

(a) The formula for determining the prevailing charge in the locality where the service is provided shall be developed by the administering carrier and approved by the board.

(b) The medical necessity of the service shall be determined by the administering carrier and shall be subject to board review under the grievance procedures established by the board under s. 619.15 (3) (a), Stats.

(5) PREMIUMS, DEDUCTIBLES AND COINSURANCE. (a) Premiums, deductibles and coinsurance shall conform with ss. 619.14 (5) and 619.17, Stats.

(b) 1. The schedule of premiums, based on data compiled from the health insurance industry, shall be as follows:

MAJOR MEDICAL PLAN

MALE			
Age Group	Annual	Semiannual	Quarterly
Zone 1			
0-18	\$ 676	\$ 338	\$169
19-29	676	338	169
30-39	820	410	205
40-44	996	498	249
45-49	1,216	608	304
50-54	1,468	734	367
55-59	1,784	892	446
60-64	2,140	1,070	535
Zone 2			
0-18	\$ 576	\$288	\$144
19-29	576	288	144
30-39	700	350	175
40-44	848	424	212
45-49	1,036	518	259
50-54	1,248	624	312
55-59	1,516	758	379
60-64	1,810	910	455
FEMALE			
Age Group	Annual	Semiannual	Quarterly
Zone 1			
0-18	\$ 676	\$338	\$169
19-29	1,040	520	260
30-39	1,192	596	298
40-44	1,320	660	330
45-49	1,420	710	355
50-54	1,540	770	385
55-59	1,660	830	415
60-64	1,904	952	476

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## Zone 2

0-18	\$ 576	\$288	\$144
19-29	884	442	221
30-39	1,012	506	253
40-44	1,120	560	280
45-49	1,208	604	302
50-54	1,312	656	328
55-59	1,412	706	353
60-64	1,620	810	405

## MEDICARE PLAN

	Annual	Semiannual	Quarterly
Zone 1			
All Policyholders	\$1,135	\$568	\$284
Zone 2			
All Policyholders	\$964	\$482	\$241

2. For the purposes of this paragraph, Zone 1 shall contain all of the Wisconsin postal zip codes whose first 3 digits are: 530, 531, 532, 534, 537, 540 and 547. Zone 2 shall contain all other Wisconsin postal zip code areas.

(c) Premiums shall be set by rule by the commissioner, based on all available data, including industry experience and actual plan experience. The commissioner shall have on file an actuarial report detailing the process whereby rates were determined.

(d) The annual report of the board to standing committees of the legislature required by s. 619.15 (2), Stats., and Ins 18.08 (2) shall include a section describing premium rate setting in detail. In order to fulfill this requirement, the board may appoint an actuarial committee under the powers granted to the board in s. 619.15 (5) and Ins 18.08 (3) (d) and (e).

(6) PRE-EXISTING CONDITIONS. Pre-existing conditions limitations shall conform with s. 619.14 (6), Stats. Determinations of what constitutes a pre-existing condition shall be made by the administering carrier and shall be subject to board review under the grievance procedures established by the board under s. 619.15 (3) (a), Stats.

(7) COORDINATION OF BENEFITS. There shall be coordination of benefits as provided in s. 619.14 (7), Stats.

History: Cr. Register, December, 1980, No. 300, eff. 1-1-81; r. and recr. (5) (b), Register, June, 1982, No. 318, eff. 7-1-82; r. and recr. (5) (b), Register, December, 1983, No. 336, eff. 1-1-84; r. and recr. (5) (b) 1., Register, December, 1984, No. 348, eff. 1-1-85; am. (5) (b) 1., Register, December, 1985, No. 360, eff. 1-1-86; r. and recr. (5) (b) 1., Register, December, 1986, No. 372, eff. 1-1-87.

Ins 18.08 Board of governors. The board shall be appointed and shall operate pursuant to s. 619.15, Stats.

(1) BOARD APPOINTMENTS. The board shall be appointed pursuant to s. 619.15 (1), Stats.

Register, December, 1986, No. 372