

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 368a~~7~~ 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
24 unit 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.

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

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6 Plan Act or the Voluntary Health Services Plans Act;

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

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

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

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

23 (2) (i) the criteria specified in subsection (1) (b) of
24 Section 131.8 of the Illinois Insurance Code shall not
25 apply and (ii) the Director, in making his determination
26 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

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

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

10 (Source: P.A. 102-30, eff. 1-1-22; 102-34, eff. 6-25-21;
11 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.
12 1-1-22; 102-589, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665,
13 eff. 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22;
14 102-804, eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff.
15 1-1-23; 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093,
16 eff. 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24;
17 103-91, eff. 1-1-24; 103-123, eff. 1-1-24; 103-154, eff.
18 6-30-23; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445,
19 eff. 1-1-24; 103-551, eff. 8-11-23; 103-605, eff. 7-1-24;
20 103-618, eff. 1-1-25; 103-649, eff. 1-1-25; 103-656, eff.
21 1-1-25; 103-700, eff. 1-1-25; 103-718, eff. 7-19-24; 103-751,
22 eff. 8-2-24; 103-753, eff. 8-2-24; 103-758, eff. 1-1-25;
23 103-777, eff. 8-2-24; 103-808, eff. 1-1-26; 103-914, eff.
24 1-1-25; 103-918, eff. 1-1-25; 103-1024, eff. 1-1-25; revised
25 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.