



96TH GENERAL ASSEMBLY

State of Illinois

2009 and 2010

HB0378

Introduced 1/30/2009, by Rep. Jim Sacia

SYNOPSIS AS INTRODUCED:

5 ILCS 375/6.11
55 ILCS 5/5-1069.3
65 ILCS 5/10-4-2.3
105 ILCS 5/10-22.3f
215 ILCS 5/356z.7 was 215 ILCS 5/370r
215 ILCS 125/5-3 from Ch. 111 1/2, par. 1411.2
215 ILCS 5/356z.13

Amends the State Employees Group Insurance Act of 1971, Counties Code, Illinois Municipal Code, School Code, Health Maintenance Organization Act, and Illinois Insurance Code to add provisions concerning prescription drugs and cancer treatment. Provides that if a policy of accident and health or managed care plan amended, delivered, issued, or renewed in this State has an annual dollar limit for prescription drug coverage, that policy or plan may not discontinue or deny coverage for prescription drugs for the treatment of cancer, including leukemia, when an insured reaches the annual dollar limit for prescription drugs if the insured has started treatment for cancer. Provides that in such case, the policy shall continue to cover the prescription drugs for the treatment of cancer for that year of coverage. Renumbers a provision concerning shingles vaccine. Makes other changes.

LRB096 05776 RPM 15851 b

1 AN ACT concerning insurance.

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 6.11 as follows:

6 (5 ILCS 375/6.11)

7 (Text of Section before amendment by P.A. 95-958)

8 Sec. 6.11. Required health benefits; Illinois Insurance
9 Code requirements. The program of health benefits shall provide
10 the post-mastectomy care benefits required to be covered by a
11 policy of accident and health insurance under Section 356t of
12 the Illinois Insurance Code. The program of health benefits
13 shall provide the coverage required under Sections 356g.5,
14 356u, 356w, 356x, 356z.2, 356z.4, 356z.6, 356z.7, 356z.9,
15 356z.10, 356z.13 ~~356z.11~~, and 356z.14 of the Illinois Insurance
16 Code. The program of health benefits must comply with Section
17 155.37 of the Illinois Insurance Code.

18 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
19 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-978, eff.
20 1-1-09; 95-1005, eff. 12-12-08; revised 12-15-08.)

21 (Text of Section after amendment by P.A. 95-958)

22 Sec. 6.11. Required health benefits; Illinois Insurance

1 Code requirements. The program of health benefits shall provide
2 the post-mastectomy care benefits required to be covered by a
3 policy of accident and health insurance under Section 356t of
4 the Illinois Insurance Code. The program of health benefits
5 shall provide the coverage required under Sections 356g.5,
6 356u, 356w, 356x, 356z.2, 356z.4, 356z.6, 356z.7, 356z.9,
7 356z.10, 356z.11, ~~and 356z.12, 356z.13~~ 356z.11, and 356z.14 of
8 the Illinois Insurance Code. The program of health benefits
9 must comply with Section 155.37 of the Illinois Insurance Code.
10 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
11 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-958, eff.
12 6-1-09; 95-978, eff. 1-1-09; 95-1005, eff. 12-12-08; revised
13 12-15-08.)

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

16 (55 ILCS 5/5-1069.3)

17 (Text of Section before amendment by P.A. 95-958)

18 Sec. 5-1069.3. Required health benefits. If a county,
19 including a home rule county, is a self-insurer for purposes of
20 providing health insurance coverage for its employees, the
21 coverage shall include coverage for the post-mastectomy care
22 benefits required to be covered by a policy of accident and
23 health insurance under Section 356t and the coverage required
24 under Sections 356g.5, 356u, 356w, 356x, 356z.6, 356z.7,

1 356z.9, 356z.10, 356z.13 ~~356z.11~~, and 356z.14 of the Illinois
2 Insurance Code. The requirement that health benefits be covered
3 as provided in this Section is an exclusive power and function
4 of the State and is a denial and limitation under Article VII,
5 Section 6, subsection (h) of the Illinois Constitution. A home
6 rule county to which this Section applies must comply with
7 every provision of this Section.

8 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
9 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-978, eff.
10 1-1-09; 95-1005, eff. 12-12-08; revised 12-15-08.)

11 (Text of Section after amendment by P.A. 95-958)

12 Sec. 5-1069.3. Required health benefits. If a county,
13 including a home rule county, is a self-insurer for purposes of
14 providing health insurance coverage for its employees, the
15 coverage shall include coverage for the post-mastectomy care
16 benefits required to be covered by a policy of accident and
17 health insurance under Section 356t and the coverage required
18 under Sections 356g.5, 356u, 356w, 356x, 356z.6, 356z.7,
19 356z.9, 356z.10, 356z.11, ~~and~~ 356z.12, 356z.13 ~~356z.11~~, and
20 356z.14 of the Illinois Insurance Code. The requirement that
21 health benefits be covered as provided in this Section is an
22 exclusive power and function of the State and is a denial and
23 limitation under Article VII, Section 6, subsection (h) of the
24 Illinois Constitution. A home rule county to which this Section
25 applies must comply with every provision of this Section.

1 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
2 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-958, eff.
3 6-1-09; 95-978, eff. 1-1-09; 95-1005, eff. 12-12-08; revised
4 12-15-08.)

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

7 (65 ILCS 5/10-4-2.3)

8 (Text of Section before amendment by P.A. 95-958)

9 Sec. 10-4-2.3. Required health benefits. If a
10 municipality, including a home rule municipality, is a
11 self-insurer for purposes of providing health insurance
12 coverage for its employees, the coverage shall include coverage
13 for the post-mastectomy care benefits required to be covered by
14 a policy of accident and health insurance under Section 356t
15 and the coverage required under Sections 356g.5, 356u, 356w,
16 356x, 356z.6, 356z.7, 356z.9, 356z.10, 356z.13 ~~356z.11~~, and
17 356z.14 of the Illinois Insurance Code. The requirement that
18 health benefits be covered as provided in this is an exclusive
19 power and function of the State and is a denial and limitation
20 under Article VII, Section 6, subsection (h) of the Illinois
21 Constitution. A home rule municipality to which this Section
22 applies must comply with every provision of this Section.

23 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
24 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-978, eff.

1 1-1-09; 95-1005, eff. 12-12-08; revised 12-15-08.)

2 (Text of Section after amendment by P.A. 95-958)

3 Sec. 10-4-2.3. Required health benefits. If a
4 municipality, including a home rule municipality, is a
5 self-insurer for purposes of providing health insurance
6 coverage for its employees, the coverage shall include coverage
7 for the post-mastectomy care benefits required to be covered by
8 a policy of accident and health insurance under Section 356t
9 and the coverage required under Sections 356g.5, 356u, 356w,
10 356x, 356z.6, 356z.7, 356z.9, 356z.10, 356z.11, ~~and~~ 356z.12,
11 356z.13 ~~356z.11~~, and 356z.14 of the Illinois Insurance Code.
12 The requirement that health benefits be covered as provided in
13 this is an exclusive power and function of the State and is a
14 denial and limitation under Article VII, Section 6, subsection
15 (h) of the Illinois Constitution. A home rule municipality to
16 which this Section applies must comply with every provision of
17 this Section.

18 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
19 95-520, eff. 8-28-07; 95-876, eff. 8-21-08; 95-958, eff.
20 6-1-09; 95-978, eff. 1-1-09; 95-1005, eff. 12-12-08; revised
21 12-15-08.)

22 Section 20. The School Code is amended by changing Section
23 10-22.3f as follows:

1 (105 ILCS 5/10-22.3f)

2 (Text of Section before amendment by P.A. 95-958)

3 Sec. 10-22.3f. Required health benefits. Insurance
4 protection and benefits for employees shall provide the
5 post-mastectomy care benefits required to be covered by a
6 policy of accident and health insurance under Section 356t and
7 the coverage required under Sections 356g.5, 356u, 356w, 356x,
8 356z.6, 356z.7, 356z.9, 356z.13 ~~and 356z.11~~, and 356z.14 of the
9 Illinois Insurance Code.

10 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
11 95-876, eff. 8-21-08; 95-978, eff. 1-1-09; 95-1005, eff.
12 12-12-08; revised 12-15-08.)

13 (Text of Section after amendment by P.A. 95-958)

14 Sec. 10-22.3f. Required health benefits. Insurance
15 protection and benefits for employees shall provide the
16 post-mastectomy care benefits required to be covered by a
17 policy of accident and health insurance under Section 356t and
18 the coverage required under Sections 356g.5, 356u, 356w, 356x,
19 356z.6, 356z.7, 356z.9, 356z.11, ~~and~~ 356z.12, 356z.13 ~~and~~
20 ~~356z.11~~, and 356z.14 of the Illinois Insurance Code.

21 (Source: P.A. 95-189, eff. 8-16-07; 95-422, eff. 8-24-07;
22 95-876, eff. 8-21-08; 95-958, eff. 6-1-09; 95-978, eff. 1-1-09;
23 95-1005, 12-12-08; revised 12-15-08.)

24 Section 25. The Illinois Insurance Code is amended by

1 changing Section 356z.7 and by renumbering Section 356z.11 (as
2 added by Public Act 95-978) as follows:

3 (215 ILCS 5/356z.7) (was 215 ILCS 5/370r)

4 Sec. 356z.7. Prescription drugs; cancer treatment.

5 (a) No group policy of accident or health insurance that
6 provides coverage for prescribed drugs approved by the federal
7 Food and Drug Administration for the treatment of certain types
8 of cancer shall exclude coverage of any drug on the basis that
9 the drug has been prescribed for the treatment of a type of
10 cancer for which the drug has not been approved by the federal
11 Food and Drug Administration. The drug, however, must be
12 approved by the federal Food and Drug Administration and must
13 be recognized for the treatment of the specific type of cancer
14 for which the drug has been prescribed in any one of the
15 following established reference compendia:

16 (1) ~~(a)~~ the American Medical Association Drug
17 Evaluations;

18 (2) ~~(b)~~ the American Hospital Formulary Service Drug
19 Information; or

20 (3) ~~(c)~~ the United States Pharmacopeia Drug
21 Information;

22 or if not in the compendia, recommended for that particular
23 type of cancer in formal clinical studies, the results of which
24 have been published in at least two peer reviewed professional
25 medical journals published in the United States or Great

1 Britain.

2 Any coverage required by this Section shall also include
3 those medically necessary services associated with the
4 administration of a drug.

5 Despite the provisions of this Section, coverage shall not
6 be required for any experimental or investigational drugs or
7 any drug that the federal Food and Drug Administration has
8 determined to be contraindicated for treatment of the specific
9 type of cancer for which the drug has been prescribed. This
10 Section shall apply only to cancer drugs. Nothing in this
11 Section shall be construed, expressly or by implication, to
12 create, impair, alter, limit, notify, enlarge, abrogate or
13 prohibit reimbursement for drugs used in the treatment of any
14 other disease or condition.

15 (b) If a policy of accident and health or managed care plan
16 amended, delivered, issued, or renewed in this State has an
17 annual dollar limit for prescription drug coverage, that policy
18 or plan may not discontinue or deny coverage for prescription
19 drugs for the treatment of cancer, including leukemia, when an
20 insured reaches the annual dollar limit for prescription drugs
21 if the insured has started treatment for cancer. In such case,
22 the policy shall continue to cover the prescription drugs for
23 the treatment of cancer for that year of coverage.

24 (Source: P.A. 95-331, eff. 8-21-07.)

25 (215 ILCS 5/356z.13)

1 Sec. 356z.13 ~~356z.11~~. Shingles vaccine. A group or
2 individual policy of accident and health insurance or managed
3 care plan amended, delivered, issued, or renewed after the
4 effective date of the amendatory Act of this 95th General
5 Assembly must provide coverage for a vaccine for shingles that
6 is approved for marketing by the federal Food and Drug
7 Administration if the vaccine is ordered by a physician
8 licensed to practice medicine in all its branches and the
9 enrollee is 60 years of age or older.

10 (Source: P.A. 95-978, eff. 1-1-09; revised 10-14-08.)

11 Section 30. The Health Maintenance Organization Act is
12 amended by changing Section 5-3 as follows:

13 (215 ILCS 125/5-3) (from Ch. 111 1/2, par. 1411.2)

14 (Text of Section before amendment by P.A. 95-958)

15 Sec. 5-3. Insurance Code provisions.

16 (a) Health Maintenance Organizations shall be subject to
17 the provisions of Sections 133, 134, 137, 140, 141.1, 141.2,
18 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154, 154.5,
19 154.6, 154.7, 154.8, 155.04, 355.2, 356m, 356v, 356w, 356x,
20 356y, 356z.2, 356z.4, 356z.5, 356z.6, 356z.7, 356z.8, 356z.9,
21 356z.10, 356z.13 ~~356z.11~~, 356z.14, 364.01, 367.2, 367.2-5,
22 367i, 368a, 368b, 368c, 368d, 368e, 370c, 401, 401.1, 402, 403,
23 403A, 408, 408.2, 409, 412, 444, and 444.1, paragraph (c) of
24 subsection (2) of Section 367, and Articles IIA, VIII 1/2, XII,

1 XII 1/2, XIII, XIII 1/2, XXV, and XXVI of the Illinois
2 Insurance Code.

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

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

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

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

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

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

25 (2) (i) the criteria specified in subsection (1) (b) of
26 Section 131.8 of the Illinois Insurance Code shall not

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

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

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

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

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

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

24 (d) The provisions of Article VIII 1/2 of the Illinois
25 Insurance Code and this Section 5-3 shall apply to the sale by
26 any health maintenance organization of greater than 10% of its

1 enrollee population (including without limitation the health
2 maintenance organization's right, title, and interest in and to
3 its health care certificates).

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

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

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

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

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

1 enrollment unit.

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

6 (Source: P.A. 94-906, eff. 1-1-07; 94-1076, eff. 12-29-06;
7 95-422, eff. 8-24-07; 95-520, eff. 8-28-07; 95-876, eff.
8 8-21-08; 95-978, eff. 1-1-09; 95-1005, eff. 12-12-08; revised
9 12-15-08.)

10 (Text of Section after amendment by P.A. 95-958)

11 Sec. 5-3. Insurance Code provisions.

12 (a) Health Maintenance Organizations shall be subject to
13 the provisions of Sections 133, 134, 137, 140, 141.1, 141.2,
14 141.3, 143, 143c, 147, 148, 149, 151, 152, 153, 154, 154.5,
15 154.6, 154.7, 154.8, 155.04, 355.2, 356m, 356v, 356w, 356x,
16 356y, 356z.2, 356z.4, 356z.5, 356z.6, 356z.7, 356z.8, 356z.9,
17 356z.10, 356z.11, 356z.12, 356z.13 ~~356z.11~~, 356z.14, 364.01,
18 367.2, 367.2-5, 367i, 368a, 368b, 368c, 368d, 368e, 370c, 401,
19 401.1, 402, 403, 403A, 408, 408.2, 409, 412, 444, and 444.1,
20 paragraph (c) of subsection (2) of Section 367, and Articles
21 IIA, VIII 1/2, XII, XII 1/2, XIII, XIII 1/2, XXV, and XXVI of
22 the Illinois Insurance Code.

23 (b) For purposes of the Illinois Insurance Code, except for
24 Sections 444 and 444.1 and Articles XIII and XIII 1/2, Health
25 Maintenance Organizations in the following categories are

1 deemed to be "domestic companies":

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

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

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

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

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

20 (2) (i) the criteria specified in subsection (1) (b) of
21 Section 131.8 of the Illinois Insurance Code shall not
22 apply and (ii) the Director, in making his determination
23 with respect to the merger, consolidation, or other
24 acquisition of control, need not take into account the
25 effect on competition of the merger, consolidation, or
26 other acquisition of control;

1 (3) the Director shall have the power to require the
2 following information:

3 (A) certification by an independent actuary of the
4 adequacy of the reserves of the Health Maintenance
5 Organization sought to be acquired;

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

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

17 (D) such other information as the Director shall
18 require.

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

25 (e) In considering any management contract or service
26 agreement subject to Section 141.1 of the Illinois Insurance

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

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

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

22 (ii) the amount of the refund or additional premium
23 shall not exceed 20% of the Health Maintenance
24 Organization's profitable or unprofitable experience with
25 respect to the group or other enrollment unit for the
26 period (and, for purposes of a refund or additional

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

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

23 In no event shall the Illinois Health Maintenance
24 Organization Guaranty Association be liable to pay any
25 contractual obligation of an insolvent organization to pay any
26 refund authorized under this Section.

1 (Source: P.A. 94-906, eff. 1-1-07; 94-1076, eff. 12-29-06;
2 95-422, eff. 8-24-07; 95-520, eff. 8-28-07; 95-876, eff.
3 8-21-08; 95-958, eff. 6-1-09; 95-978, eff. 1-1-09; 95-1005,
4 eff. 12-12-08; revised 12-15-08.)

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