



102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

SB3910

Introduced 1/21/2022, by Sen. Laura Fine

SYNOPSIS AS INTRODUCED:

215 ILCS 138/15
215 ILCS 139/15

Amends the Uniform Prescription Drug Information Card Act. Provides that a uniform prescription drug information card issued by a health benefit plan shall display on the card the regulatory entity that holds authority over the plan, whether the plan is fully insured or self-insured, the issuer's National Association of Insurance Commissioners company code, any deductible applicable to the plan, any out-of-pocket maximum limitation applicable to the plan, and a toll-free telephone number and Internet website address through which the cardholder may seek consumer assistance information. Provides that a discounted health care services plan administrator shall issue to its beneficiaries a card that contains information about the regulatory entity that holds authority over the plan and whether the plan is fully insured or self-insured. Amends the Uniform Health Care Service Benefits Information Card Act. Provides that a health care benefit information card or other technology containing uniform health care benefit information issued by a health benefit plan or a dental plan shall specifically identify and display on the card the regulatory entity that holds authority over the plan, whether the plan is fully insured or self-insured, the issuer's National Association of Insurance Commissioners company code, any deductible applicable to the plan, any out-of-pocket maximum limitation applicable to the plan, and a toll-free telephone number and Internet website address through which the cardholder may seek consumer assistance information. Makes other changes. Effective January 1, 2023.

LRB102 24062 BMS 33282 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 Uniform Prescription Drug Information Card
5 Act is amended by changing Section 15 as follows:

6 (215 ILCS 138/15)

7 Sec. 15. Uniform prescription drug information cards
8 required.

9 (a) A health benefit plan that issues a physical or
10 electronic card or other technology and provides coverage for
11 prescription drugs or devices and an administrator of such a
12 plan including, but not limited to, third-party administrators
13 for self-insured plans and state-administered plans shall
14 issue to its insureds a card or other technology containing
15 uniform prescription drug information. The uniform
16 prescription drug information card or other technology shall
17 specifically identify and display the following mandatory data
18 elements on the front of the card:

19 (1) BIN number;

20 (2) Processor control number if required for claims
21 adjudication;

22 (3) Group number;

23 (4) Card issuer identifier;

- 1 (5) Cardholder ID number; ~~and~~
- 2 (6) The regulatory entity that holds authority over
- 3 the plan;
- 4 (7) Whether the plan is fully insured or self-insured;
- 5 (8) The issuer's 5-digit National Association of
- 6 Insurance Commissioners Company Code;
- 7 (9) Any deductible applicable to the plan; if there is
- 8 a deductible specific to prescription drugs, that shall be
- 9 the applicable deductible for this card;
- 10 (10) Any out-of-pocket maximum limitation applicable
- 11 to the plan; if there is an out-of-pocket maximum
- 12 limitation specific to prescription drugs, that shall be
- 13 the applicable limitation for this card;
- 14 (11) A toll-free telephone number and Internet website
- 15 address through which the cardholder may seek consumer
- 16 assistance information, such as up-to-date lists of
- 17 preferred pharmacist and pharmacy providers and additional
- 18 information about the plan's prescription drug benefits;
- 19 and
- 20 (12) ~~(6)~~ Cardholder name.

21 The uniform prescription drug information card or other
22 technology shall specifically identify and display the
23 following mandatory data elements on the back of the card:

- 24 (1) Claims submission names and addresses; and
- 25 (2) Help desk telephone numbers and names.
- 26 (b) A new uniform prescription drug information card or

1 other technology shall be issued by a health benefit plan upon
2 enrollment and reissued upon any change in the insured's
3 coverage that affects mandatory data elements contained on the
4 card.

5 (c) Notwithstanding subsections (a) and (b) of this
6 Section, a discounted health care services plan administrator
7 providing discounts on prescription drugs or devices shall
8 issue to its beneficiaries a card containing the following
9 mandatory data elements:

10 (1) an Internet website for beneficiaries to access
11 up-to-date lists of preferred providers;

12 (2) a toll-free help desk number for beneficiaries and
13 providers to access up-to-date lists of preferred
14 providers and additional information about the discounted
15 health care services plan;

16 (3) the name or logo of the provider network;

17 (4) a group number;

18 (5) a cardholder ID number;

19 (6) the regulatory entity that holds authority over
20 the plan;

21 (7) whether the plan is fully insured or self-insured;

22 (8) ~~(6)~~ the cardholder's name or a space to permit the
23 cardholder to print his or her name, if the cardholder
24 pays a periodic charge for use of the card;

25 (9) ~~(7)~~ a processor control number, if required for
26 claims adjudication; and

1 (10) ~~(8)~~ a statement that the plan is not insurance.

2 (d) As used in this Section, "discounted health care
3 services plan administrator" means any person, partnership, or
4 corporation, other than an insurer, health service
5 corporation, limited health service organization holding a
6 certificate of authority under the Limited Health Service
7 Organization Act, or health maintenance organization holding a
8 certificate of authority under the Health Maintenance
9 Organization Act that arranges, contracts with, or administers
10 contracts with a provider whereby insureds or beneficiaries
11 are provided an incentive to use health care services provided
12 by health care services providers under a discounted health
13 care services plan in which there are no other incentives,
14 such as copayment, coinsurance, or any other reimbursement
15 differential, for beneficiaries to utilize the provider.
16 "Discounted health care services plan administrator" also
17 includes any person, partnership, or corporation, other than
18 an insurer, health service corporation, limited health service
19 organization holding a certificate of authority under the
20 Limited Health Service Organization Act, or health maintenance
21 organization holding a certificate of authority under the
22 Health Maintenance Organization Act that enters into a
23 contract with another administrator to enroll beneficiaries or
24 insureds in a preferred provider program marketed as an
25 independently identifiable program based on marketing
26 materials or member benefit identification cards.

1 (Source: P.A. 96-1326, eff. 1-1-11.)

2 Section 10. The Uniform Health Care Service Benefits
3 Information Card Act is amended by changing Section 15 as
4 follows:

5 (215 ILCS 139/15)

6 Sec. 15. Uniform health care benefit information cards
7 required.

8 (a) A health benefit plan or a dental plan that issues a
9 physical or electronic card or other technology and provides
10 coverage for health care services including prescription drugs
11 or devices also referred to as health care benefits and an
12 administrator of such a plan including, but not limited to,
13 third-party administrators for self-insured plans and
14 state-administered plans shall issue to its insureds a card or
15 other technology containing uniform health care benefit
16 information. The health care benefit information card or other
17 technology shall specifically identify and display the
18 following mandatory data elements on the card:

19 (1) processor control number, if required for claims
20 adjudication;

21 (2) group number;

22 (3) card issuer identifier;

23 (4) cardholder ID number; ~~and~~

24 (5) the regulatory entity that holds authority over

1 the plan;
2 (6) whether the plan is fully insured or self-insured;
3 (7) the issuer's 5-digit National Association of
4 Insurance Commissioners Company Code;
5 (8) any deductible applicable to the plan;
6 (9) any out-of-pocket maximum limitation applicable to
7 the plan;
8 (10) a toll-free telephone number and Internet website
9 address through which the cardholder may seek consumer
10 assistance information, such as up-to-date lists of
11 preferred providers, including health care professionals,
12 hospitals, and other facilities, offices, or sites that
13 are contracted to furnish items or services under the
14 plan, and additional information about the plan; and
15 (11) ~~(5)~~ cardholder name.

16 (b) The uniform health care benefit information card or
17 other technology shall specifically identify and display the
18 following mandatory data elements on the back of the card:

- 19 (1) claims submission names and addresses; and
20 (2) help desk telephone numbers and names.

21 (b-5) A uniform health care benefit information card or
22 other technology for a health benefit plan offering dental
23 coverage or dental plan shall include a statement indicating
24 whether the health benefit plan offering dental coverage or
25 dental plan is subject to regulation by the Department of
26 Insurance.

1 (c) A new uniform health care benefit information card or
2 other technology shall be issued by a health benefit plan or
3 dental plan upon enrollment and reissued upon any change in
4 the insured's coverage that affects mandatory data elements
5 contained on the card.

6 (d) Notwithstanding subsections (a), (b), and (c) of this
7 Section, a discounted health care services plan administrator
8 shall issue to its beneficiaries a card containing the
9 following mandatory data elements:

10 (1) an Internet website for beneficiaries to access
11 up-to-date lists of preferred providers;

12 (2) a toll-free help desk number for beneficiaries and
13 providers to access up-to-date lists of preferred
14 providers and additional information about the discounted
15 health care services plan;

16 (3) the name or logo of the provider network;

17 (4) a group number, if necessary for the processing of
18 benefits;

19 (5) a cardholder ID number;

20 (6) the cardholder's name or a space to permit the
21 cardholder to print his or her name, if the cardholder
22 pays a periodic charge for use of the card;

23 (7) a processor control number, if required for claims
24 adjudication; and

25 (8) a statement that the plan is not insurance.

26 (e) As used in this Section, "discounted health care

1 services plan administrator" means any person, partnership, or
2 corporation, other than an insurer, health service
3 corporation, limited health service organization holding a
4 certificate of authority under the Limited Health Service
5 Organization Act, or health maintenance organization holding a
6 certificate of authority under the Health Maintenance
7 Organization Act that arranges, contracts with, or administers
8 contracts with a provider whereby insureds or beneficiaries
9 are provided an incentive to use health care services provided
10 by health care services providers under a discounted health
11 care services plan in which there are no other incentives,
12 such as copayment, coinsurance, or any other reimbursement
13 differential, for beneficiaries to utilize the provider.
14 "Discounted health care services plan administrator" also
15 includes any person, partnership, or corporation, other than
16 an insurer, health service corporation, limited health service
17 organization holding a certificate of authority under the
18 Limited Health Service Organization Act, or health maintenance
19 organization holding a certificate of authority under the
20 Health Maintenance Organization Act that enters into a
21 contract with another administrator to enroll beneficiaries or
22 insureds in a preferred provider program marketed as an
23 independently identifiable program based on marketing
24 materials or member benefit identification cards.

25 (Source: P.A. 100-1013, eff. 1-1-19.)

26 Section 99. Effective date. This Act takes effect January

SB3910

- 9 -

LRB102 24062 BMS 33282 b

1 1, 2023.