

TITLE 50: INSURANCE
PART 5421 HEALTH MAINTENANCE ORGANIZATION
CHAPTER I: DEPARTMENT OF INSURANCE
SECTION 5421.110 REQUIREMENTS FOR GROUP CONTRACTS, EVIDENCES OF COVERAGE AND

Section 5421.110 Requirements for Group Contracts, Evidences of Coverage and Individual Contracts

- t) Coordination of Benefits.
 - 1) HMOs are permitted, but not required, to adopt coordination of benefits provisions to avoid over insurance and to provide for the orderly payment of claims when a person is covered by two or more group health insurance or health care plans.
 - 2) If an HMO adopts coordination of benefits, the provision must be consistent with the coordination of benefits requirements set forth in 50 Ill. Adm. Code 2009.
 - 3) To the extent necessary for an HMO to meet its obligations as a secondary carrier under 50 Ill. Adm. Code 2009, and where an enrollee has established a credit within the reserve bank, the HMO shall make payments for services that are:
 - A) received from non-participating providers; or
 - B) provided outside their services areas; or
 - C) not covered under the terms of health care plan.