

December 21, 2020

Robert Planthold Acting General Counsel Illinois Department of Insurance 122 S. Michigan Ave., Fl. 19 Chicago, IL 60603-6137

RE: Proposed Amendment to Part 2001 – Extension of Corporate Name Disclosure Requirements to Excepted Benefits (First Notice – Illinois Register, Volume 44, Issue 45 – 11/6/2020)

Dear Mr. Planthold:

On behalf of our life and health insurance company members, we appreciate the opportunity to comment on the Department's proposed changes to Section 2001.1 extending corporate name requirements outlined in Section 2001.13 to excepted benefit policies.

The Department explains in its rationale for the changes originally made under Section 2001.13, which took effect on August 28, 2020, "health insurers and HMOs are not allowed by our corporate regulatory division to use DBAs (Doing Business As). The Department would also like to maintain requirements across product lines for name usage and maintain continuity between advertising and form filing requirements regarding company names" as set forth in 50 III Adm Code 753.20(a) and 50 III Adm Code 2002.140(a).

Insurers, including insurers selling excepted benefit policies, are already required under 50 III Adm Code 753.20(a) to disclose the name of the insurer or insurers issuing the policy at the head of the policy, along with the location of the home office of the insurers or insurers issuing the policy. Furthermore, this disclosure is made not only on the policy, but the application, as well as the certificate issued. Similarly, 50 III Adm Code 2002.140(a) governs transparency and disclosure requirements for insurers selling products inside and outside of the health insurance exchange.

We understand the Department's intent to bring regulatory requirements in line with current practice since the Department required health insurers filing ACA-compliant policies to apply the corporate name "footer" disclosure as set forth in Section 2001.13(b) in 2020 filings.

Excepted benefit policies, however, are voluntary policies that are not comprehensive medical insurance coverage, nor do these policies qualify as minimum essential coverage. As noted previously, they are still held to the same head of policy and advertisement disclosure requirements enumerated in current law.

The proposed amendment would impose an additional disclosure requirement that is not currently required by another state. Therefore, insurers selling similar policies in multiple states will have to

adapt their systems specifically for the additional disclosure requirements set forth in Section 2001.13 that are unique to Illinois.

The Council is uncertain as to the Department's rationale for extending the corporate name requirements under Section 2001.13 to these excepted benefit policies, which could substantially add to the length of the policy itself with uncertain value added for the consumer. As noted by some of our health insurance members who have had to comply with this requirement, the footer addition creates an administrative burden that does add to the length of a policy that is sometimes already well over a hundred pages long.

We fully support transparency and disclosure, but we also would like the opportunity to better understand the regulatory gap the Department believes exists and whether this is ultimately valuable to the consumer.

As always, we appreciate the opportunity to comment and look forward to gaining a better understanding as to why the Department believes this change is needed.

Sincerely,

Low B. King

President IL Life & Health Insurance Council