

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 Illinois Insurance Code is amended by
5 changing Section 355a as follows:

6 (215 ILCS 5/355a) (from Ch. 73, par. 967a)

7 Sec. 355a. Standardization of terms and coverage.

8 (1) The purpose of this Section shall be (a) to provide
9 reasonable standardization and simplification of terms and
10 coverages of individual accident and health insurance policies
11 to facilitate public understanding and comparisons; (b) to
12 eliminate provisions contained in individual accident and
13 health insurance policies which may be misleading or
14 unreasonably confusing in connection either with the purchase
15 of such coverages or with the settlement of claims; and (c) to
16 provide for reasonable disclosure in the sale of accident and
17 health coverages.

18 (2) Definitions applicable to this Section are as follows:

19 (a) "Policy" means all or any part of the forms
20 constituting the contract between the insurer and the
21 insured, including the policy, certificate, subscriber
22 contract, riders, endorsements, and the application if
23 attached, which are subject to filing with and approval by

1 the Director.

2 (b) "Service corporations" means voluntary health and
3 dental corporations organized and operating respectively
4 under the Voluntary Health Services Plans Act and the
5 Dental Service Plan Act.

6 (c) "Accident and health insurance" means insurance
7 written under Article XX of the Insurance Code, other than
8 credit accident and health insurance, and coverages
9 provided in subscriber contracts issued by service
10 corporations. For purposes of this Section such service
11 corporations shall be deemed to be insurers engaged in the
12 business of insurance.

13 (3) The Director shall issue such rules as he shall deem
14 necessary or desirable to establish specific standards,
15 including standards of full and fair disclosure that set forth
16 the form and content and required disclosure for sale, of
17 individual policies of accident and health insurance, which
18 rules and regulations shall be in addition to and in accordance
19 with the applicable laws of this State, and which may cover but
20 shall not be limited to: (a) terms of renewability; (b) initial
21 and subsequent conditions of eligibility; (c) non-duplication
22 of coverage provisions; (d) coverage of dependents; (e)
23 pre-existing conditions; (f) termination of insurance; (g)
24 probationary periods; (h) limitation, exceptions, and
25 reductions; (i) elimination periods; (j) requirements
26 regarding replacements; (k) recurrent conditions; and (l) the

1 definition of terms including but not limited to the following:
2 hospital, accident, sickness, injury, physician, accidental
3 means, total disability, partial disability, nervous disorder,
4 guaranteed renewable, and non-cancellable.

5 The Director may issue rules that specify prohibited policy
6 provisions not otherwise specifically authorized by statute
7 which in the opinion of the Director are unjust, unfair or
8 unfairly discriminatory to the policyholder, any person
9 insured under the policy, or beneficiary.

10 (4) The Director shall issue such rules as he shall deem
11 necessary or desirable to establish minimum standards for
12 benefits under each category of coverage in individual accident
13 and health policies, other than conversion policies issued
14 pursuant to a contractual conversion privilege under a group
15 policy, including but not limited to the following categories:
16 (a) basic hospital expense coverage; (b) basic
17 medical-surgical expense coverage; (c) hospital confinement
18 indemnity coverage; (d) major medical expense coverage; (e)
19 disability income protection coverage; (f) accident only
20 coverage; and (g) specified disease or specified accident
21 coverage.

22 Nothing in this subsection (4) shall preclude the issuance
23 of any policy which combines two or more of the categories of
24 coverage enumerated in subparagraphs (a) through (f) of this
25 subsection.

26 No policy shall be delivered or issued for delivery in this

1 State which does not meet the prescribed minimum standards for
2 the categories of coverage listed in this subsection unless the
3 Director finds that such policy is necessary to meet specific
4 needs of individuals or groups and such individuals or groups
5 will be adequately informed that such policy does not meet the
6 prescribed minimum standards, and such policy meets the
7 requirement that the benefits provided therein are reasonable
8 in relation to the premium charged. The standards and criteria
9 to be used by the Director in approving such policies shall be
10 included in the rules required under this Section with as much
11 specificity as practicable.

12 The Director shall prescribe by rule the method of
13 identification of policies based upon coverages provided.

14 (5) (a) In order to provide for full and fair disclosure in
15 the sale of individual accident and health insurance policies,
16 no such policy shall be delivered or issued for delivery in
17 this State unless the outline of coverage described in
18 paragraph (b) of this subsection either accompanies the policy,
19 or is delivered to the applicant at the time the application is
20 made, and an acknowledgment signed by the insured, of receipt
21 of delivery of such outline, is provided to the insurer. In the
22 event the policy is issued on a basis other than that applied
23 for, the outline of coverage properly describing the policy
24 must accompany the policy when it is delivered and such outline
25 shall clearly state that the policy differs, and to what
26 extent, from that for which application was originally made.

1 All policies, except single premium nonrenewal policies, shall
2 have a notice prominently printed on the first page of the
3 policy or attached thereto stating in substance, that the
4 policyholder shall have the right to return the policy within
5 10 days of its delivery and to have the premium refunded if
6 after examination of the policy the policyholder is not
7 satisfied for any reason.

8 (b) The Director shall issue such rules as he shall deem
9 necessary or desirable to prescribe the format and content of
10 the outline of coverage required by paragraph (a) of this
11 subsection. "Format" means style, arrangement, and overall
12 appearance, including such items as the size, color, and
13 prominence of type and the arrangement of text and captions.
14 "Content" shall include without limitation thereto, statements
15 relating to the particular policy as to the applicable category
16 of coverage prescribed under subsection 4; principal benefits;
17 exceptions, reductions and limitations; and renewal
18 provisions, including any reservation by the insurer of a right
19 to change premiums. Such outline of coverage shall clearly
20 state that it constitutes a summary of the policy issued or
21 applied for and that the policy should be consulted to
22 determine governing contractual provisions.

23 (c) Without limiting the generality of paragraph (b) of
24 this subsection (5), no qualified health plans shall be offered
25 for sale directly to consumers through the health insurance
26 marketplace operating in the State in accordance with Sections

1 1311 and 1321 of the federal Patient Protection and Affordable
2 Care Act of 2010 (Public Law 111-148), as amended by the
3 federal Health Care and Education Reconciliation Act of 2010
4 (Public Law 111-152), and any amendments thereto, or
5 regulations or guidance issued thereunder (collectively, "the
6 Federal Act"), unless the following information is made
7 available to the consumer at the time he or she is comparing
8 policies and their premiums:

9 (i) With respect to prescription drug benefits, the
10 most recently published formulary where a consumer can view
11 in one location covered prescription drugs; information on
12 tiering and the cost-sharing structure for each tier; and
13 information about how a consumer can obtain specific
14 copayment amounts or coinsurance percentages for a
15 specific qualified health plan before enrolling in that
16 plan. This information shall clearly identify the
17 qualified health plan to which it applies.

18 (ii) The most recently published provider directory
19 where a consumer can view the provider network that applies
20 to each qualified health plan and information about each
21 provider, including location, contact information,
22 specialty, medical group, if any, any institutional
23 affiliation, and whether the provider is accepting new
24 patients at each of the specific locations listing the
25 provider. Providers shall notify qualified health plans
26 electronically or in writing of any changes to their

1 information as listed in the provider directory. Qualified
2 health plans shall update their directories in a manner
3 consistent with the information provided by the provider or
4 dental management service organization within 10 business
5 days after being notified of the change by the provider.
6 Nothing in this paragraph (ii) shall void any contractual
7 relationship between the provider and the plan. The
8 information shall clearly identify the qualified health
9 plan to which it applies.

10 (d) Each company that offers qualified health plans for
11 sale directly to consumers through the health insurance
12 marketplace operating in the State shall make the information
13 in paragraph (c) of this subsection (5), for each qualified
14 health plan that it offers, available and accessible to the
15 general public on the company's Internet website and through
16 other means for individuals without access to the Internet.

17 (e) The Department shall ensure that State-operated
18 Internet websites, in addition to the Internet website for the
19 health insurance marketplace established in this State in
20 accordance with the Federal Act, prominently provide links to
21 Internet-based materials and tools to help consumers be
22 informed purchasers of health insurance.

23 (f) Nothing in this Section shall be interpreted or
24 implemented in a manner not consistent with the Federal Act.
25 This Section shall apply to all qualified health plans offered
26 for sale directly to consumers through the health insurance

1 marketplace operating in this State for any coverage year
2 beginning on or after January 1, 2015.

3 (6) Prior to the issuance of rules pursuant to this
4 Section, the Director shall afford the public, including the
5 companies affected thereby, reasonable opportunity for
6 comment. Such rulemaking is subject to the provisions of the
7 Illinois Administrative Procedure Act.

8 (7) When a rule has been adopted, pursuant to this Section,
9 all policies of insurance or subscriber contracts which are not
10 in compliance with such rule shall, when so provided in such
11 rule, be deemed to be disapproved as of a date specified in
12 such rule not less than 120 days following its effective date,
13 without any further or additional notice other than the
14 adoption of the rule.

15 (8) When a rule adopted pursuant to this Section so
16 provides, a policy of insurance or subscriber contract which
17 does not comply with the rule shall not less than 120 days from
18 the effective date of such rule, be construed, and the insurer
19 or service corporation shall be liable, as if the policy or
20 contract did comply with the rule.

21 (9) Violation of any rule adopted pursuant to this Section
22 shall be a violation of the insurance law for purposes of
23 Sections 370 and 446 of the Insurance Code.

24 (Source: P.A. 98-1035, eff. 8-25-14.)

25 Section 10. The Dental Care Patient Protection Act is

1 amended by changing Section 25 as follows:

2 (215 ILCS 109/25)

3 Sec. 25. Provision of information.

4 (a) A managed care dental plan shall provide upon request
5 to prospective enrollees a written summary description of all
6 of the following terms of coverage:

7 (1) Information about the dental plan, including how
8 the plan operates and what general types of financial
9 arrangements exist between dentists and the plan. Nothing
10 in this Section shall require disclosure of any specific
11 financial arrangements between providers and the plan.

12 (2) The service area.

13 (3) Covered benefits, exclusions, or limitations.

14 (4) Pre-certification requirements including any
15 requirements for referrals made by primary care dentists to
16 specialists, and other preauthorization requirements.

17 (5) A list of participating primary care dentists in
18 the plan's service area, including provider address and
19 phone number, for an enrollee to evaluate the managed care
20 dental plan's network access, as well as a phone number by
21 which the prospective enrollee may obtain additional
22 information regarding the provider network including
23 participating specialists. However, a managed care dental
24 plan offering a preferred provider organization ("PPO")
25 product that does not require the enrollee to select a

1 primary care dentist shall only be required to make
2 available for inspection to enrollees and prospective
3 enrollees a list of participating dentists in the plan's
4 service area, including whether the provider is accepting
5 new patients at each of the specific locations listing the
6 provider. Providers shall notify managed care dental plans
7 electronically or in writing of any changes to their
8 information as listed in the provider directory. Managed
9 care dental plans shall update their directories in a
10 manner consistent with the information provided by the
11 provider or dental management service organization within
12 10 business days after being notified of the change by the
13 provider.

14 Nothing in this paragraph (5) shall void any
15 contractual relationship between the provider and the
16 plan.

17 (6) Emergency coverage and benefits.

18 (7) Out-of-area coverages and benefits, if any.

19 (8) The process about how participating dentists are
20 selected.

21 (9) The grievance process, including the telephone
22 number to call to receive information concerning grievance
23 procedures.

24 An enrollee shall be provided with an evidence of coverage
25 as required under the Illinois Insurance Code provisions
26 applicable to the managed care dental plan.

1 (b) An enrollee or prospective enrollee has the right to
2 the most current financial statement filed by the managed care
3 dental plan by contacting the Department of Insurance. The
4 Department may charge a reasonable fee for providing such
5 information.

6 (c) The managed care dental plan shall provide to the
7 Department, on an annual basis, a list of all participating
8 dentists. Nothing in this Section shall require a particular
9 ratio for any type of provider.

10 (d) If the managed care dental plan uses a capitation
11 method of compensation to its primary care providers
12 (dentists), the plan must establish and follow procedures that
13 ensure that:

14 (1) the plan application form includes a space in which
15 each enrollee selects a primary care provider (dentist);

16 (2) if an enrollee who fails to select a primary care
17 provider (dentist) is assigned a primary care provider
18 (dentist), the enrollee shall be notified of the name and
19 location of that primary care provider (dentist); and

20 (3) primary care provider (dentist) to whom an enrollee
21 is assigned, pursuant to item (2), is physically located
22 within a reasonable travel distance, as established by rule
23 adopted by the Director, from the residence or place of
24 employment of the enrollee.

25 (e) Nothing in this Act shall be deemed to require a plan
26 to assign an enrollee to a primary care provider (dentist).

1 (Source: P.A. 91-355, eff. 1-1-00.)

2 Section 15. The Illinois Dental Practice Act is amended by
3 changing Sections 44 and 45 as follows:

4 (225 ILCS 25/44) (from Ch. 111, par. 2344)

5 (Section scheduled to be repealed on January 1, 2016)

6 Sec. 44. Practice by Corporations Prohibited. Exceptions.
7 No corporation shall practice dentistry or engage therein, or
8 hold itself out as being entitled to practice dentistry, or
9 furnish dental services or dentists, or advertise under or
10 assume the title of dentist or dental surgeon or equivalent
11 title, or furnish dental advice for any compensation, or
12 advertise or hold itself out with any other person or alone,
13 that it has or owns a dental office or can furnish dental
14 service or dentists, or solicit through itself, or its agents,
15 officers, employees, directors or trustees, dental patronage
16 for any dentist employed by any corporation.

17 Nothing contained in this Act, however, shall:

18 (a) prohibit a corporation from employing a dentist or
19 dentists to render dental services to its employees,
20 provided that such dental services shall be rendered at no
21 cost or charge to the employees;

22 (b) prohibit a corporation or association from
23 providing dental services upon a wholly charitable basis to
24 deserving recipients;

1 (c) prohibit a corporation or association from
2 furnishing information or clerical services which can be
3 furnished by persons not licensed to practice dentistry, to
4 any dentist when such dentist assumes full responsibility
5 for such information or services;

6 (d) prohibit dental corporations as authorized by the
7 Professional Service Corporation Act, dental associations
8 as authorized by the Professional Association Act, or
9 dental limited liability companies as authorized by the
10 Limited Liability Company Act;

11 (e) prohibit dental limited liability partnerships as
12 authorized by the Uniform Partnership Act (1997);

13 (f) prohibit hospitals, public health clinics,
14 federally qualified health centers, or other entities
15 specified by rule of the Department from providing dental
16 services; or

17 (g) prohibit dental management service organizations
18 from providing non-clinical business services that do not
19 violate the provisions of this Act.

20 Any corporation violating the provisions of this Section is
21 guilty of a Class A misdemeanor and each day that this Act is
22 violated shall be considered a separate offense.

23 If a dental management service organization is responsible
24 for enrolling the dentist as a provider in managed care plans
25 provider networks, it shall provide verification to the managed
26 care provider network regarding whether the provider is

1 accepting new patients at each of the specific locations
2 listing the provider.

3 Nothing in this Section shall void any contractual
4 relationship between the provider and the organization.

5 (Source: P.A. 96-328, eff. 8-11-09.)

6 (225 ILCS 25/45) (from Ch. 111, par. 2345)

7 (Section scheduled to be repealed on January 1, 2016)

8 Sec. 45. Advertising. The purpose of this Section is to
9 authorize and regulate the advertisement by dentists of
10 information which is intended to provide the public with a
11 sufficient basis upon which to make an informed selection of
12 dentists while protecting the public from false or misleading
13 advertisements which would detract from the fair and rational
14 selection process.

15 Any dentist may advertise the availability of dental
16 services in the public media or on the premises where such
17 dental services are rendered. Such advertising shall be limited
18 to the following information:

19 (a) The dental services available;

20 (b) Publication of the dentist's name, title, office
21 hours, address and telephone;

22 (c) Information pertaining to his or her area of
23 specialization, including appropriate board certification
24 or limitation of professional practice;

25 (d) Information on usual and customary fees for routine

1 dental services offered, which information shall include
2 notification that fees may be adjusted due to complications
3 or unforeseen circumstances;

4 (e) Announcement of the opening of, change of, absence
5 from, or return to business;

6 (f) Announcement of additions to or deletions from
7 professional dental staff;

8 (g) The issuance of business or appointment cards;

9 (h) Other information about the dentist, dentist's
10 practice or the types of dental services which the dentist
11 offers to perform which a reasonable person might regard as
12 relevant in determining whether to seek the dentist's
13 services. However, any advertisement which announces the
14 availability of endodontics, pediatric dentistry,
15 periodontics, prosthodontics, orthodontics and dentofacial
16 orthopedics, oral and maxillofacial surgery, or oral and
17 maxillofacial radiology by a general dentist or by a
18 licensed specialist who is not licensed in that specialty
19 shall include a disclaimer stating that the dentist does
20 not hold a license in that specialty.

21 Any dental practice with more than one location that
22 enrolls its dentist as a participating provider in a managed
23 care plan's network must verify electronically or in writing to
24 the managed care plan whether the provider is accepting new
25 patients at each of the specific locations listing the
26 provider. The health plan shall remove the provider from the

1 directory in accordance with standard practices within 10
2 business days after being notified of the changes by the
3 provider. Nothing in this paragraph shall void any contractual
4 relationship between the provider and the plan.

5 It is unlawful for any dentist licensed under this Act to
6 do any of the following:

7 (1) Use claims of superior quality of care to entice
8 the public.

9 (2) Advertise in any way to practice dentistry without
10 causing pain.

11 (3) Pay a fee to any dental referral service or other
12 third party who advertises a dental referral service,
13 unless all advertising of the dental referral service makes
14 it clear that dentists are paying a fee for that referral
15 service.

16 (4) Advertise or offer gifts as an inducement to secure
17 dental patronage. Dentists may advertise or offer free
18 examinations or free dental services; it shall be unlawful,
19 however, for any dentist to charge a fee to any new patient
20 for any dental service provided at the time that such free
21 examination or free dental services are provided.

22 (5) Use the term "sedation dentistry" or similar terms
23 in advertising unless the advertising dentist holds a valid
24 and current permit issued by the Department to administer
25 either general anesthesia, deep sedation, or conscious
26 sedation as required under Section 8.1 of this Act.

1 This Act does not authorize the advertising of dental
2 services when the offeror of such services is not a dentist.
3 Nor shall the dentist use statements which contain false,
4 fraudulent, deceptive or misleading material or guarantees of
5 success, statements which play upon the vanity or fears of the
6 public, or statements which promote or produce unfair
7 competition.

8 A dentist shall be required to keep a copy of all
9 advertisements for a period of 3 years. All advertisements in
10 the dentist's possession shall indicate the accurate date and
11 place of publication.

12 The Department shall adopt rules to carry out the intent of
13 this Section.

14 (Source: P.A. 97-1013, eff. 8-17-12.)

15 Section 99. Effective date. This Act takes effect January
16 1, 2016.