

215 ILCS 97/60 HIPAA Notice Requirement

Sec. 60. Notice requirement.

In any case where a health insurance issuer elects to uniformly modify coverage, uniformly terminate coverage, or discontinue coverage in a marketplace in accordance with Sections 30 and 50 of this Act, the issuer shall provide notice to the Department prior to notifying the plan sponsors, participants, beneficiaries, and covered individuals. The notice shall be sent by certified mail to the Department 90 days in advance of any notification of the company's actions sent to plan sponsors, participants, beneficiaries, and covered individuals. The notice shall include:

- (i) a complete description of the action to be taken,
- (ii) a specific description of the type of coverage affected,
- (iii) the total number of covered lives affected,
- (iv) a sample draft of all letters being sent to the plan sponsors, participants, beneficiaries, or covered individuals,
- (v) time frames for the actions being taken,
- (vi) options the plans sponsors, participants, beneficiaries, or covered individuals may have available to them under this Act, and
- (vii) any other information as required by the Department.

This Section applies only to discontinuances of coverage occurring on or after the effective date of this amendatory Act of the 94th General Assembly.

(Source: P.A. 94-502, eff. 8-8-05)