 356t and  
21 the coverage required under Sections 356g, 356g.5, 356g.5-1,  
22 356m, 356q, 356u, 356u.10, 356w, 356x, 356z.3b, 356z.4,  
23 356z.4a, 356z.6, 356z.8, 356z.9, 356z.11, 356z.12, 356z.13,  
24 356z.14, 356z.15, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30,

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

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; 102-804,  
19 eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23;  
20 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23; 102-1117, eff.  
21 1-13-23; 103-84, eff. 1-1-24; 103-91, eff. 1-1-24; 103-420,  
22 eff. 1-1-24; 103-445, eff. 1-1-24; 103-535, eff. 8-11-23;  
23 103-551, eff. 8-11-23; 103-605, eff. 7-1-24; 103-718, eff.  
24 7-19-24; 103-751, eff. 8-2-24; 103-914, eff. 1-1-25; 103-918,  
25 eff. 1-1-25; 103-1024, eff. 1-1-25; revised 11-26-24.)

1 Section 22. The Illinois Insurance Code is amended by  
2 adding Section 356z.3b as follows:

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

4 Sec. 356z.3b. Mental health access and continuity of care.

5 (a) As used in this Section:

6 "Health care provider" means a provider as defined in  
7 subsection (d) of Section 370g of this Code. "Health care  
8 provider" does not include a provider of air ambulance or  
9 ground ambulance services.

10 "Health insurance issuer" has the meaning given to that  
11 term in Section 5 of the Illinois Health Insurance Portability  
12 and Accountability Act.

13 "Mental health services" means services provided by  
14 licensed mental health professionals, including, but not  
15 limited to, therapy, counseling, psychiatric evaluation, and  
16 medication management.

17 "Nonparticipating provider" means, with respect to the  
18 furnishing of an item or service under a policy of group or  
19 individual health insurance coverage, any health care provider  
20 who does not have a contractual relationship directly or  
21 indirectly with a health insurance issuer in relation to the  
22 coverage.

23 "Participating health care facility" means any health care  
24 facility that has a contractual relationship directly or  
25 indirectly with a health insurance issuer offering group or

1 individual health insurance coverage setting forth the terms  
2 and conditions on which a relevant health care service is  
3 provided to an insured, beneficiary, or enrollee under the  
4 coverage.

5 "Participating provider" means any health care provider  
6 that has a contractual relationship directly or indirectly  
7 with a health insurance issuer offering group or individual  
8 health insurance coverage setting forth the terms and  
9 conditions on which a relevant health care service is provided  
10 to an insured, beneficiary, or enrollee under the coverage.

11 (b) When a beneficiary, insured, or enrollee receives  
12 mental health services from a nonparticipating provider or a  
13 nonparticipating health care facility, the health insurance  
14 issuer shall ensure that the beneficiary, insured, or enrollee  
15 shall incur no greater out-of-pocket costs than the  
16 beneficiary, insured, or enrollee would have incurred with a  
17 participating provider or a participating health care  
18 facility. Any cost-sharing requirements shall be applied as  
19 though the mental health services had been received from a  
20 participating provider or a participating health care  
21 facility. If the cost sharing for the same item or service  
22 furnished by a participating provider would have been a  
23 flat-dollar copayment, that amount shall be the cost-sharing  
24 amount unless the provider has billed a lesser total amount.  
25 Administrative requirements or limitations shall be no greater  
26 than those applicable to emergency services received from a

1 participating provider or a participating health care  
2 facility.

3 (c) A beneficiary, insured, or enrollee receiving ongoing  
4 mental health services from a nonparticipating provider shall  
5 be permitted to continue treatment with the nonparticipating  
6 provider for up to one year after the start of services or one  
7 year after the effective date of this amendatory Act of the  
8 104th General Assembly, whichever is later, as if the mental  
9 health services were provided by a participating provider.

10 Section 25. 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.3b, 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,

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

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

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

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

21 (3) a corporation organized under the laws of another  
22 state, 30% or more of the enrollees of which are residents  
23 of this State, except a corporation subject to  
24 substantially the same requirements in its state of  
25 organization as is a "domestic company" under Article VIII  
26 1/2 of the Illinois Insurance Code.

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

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

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

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

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

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

1 combined operation for a period of 2 years;

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

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

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

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

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

1 defined in Section 363 of the Illinois Insurance Code, a  
2 Health Maintenance Organization may by contract agree with a  
3 group or other enrollment unit to effect refunds or charge  
4 additional premiums under the following terms and conditions:

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

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

26 The Health Maintenance Organization shall include a

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

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

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

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

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

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

12 Sec. 5-3. Insurance Code provisions.

13 (a) Health Maintenance Organizations shall be subject to  
14 the provisions of Sections 133, 134, 136, 137, 139, 140,  
15 141.1, 141.2, 141.3, 143, 143.31, 143c, 147, 148, 149, 151,  
16 152, 153, 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a,  
17 155.49, 352c, 355.2, 355.3, 355.6, 355b, 355c, 356f, 356g,  
18 356g.5-1, 356m, 356q, 356u.10, 356v, 356w, 356x, 356z.2,  
19 356z.3a, 356z.3b, 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8,  
20 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15,  
21 356z.17, 356z.18, 356z.19, 356z.20, 356z.21, 356z.22, 356z.23,  
22 356z.24, 356z.25, 356z.26, 356z.28, 356z.29, 356z.30, 356z.31,  
23 356z.32, 356z.33, 356z.34, 356z.35, 356z.36, 356z.37, 356z.38,  
24 356z.39, 356z.40, 356z.40a, 356z.41, 356z.44, 356z.45,  
25 356z.46, 356z.47, 356z.48, 356z.49, 356z.50, 356z.51, 356z.53,

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

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

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

16 (2) a corporation organized under the laws of this  
17 State; or

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

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

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

13          (3) the Director shall have the power to require the  
14          following information:

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

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

25                (C) a pro forma business plan detailing an  
26                acquiring party's plans with respect to the operation

1 of the Health Maintenance Organization sought to be  
2 acquired for a period of not less than 3 years; and

3 (D) such other information as the Director shall  
4 require.

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

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

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

1 additional premiums under the following terms and conditions:

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

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

23 The Health Maintenance Organization shall include a  
24 statement in the evidence of coverage issued to each enrollee  
25 describing the possibility of a refund or additional premium,  
26 and upon request of any group or enrollment unit, provide to

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

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

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

19 (Source: P.A. 102-30, eff. 1-1-22; 102-34, eff. 6-25-21;  
20 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.  
21 1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665,  
22 eff. 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;  
23 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff.  
24 1-1-23; 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093,  
25 eff. 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24;  
26 103-91, eff. 1-1-24; 103-123, eff. 1-1-24; 103-154, eff.

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

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

11 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

12 Sec. 4003. Illinois Insurance Code provisions. Limited  
13 health service organizations shall be subject to the  
14 provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,  
15 141.2, 141.3, 143, 143.31, 143c, 147, 148, 149, 151, 152, 153,  
16 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.37, 155.49, 352c,  
17 355.2, 355.3, 355b, 355d, 356m, 356q, 356v, 356z.3b, 356z.4,  
18 356z.4a, 356z.10, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29,  
19 356z.32, 356z.33, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53,  
20 356z.54, 356z.57, 356z.59, 356z.61, 356z.64, 356z.67, 356z.68,  
21 356z.71, 356z.73, 356z.74, 356z.75, 364.3, 368a, 401, 401.1,  
22 402, 403, 403A, 408, 408.2, 409, 412, 444, and 444.1 and  
23 Articles IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and  
24 XXVI of the Illinois Insurance Code. Nothing in this Section

1 shall require a limited health care plan to cover any service  
2 that is not a limited health service. For purposes of the  
3 Illinois Insurance Code, except for Sections 444 and 444.1 and  
4 Articles XIII and XIII 1/2, limited health service  
5 organizations in the following categories are deemed to be  
6 domestic companies:

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

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

14 (Source: P.A. 102-30, eff. 1-1-22; 102-203, eff. 1-1-22;  
15 102-306, eff. 1-1-22; 102-642, eff. 1-1-22; 102-731, eff.  
16 1-1-23; 102-775, eff. 5-13-22; 102-813, eff. 5-13-22; 102-816,  
17 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;  
18 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91, eff.  
19 1-1-24; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445,  
20 eff. 1-1-24; 103-605, eff. 7-1-24; 103-649, eff. 1-1-25;  
21 103-656, eff. 1-1-25; 103-700, eff. 1-1-25; 103-718, eff.  
22 7-19-24; 103-751, eff. 8-2-24; 103-758, eff. 1-1-25; 103-832,  
23 eff. 1-1-25; 103-1024, eff. 1-1-25; revised 11-26-24.)

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

1 (215 ILCS 165/10) (from Ch. 32, par. 604)

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

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

25 (Source: P.A. 102-30, eff. 1-1-22; 102-203, eff. 1-1-22;

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

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

14 (305 ILCS 5/5-16.8)

15 Sec. 5-16.8. Required health benefits. The medical  
16 assistance program shall (i) provide the post-mastectomy care  
17 benefits required to be covered by a policy of accident and  
18 health insurance under Section 356t and the coverage required  
19 under Sections 356g.5, 356q, 356u, 356w, 356x, 356z.3b,  
20 356z.6, 356z.26, 356z.29, 356z.32, 356z.33, 356z.34, 356z.35,  
21 356z.46, 356z.47, 356z.51, 356z.53, 356z.59, 356z.60, 356z.61,  
22 356z.64, ~~and~~ 356z.67, ~~and~~ 356z.71, and 356z.75 of the Illinois  
23 Insurance Code, (ii) be subject to the provisions of Sections  
24 356z.19, 356z.44, 356z.49, 364.01, 370c, and 370c.1 of the

1 Illinois Insurance Code, and (iii) be subject to the  
2 provisions of subsection (d-5) of Section 10 of the Network  
3 Adequacy and Transparency Act.

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

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

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

17 (Source: P.A. 102-30, eff. 1-1-22; 102-144, eff. 1-1-22;  
18 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-530, eff.  
19 1-1-22; 102-642, eff. 1-1-22; 102-804, eff. 1-1-23; 102-813,  
20 eff. 5-13-22; 102-816, eff. 1-1-23; 102-1093, eff. 1-1-23;  
21 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91, eff.  
22 1-1-24; 103-420, eff. 1-1-24; 103-605, eff. 7-1-24; 103-703,  
23 eff. 1-1-25; 103-758, eff. 1-1-25; 103-1024, eff. 1-1-25;  
24 revised 11-26-24.)

25 Section 95. No acceleration or delay. Where this Act makes

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

7 Section 99. Effective date. This Act takes effect January  
8 1, 2027.