## 97TH GENERAL ASSEMBLY

## State of Illinois

## 2011 and 2012

#### SB1646

Introduced 2/9/2011, by Sen. Carole Pankau

### SYNOPSIS AS INTRODUCED:

215 ILCS 5/367

from Ch. 73, par. 979

Amends the Illinois Insurance Code in the provision concerning group accident and health insurance to provide that no group policy may be issued or delivered without a provision that if an employee presents to an employer proof that the employee is covered under another accident and health insurance policy, then the employee may decline coverage by opting out of the group coverage and that the amount, if any, that would be charged to the employee if the employee were to participate in the group coverage shall be deducted from the premium for group coverage. Effective immediately.

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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 Illinois Insurance Code is amended by 5 changing Section 367 as follows:

6 (215 ILCS 5/367) (from Ch. 73, par. 979)

7 Sec. 367. Group accident and health insurance.

8 (1) Group accident and health insurance is hereby declared 9 to be that form of accident and health insurance covering not less than 2 employees, members, or employees of members, 10 written under a master policy issued to any governmental 11 corporation, unit, agency or department thereof, or to any 12 13 corporation, copartnership, individual employer, or to any 14 association upon application of an executive officer or trustee of such association having a constitution or bylaws and formed 15 16 in good faith for purposes other than that of obtaining 17 insurance, where officers, members, employees, employees of members or classes or department thereof, may be insured for 18 19 their individual benefit. In addition a group accident and 20 health policy may be written to insure any group which may be 21 insured under a group life insurance policy. The term "employees" shall include the officers, managers and employees 22 of subsidiary or affiliated corporations, and the individual 23

proprietors, partners and employees of affiliated individuals and firms, when the business of such subsidiary or affiliated corporations, firms or individuals, is controlled by a common employer through stock ownership, contract or otherwise.

5 (2) Any insurance company authorized to write accident and 6 health insurance in this State shall have power to issue group 7 accident and health policies. No policy of group accident and 8 health insurance may be issued or delivered in this State 9 unless a copy of the form thereof shall have been filed with 10 the department and approved by it in accordance with Section 11 355, and it contains in substance those provisions contained in 12 Sections 357.1 through 357.30 as may be applicable to group accident and health insurance and the following provisions: 13

14 (a) A provision that the policy, the application of the 15 employer, or executive officer or trustee of anv 16 association, and the individual applications, if any, of 17 the employees, members or employees of members insured shall constitute the entire contract between the parties, 18 19 and that all statements made by the employer, or the 20 executive officer or trustee, or by the individual employees, members or employees of members shall (in the 21 22 absence of fraud) be deemed representations and not 23 warranties, and that no such statement shall be used in 24 defense to a claim under the policy, unless it is contained 25 in a written application.

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(b) A provision that the insurer will issue to the

employer, or to the executive officer or trustee of the association, for delivery to the employee, member or employee of a member, who is insured under such policy, an individual certificate setting forth a statement as to the insurance protection to which he is entitled and to whom payable.

7 (c) A provision that to the group or class thereof 8 originally insured shall be added from time to time all new 9 employees of the employer, members of the association or 10 employees of members eligible to and applying for insurance 11 in such group or class.

12 (d) A provision that if an employee presents to an 13 employer proof that the employee is covered under another 14 accident and health insurance policy, then the employee may decline coverage by opting out of the group coverage and 15 that the amount, if any, that would be charged to the 16 17 employee if the employee were to participate in the group coverage shall be deducted from the premium for group 18 19 coverage.

(3) Anything in this code to the contrary notwithstanding, any group accident and health policy may provide that all or any portion of any indemnities provided by any such policy on account of hospital, nursing, medical or surgical services, may, at the insurer's option, be paid directly to the hospital or person rendering such services; but the policy may not require that the service be rendered by a particular hospital

1 or person. Payment so made shall discharge the insurer's 2 obligation with respect to the amount of insurance so paid. 3 Nothing in this subsection (3) shall prohibit an insurer from 4 providing incentives for insureds to utilize the services of a 5 particular hospital or person.

6 Special group policies may be issued to school (4) 7 districts providing medical or hospital service, or both, for 8 pupils of the district injured while participating in any 9 athletic activity under the jurisdiction of or sponsored or 10 controlled by the district or the authorities of any school 11 thereof. The provisions of this Section governing the issuance 12 of group accident and health insurance shall, insofar as 13 applicable, control the issuance of such policies issued to schools. 14

15 (5) No policy of group accident and health insurance may be 16 issued or delivered in this State unless it provides that upon 17 the death of the insured employee or group member the 18 dependents' coverage, if any, continues for a period of at 19 least 90 days subject to any other policy provisions relating 20 to termination of dependents' coverage.

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

26 (7) No policy of group accident and health insurance,

delivered in this State more than 120 days after the effective day of the Section, which provides inpatient hospital coverage for sicknesses shall exclude from such coverage the treatment of alcoholism. This subsection shall not apply to a policy which covers only specified sicknesses.

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

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(9) For purposes of enabling the recovery of State funds, 1 2 any insurance carrier subject to this Section shall upon reasonable demand by the Department of Public Health disclose 3 the names and identities of its insureds entitled to benefits 4 5 under this provision to the Department of Public Health whenever the Department of Public Health has determined that it 6 has paid, or is about to pay, hospital or medical expenses for 7 which an insurance carrier is liable under this Section. All 8 9 information received by the Department of Public Health under 10 this provision shall be held on a confidential basis and shall 11 not be subject to subpoena and shall not be made public by the 12 Department of Public Health or used for any purpose other than 13 that authorized by this Section.

14 (10) Whenever the Department of Public Health finds that it 15 has paid all or part of any hospital or medical expenses which 16 an insurance carrier is obligated to pay under this Section, 17 the Department of Public Health shall be entitled to receive reimbursement for its payments from such insurance carrier 18 19 provided that the Department of Public Health has notified the insurance carrier of its claim before the carrier has paid the 20 benefits to its insureds or the insureds' assignees. 21

(11) (a) No group hospital, medical or surgical expense policy shall contain any provision whereby benefits otherwise payable thereunder are subject to reduction solely on account of the existence of similar benefits provided under other group or group-type accident and

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sickness insurance policies where such reduction would operate to reduce total benefits payable under these policies below an amount equal to 100% of total allowable expenses provided under these policies.

5 (b) When dependents of insureds are covered under 2 policies, both of which contain coordination of benefits 6 7 provisions, benefits of the policy of the insured whose 8 birthday falls earlier in the year are determined before 9 those of the policy of the insured whose birthday falls 10 later in the year. Birthday, as used herein, refers only to 11 the month and day in a calendar year, not the year in which 12 the person was born. The Department of Insurance shall 13 rules defining order benefit promulgate the of 14 determination pursuant to this paragraph (b).

15 (12) Every group policy under this Section shall be subject16 to the provisions of Sections 356g and 356n of this Code.

17 (13) No accident and health insurer providing coverage for hospital or medical expenses on an expense incurred basis shall 18 deny reimbursement for an otherwise covered expense incurred 19 for any organ transplantation procedure solely on the basis 20 21 that such procedure is deemed experimental or investigational 22 unless supported by the determination of the Office of Health 23 Care Technology Assessment within the Agency for Health Care 24 Policy and Research within the federal Department of Health and 25 Human Services that such procedure is either experimental or 26 investigational or that there is insufficient data or

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

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

17 (Source: P.A. 91-549, eff. 8-14-99.)

Section 99. Effective date. This Act takes effect upon becoming law.