**Section 2160.130 Definitions**

Whenever used in this Part, the following terms shall have the meanings set forth in this Section unless otherwise expressly provided, and when the defined meaning is intended, the term is capitalized.

"Act" means the State Employees Group Insurance Act of 1971 [5 ILCS 375].

"Administrative Service Organization" means any person, firm or corporation the Department or HFS has contracted with to administer the program.

"Agreement" means the Intergovernmental Cooperation Agreement executed by the Department and the Unit.

"Annuitant" means any former Employee, as defined in this Section, who has retired from a Unit and is receiving an annuity from an Illinois Public Pension System or another pension plan as a result of services to the Unit.

"Benefit Choice Period" means the annual election period, designated by the Department, during which Units may add or drop coverage for Annuitants or Dependents, and Members may add or drop Dependents from coverage and select coverage from available plans offered.

"Board" means the Local Government Health Plan Advisory Board.

"Certificate of Creditable Coverage" means the document that indicates the length of time a person has been continuously covered under a qualifying previous healthcare plan.

"Compensation" means salary or wages paid by a Unit to an Employee for personal services currently performed.

"Department" means the Illinois Department of Central Management Services.

"Dependent" means any person participating in the Program as a non-Member.

"Director" means the Director of the Illinois Department of Central Management Services.

"Employee" means and includes an elected government official or a person in the service of a Unit in the State of Illinois who receives Compensation through the regular payroll for work currently performed and receives benefits comparable to others in the same Unit.

"Fiscal Year" means the State's fiscal year, i.e., July 1 through June 30.

"Fund" means the Local Government Health Insurance Reserve Fund.

"Health Plan Representative" means an individual from a Unit who serves in the capacity of a liaison through whom the Department shall conduct all business necessary to provide health benefits to that Unit.

"HFS" means the Illinois Department of Healthcare and Family Services.

"Member" means an Employee or Annuitant.

"Plan" means the Local Government Health Plan.

"Pre-Existing Condition" means any disease, injury or condition, excluding maternity, for which the individual was diagnosed, received treatment/services, or took prescribed drugs during the 3 months immediately preceding the effective date of coverage under the Program.

"Program" means a benefits program, as authorized by the State Employees Group Insurance Act of 1971. The coverage offered to Units is similar to that offered to employees of the State of Illinois under the Program.

"Protected Health Information" or "PHI" means information subject to the protections of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), P.L. 104-191 and 45 CFR 160-164, effective April 14, 2001 and amended October 16, 2002 (no subsequent dates or additions).

"Unit" means a "Qualified Unit of Local Government", a "Qualified Domestic Violence Shelter or Service", a "Qualified Rehabilitation Facility" or a "Qualified Child Advocacy Center", as defined in the State Employees Group Insurance Act of 1971.

(Source: Amended at 32 Ill. Reg. 15994, effective September 11, 2008)