

Chapter Grp 20

STATE HEALTH INSURANCE COVERAGE

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Grp 20.01 Effective date. The group health insurance program provided by chapter 211, Laws of 1959, shall be effective April 1, 1960.

History: Emergency rules, eff. 3-7-60; cr. Register, May, 1960, No. 53, eff. 6-1-60.

Grp 20.02 Coverage. The standard health insurance plan shall be the basic hospital expense and the surgical and medical expense coverages. The major medical or catastrophic coverage shall be optional with each eligible employee who has selected the standard plan, and at his expense.

History: Emergency rules, eff. 3-7-60; cr. Register, May, 1960, No. 53, eff. 6-1-60.

Grp 20.04 Election of coverage before effective date. (1) Each employee and officer of the state who is eligible to be covered by health insurance on April 1, 1960 shall be insured as of such date if an application form provided by the director is received by the employing department on or before March 7, 1960. The director may extend the March 7 deadline where the employing department was unable to locate the employe or otherwise communicate with him in time to meet the deadline.

(2) Persons becoming employees between March 1, 1960 and April 2, 1960, excluding both of such dates, shall be insured as of April 1, 1960 if such form is received by the department not later than March 10, 1960, and as of May 1, 1960 if received by the department from March 11 to April 10, 1960.

History: Emergency rules, eff. 3-7-60; cr. Register, May, 1960, No. 53, eff. 6-1-60.

Grp 20.05 Selection of coverage on or after effective date. (1) Each employe and officer of the state who becomes eligible to be covered by health insurance after April 1, 1960 shall be covered if he completes the application form provided by the director and such form is received by the department within 31 days after becoming eligible.

(2) Such coverage shall be effective at the beginning of the calendar month which occurs on or after the date of eligibility if the application form is received by the department on or before the 10th of

the preceding month. If the application form is received thereafter by the department but prior to the 10th of the month in which coverage could have begun pursuant to the preceding sentence, coverage shall be effective at the beginning of the ensuing month. If the application form is received by the department thereafter but within the 31 day period coverage shall be effective at the beginning of the second month next succeeding the receipt of the enrollment form by the department.

(3) Any state employe called into active military service on or after October 1, 1961 who was insured under the state health insurance program at the time of entry into such military service shall be entitled to coverage upon resumption of state employment subject to the following conditions: (a) If state employment is resumed within 90 days after release from military service.

(b) If an application for health insurance and an authorization to deduct premiums from earnings are filed with the employing department within 31 days after return to state service.

(c) Those state employes who were insured individually but who were married subsequent to October 1, 1961 but prior to the date of return to state employment shall be entitled to apply for family coverage without submitting evidence of insurability, the provisions of section Grp 20.08 to the contrary notwithstanding.

(d) The waiting period for maternity benefits shall be waived for those employes qualifying under this subsection.

(e) Coverage shall be effective on the date employment was resumed. A full month's premium will be required if the date of reemployment occurs between the first and the fifteenth day of any month, but if the date of reemployment is between the sixteenth and the end of any month, the premium for that part month shall be waived.

History: Emergency rules, eff. 3-7-60; cr. Register, May, 1960, No. 53, eff. 6-1-60; cr. (3), Register, June, 1962, No. 78, eff. 7-1-62.

Grp 20.055 Coverage of new employes. Any person eligible for insurance under the provisions of 66.919 (21) Wis. Stats. may be enrolled for such insurance as if he had completed his qualifying period on September 5, 1965 or on the effective date of his employment, whichever occurs later. Failure of such person to elect any part or all of such insurance coverage prior to the end of his qualifying period shall not impair the previously existing option to obtain coverage.

History: Cr. Register, September, 1965, No. 117, eff. 10-1-65.

Grp 20.06 Major medical re-enrollment. Each person insured under the basic surgical and medical expense coverage but not insured under the major medical or catastrophic coverage may, if the application is received by the board prior to March 28, 1961, elect in writing to add the major medical coverage without medical examination and without a 9 month waiting period for pre-existing conditions, such coverage to be effective May 1, 1961. The provisions of this section relating to waiver of waiting periods shall also be applicable to all persons insured under the basic surgical and medical expense coverage who subsequently acted to add major medical coverage prior to March 28, 1961. Individuals covered on a prepayment basis on March 28, 1961 but not on the payroll on March 28, 1961 and who have not elected coverage hereunder and made the required payment therefor may elect such coverage within 31 days after return to the payroll if this section is effective. The director may also approve written applications

Any contributions which have been paid for any period subsequent to the month in which a final decision is reached shall be refunded.

(c) The payments or contributions referred to in this section shall be the gross amount paid to the insurance company for the particular coverage, and the employe or officer shall be required to pay any amounts normally considered the state contribution. If the right of the employe or officer to such position or office is sustained, an adjustment shall be made for any amounts paid in excess of the normal employe contribution.

History: Emergency rule, eff. 11-1-63; cr. Register, February, 1964, No. 98, eff. 3-1-64.

Grp 20.55 Coverage of employes, annuitants, and dependents eligible for Medicare. (1) Each covered employe, annuitant or dependent who becomes eligible for benefits under federal plans for hospital and health care for the aged, may continue to be covered through the state group health insurance program only under the plan established pursuant to section 66.919 (7a), Wis. Stats.

(2) Such state coverage shall be effective on the date benefits become available under the federal program.

(3) State coverage for any such person who does not enroll for all portions of the federal program available to him, shall cease on the date such federal benefits would have been available.

History: Cr. Register, July, 1966, No. 127, eff. 8-1-66.

