



Illinois Department of Insurance

JB PRITZKER
Governor

ANN GILLESPIE
Director

TO: All Health Insurance Issuers Writing Accident and Health Insurance, Health Maintenance Organization Health Care Plans, Limited Health Care Plans, and Voluntary Health Services Plans; All Plan Sponsors and Administrators of Self-Funded State, County, Municipality, and School District Group Health Plans

FROM: Ann Gillespie, Director *ARG*

DATE: November 7, 2025

RE: Company Bulletin 2025-18 Emergency Rule and Guidance on Vaccine Coverage

In accordance with Executive Order 2025-04,¹ the Illinois Department of Insurance (“Department”) issues this Bulletin to announce **an emergency rulemaking, which is currently effective**, to implement recent immunization recommendations from the Illinois Department of Public Health (“IDPH”) for health insurance coverage and group health plans that are subject to the jurisdiction of this State. A copy of the emergency rulemaking documents is attached to this bulletin.

State Guidelines for Preventive Immunization

IDPH has a statutory mandate to supervise the interest of the health and lives of people in Illinois. 20 ILCS 2305/2(a). On September 23, 2025, in response to recent federal actions that no longer follow rigorous scientific review for vaccine recommendations, the IDPH Director issued “Respiratory Virus Season Guidance for Clinicians”, as well as a statewide standing order authorizing health care professionals to administer COVID-19 vaccines without needing an order from an attending physician if the individual meets criteria specified in the standing order.^{2,3} IDPH’s recommended guidelines are widely distributed, known to health care professionals, and made publicly available to provide guidance to protect the health and wellness of Illinois residents. Although the title of the IDPH guidance refers to respiratory viruses, the guidance also includes a recommendation that, for all other vaccines that appear on the CDC immunization schedules, clinicians follow the version of the immunization schedules as revised on August 7, 2025.

Coverage for Preventive Immunizations

To ensure that persons covered by Illinois-regulated plans actually have access to affordable vaccinations, the Department has issued the enclosed emergency amendments. Plans and issuers must cover without cost-sharing preventive immunizations and their administration whenever an individual meets the criteria in either the ACIP recommendations or the IDPH guidance to the extent specified by the emergency amendments. Health insurance coverage that covers immunizations through a prescription drug formulary may limit coverage to those vaccines specified on their formularies,

¹ <https://www.illinois.gov/government/executive-orders/executive-order.executive-order-2025-04.2025.html>.

² <https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/diseases-and-conditions/respiratory-disease/guidance/respiratory-virus-season-guidance.pdf>.

³ <https://dph.illinois.gov/content/dam/soi/en/web/idph/resources/topics-services/prevention-wellness/immunization/2025-26-covid19-vaccination-standing-order.pdf>.

provided that there is at least one product on the plan formulary that will address each item on the IDPH guidelines. Plans and issuers must implement these requirements in a manner consistent with Section 356z.62(c)-(j) of the Illinois Insurance Code (the “Code”) (215 ILCS 5/356z.62(c)-(j)).

Of particular note, pursuant to Section 356z.62 of the Code, the Department is requiring health insurance issuers offering group or individual health insurance coverage and self-funded State, county, municipality, and school district group health plans to adhere to all emergency rule provisions related to coverage of COVID-19 immunizations. These plans and issuers also must comply with the emergency rule’s clarification of how long the State and ACA preventive service coverage mandates require any immunization to remain covered even after it has been removed from CDC immunization schedules.

Other provisions in this emergency rulemaking apply only to health insurance issuers offering fully-insured group or individual health insurance coverage. Some provisions only apply to fully-insured health insurance coverage offered under certain licensures to certain policyholders. None of the provisions affect excepted benefits or grandfathered health plans. However, no exemption has been provided for “transitional plans” described in Company Bulletin 2022-05,⁴ which have never been exempt from the preventive service coverage mandates in the ACA or Section 356z.62 of the Code.

Policy Forms and Other Filings

Health insurance issuers offering group or individual health insurance coverage must ensure that their policy forms comply with the emergency amendments. For policy forms that have already been approved but have not yet been issued, issuers should submit a new replacement filing referencing the tracking number of the previously approved SERFF form filing(s) if they need to submit a revised policy form. **Only changes related to compliance with the emergency amendments are permitted.** If an issuer in the individual, small, or large group markets needs to correct a policy form that has already been issued, the issuer may submit a new filing with a policy amendment or endorsement in SERFF with reference to the SERFF tracking number of the previously approved filing.

Please note, due to these extraordinary circumstances, the Department is making this one-time exception to allow issuers with plans in the individual and small group the ability to submit amendments or endorsements for previously approved form filings. Issuers are expected to provide clear explanations in their policy forms and other communications with prospective and current enrollees about coverage for vaccines.

For non-grandfathered individual and small group health insurance coverage, the Department is not requiring updates to any of the QHP certification templates for Plan Year 2026.

Because the rulemaking essentially preserves the status quo on coverage of immunizations that existed during the summer, the Department does not believe the rulemaking is a basis for health insurance issuers to revise their rate filings.

Self-funded non-federal governmental plans are not required to file plan documents with the Department. However, plan sponsors and administrators should ensure that plan documents and other communications with prospective and current enrollees provide clear explanations of coverage for vaccines consistent with the applicable requirements of the emergency amendments.

Issuers Acting as Administrators

⁴ <https://doi.illinois.gov/content/dam/soi/en/web/insurance/companies/companybulletins/cb2022-05.pdf>.

When issuers act as administrators for self-funded group health plans of private employers or of other self-funded plans outside the scope of the emergency rule, the Department urges issuers to encourage plan sponsors to take steps that are consistent with this bulletin and the emergency amendments. It is important that plan sponsors be made aware of the IDPH guidelines and their effect on how health care professionals will administer immunizations in this State.

Please direct questions regarding this Bulletin to DOI.InfoDesk@illinois.gov.



Illinois Department of Insurance

JB PRITZKER
Governor

ANN GILLESPIE
Director

October 28, 2025

Secretary of State
Department of Index
Attn: Administrative Code Division
2701 S. Dirksen Pkwy
Springfield, Illinois 62723

Re: Department of Insurance – Emergency and Proposed Amendments to 50 Ill. Adm. Code
2001

Dear Administrator:

Enclosed for your review and publication in the Illinois Register are the above referenced rulemakings.

If you have questions or comments, please contact me at your earliest convenience.

Sincerely,

A handwritten signature in cursive script that reads "Susan Anders".

Susan Anders, Administrative Assistant
Illinois Department of Insurance

Enclosures: Illinois Register Emergency Notice and Certificate of Amendment; Register and Code
texts; Proposed Notice of Amendment

Cc: Robert Planthold, General Counsel

ILLINOIS REGISTER

DEPARTMENT OF INSURANCE

NOTICE OF EMERGENCY AMENDMENT

- 1) Heading of the Part: Construction and Filing of Accident and Health Insurance Policy Forms
- 2) Code Citation: 50 Ill. Adm. Code 2001
- 3) Section Number: 2001.8 Emergency Action: Amendment
- 4) Statutory Authority: Implementing Sections 143, 355, 355a, 356a, and 356z.62 and Articles IX and XX of the Illinois Insurance Code [215 ILCS 5], Sections 4-13 and 5-7 of the Health Maintenance Organization Act [215 ILCS 125], Sections 3007 and 4007 of the Limited Health Service Organization Act [215 ILCS 130], Section 13 of the Voluntary Health Services Plans Act [215 ILCS 165], Section 6.11 of the State Employees Group Insurance Act of 1971 [5 ILCS 375], Section 5-1069.3 of the Counties Code [55 ILCS 5], Section 10-4-2.3 of the Illinois Municipal Code [65 ILCS 5], and Section 10-22.3f of the School Code [105 ILCS 5], and authorized by Section 401 of the Code [215 ILCS 5].
- 5) Effective Date of Emergency Rule:
- 6) If this emergency rule is to expire before the end of the 150-day period, please specify the date on which it is to expire: It will not expire during this time period.
- 7) Date Filed with Index Department:
- 8) A copy of the emergency amendments, including any material incorporated by reference, is on file in the principal office of the Department of Insurance and is available for public inspection.
- 9) Reason for Emergency: In the summer and fall of 2025, the U.S. Department of Health and Human Services, the U.S. Centers for Disease Control and Prevention, and the federal Advisory Committee on Immunization Practices issued guidance for immunizations against COVID-19 that conflicted with FDA approved indications and also removed the recommendation for the combination vaccine protecting against measles, mumps, rubella, and varicella for children under the age of 4 years. For health insurance coverage and for group health plans, the Patient Protection and Affordable Care Act's preventive service mandate is based on ACIP recommendations adopted by the CDC, so the discordance in those recommendations results in weakened or unclear coverage requirements. On September 23, 2025, the Illinois Department of Public Health issued guidance for clinicians to restore immunization recommendations to their status before the federal actions. To protect the public health and welfare, including by

ILLINOIS REGISTER

DEPARTMENT OF INSURANCE

NOTICE OF EMERGENCY AMENDMENT

insulating Illinois against the health coverage impact from current and future federal recommendations not based on rigorous scientific review, the Department of Insurance is issuing these emergency amendments to ensure there are no gaps in insurance coverage for immunizations that IDPH has recognized as appropriate for individuals who meet specified criteria.

- 10) A Complete Description of the Subjects and Issues Involved: Under Executive Order 2025-04, the Director of IDPH was ordered to consult with the Illinois Immunization Advisory Committee and to issue immunization recommendations when federal actions fail to protect public health, as well as to issue statewide standing orders authorizing vaccines to be administered in pharmacies and other appropriate clinical settings. The Executive Order then directed the Illinois Department of Insurance to require, through permanent rulemaking, emergency rulemaking, or bulletin, that State-regulated plans cover without cost-sharing vaccines and related administration based on IDPH recommendations, including when such recommendations extend beyond what is prescribed by ACIP. These amendments, concurrently being filed as emergency and proposed amendments for permanent adoption, address the issues of concern in the Executive Order.

The amendments describe the circumstances under which, pursuant to existing ACIP recommendations, a group health plan or health insurance issuer must allow a health care provider and patient to follow the IDPH guidance on COVID-19 immunization as the method of implementing shared clinical decision-making. The plan, issuer, or utilization review organization must not require the health care provider or covered individual to follow a specific set of considerations or decision points; or prohibit the plan, issuer, or utilization review organization from sharing decision-making considerations through written materials; or, to the maximum extent allowed by the standards of practice in the State where the covered individual received the immunization, require the health care provider with whom the covered individual directly engaged in shared clinical decision-making to be the covered individual's primary care provider or attending physician.

The amendments also require that, for a policy of individual accident and health insurance, a group or individual health care plan issued by a health maintenance organization, or an individual voluntary health services plan, the health insurance issuer must cover without cost-sharing any formulation and dosage of the immunizations and related administration for influenza and RSV described in the 2025-2026 IDPH Guidance when the guidance recommends it for the individual and the immunization is administered in accordance with the guidance. Health insurance issuers of the same type of policy also must cover without cost-sharing any other immunization and its related administration that is incorporated by the 2025-2026 IDPH Guidance, which includes everything on the August 7, 2025 revision and addendums to the CDC immunization schedules. In the case of measles, mumps,

ILLINOIS REGISTER

DEPARTMENT OF INSURANCE

NOTICE OF EMERGENCY AMENDMENT

rubella, and varicella, this means that the policy must cover both the combination MMRV immunization and related administration, and the separate MMR and Varicella immunizations and administration, for children under the age of 4.

For all plans and issuers subject to IDOI jurisdiction, the group health plan or health insurance issuer must implement the addition of this subsection in accordance with Section 356z.62(c)-(j) of the Code, including when implementing subsections (e)(2)(B) and (e)(3)(B). Notwithstanding Section 356z.62(d) of the Code, any new coverage requirements in the amendments that are based on the 2025-2026 IDPH Guidance or the 2025-2026 COVID-19 Standing Order are effective immediately, but the timeline for a coverage requirement to become inoperative will follow Section 356z.62(d).

Furthermore, a limited health care plan or a policy of accident and health insurance that is designed to coordinate with other group or individual health insurance coverage or a group health plan to cover preventive service immunizations must cover the immunizations and related administration described in this subsection without cost-sharing to the same extent as the coordinating plan or policy.

Because sometimes utilization review criteria seem disconnected from coverage requirements, the Department's rule expressly recognizes that a group health plan or health insurance issuer offering group or individual health insurance coverage must ensure that neither it nor any utilization review program conducted for its plan or coverage renders an adverse determination about the medical necessity of an immunization or related administration contrary to the recommendations and guidance applicable to the plan or coverage under this subsection. Nothing in this subsection prevents a plan, issuer, or utilization review organization from rendering an adverse determination when an immunization is contraindicated for the covered individual.

Finally, the Department considered whether a partial exemption was necessary for high-deductible health plans with respect to the prohibition on cost-sharing for RSV and combination MMRV immunizations that go beyond what the ACA requires based on the currently effective CDC immunization schedules. However, the Department determined that no exemption was necessary because, even if the immunizations are provided outside the scope of the ACA preventive service mandate, "child and adult immunizations" fall under the broader safe harbor in IRS Notice 2004-23 for "preventive care" under Section 223 of the Internal Revenue Code (26 U.S.C. § 223).

The Department's rationale for issuing these requirements through emergency rulemaking is as follows: Under the preventive service coverage mandates of the Patient Protection and Affordable Care Act (ACA) and Section 356z.62 of the Illinois Insurance Code (the

ILLINOIS REGISTER

DEPARTMENT OF INSURANCE

NOTICE OF EMERGENCY AMENDMENT

Code) (215 ILCS 5/356z.62), group health plans and health insurance issuers offering group or individual health insurance coverage generally must cover immunizations without cost-sharing when they are listed on the immunization schedules adopted by the Centers for Disease Control and Prevention (CDC) based on recommendations of the Advisory Committee on Immunization Practices (ACIP) that apply to the covered individual involved. The CDC immunization schedules apply to both seasonal and non-seasonal illnesses.

Unfortunately, since May 2025, the CDC's recommendations for immunizations have been questionable from a science-based standpoint in relation to multiple conditions.

Shortly after the ACIP meeting held on September 18-19, 2025, the Director of the Illinois Department of Public Health (IDPH) issued the "Respiratory Virus Season Guidance for Clinicians" on September 23, 2025 to protect the health and safety of Illinoisans. The IDPH guidance reinforces clinical recommendations for immunizations that were in place before the federal instability manifest this year for both seasonal and non-seasonal illnesses.

Examples of this year's federal instability in immunization guidance include, but are not limited to:

- In an announcement on May 27, 2025 by the U.S. Secretary of Health and Human Services and a corresponding revision to the CDC immunization schedules the next day, COVID-19 immunizations ceased to be specifically endorsed for pregnant women and were changed to a "shared clinical decision-making" recommendation for children aged 6 months through 17 years who are not moderately or severely immunocompromised.
- On September 18, 2025, ACIP voted to remove the option for parents and providers to choose the combination measles, mumps, rubella, varicella (MMRV) immunization for children under age 4, so that parents would be encouraged only to get separate MMR and varicella immunizations for those children.
- On September 19, 2025, ACIP voted in favor of COVID-19 immunization based on to "shared clinical decision-making" for all persons aged 6 months and older, regardless of pregnancy, immunocompromised status, or age.
- On October 7, 2025, the CDC's interim director endorsed ACIP's decisions on COVID-19 vaccine based on shared clinical decision-making and the removal of combination MMRV from the immunization schedules.

ILLINOIS REGISTER

DEPARTMENT OF INSURANCE

NOTICE OF EMERGENCY AMENDMENT

Yet, the public health need for these immunizations remains significant.

For the 2025-2026 respiratory virus season, which the CDC defines as October through mid-May, IDPH warns: "CDC has predicted that the total combined number of peak hospitalizations due to COVID-19, influenza, and RSV will be similar this fall and winter as compared to last season, with the COVID-19 peak hospitalization rate predicted to be similar or higher, influenza lower, and RSV similar to last season."

Regarding the prediction of influenza hospitalizations as "similar" but "lower," the initial CDC prediction for 2024-2025 was a moderate-severity season across age groups, but in fact it turned out to be "the first high-severity influenza season since the 2017-2018 season." This year for 2025-2026, the CDC again predicts a moderate-severity influenza season across age groups, which is the same prediction initially made for last year.

The IDPH guidance also specifically recognizes the public health need to preserve the recommendations for immunizations against non-seasonal illnesses that were in effect before the September 2025 ACIP meeting: "For other routine vaccinations (non-seasonal), IDPH continues to recommend following the CDC Child and Adolescent Immunization and the Adult Immunization schedules with addendums as revised on August 7, 2025, with no preference for specific products, for which clinicians should use clinical and operational judgment. IDPH will issue updated immunization schedule recommendations as needed should there be new federal or medical specialty society guidelines for review or we receive alternate recommendations from the Illinois Immunization Advisory Committee."

The need for a strong public health response to measles, mumps, rubella, and varicella also remains significant. As of October 7, 2025, CDC reported an increase in measles outbreaks resulting in a total of 1,563 confirmed measles cases in the United States this year: "There have been 44 outbreaks** reported in 2025, and 87% of confirmed cases (1,355 of 1,563) are outbreak-associated. For comparison, 16 outbreaks were reported during 2024 and 69% of cases (198 of 285) were outbreak-associated." Meanwhile, as of September 20, 2025, Illinois had experienced a reported 241 cases of varicella since the beginning of the calendar year.

Despite the ACIP vote in September, the American Academy of Pediatrics and the American Academy of Family Physicians have continued to recommend the combined MMRV immunization as an option for parents to choose. The American Medical Association also issued the following statement of concern about the ACIP meeting: "The Advisory Committee on Immunization Practice's (ACIP) new process and

ILLINOIS REGISTER

DEPARTMENT OF INSURANCE

NOTICE OF EMERGENCY AMENDMENT

recommendations leave parents confused about how best to protect their kids and unable to choose the combined MMRV vaccine for children under 4 years old. The AMA is concerned that this change not only reduces parental choice, but also reflects ACIP's reliance on selective data in forming its guidance."

Additionally, ACIP was poised to weaken their recommendation for infant immunization against hepatitis B at its meeting on September 18-19, 2025. ACIP ended up deferring that decision, but ACIP could bring that recommendation to a vote at any future meeting.

Overall, both IDPH and the American medical community have raised serious concerns about the integrity of the decision-making process regarding immunization recommendations at the CDC and ACIP. IDPH explained its rationale for issuing the September 23 guidance: "These actions are necessary because the federal government is no longer following its rigorous scientific review processes for vaccine-related decisions. The CDC's gold-standard practices, followed for decades, have prevented serious illness and saved millions of lives nationwide."

These developments at ACIP, the CDC, and the U.S. Department of Health and Human Services raise concerns about the consistency and reliability of the updated immunization recommendations. There is a heightened risk of immediate gaps in insurance coverage, particularly for immunizations that have been omitted or deprioritized in the revised federal recommendations. Without immediate insurance regulatory action, individuals could face disruptions in access to essential vaccines, placing vulnerable populations at heightened risk for preventable diseases.

To safeguard the public health, ensure consistent access to vaccines, and prevent confusion among health plans and consumers, emergency rulemaking is necessary. The amendments will provide immediate clarity and stability of coverage for immunizations, and it will ensure that vaccines recommended by the IDPH Director after consultation with the Illinois Immunization Advisory Committee are included in the scope of coverage even if they have been removed from ACIP recommendations or CDC immunization schedules, or even if they are removed from such recommendations and schedules in the future based on questionable science. This timely intervention is essential to protecting the health and welfare of Illinois residents.

The need for regulatory action to clarify and reinforce health coverage for immunizations based on scientifically rigorous recommendations is too urgent to wait for the completion of the general notice and comment process under Section 5-40 of the Illinois Administrative Procedure Act. The respiratory virus season has already begun, and IDPH has recommended the COVID-19, RSV, and influenza immunizations beginning in

ILLINOIS REGISTER

DEPARTMENT OF INSURANCE

NOTICE OF EMERGENCY AMENDMENT

September or October of this year. By the time a permanent rulemaking is adopted, the respiratory virus season will be more than half over. Even for non-seasonal immunizations, public confusion and hesitation about immunizations already exists and needs to be stemmed.

The emergency situation has arisen through no fault of the Department. The changes in federal vaccine recommendations, the lack of credibility in the processes of the new ACIP panel, and the need for state-level adjustments to address these shifts have created an urgent situation. These developments are outside the Department's control, and it is essential that the rule be enacted immediately to protect public health. ACIP voted on COVID-19 vaccines and the removal of the MMRV recommendation in mid-September, and IDPH only issued its guidance shortly thereafter. It would have been impossible for the Illinois Department of Insurance to issue this rulemaking until after IDPH issued its guidance.

The delay created by the general rulemaking process in Section 5-40 also would have prevented timely implementation under the Department's policy form filing and approval process, which applies to fully-insured group or individual health insurance coverage but not self-funded non-federal governmental plans. Any policy forms that do not already conform to the requirements of the rule will need to be revised in time for the new plan year or policy year. Many of those policies are issued or renewed on January 1, 2026, though some may be issued or renewed even sooner. Even if the Department had filed amendments for First Notice on the same day that IDPH issued its guidance, the earliest the rulemaking could have appeared on JCAR's agenda would have been for the December 2025 meeting. Even setting aside the policies that already would have been issued or renewed by then, health insurance issuers and the Department would only have had a few days to conduct the review and approval process between the Department's adoption of the rule in the last week of December and the policies' issue or renewal date of January 1, 2026. Although some post-issue or post-renewal amendments to policy forms may be necessary even under this rulemaking, it is highly preferable to avoid that as much as possible to minimize consumer confusion.

The rulemaking is strictly limited to matters necessary to address the immediate emergency situation. Specifically, the rule requires plans and issuers to continue covering the previously ACIP-recommended immunizations through the current plan year, and to provide coverage for vaccines recommended by the IDPH Director in consultation with the Illinois Immunization Advisory Committee. These actions are necessary to ensure that Illinois residents continue to have access to critical vaccines that may be omitted or deprioritized in the revised recommendations by the newly appointed ACIP that are not providing recommendations based upon scientific support.

ILLINOIS REGISTER

DEPARTMENT OF INSURANCE

NOTICE OF EMERGENCY AMENDMENT

The rule also conforms to the limits of the Department's authority. The rule provisions that require coverage of ACIP-recommended vaccines through the end of the plan year or policy year in which an ACIP recommendation was in effect on the first day, and the clarification that plans and issues must cover COVID-19 immunizations when health care providers and patient rely on the IDPH guidance when conducting the shared clinical decision-making process, merely explain how Section 356z.62 of the Illinois Insurance Code applies to the IDPH guidance and the present immunization situation. Section 356z.62 directly appears in the article of the Code that applies to accident and health insurance under the Department's jurisdiction, but it has also been expressly incorporated by reference into the Health Maintenance Organization Act, and the Voluntary Health Services Plans Act, as well as the provisions of the State Employees Group Insurance Act of 1971, the Counties Code, the Illinois Municipal Code, and the School Code that regulate the governmental units' self-funded group health plans. With respect to shared clinical decision-making, both the CDC website and the federal Centers for Medicare and Medicaid Services have acknowledged that, if a vaccine appears on the CDC immunization schedule, the ACA preventive service mandate at 42 U.S.C. § 300gg-13 requires coverage of the vaccine even when the recommendation is for shared clinical decision-making.

On the other hand, certain aspects of the rule go beyond the four corners of Section 356z.62 of the Code, namely, the requirements that, even after ACIP's changes to its recommendations, policies must cover the combination MMRV immunization and an expanded population eligible for RSV. For those requirements, the Department instead is relying on discretionary authority granted by other statutes that do not apply to as many plan types. For individual accident and health insurance, which effectively means PPO plans as well as a type of indemnity-based insurance that does not use a provider network, Section 355(3)-(4) of the Illinois Insurance Code gives the Department authority to issue rules that "establish specific standards...which rules and regulations shall be in addition to and in accordance with the applicable laws of this State, and which may cover but shall not be limited to:...(h) limitation, exceptions, and reductions," as well as "prohibited policy provisions not otherwise specifically authorized by statute which in the opinion of the Director are unjust, unfair or unfairly discriminatory to the policyholder, any person insured under the policy, or beneficiary." The statute further gives the Director authority to issue rules "as [s]he shall deem necessary or desirable to establish minimum standards for benefits under each category of coverage in individual accident and health policies..." This statute also expressly applies to voluntary health services plans. The Department has previously issued rules under this statute at 50 Ill. Adm. Code 2007.70 that requires an individual policy of major medical coverage to cover the ACA essential health benefits described in 50 Ill. Adm. Code 2001.11, which in turn includes

ILLINOIS REGISTER

DEPARTMENT OF INSURANCE

NOTICE OF EMERGENCY AMENDMENT

ACA preventive services. The present rulemaking is consistent with that precedent for the kinds of services that an individual major medical policy must cover.

For HMO health care plans, Section 5-7 of the Health Maintenance Organization Act also gives the Director authority to "[e]stablish minimum coverage standards for basic health care services, the application of which standards discriminate against no class of physician," as well as to "[e]stablish specific standards...which may cover but shall not be limited to...(d) deductibles and co-payments..." The Department has previously issued rules under this statute at 50 Ill. Adm. Code 4521.130 that deem basic health care services to include ACA preventive services. The present rulemaking is consistent with that precedent for the kinds of services that belong in the concept of basic health care services.

Additionally, some individuals or employers buy pharmacy-only policies separately from their medical and behavioral policy when seeking comprehensive health benefits. Because some immunizations can be administered at a pharmacy, including COVID-19, RSV, and influenza, pharmacy-only health coverage should conform to the requirements of this rulemaking to the extent that the policy covers preventive service immunizations. For any pharmacy-only policy that is issued as accident and health insurance, the policy is already subject to the requirements that this rulemaking establishes under Section 356z.62 of the Code and, if an individual policy, the additional requirements created under Section 355(3)-(4) of the Code. A separate type of entity known as a limited health service organization is also allowed to offer a pharmacy-only policy. Limited health service organizations are not subject to Section 356z.62 of the Code, but Section 3007 of the Limited Health Service Organization Act does prohibit their policy forms from containing "provisions which may encourage misrepresentation or are unjust, unfair, inequitable, ambiguous, misleading, inconsistent, deceptive, contrary to law or to the public policy of this State, or contains exceptions and conditions that unreasonably or deceptively affect the risk purported to be assumed in the general coverage of the group contract or evidence of coverage." Additionally, Section 4007 of the Limited Health Service Organization Act authorizes the Director to issue rules "to establish specific standards...which may cover, but shall not be limited to: (1) coordination of benefits..." as well as rules "as are necessary and proper to otherwise carry out the provisions of this Act." Whenever a pharmacy-only policy purports to use its pharmacy network for coverage of preventive service immunizations that the medical policy covers at hospitals, clinics, and physician offices, it would be inconsistent and misleading and would deceptively affect the risk purported to be assumed if the pharmacy-only policy did not cover the immunizations at issue in this rulemaking to the same extent as the medical policy. Therefore, the rule requires both accident and health insurance and limited health care plans that are issued as pharmacy-only policies that cover preventive service

ILLINOIS REGISTER

DEPARTMENT OF INSURANCE

NOTICE OF EMERGENCY AMENDMENT

immunizations to do so to the same extent as the medical policies with which they coordinate.

Finally, the prohibition against the plan, issuer, or its utilization review organization applying utilization review criteria contrary to either an ACIP recommendation or the IDPH guidance this rule is a necessary implication of the rule's requirement to cover the immunizations whenever recommended by ACIP or IDPH. With respect to the implementation of the COVID-19 shared clinical decision-making, the rule does not contradict the allowance for "reasonable medical management" under Section 356z.62(f) of the Code. Requiring plans and issuers to allow providers and patients to rely on the IDPH guidance does not limit plans and issuers from determining the "frequency, method, treatment, or setting" to the extent not specified in the CDC immunization schedules and the CDC guidance that they incorporate about shared clinical decision-making. The IDPH guidance does not prescribe the frequency, method, treatment, or setting of the immunization to any greater extent than the CDC immunization schedule. The IDPH guidance merely offers factors to consider when deciding whether to immunize against COVID-19, and the rule protects the freedom of health care providers and patients to rely on those considerations. The CDC guidance on shared clinical decision-making expressly states, "There is not a prescribed set of considerations or decision points in the decision-making process." As a result, it would be inconsistent with CDC guidance if a plan, issuer, or its utilization review organization were to apply utilization review criteria that restrict the considerations that patients and providers may use, including the IDPH guidance.

The Department is taking proactive steps to make the emergency rulemaking known to those who may be affected. These steps include:

- Distributing an official bulletin to all Illinois-regulated health insurance issuers, to the Illinois Department of Central Management Services, the Illinois Municipal League, the Illinois State Association of Counties, and the Illinois Association of School Boards, which explains the rule and includes a copy of the rule text and this notice of emergency amendments.
- Posting the official bulletin, the emergency rule, and this notice of emergency amendments on the Department's website to make them publicly available.

The Department has not adopted the same emergency rule or a rule with substantially the same purpose and effect in the past 24 months. This is a new rule prompted by the changes in federal immunization recommendations, the need for alignment with IDPH guidance, and the urgency of ensuring continued immunization coverage during this

ILLINOIS REGISTER

DEPARTMENT OF INSURANCE

NOTICE OF EMERGENCY AMENDMENT

period of transition. The rule is focused solely on the current emergency situation regarding vaccine access and coverage.

The Department consulted the following resources to determine the justification, scope, and requirements of these amendments:

Pritzker, Gov. J.B. "Executive Order 2025-04" (published Sept. 12, 2025):
<https://www.illinois.gov/government/executive-orders/executive-order-executive-order-2025-04.2025.html>

Illinois Department of Public Health. "IDPH Issues Fall Vaccine Guidance and COVID-19 Standing Order to Ensure Access for Illinoisans" (published Sept. 23, 2025):
<https://dph.illinois.gov/resource-center/news/2025/september/release-20250923.html>

Illinois Department of Public Health. "Respiratory Virus Season Guidance for Clinicians" (published Sept. 23, 2025):
<https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/diseases-and-conditions/respiratory-disease/guidance/respiratory-virus-season-guidance.pdf>

Illinois Department of Public Health. "2025-2026 COVID-19 Vaccine Standing Order for Administering Vaccine" (published Sept. 23, 2025):
<https://dph.illinois.gov/content/dam/soi/en/web/idph/resources/topics-services/prevention-wellness/immunization/2025-26-covid19-vaccination-standing-order.pdf>

Illinois Department of Public Health. "Memorandum: 2025-2026 Seasonal Influenza Vaccine Ordering" (published Aug. 8, 2025): https://illinoisap.org/wp-content/uploads/2025/08/2025-2026_Seasonal_Flu_Vaccine_Ordering.pdf

Centers for Medicare & Medicaid Services. "Affordable Care Act Implementation FAQs - Set 12" (published 2015): https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/aca_implementation_faqs12

Centers for Disease Control & Prevention. "Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger" (revised Oct. 7, 2025)
<https://www.cdc.gov/vaccines/hcp/imz-schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>

ILLINOIS REGISTER

DEPARTMENT OF INSURANCE

NOTICE OF EMERGENCY AMENDMENT

Centers for Disease Control & Prevention. "Recommended Adult Immunization Schedule for Ages 19 Years or Older" (revised Oct. 7, 2025):
<https://www.cdc.gov/vaccines/hcp/imz-schedules/downloads/adult/adult-combined-schedule.pdf>

Centers for Disease Control & Prevention. "Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger" (revised Aug. 7, 2025):
<https://web.archive.org/web/20250808155314/https://www.cdc.gov/vaccines/hcp/imz-schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>

Centers for Disease Control & Prevention. "Recommended Adult Immunization Schedule for ages 19 years or older" (revised Aug. 7, 2025):
<https://web.archive.org/web/20250808160456/https://www.cdc.gov/vaccines/hcp/imz-schedules/downloads/adult/adult-combined-schedule.pdf>

Centers for Disease Control & Prevention. "Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger" (revised May 28, 2025)
<https://web.archive.org/web/20250530173745/https://www.cdc.gov/vaccines/hcp/imz-schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>

Centers for Disease Control & Prevention. "Recommended Adult Immunization Schedule for ages 19 years or older" (revised May 28, 2025):
<https://web.archive.org/web/20250530203911/https://www.cdc.gov/vaccines/hcp/imz-schedules/downloads/adult/adult-combined-schedule.pdf>

Centers for Disease Control & Prevention. "Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger" (revised Nov. 21, 2024):
<https://web.archive.org/web/20250529140443/https://www.cdc.gov/vaccines/hcp/imz-schedules/downloads/child/0-18yrs-child-combined-schedule.pdf>

Centers for Disease Control & Prevention. "Recommended Adult Immunization Schedule for ages 19 years or older" (revised Nov. 21, 2024):
<https://web.archive.org/web/20250528045332/https://www.cdc.gov/vaccines/hcp/imz-schedules/downloads/adult/adult-combined-schedule.pdf>

Centers for Disease Control & Prevention. "ACIP Shared Clinical Decision-Making Recommendations" (published Jan. 7, 2025):
<https://www.cdc.gov/acip/vaccine-recommendations/shared-clinical-decision-making.html>

ILLINOIS REGISTER

DEPARTMENT OF INSURANCE

NOTICE OF EMERGENCY AMENDMENT

U.S. Dep't of Health & Human Services. "ACIP Recommends COVID-19 Immunization Based on Individual Decision-making" (published Sept. 19, 2025):
<https://www.hhs.gov/press-room/acip-recommends-covid19-vaccination-individual-decision-making.html>

Centers for Disease Control & Prevention. "2025-2026 Respiratory Disease Season Outlook" (published Aug. 25, 2025):
<https://www.cdc.gov/cfa-qualitative-assessments/php/data-research/season-outlook25-26.html>

Centers for Disease Control & Prevention. "2024-2025 United States Flu Season: Preliminary In-Season Severity Assessment" (published May 23, 2025):
<https://www.cdc.gov/flu/php/surveillance/in-season-severity.html>

Centers for Disease Control & Prevention. "Past Flu Season Severity Assessments" (published Dec. 5, 2024): <https://www.cdc.gov/flu/php/surveillance/past-seasons.html>

Centers for Disease Control & Prevention. "Measles Cases and Outbreaks" (published Oct. 8, 2024): <https://www.cdc.gov/measles/data-research/index.html>

Centers for Disease Control & Prevention. "Varicella disease: (Week 38) Weekly cases* of notifiable diseases, United States, U.S. Territories, and Non-U.S. Residents week ending September 20, 2025": <https://stacks.cdc.gov/view/cdc/232480>

Internal Revenue Service. "Notice 2004-23" (published 2004):
<https://www.irs.gov/pub/irs-drop/n-04-23.pdf>

American Academy of Pediatrics. "AAP breaks from federal vaccine panel, continues to recommend MMRV vaccine for children under 4" (published Sept. 19, 2025):
<https://publications.aap.org/aapnews/news/33401/AAP-breaks-from-federal-vaccine-panel-continues-to>

American Academy of Family Physicians. "Family Physicians Caution Removing the Choice of the Combined MMRV Vaccine Will Have Public Health Consequences" (published Sept. 19, 2025): <https://www.aafp.org/news/media-center/statements/family-physicians-caution-removing-the-choice-of-the-combined-mmr-vaccine-will-have-public-health-consequences.html>

American College of Obstetricians and Gynecologists. "ACOG Statement on HHS Recommendations Regarding the COVID Vaccine During Pregnancy" (published May

ILLINOIS REGISTER

DEPARTMENT OF INSURANCE

NOTICE OF EMERGENCY AMENDMENT

27, 2025): <https://www.acog.org/news/news-releases/2025/05/acog-statement-on-hhs-recommendations-regarding-the-covid-vaccine-during-pregnancy>

American Medical Association. "AMA statement on ACIP meeting" (published Sept. 19, 2025): <https://www.ama-assn.org/press-center/ama-press-releases/ama-statement-acip-meeting>

National Public Radio. "CDC advisers punt on hepatitis B vaccine vote, after changing guidance on MMRV" (published Sept. 19, 2025): <https://www.npr.org/2025/09/18/nx-s1-5542082/cdc-acip-vaccine-hepatitis-b-mmr>

StatNews. "Key federal vaccine panel tables vote on delaying newborn hepatitis B shot" (published Sept. 19, 2025): <https://www.statnews.com/2025/09/19/cdc-vaccines-acip-changes-hepatitis-b-schedule/>

- 11) Are there any proposed rulemakings to this Part pending? No.
- 12) Statement of Statewide Policy Objectives: This rule will not require a local government to establish, expand or modify its activities in such a way as to necessitate additional expenditures from local revenues. For self-funded group health plans for counties, municipalities, and school districts, this rule clarifies the implications of existing federal and State preventive service coverage statutes under applicable federal guidance regarding shared clinical decision-making.
- 13) Information and questions regarding this amendment shall be directed to:

Robert Planthold or
General Counsel
Illinois Department of Insurance
115 S. LaSalle St., Fl. 13
Chicago, IL 60603

312-814-5445
robert.planthold@illinois.gov

Susan Anders
Rules Coordinator
Illinois Department of Insurance
320 W. Washington St., Fl. 4
Springfield, IL 62767

217-558-0957
sue.anders@illinois.gov

The full text of the Emergency Amendment begins on the next page:

ILLINOIS REGISTER

DEPARTMENT OF INSURANCE

NOTICE OF EMERGENCY AMENDMENT

TITLE 50: INSURANCE

CHAPTER I: DEPARTMENT OF INSURANCE

SUBCHAPTER z: ACCIDENT AND HEALTH INSURANCE

PART 2001

CONSTRUCTION AND FILING OF ACCIDENT AND
HEALTH INSURANCE POLICY FORMS

SUBPART A: PROVISIONS APPLICABLE TO INDIVIDUAL AND GROUP POLICIES

Section

- 2001.1 Applicability
- 2001.2 Definitions and Cross-References
- 2001.3 Discretionary Clauses Prohibited
- 2001.4 Guaranteed Availability and Renewability of Coverage
- 2001.5 Prohibition of Preexisting Condition Exclusions
- 2001.6 No Lifetime or Annual Limits
- 2001.7 Prohibition on Rescissions
- 2001.8 Coverage of Preventive Health Services

EMERGENCY

- 2001.9 Prohibiting Discrimination Against Participants and Beneficiaries Based on Health Status
- 2001.10 Summary of Benefits and Coverage and Uniform Glossary
- 2001.11 Essential Health Benefits
- 2001.12 Cost-Sharing
- 2001.13 Corporate Name Requirements

SUBPART B: PROVISIONS APPLICABLE TO INDIVIDUAL POLICIES

Section

- 2001.20 Construction of Accident and Health Insurance Policy Forms (Renumbered)
- 2001.30 Filing of Policy Forms (Renumbered)
- 2001.110 Applicability
- 2001.120 Construction of Accident and Health Insurance Policy Forms
- 2001.130 Filing of Policy Forms

SUBPART C: PROVISIONS APPLICABLE TO GROUP POLICIES

Section

- 2001.210 Applicability

ILLINOIS REGISTER

DEPARTMENT OF INSURANCE

NOTICE OF EMERGENCY AMENDMENT

2001.220 Ban on Excessive Waiting Periods

AUTHORITY: Implementing Sections 143, 355, 355a, 356a, and 356z.62 and Articles IX and XX of the Illinois Insurance Code [215 ILCS 5], Sections 4-13 and 5-7 of the Health Maintenance Organization Act [215 ILCS 125], Sections 3007 and 4007 of the Limited Health Service Organization Act [215 ILCS 130], Section 13 of the Voluntary Health Services Plans Act [215 ILCS 165], Section 6.11 of the State Employees Group Insurance Act of 1971 [5 ILCS 375], Section 5-1069.3 of the Counties Code [55 ILCS 5], Section 10-4-2.3 of the Illinois Municipal Code [65 ILCS 5], and Section 10-22.3f of the School Code [105 ILCS 5], and authorized by Section 401 of the Illinois Insurance Code [215 ILCS 5].

SOURCE: Filed and effective April 1, 1952; codified at 7 Ill. Reg. 3471; amended at 20 Ill. Reg. 14405, effective October 25, 1996; amended at 29 Ill. Reg. 10172, effective July 1, 2005; amended at 31 Ill. Reg. 8472, effective May 31, 2007; amended at 38 Ill. Reg. 2037, effective January 2, 2014; amended at 38 Ill. Reg. 23379, effective November 25, 2014; amended at 43 Ill. Reg. 9378, effective August 26, 2019; amended at 44 Ill. Reg. 14721, effective August 28, 2020; amended at 45 Ill. Reg. 11816, effective September 17, 2021; emergency amendment at 49 Ill. Reg. _____, effective _____, for a maximum of 150 days.

SUBPART A: PROVISIONS APPLICABLE TO INDIVIDUAL AND GROUP POLICIES

Section 2001.8 Coverage of Preventive Health Services

EMERGENCY

a) Services

1) In General

Beginning at the time described in subsection (b), and subject to 45 CFR 147.131, a group health plan, or a health insurance issuer offering group or individual health insurance coverage, must provide coverage stated both in the policy and certificate (for group coverage) for all of the following items and services, and may not impose any cost-sharing requirements (such as a copayment, coinsurance or deductible) with respect to those items or services:

- A) Evidence-based items or services that have in effect a rating of A or B in the current recommendations of the United States Preventive Services Task Force with respect to the individual involved (except as otherwise provided in subsection (c));

ILLINOIS REGISTER

DEPARTMENT OF INSURANCE

NOTICE OF EMERGENCY AMENDMENT

- B) Immunizations for routine use in children, adolescents and adults that have in effect a recommendation from the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC) with respect to the individual involved (for this purpose, a recommendation from the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention is considered in effect after it has been adopted by the Director of the Centers for Disease Control and Prevention, and a recommendation is considered to be for routine use if it is listed on the Immunization Schedules of the Centers for Disease Control and Prevention);
- C) With respect to infants, children and adolescents, evidence-informed preventive care and screenings provided for in comprehensive guidelines supported by the Health Resources and Services Administration; and
- D) With respect to women, to the extent not described in subsection (a)(1)(A), preventive care and screenings provided for in binding comprehensive health plan coverage guidelines supported by the Health Resources and Services Administration.
 - i) In developing the binding health plan coverage guidelines specified in this subsection (a)(1)(D), the Health Resources and Services Administration shall be informed by evidence and may establish exemptions from those guidelines allowed with respect to group health plans established or maintained by religious employers and health insurance coverage provided in connection with group health plans established or maintained by religious employers with respect to any requirement to cover contraceptive services under such guidelines.
 - ii) For purposes of this subsection (a)(1)(D), a "religious employer" is an organization that meets all of the following criteria: The inculcation of religious values is the purpose of the organization; the organization primarily employs persons who share the religious tenets of the organization; the organization serves primarily persons who share the religious tenets of the organization; the organization is a

ILLINOIS REGISTER

DEPARTMENT OF INSURANCE

NOTICE OF EMERGENCY AMENDMENT

nonprofit organization as described in section 6033(a)(1) and (a)(3)(A)(i) or (iii) of the Internal Revenue Code of 1986, as amended (26 USC 6033).

- 2) Office Visits
 - A) If an item or service described in subsection (a)(1) is billed separately (or is tracked as individual encounter data separately) from an office visit, then a plan or issuer may impose cost-sharing requirements with respect to the office visit.
 - B) If an item or service described in subsection (a)(1) is not billed separately (or is not tracked as individual encounter data separately) from an office visit and the primary purpose of the office visit is the delivery of such an item or service, then a plan or issuer may not impose cost-sharing requirements with respect to the office visit.
 - C) If an item or service described in subsection (a)(1) is not billed separately (or is not tracked as individual encounter data separately) from an office visit and the primary purpose of the office visit is not the delivery of such an item or service, then a plan or issuer may impose cost-sharing requirements with respect to the office visit.
 - D) This subsection (a)(2) is illustrated by the examples appearing in 45 CFR 147.130.
- 3) Out-of-Network Providers

Nothing in this Section requires a plan or issuer that has a network of providers to provide benefits for items or services described in subsection (a)(1) that are delivered by an out-of-network provider. Moreover, nothing in this Section precludes a plan or issuer that has a network of providers from imposing cost-sharing requirements for items or services described in subsection (a)(1) that are delivered by an out-of-network provider.
- 4) Reasonable Medical Management

Nothing prevents a plan or issuer from using reasonable medical management techniques to determine the frequency, method, treatment or

ILLINOIS REGISTER

DEPARTMENT OF INSURANCE

NOTICE OF EMERGENCY AMENDMENT

setting for an item or service described in subsection (a)(1) to the extent not specified in the recommendation or guideline.

5) Services Not Described

Nothing in this Section prohibits a plan or issuer from providing coverage for items and services in addition to those recommended by the United States Preventive Services Task Force or the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, or provided for by guidelines supported by the Health Resources and Services Administration, or from denying coverage for items and services that are not recommended by that task force or that advisory committee, or under those guidelines. A plan or issuer may impose cost-sharing requirements for a treatment not described in subsection (a)(1), even if the treatment results from an item or service described in subsection (a)(1). (45 CFR 147.130)

b) Timing

1) In General

A plan or issuer must provide coverage pursuant to subsection (a)(1) for plan years (in the individual market, policy years) that begin on or after September 23, 2010, or, if later, for plan years (in the individual market, policy years) that begin on or after the date that is one year after the date the recommendation or guideline is issued.

2) Changes in Recommendations or Guidelines

A plan or issuer is not required under this Section to provide coverage for any items and services specified in any recommendation or guideline described in subsection (a)(1) after the recommendation or guideline is no longer described in subsection (a)(1). Other requirements of federal or Illinois law may apply in connection with a plan or issuer ceasing to provide coverage for any such items or services, including PHS Act section 2715(d)(4), which requires a plan or issuer to give 60 days advance notice to an enrollee before any material modification will become effective. (45 CFR 147.130)

c) Recommendations not Current

For purposes of subsection (a)(1)(A), and for purposes of any other provision of law, recommendations of the United States Preventive Service Task Force

ILLINOIS REGISTER

DEPARTMENT OF INSURANCE

NOTICE OF EMERGENCY AMENDMENT

regarding breast cancer screening, mammography and prevention issued in or around November 2009 are not considered to be current. (45 CFR 147.130)

- d) **Applicability Date**
This Section applies for plan years (in the individual market, for policy years) beginning on or after September 23, 2010. See 45 CFR 147.140 for determining the application of this Section to grandfathered health plans (providing that the provisions of this Section regarding coverage of preventive health services do not apply to grandfathered health plans). (45 CFR 147.130)
- e) **Coverage for Preventive Immunizations**
- 1) **As used in this subsection:**
- A) **"2025-2026 COVID-19 Standing Order" means the "2025-2026 COVID-19 Vaccine Standing Order for Administering Vaccine" (Sept. 23, 2025) published by the Illinois Department of Public Health, 525-535 W. Jefferson St., Springfield, IL 62761 (<https://dph.illinois.gov/content/dam/soi/en/web/idph/resources/topics-services/prevention-wellness/immunization/2025-26-covid19-vaccination-standing-order.pdf>).**
- B) **"Adverse determination" has the meaning ascribed in Section 10 of the Managed Care Reform and Patient Rights Act [215 ILCS 134].**
- C) **"2025-2026 IDPH Guidance" means the "Respiratory Virus Season Guidance for Clinicians" (Sept. 23, 2025) published by the Illinois Department of Public Health, 525-535 W. Jefferson St., Springfield, IL 62761 (<https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/diseases-and-conditions/respiratory-disease/guidance/respiratory-virus-season-guidance.pdf>). "2025-2026 IDPH Guidance" includes all guidelines and recommendations incorporated by the document, including, for immunizations other than influenza, RSV, and COVID-19, the August 7, 2025 revisions and addendums to the CDC immunization schedules described in subsection (a)(1)(B).**
- D) **"Utilization review program" has the meaning ascribed in Section 10 of the Managed Care Reform and Patient Rights Act.**

ILLINOIS REGISTER

DEPARTMENT OF INSURANCE

NOTICE OF EMERGENCY AMENDMENT

2) COVID-19, Influenza, and Respiratory Syncytial Virus (RSV)
Immunizations

- A) For COVID-19, insofar as the ACIP recommendation described in subsection (a)(1)(B) does not require a specific set of considerations or decision points in the shared clinical decision-making process, a group health plan or a health insurance issuer offering group or individual health insurance coverage must cover the immunization and related administration without cost-sharing when administered in accordance with the 2025-2026 IDPH Guidance, the 2025-2026 COVID-19 Standing Order, or any other form of shared clinical decision-making. The group health plan or health insurance issuer, including its contractors and other agents, must not deny or exclude coverage based on any of the following:
- i) The health care provider or covered individual did not follow a specific set of considerations or decision points that the plan, issuer, or utilization review program prescribed for the shared clinical decision-making process.
 - ii) The health care provider relied on a patient questionnaire or patient disclosure form given to the covered individual before the administration of the immunization to share or receive information relevant to the provider's shared clinical decision-making process with the covered individual.
 - iii) To the maximum extent allowed by the standards of practice in the State where the covered individual received the immunization, the health care provider with whom the covered individual directly engaged in shared clinical decision-making was not the covered individual's primary care physician or attending physician. Nothing in this subsection (e)(2)(A)(iii) prohibits a health maintenance organization health care plan from applying referral requirements it generally applies to preventive service immunizations.

ILLINOIS REGISTER

DEPARTMENT OF INSURANCE

NOTICE OF EMERGENCY AMENDMENT

- B) Even if an ACIP recommendation under subsection (a)(1)(B) is not currently in effect for an influenza or RSV immunization for the covered individual, a health insurance issuer that offers a policy of individual accident and health insurance, a group or individual health care plan issued by a health maintenance organization, or an individual voluntary health services plan must cover without cost-sharing any formulation and dosage of the immunizations and related administration for influenza and RSV described in the 2025-2026 IDPH Guidance when the 2025-2026 IDPH guidance recommends it for the covered individual and the immunization is administered in accordance with the 2025-2026 IDPH guidance.
- 3) Even if an ACIP recommendation under subsection (a)(1)(B) is not currently in effect for an immunization for the covered individual for a health condition not described in subsection (e)(2), a health insurance issuer that offers a policy of individual accident and health insurance, a group or individual health care plan issued by a health maintenance organization, or an individual voluntary health services plan must cover without cost-sharing the formulation and dosage of the immunization and related administration when recommended for the individual and administered in accordance with the August 7, 2025 revision of the CDC immunization schedules and addendums incorporated by the 2025-2026 IDPH Guidance. In the case of measles, mumps, rubella, and varicella, this subsection (e)(3) means the policy must cover without cost-sharing the combination MMRV immunization and related administration, and the separate MMR and varicella immunizations and administration, as incorporated by the 2025-2026 IDPH Guidance.
- 4) A group health plan or health insurance issuer must implement this subsection in accordance with Section 356z.62(c)-(j) of the Code, including when implementing subsections (e)(2)(B) and (e)(3). In the case of Section 356z.62(d) of the Code:
- A) a group health plan or health insurance issuer must cover the immunization and related administration without cost-sharing through the last day of the same plan year or policy year in which the ACIP recommendation for the combination or separate immunization was in effect on the first day of the plan year or policy year;

ILLINOIS REGISTER

DEPARTMENT OF INSURANCE

NOTICE OF EMERGENCY AMENDMENT

- B) a policy of individual accident and health insurance, a group or individual health care plan issued by a health maintenance organization, or an individual voluntary health services plan must cover the immunization and related administration without cost-sharing until the later of:
- i) the time specified in subsection (e)(4)(A); or
 - ii) the last day of the same plan year or policy year in which the 2025-2026 IDPH Guidance is in effect on the first day of the plan year or policy year; and
- C) notwithstanding Section 356z.62(d) of the Code, any new coverage requirements in this subsection that are based on the 2025-2026 IDPH Guidance or the 2025-2026 COVID-19 Standing Order are effective immediately.
- 5) A limited health care plan or a policy of accident and health insurance that is designed to coordinate with other group or individual health insurance coverage or a group health plan to cover preventive service immunizations must cover the immunizations and related administration described in this subsection without cost-sharing to the same extent as the coordinating plan or policy.
- 6) A group health plan or health insurance issuer offering group or individual health insurance coverage must ensure that neither it nor any utilization review program conducted for its plan or coverage renders an adverse determination about the medical necessity of an immunization or related administration contrary to the recommendations and guidance applicable to the plan or coverage under this subsection. Nothing in this subsection prevents a plan, issuer, or utilization review program from rendering an adverse determination when an immunization is contraindicated for the covered individual.
- 7) Nothing in this subsection exempts any group health plan or group or individual health insurance coverage from any requirement under subsection (a)(1)(B), Section 356z.62 of the Code, or 42 USC 300gg-13 to cover an item or service for an individual based on an ACIP recommendation, including, but not limited to, situations when the 2025-2026 IDPH Guidance or the 2025-2026 COVID-19 Standing Order does

ILLINOIS REGISTER

DEPARTMENT OF INSURANCE

NOTICE OF EMERGENCY AMENDMENT

not recommend an item or service for the individual under the same circumstances.

- 8) Subject to subsection (d), the exemption for excepted benefits, and the limited scope of subsections (e)(2)(B), (e)(3), (e)(4)(B), and (e)(5), this subsection applies to policies in force, issued, delivered, amended, or renewed in this State on or after the effective date of this subsection for:
- A) group or individual health insurance coverage; and
 - B) self-funded group health plans for governmental units under the State Employees Group Insurance Act of 1971 [5 ILCS 375], the Counties Code [5 ILCS 55], the Illinois Municipal Code [65 ILCS 5], and the School Code [5 ILCS 105].

(Source: Emergency amendment at 49 Ill. Reg. _____, effective _____, for a maximum of 150 days)