

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 Uniform Prescription Drug Information Card  
5 Act is amended by changing Section 15 as follows:

6 (215 ILCS 138/15)

7 Sec. 15. Uniform prescription drug information cards  
8 required.

9 (a) A health benefit plan that issues a card or other  
10 technology and provides coverage for prescription drugs or  
11 devices and an administrator of such a plan including, but not  
12 limited to, third-party administrators for self-insured plans  
13 and state-administered plans shall issue to its insureds a card  
14 or other technology containing uniform prescription drug  
15 information. The uniform prescription drug information card or  
16 other technology shall specifically identify and display the  
17 following mandatory data elements on the front of the card:

18 (1) BIN number;

19 (2) Processor control number if required for claims  
20 adjudication;

21 (3) Group number;

22 (4) Card issuer identifier;

23 (5) Cardholder ID number; and

1 (6) Cardholder name.

2 The uniform prescription drug information card or other  
3 technology shall specifically identify and display the  
4 following mandatory data elements on the back of the card:

5 (1) Claims submission names and addresses; and

6 (2) Help desk telephone numbers and names.

7 (b) A new uniform prescription drug information card or  
8 other technology shall be issued by a health benefit plan upon  
9 enrollment and reissued upon any change in the insured's  
10 coverage that affects mandatory data elements contained on the  
11 card.

12 (c) Notwithstanding subsections (a) and (b) of this  
13 Section, a discounted health care services plan administrator  
14 providing discounts on prescription drugs or devices shall  
15 issue to its beneficiaries a card containing the following  
16 mandatory data elements:

17 (1) an Internet website for beneficiaries to access  
18 up-to-date lists of preferred providers;

19 (2) a toll-free help desk number for beneficiaries and  
20 providers to access up-to-date lists of preferred  
21 providers and additional information about the discounted  
22 health care services plan;

23 (3) the name or logo of the provider network;

24 (4) a group number;

25 (5) a cardholder ID number;

26 (6) the cardholder's name or a space to permit the

1 cardholder to print his or her name, if the cardholder pays  
2 a periodic charge for use of the card;

3 (7) a processor control number, if required for claims  
4 adjudication; and

5 (8) a statement that the plan is not insurance.

6 (d) As used in this Section, "discounted health care  
7 services plan administrator" means any person, partnership, or  
8 corporation, other than an insurer, health service  
9 corporation, limited health service organization holding a  
10 certificate of authority under the Limited Health Service  
11 Organization Act, or health maintenance organization holding a  
12 certificate of authority under the Health Maintenance  
13 Organization Act that arranges, contracts with, or administers  
14 contracts with a provider whereby insureds or beneficiaries are  
15 provided an incentive to use health care services provided by  
16 health care services providers under a discounted health care  
17 services plan in which there are no other incentives, such as  
18 copayment, coinsurance, or any other reimbursement  
19 differential, for beneficiaries to utilize the provider.

20 "Discounted health care services plan administrator" also  
21 includes any person, partnership, or corporation, other than an  
22 insurer, health service corporation, limited health service  
23 organization holding a certificate of authority under the  
24 Limited Health Service Organization Act, or health maintenance  
25 organization holding a certificate of authority under the  
26 Health Maintenance Organization Act that enters into a contract

1 with another administrator to enroll beneficiaries or insureds  
2 in a preferred provider program marketed as an independently  
3 identifiable program based on marketing materials or member  
4 benefit identification cards.

5 (Source: P.A. 91-777, eff. 1-1-01.)

6 Section 10. The Uniform Health Care Service Benefits  
7 Information Card Act is amended by changing Section 15 as  
8 follows:

9 (215 ILCS 139/15)

10 Sec. 15. Uniform health care benefit information cards  
11 required.

12 (a) A health benefit plan that issues a card or other  
13 technology and provides coverage for health care services  
14 including prescription drugs or devices also referred to as  
15 health care benefits and an administrator of such a plan  
16 including, but not limited to, third-party administrators for  
17 self-insured plans and state-administered plans shall issue to  
18 its insureds a card or other technology containing uniform  
19 health care benefit information. The health care benefit  
20 information card or other technology shall specifically  
21 identify and display the following mandatory data elements on  
22 the card:

23 (1) processor control number, if required for claims  
24 adjudication;

- 1 (2) group number;
- 2 (3) card issuer identifier;
- 3 (4) cardholder ID number; and
- 4 (5) cardholder name.

5 (b) The uniform health care benefit information card or  
6 other technology shall specifically identify and display the  
7 following mandatory data elements on the back of the card:

- 8 (1) claims submission names and addresses; and
- 9 (2) help desk telephone numbers and names.

10 (c) A new uniform health care benefit information card or  
11 other technology shall be issued by a health benefit plan upon  
12 enrollment and reissued upon any change in the insured's  
13 coverage that affects mandatory data elements contained on the  
14 card.

15 (d) Notwithstanding subsections (a), (b), and (c) of this  
16 Section, a discounted health care services plan administrator  
17 shall issue to its beneficiaries a card containing the  
18 following mandatory data elements:

19 (1) an Internet website for beneficiaries to access  
20 up-to-date lists of preferred providers;

21 (2) a toll-free help desk number for beneficiaries and  
22 providers to access up-to-date lists of preferred  
23 providers and additional information about the discounted  
24 health care services plan;

25 (3) the name or logo of the provider network;

26 (4) a group number, if necessary for the processing of

1 benefits;

2 (5) a cardholder ID number;

3 (6) the cardholder's name or a space to permit the  
4 cardholder to print his or her name, if the cardholder pays  
5 a periodic charge for use of the card;

6 (7) a processor control number, if required for claims  
7 adjudication; and

8 (8) a statement that the plan is not insurance.

9 (e) As used in this Section, "discounted health care  
10 services plan administrator" means any person, partnership, or  
11 corporation, other than an insurer, health service  
12 corporation, limited health service organization holding a  
13 certificate of authority under the Limited Health Service  
14 Organization Act, or health maintenance organization holding a  
15 certificate of authority under the Health Maintenance  
16 Organization Act that arranges, contracts with, or administers  
17 contracts with a provider whereby insureds or beneficiaries are  
18 provided an incentive to use health care services provided by  
19 health care services providers under a discounted health care  
20 services plan in which there are no other incentives, such as  
21 copayment, coinsurance, or any other reimbursement  
22 differential, for beneficiaries to utilize the provider.  
23 "Discounted health care services plan administrator" also  
24 includes any person, partnership, or corporation, other than an  
25 insurer, health service corporation, limited health service  
26 organization holding a certificate of authority under the

1 Limited Health Service Organization Act, or health maintenance  
2 organization holding a certificate of authority under the  
3 Health Maintenance Organization Act that enters into a contract  
4 with another administrator to enroll beneficiaries or insureds  
5 in a preferred provider program marketed as an independently  
6 identifiable program based on marketing materials or member  
7 benefit identification cards.

8 (Source: P.A. 92-106, eff. 1-1-02.)