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ILLINOIS DEPARTMENT OF INSURANCE  
CURRENT AND RECENTLY ADOPTED RULEMAKINGS

SEPTEMBER 8, 2021

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The following are summaries of administrative rules recently filed by IDOI; they are at various stages in the rulemaking process. The rules listed here have been or soon will be published by the Secretary of State in the Illinois Register. Links are provided to the issues of the Illinois Register in which these rules have been published. In addition, IDOI's adopted rules are available online (after publication in the Illinois Register) at the Illinois General Assembly's Joint Committee on Administrative Rules (JCAR) web page:

<http://ilga.gov/commission/jcar/admincode/050/050parts.html>

The proposed rules have no legal effect until after they have been through the first and second notice periods and are adopted by IDOI and filed with the Secretary of State's Office. The public may submit comments to IDOI during the 45-day first notice period that commences with a rule's initial publication in the Register. The adopted rules may differ from those originally published. JCAR's website contains additional information on the rulemaking process:

<http://ilga.gov/commission/jcar/default.htm>

**DISCLAIMER:** The Illinois Register is a weekly update of the Illinois Administrative Code (a compilation of the rules adopted by State agencies). The most recent edition of the Code, along with the Register, comprise the most current accounting of State agencies' rulemakings; however, the Illinois Department of Insurance neither warrants nor represents the accuracy or timeliness of the information contained in the Register, or on the IDOI website. The information and links provided on this site are intended solely for the convenience of interested persons; you are urged to consult the official documents or contact legal counsel of your choice. This site should not be cited as an official or authoritative source. Amendments, court decisions and other proceedings may affect the text, interpretation, validity and constitutionality of the laws and rules.

**FIRST NOTICE:**

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**SECOND NOTICE:**

**50 Ill. Adm. Code 2001, Construction and Filing of Accident and Health Insurance Policy Forms:**

For health insurance coverage in Illinois, 215 ILCS 5/356z.17(e)(iii) caps the allowable incentive for a wellness program at 20% of the entire cost of employee-only or family coverage. However, under 50 Ill. Adm. Code 2001.9(j), the incentive is capped at 30%, with an additional 20% allowed for incentives for tobacco use prevention. The Department's rule conflicts with state statute. The federal regulation on wellness programs for group health insurance coverage provides the same, higher incentive cap as the Department's rule does, *see* 45 C.F.R. § 146.121(f)(5), but the federal regulation does not preempt the Illinois statute under the circumstances, so the Department cannot enforce its rule as currently written.

The Department seeks to amend Section 2001.9(j) such that, instead of specifying a percentage for the cap, it simply incorporates the standards provided in 215 ILCS 5/356z.17(e)(iii). This will make the Department's rule consistent with the current governing statute as well as any future version if the General Assembly amends it to provide a different cap.

In addition, the Department seeks to revise Section 2001.1 to expressly apply Section 2001.3 to short-term, limited-duration health insurance coverage, and to apply Section 2001.13 to both short-term, limited-duration health insurance coverage and excepted benefit policies. This will require all excepted benefit policies and short-term, limited-duration health insurance coverage to adhere to the Department's corporate name requirements and to omit discretionary clauses.

**Date Published:** [November 6, 2020](#)

**Illinois Register Citation:** 44 Ill. Reg. 17603

**JCAR Meeting:** [September 14, 2021](#)

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**RULEMAKINGS ADOPTED DURING 2021:**

**50 Ill. Adm. Code 2018, Uniform Electronic Prior Authorization Form for Prescription Benefits:**

Under Pub. Act 101-0463, the Department of Insurance was directed to develop a uniform electronic prior authorization form for prescription benefits. This form is intended to simplify exchanges of information between prescribing providers and insurers for prior authorization requests. As required by statute, the Department developed this form with input from interested parties, who were present at multiple public meetings.

The adopted rules do not apply to any health insurance coverage that does not require prior authorization for any prescription benefits.

Beginning July 1, 2021, insurers will be required to accept and use this form. They also will be required to ensure that any person performing prior authorization on their behalf accepts and uses this form.

Beginning July 1, 2021, the statute will require prescribing providers to use this form when requesting

prior authorization for prescriptions covered by a patient's health insurance coverage.

The adopted rules list the information and the prompts that must be included in the form, which the Department will format and post on its website as a PDF. The form will include the following: a title, an explanatory introduction about the purposes and limitations of the form, a selection between a Standard or Expedited Review Request, a Reason for Request, Patient Demographics, Prescribing Provider Information, Pharmacy Information, Requested Prescription Drug Information, Rationale for Prior Authorization, a listing of Failed or Contraindicated Therapies, Other Pertinent Information, Insurer Contact and Submission Information, a Representation clause, and a Health Plan Use Only section where the approval or denial will be reported.

**Effective Date:** May 28, 2021

**Date Published:** [June 11, 2021](#)

**Illinois Register Citation:** 45 Ill. Reg. 7141

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**50 Ill. Adm. Code 2019, Minimum Benefit Standards for Diabetes Coverage:** Public Act 101-625 enacted a new statute at 215 ILCS 5/356z.41 regarding the coverage of prescription insulin drugs. Section 356w of the Illinois Insurance Code (215 ILCS 5/356w) already required group accident and health insurance that offers prescription coverage to cover insulin at the same deductible, copay and out-of-pocket amounts for insulin and diabetic supplies. The new Public Act establishes a \$100 maximum cap on cost-sharing per 30-day supply of insulin, which will apply to all group and individual policies that cover prescriptions. Part 2019 previously did not address the \$100 cap on insulin per 30-day supply, so the Department added language to implement 215 ILCS 5/356z.41.

The Department is also clarifying that Part 2019 applies to group point-of-service plans offered by limited health services organizations, as well as group voluntary health services plans. The mandate at 215 ILCS 5/356w has applied to those products for many years, and 215 ILCS 5/356z.41 applies to them, too, so Part 2019 should reflect the statutes' applicability.

**Effective Date:** June 21, 2021

**Date to be Published:** July 2, 2021

**Illinois Register Citation:** 45 Ill. Reg. 8024

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## **OTHER**

### **50 Ill. Adm. Code 916, Required Procedure for Filing and Securing Approval of Policy Forms:**

Amends Section 916.40 to fix significant regulatory blindspots in the current implementation of the policy form filing process required by the Illinois Insurance Code and associated statutes. A lack of specificity about the current process allows some companies to file their policy forms in a way that hinders the Department from performing thorough reviews of their terms and conditions to verify compliance with Illinois mandates for parity in mental health/substance use disorder coverage, cancer drug parity, and abortion benefits with maternity care benefits, as well as various requirements for life insurance. The amendments to this rule will require companies to submit complete policy forms for all life and health products by prohibiting matrix pages, insert pages, or modular filings. That way, the Department will be able to see each policy form the same way that the policyholder is intended to see it. The rule will also limit variable language to identifying characteristics only: policy name, member name, policy number, other identifiable information, etc. Additionally, the rule will clarify form filing consistency and submission requirements in the System for Electronic Rate and Form Filings (SERFF).

**This rulemaking died procedurally on April 24, 2021.**

**Date Published:** [April 24, 2020](#)

**Illinois Register Citation:** 44 Ill. Reg. 6211

**Comment Period ended:** June 8, 2020

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