

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 State Employees Group Insurance Act of 1971  
5 is amended by changing Section 6.11B as follows:

6 (5 ILCS 375/6.11B)

7 Sec. 6.11B. Infertility coverage.

8 (a) Beginning on January 1, 2024, the State Employees  
9 Group Insurance Program shall provide coverage for the  
10 diagnosis and treatment of infertility, including, but not  
11 limited to, in vitro fertilization, uterine embryo lavage,  
12 embryo transfer, artificial insemination, gamete  
13 intrafallopian tube transfer, zygote intrafallopian tube  
14 transfer, and low tubal ovum transfer. The coverage required  
15 shall include procedures necessary to screen or diagnose a  
16 fertilized egg before implantation, including, but not limited  
17 to, preimplantation genetic diagnosis, preimplantation genetic  
18 screening, and prenatal genetic diagnosis.

19 (b) Beginning on January 1, 2024, coverage under this  
20 Section for procedures for in vitro fertilization, gamete  
21 intrafallopian tube transfer, or zygote intrafallopian tube  
22 transfer shall be required only if the procedures:

23 (1) are considered medically appropriate based on

1 clinical guidelines or standards developed by the American  
2 Society for Reproductive Medicine, the American College of  
3 Obstetricians and Gynecologists, or the Society for  
4 Assisted Reproductive Technology; and

5 (2) are performed at medical facilities or clinics  
6 that conform to the American College of Obstetricians and  
7 Gynecologists guidelines for in vitro fertilization or the  
8 American Society for Reproductive Medicine minimum  
9 standards for practices offering assisted reproductive  
10 technologies.

11 (c) As used in this Section, "infertility" means a  
12 disease, condition, or status characterized by:

13 (1) a failure to establish a pregnancy or to carry a  
14 pregnancy to live birth after 12 months of regular,  
15 unprotected sexual intercourse if the woman is 35 years of  
16 age or younger, or after 6 months of regular, unprotected  
17 sexual intercourse if the woman is over 35 years of age;  
18 conceiving but having a miscarriage does not restart the  
19 12-month or 6-month term for determining infertility;

20 (2) a person's inability to reproduce either as a  
21 single individual or with a partner without medical  
22 intervention; or

23 (3) a licensed physician's findings based on a  
24 patient's medical, sexual, and reproductive history, age,  
25 physical findings, or diagnostic testing.

26 (d) The State Employees Group Insurance Program may not

1 impose any exclusions, limitations, or other restrictions on  
2 coverage of fertility medications that are different from  
3 those imposed on any other prescription medications, nor may  
4 it impose any exclusions, limitations, or other restrictions  
5 on coverage of any fertility services based on a covered  
6 individual's participation in fertility services provided by  
7 or to a third party, nor may it impose deductibles,  
8 copayments, coinsurance, benefit maximums, waiting periods, or  
9 any other limitations on coverage for the diagnosis of  
10 infertility, treatment for infertility, and standard fertility  
11 preservation services, except as provided in this Section,  
12 that are different from those imposed upon benefits for  
13 services not related to infertility.

14 (e) This Section applies only to coverage provided on or  
15 after January 1, 2024 and before July 1, 2026.

16 (f) This Section is repealed on July 1, 2026.

17 (Source: P.A. 103-8, eff. 1-1-24.)

18 Section 10. The Counties Code is amended by changing  
19 Section 5-1069.3 as follows:

20 (55 ILCS 5/5-1069.3)

21 Sec. 5-1069.3. Required health benefits. If a county,  
22 including a home rule county, is a self-insurer for purposes  
23 of providing health insurance coverage for its employees, the  
24 coverage shall include coverage for the post-mastectomy care

1 benefits required to be covered by a policy of accident and  
2 health insurance under Section 356t and the coverage required  
3 under Sections 356g, 356g.5, 356g.5-1, 356m, 356q, 356u, 356w,  
4 356x, 356z.4, 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10,  
5 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.22, 356z.25,  
6 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33, 356z.36,  
7 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.48, 356z.51,  
8 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, 356z.60, ~~and~~  
9 356z.61, ~~and~~ 356z.62, 356z.64, 356z.67, 356z.68, and 356z.70  
10 of the Illinois Insurance Code. The coverage shall comply with  
11 Sections 155.22a, 355b, 356z.19, and 370c of the Illinois  
12 Insurance Code. The Department of Insurance shall enforce the  
13 requirements of this Section. The requirement that health  
14 benefits be covered as provided in this Section is an  
15 exclusive power and function of the State and is a denial and  
16 limitation under Article VII, Section 6, subsection (h) of the  
17 Illinois Constitution. A home rule county to which this  
18 Section applies must comply with every provision of this  
19 Section.

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

26 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;

1 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.  
2 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731,  
3 eff. 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;  
4 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.  
5 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,  
6 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;  
7 103-535, eff. 8-11-23; 103-551, eff. 8-11-23; revised  
8 8-29-23.)

9 Section 15. The Illinois Municipal Code is amended by  
10 changing Section 10-4-2.3 as follows:

11 (65 ILCS 5/10-4-2.3)

12 Sec. 10-4-2.3. Required health benefits. If a  
13 municipality, including a home rule municipality, is a  
14 self-insurer for purposes of providing health insurance  
15 coverage for its employees, the coverage shall include  
16 coverage for the post-mastectomy care benefits required to be  
17 covered by a policy of accident and health insurance under  
18 Section 356t and the coverage required under Sections 356g,  
19 356g.5, 356g.5-1, 356m, 356q, 356u, 356w, 356x, 356z.4,  
20 356z.4a, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12,  
21 356z.13, 356z.14, 356z.15, 356z.22, 356z.25, 356z.26, 356z.29,  
22 356z.30a, 356z.32, 356z.33, 356z.36, 356z.40, 356z.41,  
23 356z.45, 356z.46, 356z.47, 356z.48, 356z.51, 356z.53, 356z.54,  
24 356z.56, 356z.57, 356z.59, 356z.60, ~~and~~ 356z.61, ~~and~~ 356z.62, and

1 356z.64, 356z.67, 356z.68, and 356z.70 of the Illinois  
2 Insurance Code. The coverage shall comply with Sections  
3 155.22a, 355b, 356z.19, and 370c of the Illinois Insurance  
4 Code. The Department of Insurance shall enforce the  
5 requirements of this Section. The requirement that health  
6 benefits be covered as provided in this is an exclusive power  
7 and function of the State and is a denial and limitation under  
8 Article VII, Section 6, subsection (h) of the Illinois  
9 Constitution. A home rule municipality to which this Section  
10 applies must comply with every provision of this Section.

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

17 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;  
18 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-443, eff.  
19 1-1-22; 102-642, eff. 1-1-22; 102-665, eff. 10-8-21; 102-731,  
20 eff. 1-1-23; 102-804, eff. 1-1-23; 102-813, eff. 5-13-22;  
21 102-816, eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff.  
22 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,  
23 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;  
24 103-535, eff. 8-11-23; 103-551, eff. 8-11-23; revised  
25 8-29-23.)

1 Section 20. The School Code is amended by changing Section  
2 10-22.3f as follows:

3 (105 ILCS 5/10-22.3f)

4 Sec. 10-22.3f. Required health benefits. Insurance  
5 protection and benefits for employees shall provide the  
6 post-mastectomy care benefits required to be covered by a  
7 policy of accident and health insurance under Section 356t and  
8 the coverage required under Sections 356g, 356g.5, 356g.5-1,  
9 356m, 356q, 356u, 356w, 356x, 356z.4, 356z.4a, 356z.6, 356z.8,  
10 356z.9, 356z.11, 356z.12, 356z.13, 356z.14, 356z.15, 356z.22,  
11 356z.25, 356z.26, 356z.29, 356z.30a, 356z.32, 356z.33,  
12 356z.36, 356z.40, 356z.41, 356z.45, 356z.46, 356z.47, 356z.51,  
13 356z.53, 356z.54, 356z.56, 356z.57, 356z.59, 356z.60, ~~and~~  
14 356z.61, ~~and~~ 356z.62, 356z.64, 356z.67, 356z.68, and 356z.70  
15 of the Illinois Insurance Code. Insurance policies shall  
16 comply with Section 356z.19 of the Illinois Insurance Code.  
17 The coverage shall comply with Sections 155.22a, 355b, and  
18 370c of the Illinois Insurance Code. The Department of  
19 Insurance shall enforce the requirements of this Section.

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

1 (Source: P.A. 102-30, eff. 1-1-22; 102-103, eff. 1-1-22;  
2 102-203, eff. 1-1-22; 102-306, eff. 1-1-22; 102-642, eff.  
3 1-1-22; 102-665, eff. 10-8-21; 102-731, eff. 1-1-23; 102-804,  
4 eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23;  
5 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23; 102-1117, eff.  
6 1-13-23; 103-84, eff. 1-1-24; 103-91, eff. 1-1-24; 103-420,  
7 eff. 1-1-24; 103-445, eff. 1-1-24; 103-535, eff. 8-11-23;  
8 103-551, eff. 8-11-23; revised 8-29-23.)

9 Section 25. The Illinois Insurance Code is amended by  
10 changing Section 356m as follows:

11 (215 ILCS 5/356m) (from Ch. 73, par. 968m)

12 Sec. 356m. Infertility coverage.

13 (a) No group policy of accident and health insurance  
14 providing coverage for more than 25 employees that provides  
15 pregnancy related benefits may be issued, amended, delivered,  
16 or renewed in this State after January 1, 2016 through  
17 December 31, 2025 ~~the effective date of this amendatory Act of~~  
18 ~~the 99th General Assembly~~ unless the policy contains coverage  
19 for the diagnosis and treatment of infertility including, but  
20 not limited to, in vitro fertilization, uterine embryo lavage,  
21 embryo transfer, artificial insemination, gamete  
22 intrafallopian tube transfer, zygote intrafallopian tube  
23 transfer, and low tubal ovum transfer.

24 (b) The coverage required under subsection (a) for



1 procedures for in vitro fertilization, gamete intrafallopian  
2 tube transfer, or zygote intrafallopian tube transfer shall be  
3 required only if: is subject to the following conditions:

4 ~~(1) Coverage for procedures for in vitro~~  
5 ~~fertilization, gamete intrafallopian tube transfer, or~~  
6 ~~zygote intrafallopian tube transfer shall be required only~~  
7 ~~if:~~

8 (1) ~~(A)~~ the covered individual has been unable to  
9 attain a viable pregnancy, maintain a viable pregnancy, or  
10 sustain a successful pregnancy through reasonable, less  
11 costly medically appropriate infertility treatments for  
12 which coverage is available under the policy, plan, or  
13 contract;

14 (2) ~~(B)~~ the covered individual has not undergone 4  
15 completed oocyte retrievals, except that if a live birth  
16 follows a completed oocyte retrieval, then 2 more  
17 completed oocyte retrievals shall be covered; and

18 (3) ~~(C)~~ the procedures are performed at medical  
19 facilities that conform to the American College of  
20 Obstetric and Gynecology guidelines for in vitro  
21 fertilization clinics or to the American Fertility Society  
22 minimal standards for programs of in vitro fertilization.

23 ~~(2) The procedures required to be covered under this~~  
24 ~~Section are not required to be contained in any policy or~~  
25 ~~plan issued to or by a religious institution or~~  
26 ~~organization or to or by an entity sponsored by a~~

1 ~~religious institution or organization that finds the~~  
2 ~~procedures required to be covered under this Section to~~  
3 ~~violate its religious and moral teachings and beliefs.~~

4 (c) No group policy of accident and health insurance that  
5 provides pregnancy related benefits may be issued, amended,  
6 delivered, or renewed in this State on or after January 1, 2026  
7 unless the policy contains coverage for the diagnosis and  
8 treatment of infertility, including, but not limited to, in  
9 vitro fertilization, uterine embryo lavage, embryo transfer,  
10 artificial insemination, gamete intrafallopian tube transfer,  
11 zygote intrafallopian tube transfer, and low tubal ovum  
12 transfer and procedures necessary to screen or diagnose a  
13 fertilized egg before implantation, including, but not limited  
14 to, preimplantation genetic diagnosis, preimplantation genetic  
15 screening, and prenatal genetic diagnosis. Coverage under this  
16 subsection for the diagnosis and treatment of infertility  
17 shall be required only if the procedures:

18 (1) are considered medically appropriate by the  
19 patient's medical provider based on clinical guidelines or  
20 standards developed by the American Society for  
21 Reproductive Medicine, the American College of  
22 Obstetricians and Gynecologists, or the Society for  
23 Assisted Reproductive Technology; and

24 (2) are performed at medical facilities or clinics  
25 that conform to the American College of Obstetricians and  
26 Gynecologists guidelines for in vitro fertilization or the

1 American Society for Reproductive Medicine minimum  
2 standards for practices offering assisted reproductive  
3 technologies.

4 (d)~~(e)~~ As used in this Section, "infertility" means a  
5 disease, condition, or status characterized by:

6 (1) a failure to establish a pregnancy or to carry a  
7 pregnancy to live birth after 12 months of regular,  
8 unprotected sexual intercourse if the woman is 35 years of  
9 age or younger, or after 6 months of regular, unprotected  
10 sexual intercourse if the woman is over 35 years of age;  
11 conceiving but having a miscarriage does not restart the  
12 12-month or 6-month term for determining infertility;

13 (2) a person's inability to reproduce either as a  
14 single individual or with a partner without medical  
15 intervention; or

16 (3) a licensed physician's findings based on a  
17 patient's medical, sexual, and reproductive history, age,  
18 physical findings, or diagnostic testing.

19 (e)~~(d)~~ A policy, contract, or certificate may not impose  
20 any exclusions, limitations, or other restrictions on coverage  
21 of fertility medications that are different from those imposed  
22 on any other prescription medications, nor may it impose any  
23 exclusions, limitations, or other restrictions on coverage of  
24 any fertility services based on a covered individual's  
25 participation in fertility services provided by or to a third  
26 party, nor may it impose deductibles, copayments, coinsurance,

1 benefit maximums, waiting periods, or any other limitations on  
2 coverage for the diagnosis of infertility, treatment for  
3 infertility, and standard fertility preservation services,  
4 except as provided in this Section, that are different from  
5 those imposed upon benefits for services not related to  
6 infertility.

7 (f) The procedures required to be covered under this  
8 Section are not required to be contained in any policy or plan  
9 issued to or by a religious institution or organization or to  
10 or by an entity sponsored by a religious institution or  
11 organization that finds the procedures required to be covered  
12 under this Section to violate its religious and moral  
13 teachings and beliefs.

14 (Source: P.A. 102-170, eff. 1-1-22.)

15 Section 30. The Limited Health Service Organization Act is  
16 amended by changing Section 4003 as follows:

17 (215 ILCS 130/4003) (from Ch. 73, par. 1504-3)

18 Sec. 4003. Illinois Insurance Code provisions. Limited  
19 health service organizations shall be subject to the  
20 provisions of Sections 133, 134, 136, 137, 139, 140, 141.1,  
21 141.2, 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154,  
22 154.5, 154.6, 154.7, 154.8, 155.04, 155.37, 155.49, 355.2,  
23 355.3, 355b, 356m, 356q, 356v, 356z.4, 356z.4a, 356z.10,  
24 356z.21, 356z.22, 356z.25, 356z.26, 356z.29, 356z.30a,

1 356z.32, 356z.33, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53,  
2 356z.54, 356z.57, 356z.59, 356z.61, 356z.64, 356z.67, 356z.68,  
3 364.3, 368a, 401, 401.1, 402, 403, 403A, 408, 408.2, 409, 412,  
4 444, and 444.1 and Articles IIA, VIII 1/2, XII, XII 1/2, XIII,  
5 XIII 1/2, XXV, and XXVI of the Illinois Insurance Code.  
6 Nothing in this Section shall require a limited health care  
7 plan to cover any service that is not a limited health service.  
8 For purposes of the Illinois Insurance Code, except for  
9 Sections 444 and 444.1 and Articles XIII and XIII 1/2, limited  
10 health service organizations in the following categories are  
11 deemed to be domestic companies:

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

13 (2) a corporation organized under the laws of another  
14 state, 30% or more of the enrollees of which are residents  
15 of this State, except a corporation subject to  
16 substantially the same requirements in its state of  
17 organization as is a domestic company under Article VIII  
18 1/2 of the Illinois Insurance Code.

19 (Source: P.A. 102-30, eff. 1-1-22; 102-203, eff. 1-1-22;  
20 102-306, eff. 1-1-22; 102-642, eff. 1-1-22; 102-731, eff.  
21 1-1-23; 102-775, eff. 5-13-22; 102-813, eff. 5-13-22; 102-816,  
22 eff. 1-1-23; 102-860, eff. 1-1-23; 102-1093, eff. 1-1-23;  
23 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91, eff.  
24 1-1-24; 103-420, eff. 1-1-24; 103-426, eff. 8-4-23; 103-445,  
25 eff. 1-1-24; revised 8-29-23.)

1 Section 35. The Voluntary Health Services Plans Act is  
2 amended by changing Section 10 as follows:

3 (215 ILCS 165/10) (from Ch. 32, par. 604)

4 Sec. 10. Application of Insurance Code provisions. Health  
5 services plan corporations and all persons interested therein  
6 or dealing therewith shall be subject to the provisions of  
7 Articles IIA and XII 1/2 and Sections 3.1, 133, 136, 139, 140,  
8 143, 143c, 149, 155.22a, 155.37, 354, 355.2, 355.3, 355b,  
9 356g, 356g.5, 356g.5-1, 356m, 356q, 356r, 356t, 356u, 356v,  
10 356w, 356x, 356y, 356z.1, 356z.2, 356z.3a, 356z.4, 356z.4a,  
11 356z.5, 356z.6, 356z.8, 356z.9, 356z.10, 356z.11, 356z.12,  
12 356z.13, 356z.14, 356z.15, 356z.18, 356z.19, 356z.21, 356z.22,  
13 356z.25, 356z.26, 356z.29, 356z.30, 356z.30a, 356z.32,  
14 356z.33, 356z.40, 356z.41, 356z.46, 356z.47, 356z.51, 356z.53,  
15 356z.54, 356z.56, 356z.57, 356z.59, 356z.60, 356z.61, 356z.62,  
16 356z.64, 356z.67, 356z.68, 364.01, 364.3, 367.2, 368a, 401,  
17 401.1, 402, 403, 403A, 408, 408.2, and 412, and paragraphs (7)  
18 and (15) of Section 367 of the Illinois Insurance Code.

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

25 (Source: P.A. 102-30, eff. 1-1-22; 102-203, eff. 1-1-22;

1 102-306, eff. 1-1-22; 102-642, eff. 1-1-22; 102-665, eff.  
2 10-8-21; 102-731, eff. 1-1-23; 102-775, eff. 5-13-22; 102-804,  
3 eff. 1-1-23; 102-813, eff. 5-13-22; 102-816, eff. 1-1-23;  
4 102-860, eff. 1-1-23; 102-901, eff. 7-1-22; 102-1093, eff.  
5 1-1-23; 102-1117, eff. 1-13-23; 103-84, eff. 1-1-24; 103-91,  
6 eff. 1-1-24; 103-420, eff. 1-1-24; 103-445, eff. 1-1-24;  
7 103-551, eff. 8-11-23; revised 8-29-23.)

8 Section 99. Effective date. This Act takes effect December  
9 31, 2025.