

January 24, 2022

Illinois Consumer Coverage Disclosure Act Update

Last year, Illinois passed the Consumer Coverage Disclosure Act that requires employers with employees in Illinois to distribute certain information regarding their group health plan to all employees eligible for the plan in Illinois.¹

As a reminder, the law requires employers to distribute information to employees comparing the essential health benefits covered on the Illinois individual marketplace (the "Benchmark Plan") with the benefits covered on the group health plan. The comparison must state whether the group health plan covers each of the essential health benefits that plans are required to cover on the Illinois individual marketplace. The Illinois Department of Labor (the "Department") has clarified certain provisions of the law and provided a <u>template</u> for employers to use as well answered certain <u>frequently asked questions</u>.

The distribution must be made to all employees eligible for the group health plan that work in Illinois, regardless of where those employees reside. Whether an employee works in Illinois will be determined using a base of operations test² and considers all relevant factors.

Employers must provide this information to Illinois employees upon hire, annually, and upon request. At this point, no guidance suggests an employer would be precluded from including the distribution with regular open enrollment disclosures and notices on an annual basis prospectively.

If an employer offers multiple group health plans to employees working in Illinois, a disclosure must be made with respect to each plan option (e.g., HDHP and PPO). If the health coverage offered by the employer covers some of the benefits on the Benchmark Plan but not to the extent required by

¹ For more information, please see USI's Compliance Update, <u>Illinois Passes Consumer Coverage Disclosure Act</u> (Sept. 27, 2021).

Illinois considers someone to be employed within the state if their service is localized in the state. If "[t]he service is not localized in any state but some of the service is performed in [llinois] and (1) the base of the operations, or, if there is no base of operations, then, the place from which such service is directed or controlled is in [llinois]; or (2) the base of operations or place from which such service is directed or controlled is not in any state in which some part of the service is performed but the individual's residence is in [Illinois]." 820 ILCS 405/207

the Benchmark Plan, the disclosure should indicate "partial" coverage and explain how the coverage differs.

For example: The Benchmark Plan covers cardiac rehabilitation therapy for up to 6 months after a heart attack. If the employer's group health plan covers cardiac rehabilitation therapy for 3 months after the heart attack, the template should reflect "partial" coverage and explain how the group health plan differs from the Benchmark Plan.

Failure to comply with this disclosure requirement may result in penalties. For employers with 4 or more employees the penalties are³:

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1<sup>st</sup> offense = not to exceed $1,000

2<sup>nd</sup> offense = not to exceed $3,000

3 or more offenses = not to exceed $5,000
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The amount of the penalty will also consider good faith efforts made by the employer to comply and the gravity of the violation. In assessing any applicable penalty, the Department will count all employees across the country (i.e., to determine if an employer has 4 or more employees), but employers will not be required to distribute the disclosure to any employees that do not work in Illinois and are eligible for the employer's group health plan.

EMPLOYER NEXT STEPS

- Employers should work to complete and distribute the disclosure as soon as practicable.
- Employers may satisfy the distribution requirements by providing the information via email to employees or providing the information on a website that an employee is able to regularly access.
 - It is important to distribute the information in a trackable format; the Department requires employers to be able to demonstrate that each employee received the information, and such records must be retained for a period of one year.
- We also recommend discussing with your insurance carrier(s) to determine what assistance they may be able to provide.

Should you have any questions regarding the completion of the <u>template</u> or the application of the Illinois Consumer Coverage Disclosure Act to your company, reach out to your legal counsel or contact your USI service team.

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This summary is intended to convey general information and is not an exhaustive analysis. This information is subject to change as guidance develops. USI does not provide legal or tax advice. For advice specific to your situation, please consult an attorney or other professional.

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³ Fewer than 4 employees: 1st offense = not to exceed \$500 2rd offense = not to exceed \$1,000 3 or more offenses = not to exceed \$3,000

Employer Name:	Hoopeston Area CUSD #11
Employer State of Situs:	Illinois
Name of Issuer:	BCBS IL/IERMP
Plan Marketing Name:	\$2,500 - BCS Network
Plan Year:	1/1/2023

Ten (10) Essential Health Benefit (EHB) Categories:

- Ambulatory patient services (outpatient care you get without being admitted to a hospital)
- Emergency services
- Hospitalization (like surgery and overnight stays)
- Laboratory services
- Mental health and substance use disorder (MH/SUD) services, including behavioral health treatment (this includes counseling and psychotherapy)
- Pediatric services, including oral and vision care (but adult dental and vision coverage aren't essential health benefits)
- Pregnancy, maternity, and newborn care (both before and after birth)
- Prescription drugs
- Preventive and wellness services and chronic disease management
- Rehabilitative and habilitative services and devices (services and devices to help people with injuries, disabilities, or chronic conditions gain or recover mental and physical skills)

2020-2022 Illinois Essential Health Benefit (EHB) Listing (P.A. 102-0630)				Employer Plan Covered
Item	EHB Benefit	EHB Category	Benchmark Page # Reference	Benefit?
1	Accidental Injury Dental	Ambulatory	Pgs. 10 & 17	Υ
2	Allergy Injections and Testing	Ambulatory	Pg. 11	Y
3	Bone anchored hearing aids	Ambulatory	Pgs. 17 & 35	Y
4	Durable Medical Equipment	Ambulatory	Pg. 13	Y
5	Hospice	Ambulatory	Pg. 28	Y
6	Infertility (Fertility) Treatment	Ambulatory	Pgs. 23 - 24	Υ
7	Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Ambulatory	Pg. 21	Y
8	Outpatient Surgery Physician/Surgical Services (Ambulatory Patient Services)	Ambulatory	Pgs. 15 - 16	Y
9	Private-Duty Nursing	Ambulatory	Pgs. 17 & 34	Y
10	Prosthetics/Orthotics	Ambulatory	Pg. 13	Υ
11	Sterilization (vasectomy men)	Ambulatory	Pg. 10	Y
12	Temporomandibular Joint Disorder (TMJ)	Ambulatory	Pgs. 13 & 24	Y
13	Emergency Room Services (Includes MH/SUD Emergency)	Emergency services	Pg. 7	Υ
14	Emergency Transportation/ Ambulance	Emergency services	Pgs. 4 & 17	Y
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15	Bariatric Surgery (Obesity)	Hospitalization	Pg. 21	Υ

16	Breast Reconstruction After Mastectomy	Hospitalization	Pgs. 24 - 25	, Y
17	Reconstructive Surgery	Hospitalization	Pgs. 25 - 26, & 35	Υ
18	Inpatient Hospital Services (e.g., Hospital Stay)	Hospitalization	Pg. 15	Y
19	Skilled Nursing Facility	Hospitalization	Pg. 21	* у
20	Transplants - Human Organ Transplants (Including transportation & lodging)	Hospitalization	Pgs. 18 & 31	γ
21	Diagnostic Services	Laboratory services	Pgs. 6 & 12	Y
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22	Intranasal opioid reversal agent associated with opioid prescriptions	MH/SUD	Pg. 32	Y
23	Mental (Behavioral) Health Treatment (Including Inpatient Treatment)	MH/SUD	Pgs. 8 -9, 21	Υ
24	Opioid Medically Assisted Treatment (MAT)	MH/SUD	Pg. 21	Y
25	Substance Use Disorders (Including Inpatient Treatment)	MH/SUD	Pgs. 9 & 21	Y
26	Tele-Psychiatry	MH/SUD	Pg. 11	Y
27	Topical Anti-Inflammatory acute and chronic pain medication	MH/SUD	Pg. 32	* Y
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28	Pediatric Dental Care	Pediatric Oral and Vision Care	See AllKids Pediatric Dental <u>Document</u>	N
29	Pediatric Vision Coverage	Pediatric Oral and Vision Care	Pgs. 26 - 27	N
30	Maternity Service	Pregnancy, Maternity, and Newborn Care	Pgs. 8 & 22	Υ
30	Maternity Service Outpatient Prescription Drugs		Pgs. 8 & 22 Pgs. 29 - 34	Y
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31	Outpatient Prescription Drugs Colorectal Cancer Examination and Screening	Care Prescription drugs Preventive and Wellness Services	Pgs. 29 - 34 Pgs. 12 & 16	Y
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31 32 33 34	Outpatient Prescription Drugs Colorectal Cancer Examination and Screening Contraceptive/Birth Control Services Diabetes Self-Management Training and Education	Prescription drugs Preventive and Wellness Services Preventive and Wellness Services Preventive and Wellness Services	Pgs. 29 - 34 Pgs. 12 & 16 Pgs. 13 & 16 Pgs. 11 & 35	Y Y Y Y
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Special Note: Under Pub. Act 102-0104, eff. July 22, 2021, any EHBs listed above that are clinically appropriate and medically necessary to deliver via telehealth services must be covered in the same manner as when those EHBs are delivered in person.

Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this disclosure is not a guarantee of benefits.

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