

Chapter Grp 30
MUNICIPAL HEALTH INSURANCE

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Grp 30.01 Municipal health insurance. A local health insurance plan shall be made available to municipalities pursuant to sec. 66.919 (20) Wis. Stats., in accordance with specifications approved by the board and a contract entered into by the board.

History: Emerg. rule eff. 9-9-61; cr. Register, December, 1961, No. 72, eff. 1-1-62.

Grp 30.02 Coverage. The standard health insurance plan shall be basic hospital expense and the surgical and medical expense coverages. Major medical or catastrophic coverage shall be optional with each eligible employe who has selected the standard plan. Such coverage shall be effective in any municipality only if 75% of the employes of a municipality who are initially enrolled for basic coverage also elect major medical coverage.

History: Emerg. rule eff. 9-9-61; cr. Register, December, 1961, No. 72, eff. 1-1-62.

Grp 30.03 Enrollment procedure. (1) The municipal representative shall not later than December 15 preceding the effective date specified in sec. 66.919 (20) (c) Wis. Stats., transmit to the director the applications received pursuant to rule Grp 30.04 (1) (a).

(2) Thereafter all applications shall be transmitted by the municipal representative pursuant to instructions issued by the director.

History: Emerg. rule eff. 9-9-61; cr. Register, December, 1961, No. 72, eff. 1-1-62.

Grp 30.04 Applications for coverage by persons eligible on effective date. (1) Each eligible employe and officer of a municipality which meets the requirements of sec. 66.919 (20) Wis. Stats., shall be covered if an application in the form prescribed by the director is received by the municipal representative specified in rule Grp 34.02 and the required premium for such coverage is collected.

(a) On or before December 10 preceding the effective date specified in sec. 66.919 (20) (c) Wis. Stats., for persons to be eligible for coverage on such effective date. The director may extend such deadline for any eligible person if the employing municipality was unable to locate that person or otherwise communicate with him in time to meet the deadline.

(b) New employes becoming immediately eligible during the month preceding the effective date shall be insured as of the ensuing February 1 if received after December 10 but on or before January 10 following the effective date.

History: Emerg. rule eff. 9-9-61; cr. Register, December, 1961, No. 72, eff. 1-1-62.

Grp 30.05 Applications for coverage by persons eligible after effective date. (1) Each employe and officer of a participating municipality who becomes eligible to be covered by health insurance after

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the effective date shall be covered if he completes the application form provided by the director and such form is received by the municipal representative 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 municipal representative on or before the 10th of the preceding month. If the application form is received thereafter by the municipal representative 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 municipal representative 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 municipal representative.

(3) Any municipal 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, or who was employed by a municipality which after such military service began was covered pursuant to section 66.919 (20) (c), Wis. Stats., and except for such military service would have been eligible for coverage on such effective date shall be entitled to coverage upon resumption of municipal employment subject to the following conditions:

(a) If municipal 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 municipality within 31 days after return to municipal service.

(c) Those municipal employes who were insured individually but who were married subsequent to October 1, 1961 but prior to the date of return to municipal employment shall be entitled to apply for family coverage without submitting evidence of insurability, the provisions of Grp 30.08 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: Emerg. rule eff. 9-9-61; cr. Register, December, 1961, No. 72, eff. 1-1-62; cr. (3), Register, June, 1962, No. 73, eff. 7-1-62; (3) emerg. rule eff. 8-23-62; am. (3), intro. par., Register, November, 1962, No. 83, eff. 12-1-62.

Grp 30.07 Initial premiums. When coverage begins a double deduction of premiums may be required initially, unless proper payment is made otherwise.

History: Emerg. rule eff. 9-9-61; cr. Register, December, 1961, No. 72, eff. 1-1-62.

Grp 30.08 Deferred coverage. Any employe, other than an annuitant, who does not elect to be covered during the enrollment periods provided under section Grp 30.04 or 30.05 may only be insured if at least 90 days has elapsed from the earliest date at which he could have been covered to the date on which his application is received by the Group Insurance Board. Any eligible married employe who selects single coverage may change to family coverage only if the same 90 days has elapsed. Coverage for any person specified in this section is