

TITLE 50: INSURANCE
PART 2007 MINIMUM STANDARDS OF INDIVIDUAL ACCIDENT AND HEALTH INSURANCE
CHAPTER I: DEPARTMENT OF INSURANCE

Section 2007.70b 8) B) vi) Accident and Health Minimum Standards for Benefits for Specified Disease – Blood Transfusions

b) Nothing in this Section shall preclude the issuance of any policy combining two or more categories of coverage as set forth in Section 355a(4) of the Illinois Insurance Code [215 ILCS 5/355(a)(4)].

8) Specified Coverages

"Specified Disease Coverage" pays benefits for the diagnosis and treatment of a specifically named disease or diseases. Any such policy shall meet the following general requirements and one of the following sets of minimum standards for benefits. Insurance covering cancer, whether cancer only or in conjunction with other condition(s) or disease(s), shall meet the standards of subsection (b)(8)(C) or (D) below. Insurance covering specified disease(s) other than cancer shall meet the standards of subsections (b)(8)(B) or (D) below.

B) The following minimum benefit standards apply to noncancer coverages: A policy which provides coverage for each person insured under the policy for a specifically named disease (or disease(s)) with a deductible amount not in excess of (\$250.00) and an overall aggregate benefit limit, per person, of not less than (\$10,000) and a benefit period of not less than two (2) years for at least the following incurred expenses:

vi) Blood transfusions, including expense incurred for blood donors;