

A Message from  
Illinois Attorney General  
**LISA MADIGAN**



As an Illinois consumer, you are entitled to a wide variety of health care rights and protections. Because these rights vary depending on the type of health insurance you have, it is important that you know which rights apply to your plan.

This brochure contains information regarding the rights and protections afforded to consumers with fully insured employer group plans. For specific information regarding your insurance, please refer to your plan's Certificate of Benefits or Summary Plan Description.

The more you know about your rights, the more likely you are to get the care and benefits to which you are entitled. If you feel your rights have been violated, please contact my office's Health Care Helpline at 1-877-305-5145 (TTY: 1-800-964-3013) to file a complaint.

  
Lisa Madigan  
Attorney General

**Employer Fully Insured ERISA Plans**

A federal law, the Employee Retirement and Income Security Act of 1974 (ERISA), sets rules for private employer-sponsored benefit plans, including health benefit plans. Group health benefits are voluntarily provided and plans can be either fully insured or self-insured. A fully insured plan is a health benefit plan where an employer buys a group health insurance policy from an insurance company or HMO. Both federal and state laws apply to fully insured employer plans.

**\*Illinois Managed Care Reform and Patient Rights Act**

*215 ILCS 134/1 et. seq.*

- Right to receive detailed information about HMO coverage.
- Right to receive coverage for emergency services when a “prudent person” would reasonably believe that the condition is serious enough to require emergency medical attention.
- Right to apply for a standing referral from a primary care physician when the consumer has a condition that requires ongoing care from a specialist.
- Right to appeal service denial decisions made by the consumer's HMO.

**Emergency Medical Treatment and Active Labor Act (EMTALA)**

*42 U.S.C. §1395dd*

- Right to receive a medical screening by a hospital emergency room.
- Right to be treated and stabilized if you have an emergency medical condition in the emergency room of a hospital.

\* Only applies if your group plan is an HMO.



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**Your  
Patient Rights  
In A  
Fully Insured  
Employer  
Group Plan**



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## Consolidated Omnibus Budget

### Reconciliation Act (COBRA)

*29 U.S.C. §1161, Illinois Continuation Laws 215 ILCS 5/367e, 215 ILCS 5/367.2, 215 ILCS 5/367-2-5*

- Former employees, retirees, spouses, and dependent children are entitled to continue employer-sponsored health benefits at group rates for a limited period of time if benefits are lost because of a qualifying event.

## Health Insurance Portability and

### Accountability Act (HIPAA)

- Limited exclusion periods and increased portability when changing jobs. *42 U.S.C. §300gg*
- Access to individual coverage through Illinois Comprehensive Health Insurance Plan (ICHIP) if you lose your employer's plan and have no other plan available. *42 U.S.C. §300gg-41*
- Right to see and receive a copy of your medical record. *45 C.F.R. §164.524*

## Illinois Prompt Pay Law

*215 ILCS 5/368a*

- Right to have your medical bill paid promptly by your insurer.

## Employee Retirement and Income

### Security Act (ERISA)

- Requires disclosure of important plan information including a summary plan description, plan rules, financial information, and documents on the operation and management of the plan.

*29 U.S.C. §1022*

- Right to a timely and fair process for benefit claims. *29 C.F.R. §2560.503-1*
- Right to appeal plan decisions under certain circumstances. *29 U.S.C. §1133*

## Illinois Women's and Newborns' Rights

- Requires coverage of outpatient contraceptive services and outpatient contraceptive drugs and devices approved by the Food and Drug Administration. *215 ILCS 5/356a.4*
- Requires coverage for a routine mammogram at the same rate as a diagnostic x-ray for women 35 years old or older. *215 ILCS 5/356g*
- Waives deductibles and co-payments for medical treatment related to sexual assault. *215 ILCS 5/356e*
- Requires coverage for the diagnosis and treatment of infertility. *215 ILCS 5/356m*
- Requires benefits for newborns of a covered insured member from the moment of birth. *215 ILCS 5/356c*
- Requires coverage for removal of breast implants when such removal is medically necessary treatment for sickness or injury. *215 ILCS 5/356p*
- Requires coverage for: (1) a baseline mammogram for women ages 35 to 39 and (2) an annual mammogram for women age 40 or older. *215 ILCS 5/356g*
- Requires coverage for inpatient hospital stay following a mastectomy for a length of time the attending physician determines is medically necessary. *215 ILCS 5/356r*
- Requires coverage for prosthetic devices or reconstructive surgery related to a mastectomy. *215 ILCS 5/356g(d)*
- Requires coverage for surveillance tests for ovarian cancer for female insureds who are at risk for ovarian cancer. *215 ILCS 5/356u*
- Requires coverage for an annual cervical smear or pap smear for females. *215 ILCS 5/356u*

## Small Employer Health Insurance

### Rating Act

*215 ILCS 93/25*

- If you are employed by a small business, prohibits significant premium and premium rate increases based on the claims experience of the employees or other factors.

## Mandated Benefits

- Requires coverage for treatment, diagnosis, and detoxification related to alcoholism (if you belong to an HMO) *50 Ill. Admin. Code 5421.130(i);* or right to coverage for inpatient treatment of alcoholism (if you have a group insurance policy that provides inpatient hospital coverage). *215 ILCS 5/367 (7)*
- Requires coverage for any drug that has been prescribed for the treatment of cancer, even if the drug has not been approved for that specific type of cancer by the FDA, if your policy provides prescription drug benefits. *215 ILCS 5/370r*
- Requires coverage for all colorectal cancer examinations and laboratory tests for colorectal cancer. *215 ILCS 5/356x*
- Requires coverage for anesthesia and other charges incurred in conjunction with dental care provided in a hospital or ambulatory surgical treatment center under certain circumstances. *215 ILCS 5/356a.2*
- Requires coverage for diabetes outpatient self-management training and education related materials and certain equipment and supplies. *215 ILCS 5/356w*
- \*Requires coverage for a certain number of inpatient and outpatient days of mental health care per year. *50 Ill. Admin. Code 5421.130(h)*

- Right to coverage of serious mental illness, if you belong to a group insurance policy. *215 ILCS 5/370(d)(1)*

- Set guidelines under which experimental or investigational organ transplantation procedures can be denied. *215 ILCS 5/367(13)*
- Requires coverage for medically necessary bone mass measurement and the diagnosis and treatment of osteoporosis. *215 ILCS 5/356a.6*

- Requires coverage of prescription inhalants for persons with asthma or other life-threatening bronchial ailments. *215 ILCS 5/356a.4*
- \*Requires coverage of preventative health services including a health evaluation program and immunizations. *50 Ill. Adm. Code 5421.130(g)*

- Requires coverage for an annual digital rectal examination and a prostate specific antigen test for male insureds upon recommendation by a physician. *215 ILCS 5/356u*

## Fair Patient Billing Act

*210 ILCS 88/1 et. seq.*

- Right to assess the accuracy of your bill.
- Right to receive information regarding the hospital's financial assistance policies.
- Right to receive information about the opportunity to enter into a reasonable payment plan or qualify for financial assistance.
- Right to receive notice of out-of-network providers.
- Right to request an itemized bill.

\* Only applies if your group plan is an HMO.