

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 370a as follows:

6                   (215 ILCS 5/370a) (from Ch. 73, par. 982a)

7                   Sec. 370a. Assignability of Accident and Health Insurance,  
8                   including dental insurance. No provision of the Illinois  
9                   Insurance Code, or any other law, prohibits an insured under  
10                   any policy of dental insurance or accident and health  
11                   insurance or any other person who may be the owner of any  
12                   rights under any such policy from making an assignment of all  
13                   or any part of his rights and privileges under the policy  
14                   including but not limited to the right to designate a  
15                   beneficiary and to have an individual policy issued in  
16                   accordance with its terms. Subject to the terms of the policy  
17                   or any contract relating thereto, an assignment by an insured  
18                   or by any other owner of rights under the policy, made before  
19                   or after the effective date of this amendatory Act of 1969 is  
20                   valid for the purpose of vesting in the assignee, in  
21                   accordance with any provisions included therein as to the time  
22                   at which it is effective, all rights and privileges so  
23                   assigned. However, such assignment is without prejudice to the

1 company on account of any payment it makes or individual  
2 policy it issues before receipt of notice of the assignment.  
3 This amendatory Act of 1969 acknowledges, declares and  
4 codifies the existing right of assignment of interests under  
5 accident and health insurance policies. If an enrollee or  
6 insured of an insurer, health maintenance organization,  
7 managed care plan, health care plan, preferred provider  
8 organization, dental service plan corporation, dental insurer,  
9 or third party administrator assigns a claim to a health care  
10 professional, or health care facility, dental care provider,  
11 or dental care facility, then payment shall be made directly  
12 to the health care professional, or health care facility,  
13 dental care provider, or dental care facility, including any  
14 interest required under Section 368aT of this Code for failure  
15 to pay claims within 30 days after receipt by the insurer of  
16 due proof of loss. Nothing in this Section shall be construed  
17 to prevent any parties from reconciling duplicate payments.  
18 (Source: P.A. 91-605, eff. 12-14-99; 91-788, eff. 6-9-00.)

19 Section 10. The Dental Service Plan Act is amended by  
20 adding Section 38.1 as follows:

21 (215 ILCS 110/38.1 new)

22 Sec. 38.1. Illinois Insurance Code provisions. Every  
23 dental service plan corporation shall comply with Section 370a  
24 of the Illinois Insurance Code.

1           Section 15. The Health Maintenance Organization Act is  
2 amended by changing Section 5-3 as follows:

3           (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

4           (Text of Section before amendment by P.A. 103-808)

5           Sec. 5-3. Illinois Insurance Code provisions.

6           (a) Health Maintenance Organizations shall be subject to  
7 the provisions of Sections 133, 134, 136, 137, 139, 140,  
8 141.1, 141.2, 141.3, 143, 143.31, 143c, 147, 148, 149, 151,  
9 152, 153, 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a,  
10 155.49, 352c, 355.2, 355.3, 355.6, 355b, 355c, 356f, 356g.5-1,  
11 356m, 356q, 356u.10, 356v, 356w, 356x, 356z.2, 356z.3a,  
12 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9, 356z.10,  
13 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17, 356z.18,  
14 356z.19, 356z.20, 356z.21, 356z.22, 356z.23, 356z.24, 356z.25,  
15 356z.26, 356z.28, 356z.29, 356z.30, 356z.31, 356z.32, 356z.33,  
16 356z.34, 356z.35, 356z.36, 356z.37, 356z.38, 356z.39, 356z.40,  
17 356z.40a, 356z.41, 356z.44, 356z.45, 356z.46, 356z.47,  
18 356z.48, 356z.49, 356z.50, 356z.51, 356z.53, 356z.54, 356z.55,  
19 356z.56, 356z.57, 356z.58, 356z.59, 356z.60, 356z.61, 356z.62,  
20 356z.63, 356z.64, 356z.65, 356z.66, 356z.67, 356z.68, 356z.69,  
21 356z.70, 356z.71, 356z.72, 356z.73, 356z.74, 356z.75, 356z.77,  
22 364, 364.01, 364.3, 367.2, 367.2-5, 367i, 368a, 368b, 368c,  
23 368d, 368e, 370a, 370c, 370c.1, 401, 401.1, 402, 403, 403A,  
24 408, 408.2, 409, 412, 444, and 444.1, paragraph (c) of

1 subsection (2) of Section 367, and Articles IIA, VIII 1/2,  
2 XII, XII 1/2, XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the  
3 Illinois Insurance Code.

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

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

10 (2) a corporation organized under the laws of this  
11 State; or

12 (3) a corporation organized under the laws of another  
13 state, 30% or more of the enrollees of which are residents  
14 of this State, except a corporation subject to  
15 substantially the same requirements in its state of  
16 organization as is a "domestic company" under Article VIII  
17 1/2 of the Illinois Insurance Code.

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

21 (1) the Director shall give primary consideration to  
22 the continuation of benefits to enrollees and the  
23 financial conditions of the acquired Health Maintenance  
24 Organization after the merger, consolidation, or other  
25 acquisition of control takes effect;

26 (2) (i) the criteria specified in subsection (1) (b) of

1       Section 131.8 of the Illinois Insurance Code shall not  
2       apply and (ii) the Director, in making his determination  
3       with respect to the merger, consolidation, or other  
4       acquisition of control, need not take into account the  
5       effect on competition of the merger, consolidation, or  
6       other acquisition of control;

7                   (3) the Director shall have the power to require the  
8       following information:

9                   (A) certification by an independent actuary of the  
10       adequacy of the reserves of the Health Maintenance  
11       Organization sought to be acquired;

12                   (B) pro forma financial statements reflecting the  
13       combined balance sheets of the acquiring company and  
14       the Health Maintenance Organization sought to be  
15       acquired as of the end of the preceding year and as of  
16       a date 90 days prior to the acquisition, as well as pro  
17       forma financial statements reflecting projected  
18       combined operation for a period of 2 years;

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

23                   (D) such other information as the Director shall  
24       require.

25                   (d) The provisions of Article VIII 1/2 of the Illinois  
26       Insurance Code and this Section 5-3 shall apply to the sale by

1 any health maintenance organization of greater than 10% of its  
2 enrollee population (including, without limitation, the health  
3 maintenance organization's right, title, and interest in and  
4 to its health care certificates).

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

15 (f) Except for small employer groups as defined in the  
16 Small Employer Rating, Renewability and Portability Health  
17 Insurance Act and except for medicare supplement policies as  
18 defined in Section 363 of the Illinois Insurance Code, a  
19 Health Maintenance Organization may by contract agree with a  
20 group or other enrollment unit to effect refunds or charge  
21 additional premiums under the following terms and conditions:

22 (i) the amount of, and other terms and conditions with  
23 respect to, the refund or additional premium are set forth  
24 in the group or enrollment unit contract agreed in advance  
25 of the period for which a refund is to be paid or  
26 additional premium is to be charged (which period shall

1                   not be less than one year); and

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

17                   The Health Maintenance Organization shall include a  
18                   statement in the evidence of coverage issued to each enrollee  
19                   describing the possibility of a refund or additional premium,  
20                   and upon request of any group or enrollment unit, provide to  
21                   the group or enrollment unit a description of the method used  
22                   to calculate (1) the Health Maintenance Organization's  
23                   profitable experience with respect to the group or enrollment unit  
24                   and the resulting refund to the group or enrollment unit  
25                   or (2) the Health Maintenance Organization's unprofitable  
26                   experience with respect to the group or enrollment unit and

1 the resulting additional premium to be paid by the group or  
2 enrollment unit.

3 In no event shall the Illinois Health Maintenance  
4 Organization Guaranty Association be liable to pay any  
5 contractual obligation of an insolvent organization to pay any  
6 refund authorized under this Section.

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

13 (Source: P.A. 102-30, eff. 1-1-22; 102-34, eff. 6-25-21;  
14 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.  
15 1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665,  
16 eff. 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;  
17 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff.  
18 1-1-23; 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093,  
19 eff. 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24;  
20 103-91, eff. 1-1-24; 103-123, eff. 1-1-24; 103-154, eff.  
21 6-30-23; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445,  
22 eff. 1-1-24; 103-551, eff. 8-11-23; 103-605, eff. 7-1-24;  
23 103-618, eff. 1-1-25; 103-649, eff. 1-1-25; 103-656, eff.  
24 1-1-25; 103-700, eff. 1-1-25; 103-718, eff. 7-19-24; 103-751,  
25 eff. 8-2-24; 103-753, eff. 8-2-24; 103-758, eff. 1-1-25;  
26 103-777, eff. 8-2-24; 103-914, eff. 1-1-25; 103-918, eff.

1 1-1-25; 103-1024, eff. 1-1-25; revised 9-26-24.)

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

3 Sec. 5-3. Illinois Insurance Code provisions.

4 (a) Health Maintenance Organizations shall be subject to  
5 the provisions of Sections 133, 134, 136, 137, 139, 140,  
6 141.1, 141.2, 141.3, 143, 143.31, 143c, 147, 148, 149, 151,  
7 152, 153, 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.22a,  
8 155.49, 352c, 355.2, 355.3, 355.6, 355b, 355c, 356f, 356g,  
9 356g.5-1, 356m, 356q, 356u.10, 356v, 356w, 356x, 356z.2,  
10 356z.3a, 356z.4, 356z.4a, 356z.5, 356z.6, 356z.8, 356z.9,  
11 356z.10, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.17,  
12 356z.18, 356z.19, 356z.20, 356z.21, 356z.22, 356z.23, 356z.24,  
13 356z.25, 356z.26, 356z.28, 356z.29, 356z.30, 356z.31, 356z.32,  
14 356z.33, 356z.34, 356z.35, 356z.36, 356z.37, 356z.38, 356z.39,  
15 356z.40, 356z.40a, 356z.41, 356z.44, 356z.45, 356z.46,  
16 356z.47, 356z.48, 356z.49, 356z.50, 356z.51, 356z.53, 356z.54,  
17 356z.55, 356z.56, 356z.57, 356z.58, 356z.59, 356z.60, 356z.61,  
18 356z.62, 356z.63, 356z.64, 356z.65, 356z.66, 356z.67, 356z.68,  
19 356z.69, 356z.70, 356z.71, 356z.72, 356z.73, 356z.74, 356z.75,  
20 356z.77, 364, 364.01, 364.3, 367.2, 367.2-5, 367i, 368a, 368b,  
21 368c, 368d, 368e, 370a, 370c, 370c.1, 401, 401.1, 402, 403,  
22 403A, 408, 408.2, 409, 412, 444, and 444.1, paragraph (c) of  
23 subsection (2) of Section 367, and Articles IIA, VIII 1/2,  
24 XII, XII 1/2, XIII, XIII 1/2, XXV, XXVI, and XXXIIB of the  
25 Illinois Insurance Code.

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

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

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

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

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

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

(2) (i) the criteria specified in subsection (1) (b) of Section 131.8 of the Illinois Insurance Code shall not apply and (ii) the Director, in making his determination with respect to the merger, consolidation, or other

1       acquisition of control, need not take into account the  
2       effect on competition of the merger, consolidation, or  
3       other acquisition of control;

4               (3) the Director shall have the power to require the  
5       following information:

6                       (A) certification by an independent actuary of the  
7       adequacy of the reserves of the Health Maintenance  
8       Organization sought to be acquired;

9                       (B) pro forma financial statements reflecting the  
10      combined balance sheets of the acquiring company and  
11      the Health Maintenance Organization sought to be  
12      acquired as of the end of the preceding year and as of  
13      a date 90 days prior to the acquisition, as well as pro  
14      forma financial statements reflecting projected  
15      combined operation for a period of 2 years;

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

20                       (D) such other information as the Director shall  
21      require.

22               (d) The provisions of Article VIII 1/2 of the Illinois  
23      Insurance Code and this Section 5-3 shall apply to the sale by  
24      any health maintenance organization of greater than 10% of its  
25      enrollee population (including, without limitation, the health  
26      maintenance organization's right, title, and interest in and

1 to its health care certificates).

2 (e) In considering any management contract or service  
3 agreement subject to Section 141.1 of the Illinois Insurance  
4 Code, the Director (i) shall, in addition to the criteria  
5 specified in Section 141.2 of the Illinois Insurance Code,  
6 take into account the effect of the management contract or  
7 service agreement on the continuation of benefits to enrollees  
8 and the financial condition of the health maintenance  
9 organization to be managed or serviced, and (ii) need not take  
10 into account the effect of the management contract or service  
11 agreement on competition.

12 (f) Except for small employer groups as defined in the  
13 Small Employer Rating, Renewability and Portability Health  
14 Insurance Act and except for medicare supplement policies as  
15 defined in Section 363 of the Illinois Insurance Code, a  
16 Health Maintenance Organization may by contract agree with a  
17 group or other enrollment unit to effect refunds or charge  
18 additional premiums under the following terms and conditions:

19 (i) the amount of, and other terms and conditions with  
20 respect to, the refund or additional premium are set forth  
21 in the group or enrollment unit contract agreed in advance  
22 of the period for which a refund is to be paid or  
23 additional premium is to be charged (which period shall  
24 not be less than one year); and

25 (ii) the amount of the refund or additional premium  
26 shall not exceed 20% of the Health Maintenance

1       Organization's profitable or unprofitable experience with  
2       respect to the group or other enrollment unit for the  
3       period (and, for purposes of a refund or additional  
4       premium, the profitable or unprofitable experience shall  
5       be calculated taking into account a pro rata share of the  
6       Health Maintenance Organization's administrative and  
7       marketing expenses, but shall not include any refund to be  
8       made or additional premium to be paid pursuant to this  
9       subsection (f)). The Health Maintenance Organization and  
10      the group or enrollment unit may agree that the profitable  
11      or unprofitable experience may be calculated taking into  
12      account the refund period and the immediately preceding 2  
13      plan years.

14      The Health Maintenance Organization shall include a  
15      statement in the evidence of coverage issued to each enrollee  
16      describing the possibility of a refund or additional premium,  
17      and upon request of any group or enrollment unit, provide to  
18      the group or enrollment unit a description of the method used  
19      to calculate (1) the Health Maintenance Organization's  
20      profitable experience with respect to the group or enrollment  
21      unit and the resulting refund to the group or enrollment unit  
22      or (2) the Health Maintenance Organization's unprofitable  
23      experience with respect to the group or enrollment unit and  
24      the resulting additional premium to be paid by the group or  
25      enrollment unit.

26      In no event shall the Illinois Health Maintenance

Organization Guaranty Association be liable to pay any contractual obligation of an insolvent organization to pay any refund authorized under this Section.

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

(Source: P.A. 102-30, eff. 1-1-22; 102-34, eff. 6-25-21; 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff. 1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093, eff. 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91, eff. 1-1-24; 103-123, eff. 1-1-24; 103-154, eff. 6-30-23; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445, eff. 1-1-24; 103-551, eff. 8-11-23; 103-605, eff. 7-1-24; 103-618, eff. 1-1-25; 103-649, eff. 1-1-25; 103-656, eff. 1-1-25; 103-700, eff. 1-1-25; 103-718, eff. 7-19-24; 103-751, eff. 8-2-24; 103-753, eff. 8-2-24; 103-758, eff. 1-1-25; 103-777, eff. 8-2-24; 103-808, eff. 1-1-26; 103-914, eff. 1-1-25; 103-918, eff. 1-1-25; 103-1024, eff. 1-1-25; revised 11-26-24.)

1           Section 20. The Limited Health Service Organization Act is  
2 amended by changing Section 4003 as follows:

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

4           Sec. 4003. Illinois Insurance Code provisions. Limited  
5 health service organizations shall be subject to the  
6 provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,  
7 141.2, 141.3, 143, 143.31, 143c, 147, 148, 149, 151, 152, 153,  
8 154, 154.5, 154.6, 154.7, 154.8, 155.04, 155.37, 155.49, 352c,  
9 355.2, 355.3, 355b, 355d, 356m, 356q, 356v, 356z.4, 356z.4a,  
10 356z.10, 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, 356z.32,  
11 356z.33, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54,  
12 356z.57, 356z.59, 356z.61, 356z.64, 356z.67, 356z.68, 356z.71,  
13 356z.73, 356z.74, 356z.75, 364.3, 368a, 370a, 401, 401.1, 402,  
14 403, 403A, 408, 408.2, 409, 412, 444, and 444.1 and Articles  
15 IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and XXVI of  
16 the Illinois Insurance Code. Nothing in this Section shall  
17 require a limited health care plan to cover any service that is  
18 not a limited health service. For purposes of the Illinois  
19 Insurance Code, except for Sections 444 and 444.1 and Articles  
20 XIII and XIII 1/2, limited health service organizations in the  
21 following categories are deemed to be domestic companies:

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

23           (2) a corporation organized under the laws of another  
24 state, 30% or more of the enrollees of which are residents  
25 of this State, except a corporation subject to

1       substantially the same requirements in its state of  
2 organization as is a domestic company under Article VIII  
3 1/2 of the Illinois Insurance Code.

4       (Source: P.A. 102-30, eff. 1-1-22; 102-203, eff. 1-1-22;  
5 102-306, eff. 1-1-22; 102-642, eff. 1-1-22; 102-731, eff.  
6 1-1-23; 102-775, eff. 5-13-22; 102-813, eff. 5-13-22; 102-816,  
7 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;  
8 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91, eff.  
9 1-1-24; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445,  
10 eff. 1-1-24; 103-605, eff. 7-1-24; 103-649, eff. 1-1-25;  
11 103-656, eff. 1-1-25; 103-700, eff. 1-1-25; 103-718, eff.  
12 7-19-24; 103-751, eff. 8-2-24; 103-758, eff. 1-1-25; 103-832,  
13 eff. 1-1-25; 103-1024, eff. 1-1-25; revised 11-26-24.)

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

16       (215 ILCS 165/10) (from Ch. 32, par. 604)

17       Sec. 10. Application of Illinois Insurance Code  
18 provisions. Health services plan corporations and all persons  
19 interested therein or dealing therewith shall be subject to  
20 the provisions of Articles IIA and XII 1/2 and Sections 3.1,  
21 133, 136, 139, 140, 143, 143.31, 143c, 149, 155.22a, 155.37,  
22 354, 355.2, 355.3, 355b, 355d, 356g, 356g.5, 356g.5-1, 356m,  
23 356q, 356r, 356t, 356u, 356u.10, 356v, 356w, 356x, 356y,  
24 356z.1, 356z.2, 356z.3a, 356z.4, 356z.4a, 356z.5, 356z.6,

1       356z.8, 356z.9, 356z.10, 356z.11, 356z.12, 356z.13, 356z.14,  
2       356z.15, 356z.18, 356z.19, 356z.21, 356z.22, 356z.25, 356z.26,  
3       356z.29, 356z.30, 356z.32, 356z.32a, 356z.33, 356z.40,  
4       356z.41, 356z.46, 356z.47, 356z.51, 356z.53, 356z.54, 356z.56,  
5       356z.57, 356z.59, 356z.60, 356z.61, 356z.62, 356z.64, 356z.67,  
6       356z.68, 356z.71, 356z.72, 356z.74, 356z.75, 356z.77, 364.01,  
7       364.3, 367.2, 368a, 370a, 401, 401.1, 402, 403, 403A, 408,  
8       408.2, and 412, and paragraphs (7) and (15) of Section 367 of  
9       the Illinois Insurance Code.

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; 102-203, eff. 1-1-22;  
17       102-306, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff.  
18       10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22; 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; 102-901, eff. 7-1-22; 102-1093, eff.  
21       1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,  
22       eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;  
23       103-551, eff. 8-11-23; 103-605, eff. 7-1-24; 103-656, eff.  
24       1-1-25; 103-718, eff. 7-19-24; 103-751, eff. 8-2-24; 103-753,  
25       eff. 8-2-24; 103-758, eff. 1-1-25; 103-832, eff. 1-1-25;  
26       103-914, eff. 1-1-25; 103-918, eff. 1-1-25; 103-1024, eff.

1 1-1-25; revised 11-26-24.)

2       Section 95. No acceleration or delay. Where this Act makes  
3 changes in a statute that is represented in this Act by text  
4 that is not yet or no longer in effect (for example, a Section  
5 represented by multiple versions), the use of that text does  
6 not accelerate or delay the taking effect of (i) the changes  
7 made by this Act or (ii) provisions derived from any other  
8 Public Act.

9       Section 99. Effective date. This Act takes effect January  
10 1, 2026.