

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 self-insured employer 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



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Health Care
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**Your
Patient Rights
In A
Self-Insured
Employer
Plan**



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ILLINOIS ATTORNEY GENERAL

Employer Self-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. Benefit plans can be either fully insured or self-insured. A self-insured health plan is a health benefit plan where the plan sponsor (i.e., the employer or union) is at risk for the claims incurred by the members of the plan.

ERISA governs employee welfare benefit plans, including plans that establish health, surgical, or hospital benefits. Most self-insured health plans are regulated by the United States Department of Labor. State insurance laws do not apply to self-insured health plans.

The following is a summary of the primary rights to which consumers who are enrolled in self-insured employer plans are entitled to receive based on federal law. This list is not inclusive and certain exceptions and qualifications may apply.

Emergency Medical Treatment and Active Labor Act (EMTALA)

42 U.S.C. §1395da

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

Newborns' Act

42 U.S.C. §300gg-4

- Right to at least a 48-hour hospital stay following childbirth or 96-hour hospital stay following a Cesarean section.

Mental Health Parity Act

42 U.S.C. §300gg-5

- Prevents your group health plan from placing annual or lifetime limits on mental health benefits that are lower than annual or lifetime dollar limits for medical or surgical benefits offered under your plan.

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*

Women's Health and Cancer Rights Act

42 U.S.C. §300gg-6

- Requires coverage for post-mastectomy benefits including reconstructive surgery and the treatment of complications if your plan offers mastectomy benefits.

Consolidated Omnibus Budget

Reconciliation Act (COBRA)

29 U.S.C. §1161

- 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*

Fair Patient Billing Act Illinois Public Law

210 ILCS 88/1

- Right to assess the accuracy of your bill. *210 ILCS 88/30*
- Right to receive information regarding the hospital's financial assistance policies. *210 ILCS 88/15*
- Right to receive information about the opportunity to enter into a reasonable payment plan or qualify for financial assistance. *210 ILCS 88/30*
- Right to receive notice of out-of-network providers. *210 ILCS 88/50*
- Right to request an itemized bill. *210 ILCS 88/2*