

## 215 ILCS 5/356u Pap and prostate-specific antigen tests

Sec. 356u. Pap tests and prostate-specific antigen tests.

(a) A group policy of accident and health insurance that provides coverage for hospital or medical treatment or services for illness on an expense-incurred basis and is amended, delivered, issued, or renewed after the effective date of this amendatory Act of 1997 shall provide coverage for all of the following:

(1) An annual cervical smear or Pap smear test for female insureds.

(2) An annual digital rectal examination and a prostate-specific antigen test, for male insureds upon the recommendation of a physician licensed to practice medicine in all its branches for:

(A) asymptomatic men age 50 and over;

(B) African-American men age 40 and over; and

(C) men age 40 and over with a family history of prostate cancer.

(3) Surveillance tests for ovarian cancer for female insureds who are at risk for ovarian cancer.

(b) This Section shall not apply to agreements, contracts, or policies that provide coverage for a specified disease or other limited benefit coverage.

(c) For the purposes of this Section:

"At risk for ovarian cancer" means:

(1) having a family history (i) with one or more first-degree relatives with ovarian cancer, (ii) of clusters of women relatives with breast cancer, or (iii) of nonpolyposis colorectal cancer; or

(2) testing positive for BRCA1 or BRCA2 mutations.

"Surveillance tests for ovarian cancer" means annual screening using (i) CA-125 serum tumor marker testing, (ii) transvaginal ultrasound, (iii) pelvic examination.

(Source: P.A. 90-7, eff. 6-10-97.) Ovarian cancer provisions effective 1-1-06