

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) Any deductible applicable to the plan; if there is
- 5 a deductible specific to prescription drugs, that shall be
- 6 the applicable deductible for this card;
- 7           (8) Any out-of-pocket maximum limitation applicable to
- 8 the plan; if there is an out-of-pocket maximum limitation
- 9 specific to prescription drugs, that shall be the
- 10 applicable limitation for this card;
- 11           (9) A toll-free telephone number and Internet website
- 12 address through which the cardholder may seek consumer
- 13 assistance information, such as up-to-date lists of
- 14 preferred pharmacist and pharmacy providers and additional
- 15 information about the plan's prescription drug benefits;
- 16 and
- 17           (10) ~~(6)~~ Cardholder name.

18           The uniform prescription drug information card or other

19 technology shall specifically identify and display the

20 following mandatory data elements on the back of the card:

- 21           (1) Claims submission names and addresses; and
- 22           (2) Help desk telephone numbers and names.

23           (b) A new uniform prescription drug information card or

24 other technology shall be issued by a health benefit plan upon

25 enrollment and reissued upon any change in the insured's

26 coverage that affects mandatory data elements contained on the

1 card.

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

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

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

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

14 (4) a group number;

15 (5) a cardholder ID number;

16 (6) the regulatory entity that holds authority over  
17 the plan;

18 (7) ~~(6)~~ the cardholder's name or a space to permit the  
19 cardholder to print his or her name, if the cardholder  
20 pays a periodic charge for use of the card;

21 (8) ~~(7)~~ a processor control number, if required for  
22 claims adjudication; and

23 (9) ~~(8)~~ a statement that the plan is not insurance.

24 (d) As used in this Section, "discounted health care  
25 services plan administrator" means any person, partnership, or  
26 corporation, other than an insurer, health service

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

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

24 Section 10. The Uniform Health Care Service Benefits  
25 Information Card Act is amended by changing Section 15 as

1 follows:

2 (215 ILCS 139/15)

3 Sec. 15. Uniform health care benefit information cards  
4 required.

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

16 (1) processor control number, if required for claims  
17 adjudication;

18 (2) group number;

19 (3) card issuer identifier;

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

21 (5) except for dental plans, the regulatory entity  
22 that holds authority over the plan;

23 (6) except for dental plans, any deductible applicable  
24 to the plan;

25 (7) except for dental plans, any out-of-pocket maximum

1 limitation applicable to the plan;

2 (8) a toll-free telephone number and Internet website  
3 address through which the cardholder may seek consumer  
4 assistance information, such as up-to-date lists of  
5 preferred providers, including health care professionals,  
6 hospitals, and other facilities, offices, or sites that  
7 are contracted to furnish items or services under the  
8 plan, and additional information about the plan; and

9 (9) ~~(5)~~ cardholder name.

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

13 (1) claims submission names and addresses; and

14 (2) help desk telephone numbers and names.

15 (b-5) A uniform health care benefit information card or  
16 other technology for a health benefit plan offering dental  
17 coverage or dental plan shall include a statement indicating  
18 whether the health benefit plan offering dental coverage or  
19 dental plan is subject to regulation by the Department of  
20 Insurance.

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

26 (d) Notwithstanding subsections (a), (b), and (c) of this

1 Section, a discounted health care services plan administrator  
2 shall issue to its beneficiaries a card containing the  
3 following mandatory data elements:

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

6 (2) a toll-free help desk number for beneficiaries and  
7 providers to access up-to-date lists of preferred  
8 providers and additional information about the discounted  
9 health care services plan;

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

11 (4) a group number, if necessary for the processing of  
12 benefits;

13 (5) a cardholder ID number;

14 (6) the regulatory entity that holds authority over  
15 the plan;

16 (7) ~~(6)~~ the cardholder's name or a space to permit the  
17 cardholder to print his or her name, if the cardholder  
18 pays a periodic charge for use of the card;

19 (8) ~~(7)~~ a processor control number, if required for  
20 claims adjudication; and

21 (9) ~~(8)~~ a statement that the plan is not insurance.

22 (e) As used in this Section, "discounted health care  
23 services plan administrator" means any person, partnership, or  
24 corporation, other than an insurer, health service  
25 corporation, limited health service organization holding a  
26 certificate of authority under the Limited Health Service

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

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

22 Section 99. Effective date. This Act takes effect January  
23 1, 2024.