

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 Sections 356e and 367 as follows:

6 (215 ILCS 5/356e) (from Ch. 73, par. 968e)

7 Sec. 356e. Victims of certain offenses.

8 (1) No individual policy of accident and health insurance,  
9 which provides benefits for hospital or medical expenses based  
10 upon the actual expenses incurred, delivered, or issued for  
11 delivery to any person in this State shall contain any  
12 specific exception to coverage which would preclude the  
13 payment under that policy of actual expenses incurred in the  
14 examination and testing of a victim of an offense defined in  
15 Sections 11-1.20 through 11-1.60 or 12-13 through 12-16 of the  
16 Criminal Code of 1961 or the Criminal Code of 2012, or an  
17 attempt to commit such offense to establish that sexual  
18 contact did occur or did not occur, and to establish the  
19 presence or absence of sexually transmitted disease or  
20 infection, and examination and treatment of injuries and  
21 trauma sustained by a victim of such offense arising out of the  
22 offense. A policy subject to this subsection shall not impose  
23 a deductible, coinsurance, copayment, or any other

1 cost-sharing requirement on the coverage provided, except that  
2 this subsection does not apply to the extent that the coverage  
3 would disqualify a high-deductible health plan from  
4 eligibility for a health savings account pursuant to Section  
5 223 of the Internal Revenue Code. Every policy of accident and  
6 health insurance which specifically provides benefits for  
7 routine physical examinations shall provide full coverage for  
8 expenses incurred in the examination and testing of a victim  
9 of an offense defined in Sections 11-1.20 through 11-1.60 or  
10 12-13 through 12-16 of the Criminal Code of 1961 or the  
11 Criminal Code of 2012, or an attempt to commit such offense as  
12 set forth in this Section. This Section shall not apply to a  
13 policy which covers hospital and medical expenses for  
14 specified illnesses or injuries only.

15 (2) For purposes of enabling the recovery of State funds,  
16 any insurance carrier subject to this Section shall upon  
17 reasonable demand by the Department of Public Health disclose  
18 the names and identities of its insureds entitled to benefits  
19 under this provision to the Department of Public Health  
20 whenever the Department of Public Health has determined that  
21 it has paid, or is about to pay, hospital or medical expenses  
22 for which an insurance carrier is liable under this Section.  
23 All information received by the Department of Public Health  
24 under this provision shall be held on a confidential basis and  
25 shall not be subject to subpoena and shall not be made public  
26 by the Department of Public Health or used for any purpose

1 other than that authorized by this Section.

2 (3) Whenever the Department of Public Health finds that it  
3 has paid all or part of any hospital or medical expenses which  
4 an insurance carrier is obligated to pay under this Section,  
5 the Department of Public Health shall be entitled to receive  
6 reimbursement for its payments from such insurance carrier  
7 provided that the Department of Public Health has notified the  
8 insurance carrier of its claims before the carrier has paid  
9 such benefits to its insureds or in behalf of its insureds.

10 (Source: P.A. 103-718, eff. 7-19-24.)

11 (215 ILCS 5/367) (from Ch. 73, par. 979)

12 Sec. 367. Group accident and health insurance.

13 (1) Group accident and health insurance is hereby declared  
14 to be that form of accident and health insurance covering not  
15 less than 2 employees, members, or employees of members,  
16 written under a master policy issued to any governmental  
17 corporation, unit, agency or department thereof, or to any  
18 corporation, copartnership, individual employer, or to any  
19 association upon application of an executive officer or  
20 trustee of such association having a constitution or bylaws  
21 and formed in good faith for purposes other than that of  
22 obtaining insurance, where officers, members, employees,  
23 employees of members or classes or department thereof, may be  
24 insured for their individual benefit. In addition a group  
25 accident and health policy may be written to insure any group

1 which may be insured under a group life insurance policy. The  
2 term "employees" shall include the officers, managers and  
3 employees of subsidiary or affiliated corporations, and the  
4 individual proprietors, partners and employees of affiliated  
5 individuals and firms, when the business of such subsidiary or  
6 affiliated corporations, firms or individuals, is controlled  
7 by a common employer through stock ownership, contract or  
8 otherwise.

9 (2) Any insurance company authorized to write accident and  
10 health insurance in this State shall have power to issue group  
11 accident and health policies. No policy of group accident and  
12 health insurance may be issued or delivered in this State  
13 unless a copy of the form thereof shall have been filed with  
14 the department and approved by it in accordance with Section  
15 355, and it contains in substance those provisions contained  
16 in Sections 357.1 through 357.30 as may be applicable to group  
17 accident and health insurance and the following provisions:

18 (a) A provision that the policy, the application of  
19 the employer, or executive officer or trustee of any  
20 association, and the individual applications, if any, of  
21 the employees, members or employees of members insured  
22 shall constitute the entire contract between the parties,  
23 and that all statements made by the employer, or the  
24 executive officer or trustee, or by the individual  
25 employees, members or employees of members shall (in the  
26 absence of fraud) be deemed representations and not

1           warranties, and that no such statement shall be used in  
2           defense to a claim under the policy, unless it is  
3           contained in a written application.

4           (b) A provision that the insurer will issue to the  
5           employer, or to the executive officer or trustee of the  
6           association, for delivery to the employee, member or  
7           employee of a member, who is insured under such policy, an  
8           individual certificate setting forth a statement as to the  
9           insurance protection to which he is entitled and to whom  
10          payable.

11          (c) A provision that to the group or class thereof  
12          originally insured shall be added from time to time all  
13          new employees of the employer, members of the association  
14          or employees of members eligible to and applying for  
15          insurance in such group or class.

16          (3) Anything in this code to the contrary notwithstanding,  
17          any group accident and health policy may provide that all or  
18          any portion of any indemnities provided by any such policy on  
19          account of hospital, nursing, medical or surgical services,  
20          may, at the insurer's option, be paid directly to the hospital  
21          or person rendering such services; but the policy may not  
22          require that the service be rendered by a particular hospital  
23          or person. Payment so made shall discharge the insurer's  
24          obligation with respect to the amount of insurance so paid.  
25          Nothing in this subsection (3) shall prohibit an insurer from  
26          providing incentives for insureds to utilize the services of a

1 particular hospital or person.

2 (4) Special group policies may be issued to school  
3 districts providing medical or hospital service, or both, for  
4 pupils of the district injured while participating in any  
5 athletic activity under the jurisdiction of or sponsored or  
6 controlled by the district or the authorities of any school  
7 thereof. The provisions of this Section governing the issuance  
8 of group accident and health insurance shall, insofar as  
9 applicable, control the issuance of such policies issued to  
10 schools.

11 (5) No policy of group accident and health insurance may  
12 be issued or delivered in this State unless it provides that  
13 upon the death of the insured employee or group member the  
14 dependents' coverage, if any, continues for a period of at  
15 least 90 days subject to any other policy provisions relating  
16 to termination of dependents' coverage.

17 (6) No group hospital policy covering miscellaneous  
18 hospital expenses issued or delivered in this State shall  
19 contain any exception or exclusion from coverage which would  
20 preclude the payment of expenses incurred for the processing  
21 and administration of blood and its components.

22 (7) No policy of group accident and health insurance,  
23 delivered in this State more than 120 days after the effective  
24 day of the Section, which provides inpatient hospital coverage  
25 for sicknesses shall exclude from such coverage the treatment  
26 of alcoholism. This subsection shall not apply to a policy

1 which covers only specified sicknesses.

2 (8) No policy of group accident and health insurance,  
3 which provides benefits for hospital or medical expenses based  
4 upon the actual expenses incurred, issued, or delivered in  
5 this State shall contain any specific exception to coverage  
6 which would preclude the payment of actual expenses incurred  
7 in the examination and testing of a victim of an offense  
8 defined in Sections 11-1.20 through 11-1.60 or 12-13 through  
9 12-16 of the Criminal Code of 1961 or the Criminal Code of  
10 2012, or an attempt to commit such offense, to establish that  
11 sexual contact did occur or did not occur, and to establish the  
12 presence or absence of sexually transmitted disease or  
13 infection, and examination and treatment of injuries and  
14 trauma sustained by the victim of such offense, arising out of  
15 the offense. Every group policy of accident and health  
16 insurance which specifically provides benefits for routine  
17 physical examinations shall provide full coverage for expenses  
18 incurred in the examination and testing of a victim of an  
19 offense defined in Sections 11-1.20 through 11-1.60 or 12-13  
20 through 12-16 of the Criminal Code of 1961 or the Criminal Code  
21 of 2012, or an attempt to commit such offense, as set forth in  
22 this Section. This subsection shall not apply to a policy  
23 which covers hospital and medical expenses for specified  
24 illnesses and injuries only. A policy subject to this  
25 subsection shall not impose a deductible, coinsurance,  
26 copayment, or any other cost-sharing requirement on the

1 coverage provided, except that this subsection does not apply  
2 to the extent that the coverage would disqualify a  
3 high-deductible health plan from eligibility for a health  
4 savings account pursuant to Section 223 of the Internal  
5 Revenue Code.

6 (9) For purposes of enabling the recovery of State funds,  
7 any insurance carrier subject to this Section shall upon  
8 reasonable demand by the Department of Public Health disclose  
9 the names and identities of its insureds entitled to benefits  
10 under this provision to the Department of Public Health  
11 whenever the Department of Public Health has determined that  
12 it has paid, or is about to pay, hospital or medical expenses  
13 for which an insurance carrier is liable under this Section.  
14 All information received by the Department of Public Health  
15 under this provision shall be held on a confidential basis and  
16 shall not be subject to subpoena and shall not be made public  
17 by the Department of Public Health or used for any purpose  
18 other than that authorized by this Section.

19 (10) Whenever the Department of Public Health finds that  
20 it has paid all or part of any hospital or medical expenses  
21 which an insurance carrier is obligated to pay under this  
22 Section, the Department of Public Health shall be entitled to  
23 receive reimbursement for its payments from such insurance  
24 carrier provided that the Department of Public Health has  
25 notified the insurance carrier of its claim before the carrier  
26 has paid the benefits to its insureds or the insureds'

1 assignees.

2 (11) (a) No group hospital, medical or surgical expense  
3 policy shall contain any provision whereby benefits  
4 otherwise payable thereunder are subject to reduction  
5 solely on account of the existence of similar benefits  
6 provided under other group or group-type accident and  
7 sickness insurance policies where such reduction would  
8 operate to reduce total benefits payable under these  
9 policies below an amount equal to 100% of total allowable  
10 expenses provided under these policies.

11 (b) When dependents of insureds are covered under 2  
12 policies, both of which contain coordination of benefits  
13 provisions, benefits of the policy of the insured whose  
14 birthday falls earlier in the year are determined before  
15 those of the policy of the insured whose birthday falls  
16 later in the year. Birthday, as used herein, refers only  
17 to the month and day in a calendar year, not the year in  
18 which the person was born. The Department of Insurance  
19 shall promulgate rules defining the order of benefit  
20 determination pursuant to this paragraph (b).

21 (12) Every group policy under this Section shall be  
22 subject to the provisions of Sections 356g and 356n of this  
23 Code.

24 (13) No accident and health insurer providing coverage for  
25 hospital or medical expenses on an expense incurred basis  
26 shall deny reimbursement for an otherwise covered expense

1 incurred for any organ transplantation procedure solely on the  
2 basis that such procedure is deemed experimental or  
3 investigational unless supported by the determination of the  
4 Office of Health Care Technology Assessment within the Agency  
5 for Health Care Policy and Research within the federal  
6 Department of Health and Human Services that such procedure is  
7 either experimental or investigational or that there is  
8 insufficient data or experience to determine whether an organ  
9 transplantation procedure is clinically acceptable. If an  
10 accident and health insurer has made written request, or had  
11 one made on its behalf by a national organization, for  
12 determination by the Office of Health Care Technology  
13 Assessment within the Agency for Health Care Policy and  
14 Research within the federal Department of Health and Human  
15 Services as to whether a specific organ transplantation  
16 procedure is clinically acceptable and said organization fails  
17 to respond to such a request within a period of 90 days, the  
18 failure to act may be deemed a determination that the  
19 procedure is deemed to be experimental or investigational.

20 (14) Whenever a claim for benefits by an insured under a  
21 dental prepayment program is denied or reduced, based on the  
22 review of x-ray films, such review must be performed by a  
23 dentist.

24 (Source: P.A. 96-1551, eff. 7-1-11; 97-1150, eff. 1-25-13.)

25 Section 99. Effective date. This Act takes effect January  
26 1, 2026.