



Illinois Department of Insurance

JB PRITZKER
Governor

DANA POPISH SEVERINGHAUS
Acting Director

TO: All Companies Writing Accident and Health Insurance and Managed Care Plans in Illinois

FROM: Dana Popish Severinghaus, Acting Director *dps*

DATE: December 8, 2021

RE: Company Bulletin 2021-13 (revised)¹
IMPORTANT NOTICE REGARDING Company Bulletin 2021-11 and 215 ILCS 134/30(d)

The Illinois Department of Insurance (“Department”) continues to encourage the federal government to consider comprehensive solutions that protect consumers from high prescription drug costs. The Department issued Company Bulletin [2021-11](#) to provide timely guidance to health insurance issuers about the inclusion of language in filings for all major medical health plans, including those both on and off-exchange to comply with Section 30(d) of the Managed Care Reform and Patient Rights Act (215 ILCS 134/30(d)). The Department continues to confer with members of the General Assembly about legislation to clarify whether the General Assembly intends to exempt plans designed as high-deductible health plans (“HDHPs”) from 215 ILCS 134/30(d) to the extent necessary to allow enrollees to contribute to Health Savings Accounts (“HSAs”).

This Company Bulletin provides supplemental guidance in advance of the 2022 Plan Year. To comply with the federal requirements for HSA-eligibility (26 U.S.C. § 223), the Department will not enforce the provisions of 215 ILCS 134/30(d) to the extent that it would require plans labeled as “HDHP” or “HSA-eligible” in compliance with Company Bulletin 2021-11 to apply any third-party payments, financial assistance, discount, product vouchers, or any other reduction in out-of-pocket expenses for prescription drugs towards a covered individual’s deductible, copay, or cost-sharing responsibility prior to the individual meeting the minimum deductible for an HDHP under 26 U.S.C. § 223(c)(2)(A)(i). Once this statutory minimum deductible is met, the provisions of 215 ILCS 134/30(d) will be fully enforced even if the plan deductible is higher and has not been met. For calendar year 2022, the federal Internal Revenue Service announced that the minimum deductible will be \$1,400 for self-only coverage and \$2,800 for family coverage. See [Rev. Proc. 2021-25, 2021-21 I.R.B. 1161](#).

The Department is required to approve all major medical and health maintenance organization health plans for compliance with the law and must certify to federal CMS those plans participating on the Marketplace. In the absence of a change in federal or state law prior to the 2023 Plan Year submission deadlines set forth in the federal Notice of Benefit & Payment Parameters and the Department’s deadline set forth in the annual Company Bulletin for submission of Individual and Small Group Health Plans, the Department will take the following steps:

¹ This revised bulletin supersedes the version issued on December 1, 2021, which no longer applies.

- The Department will no longer approve any new individual, small, or large group filings marketed as “HDHP” or “HSA-eligible.”
- “HDHP” or “HSA-eligible” plans already in effect for the 2022 Plan Year will have to fully comply with 215 ILCS 134/30(d) prior to the statutory minimum deductible being met for plans labeled as either “HDHP” or “HSA-eligible.”

If appropriate, the Department will issue additional guidance.

Questions regarding this Company Bulletin should be directed to DOI.InfoDesk@illinois.gov.