

1 TITLE 50: INSURANCE
2 CHAPTER I: DEPARTMENT OF INSURANCE
3 SUBCHAPTER z: ACCIDENT AND HEALTH INSURANCE
4

5 PART 2014
6 CONTRACEPTIVE COVERAGE
7

8	Section	
9	2014.10	Purpose
10	2014.20	Applicability
11	2014.30	Definitions
12	2014.40	Contraceptive Coverage

13
14 AUTHORITY: Implementing Section 356z.4 of the Illinois Insurance Code [215 ILCS 5],
15 Section 5-3 of the Health Maintenance Organization Act [215 ILCS 125], Sections 3009 and
16 4003 of the Limited Health Service Organization Act [215 ILCS 130], and Section 10 of the
17 Voluntary Health Services Plans Act [215 ILCS 165], and authorized by Section 401 of the
18 Illinois Insurance Code.

19
20 SOURCE: Former Part repealed at 38 Ill. Reg. 2211, effective January 2, 2014; new Part
21 adopted at 48 Ill. Reg. _____, effective _____.

22
23 **Section 2014.10 Purpose**

24
25 The purpose of this Part is to clarify the requirements for health insurance coverage of over-the-
26 counter contraceptive drugs, devices, and products.

27
28 **Section 2014.20 Applicability**

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30 For policies, contracts, and certificates issued, delivered, amended, or renewed on or after
31 January 1, 2025, except for excepted benefits, short-term, limited-duration health insurance
32 coverage, Medicare Advantage plans, and coverage under the medical assistance program in the
33 Illinois Public Aid Code [305 ILCS 5], this rule applies to all individual and group accident and
34 health insurance, health care plans, limited health care plans, and voluntary health services plans,
35 including pharmaceutical-only policies, contracts, and certificates.

36
37 **Section 2014.30 Definitions**

38
39 "Accident and health insurance" has the meaning ascribed in Section 4, Class 1(b)
40 and 2(a) of the Code.

41
42 "Code" means the Illinois Insurance Code [215 ILCS 5].
43

44 "Excepted benefits" has the meaning ascribed in the following federal regulations:

45
46 For individual health insurance coverage, 45 CFR 148.220 (May 14, 2020)
47 (no later editions or amendments); and

48
49 For group health insurance coverage, 45 CFR 146.145(b) (Oct. 31, 2016)
50 (no later editions or amendments).

51
52 "Health care plan" has the meaning ascribed in Section 1-2(7) of the Health
53 Maintenance Organization Act [215 ILCS 125].

54
55 "Health insurance issuer" has the meaning ascribed in Section 5 of the Health
56 Insurance Portability and Accountability Act [215 ILCS 97].

57
58 "Limited health care plan" has the meaning ascribed in Section 1002 of the
59 Limited Health Service Organization Act [215 ILCS 130].

60
61 "Short-term, limited-duration health insurance coverage" has the meaning
62 ascribed in Section 5 of the Short-Term, Limited-Duration Health Insurance
63 Coverage Act [215 ILCS 190].

64
65 "Voluntary health services plan" has the meaning ascribed in Section 2 of the
66 Voluntary Health Services Plans Act [215 ILCS 165].

67
68 **Section 2014.40 Contraceptive Coverage**

69
70 a) A covered individual must not be required to have a prescription for over-the-
71 counter contraceptive drugs, devices, and products as a condition for coverage to
72 apply.

73
74 b) Health insurance issuers with any policy, contract, or certificate subject to Section
75 2014.20 are prohibited from requiring a prescription as a condition to cover over-
76 the-counter contraceptives. Coverage as written and in operation must include
77 over-the-counter contraceptive drugs, devices, and products in compliance with
78 Section 356z.4(a) of the Code.