

lish eligibility for the plan prior to termination of existing coverage, in order to maintain continuous coverage to the greatest extent possible.

**History:** Cr. Register, December, 1980, No. 300, eff. 1-1-81; am. (3), Register, August, 1986, No. 368, eff. 9-1-86; r. and recr. (1), am. (3), Register, February, 1989, No. 398, eff. 3-1-89; (2) renum. (2) (a), cr. (2) (b), Register, April, 1991, No. 424, eff. 5-1-91; cr. (2) (c), Register, June, 1992, No. 438, eff. 7-1-92; am. (1), renum. (2) (c) to be (2m) (a) and am. (intro.), cr. (2m) (b), Register, November, 1993, No. 455, eff. 12-1-93; am. (2) (b) and (4), Register, June, 1994, No. 462, eff. 7-1-94.

**Ins 18.06 Participation of insurers.** Every insurer shall share in the expenses of the plan as provided in s. 619.13 (1) (b), Stats. In setting premiums under s. Ins 18.07 (5), the board of governors shall not include any subsidies for the reduction of the cost of premiums or of deductibles in the calculation of operating and administrative costs of the plan. The commissioner may waive the assessment for an insurer or any class of insurers for any year when it is determined that the administrative costs of collecting the assessment would exceed the amount of the assessment.

**History:** Cr. Register, December, 1980, No. 300, eff. 1-1-81; am. Register, June, 1992, No. 438, eff. 7-1-92.

**Ins 18.07 Coverage.** Coverage shall conform with s. 619.14, Stats.

(1) **LIMITATIONS ON COVERAGE OFFERED TO ELIGIBLE PERSONS ALSO ELIGIBLE FOR MEDICARE.** Limitations on coverage offered shall conform with s. 619.14 (1), Stats. In accordance with s. 619.14 (2) (b), Stats., the plan shall offer an alternative to the major medical policy for individuals who are eligible for the plan and also eligible for medicare.

(2) **MAJOR MEDICAL EXPENSE COVERAGE.** Major medical expense coverage shall conform with s. 619.14 (2), Stats.

(3) **COVERED EXPENSES.** (a) Covered expenses shall be those services and articles enumerated in s. 619.14 (3), Stats. The formula for determining usual and customary charges shall be developed by the administering carrier and approved by the board.

(b) The plan shall cover services for a chronically mentally ill policyholder in a community support program under s. 619.14 (3) (c) 3, Stats., if the case management review under s. Ins 18.13 (3) (c) determines that the services are medically necessary, appropriate and cost effective.

(4) **EXCLUSIONS.** Exclusions from coverage shall conform with s. 619.14 (4), Stats.

(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), 619.165 and 619.17, Stats.

(b) The schedule of annual premiums for the period from July 1, 1994, to June 30, 1995, for persons not entitled to a premium reduction under s. 619.165, Stats., is as follows:

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## MAJOR MEDICAL PLAN - Males

Age Group	Zone 1	Zone 2	Zone 3
0-18	\$1,404	\$1,260	\$1,128
19-24	1,404	1,260	1,128
25-29	1,416	1,272	1,140
30-34	1,620	1,464	1,296
35-39	1,668	1,500	1,332
40-44	2,064	1,860	1,656
45-49	2,556	2,304	2,040
50-54	3,192	2,868	2,556
55-59	3,948	3,552	3,156
60-64	4,632	4,164	3,708

## MAJOR MEDICAL PLAN - Females

Age Group	Zone 1	Zone 2	Zone 3
0-18	\$1,404	\$1,260	\$1,128
19-24	1,920	1,728	1,536
25-29	1,932	1,740	1,548
30-34	2,160	1,944	1,728
35-39	2,184	1,968	1,752
40-44	2,484	2,232	1,992
45-49	2,844	2,556	2,280
50-54	3,228	2,904	2,580
55-59	3,660	3,300	2,928
60-64	4,068	3,660	3,252

## MEDICARE PLAN - Males

Age Group	Zone 1	Zone 2	Zone 3
0-18	\$1,140	\$1,140	\$1,020
19-24	1,140	1,140	1,020
25-29	1,140	1,140	1,020
30-34	1,140	1,140	1,020
35-39	1,140	1,140	1,020
40-44	1,140	1,140	1,020
45-49	1,284	1,152	1,020
50-54	1,596	1,440	1,272
55-59	1,980	1,776	1,584
60-64	2,316	2,088	1,860

## MEDICARE PLAN - Females

Age Group	Zone 1	Zone 2	Zone 3
0-18	\$1,140	\$1,140	\$1,020
19-24	1,140	1,140	1,020
25-29	1,140	1,140	1,020
30-34	1,140	1,140	1,020
35-39	1,140	1,140	1,020
40-44	1,248	1,140	1,020
45-49	1,428	1,284	1,140
50-54	1,620	1,452	1,296
55-59	1,824	1,644	1,464
60-64	2,040	1,836	1,632

(bg) 1. The annual rates applicable to standard risks under individual policies providing substantially the same coverage and deductibles as the Register, June, 1994, No. 462

plan's major medical plan for the period from July 1, 1994, to June 30, 1995, are as follows:

**MAJOR MEDICAL PLAN - Males**  
(Base for Reduced Rates)

<u>Age Group</u>	<u>Zone 1</u>	<u>Zone 2</u>	<u>Zone 3</u>
0-18	\$ 768.00	\$ 696.00	\$ 612.00
19-24	768.00	696.00	612.00
25-29	792.00	708.00	636.00
30-34	888.00	804.00	708.00
35-39	984.00	888.00	792.00
40-44	1,176.00	1,056.00	936.00
45-49	1,476.00	1,332.00	1,176.00
50-54	1,908.00	1,716.00	1,524.00
55-59	2,484.00	2,232.00	1,992.00
60-64	3,036.00	2,736.00	2,424.00

**MAJOR MEDICAL PLAN - Females**  
(Base for Reduced Rates)

<u>Age Group</u>	<u>Zone 1</u>	<u>Zone 2</u>	<u>Zone 3</u>
0-18	\$ 768.00	\$ 696.00	\$ 612.00
19-24	1,128.00	1,020.00	900.00
25-29	1,176.00	1,056.00	936.00
30-34	1,248.00	1,128.00	996.00
35-39	1,332.00	1,200.00	1,068.00
40-44	1,428.00	1,284.00	1,140.00
45-49	1,632.00	1,464.00	1,308.00
50-54	1,872.00	1,680.00	1,500.00
55-59	2,184.00	1,968.00	1,752.00
60-64	2,592.00	2,328.00	2,076.00

2. The annual rates applicable to standard risks under individual policies providing substantially the same coverage and deductibles as the plan's medicare plan for the period from July 1, 1994, to June 30, 1995, are as follows:

**MEDICARE PLAN - Males**  
(Base for Reduced Rates)

<u>Age Group</u>	<u>Zone 1</u>	<u>Zone 2</u>	<u>Zone 3</u>
0-18	\$ 384.00	\$ 348.00	\$ 312.00
19-24	384.00	348.00	312.00
25-29	396.00	360.00	324.00
30-34	444.00	396.00	360.00
35-39	492.00	444.00	396.00
40-44	588.00	528.00	468.00
45-49	744.00	672.00	600.00
50-54	960.00	864.00	768.00
55-59	1,248.00	1,128.00	996.00
60-64	1,524.00	1,368.00	1,224.00

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<b>MEDICARE PLAN - Females</b> <b>(Base for Reduced Rates)</b>			
<u>Age Group</u>	<u>Zone 1</u>	<u>Zone 2</u>	<u>Zone 3</u>
0-18	\$ 384.00	\$ 348.00	\$ 312.00
19-24	564.00	504.00	456.00
25-29	588.00	528.00	468.00
30-34	624.00	564.00	504.00
35-39	672.00	600.00	540.00
40-44	720.00	648.00	576.00
45-49	816.00	732.00	648.00
50-54	936.00	840.00	744.00
55-59	1,092.00	984.00	876.00
60-64	1,296.00	1,164.00	1,032.00

3. In calculating the annual premium for an individual eligible for a reduction in premium, the plan shall apply the appropriate percentage specified in s. 619.165 (1) (b) 1 to 4, Stats., to the rate specified for that individual in subd. 1 or 2. The annual premium calculated under this subdivision shall be rounded to the nearest whole dollar amount that is divisible by 4.

(br) For the purposes of pars. (b) and (bg), Zone 1 shall contain all of the Wisconsin postal zip code areas in which the first 3 digits are 532. Zone 2 shall contain postal zip code areas in which the first 3 digits are 530, 531, 534 and 537. Zone 3 shall contain postal zip code areas not contained in Zones 1 and 2.

(c) The commissioner shall have on file an actuarial report detailing the process by which rates were determined.

(d) The annual report of the board to the chief clerk of each house of the legislature required by s. 619.15 (2), Stats., and s. 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), Stats., and s. 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. 313, 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; r. and recr. (5) (b) 1. and 2., Register, May, 1990, No. 413, eff. 6-1-90; renum. (3) to be (3) (a), r. (3) (b), r. and recr. (5) (b) 1 (schedule), Register, June, 1991, No. 426, eff. 7-1-91; emerg. r. and recr. (5) (b) 1. (schedule), eff. 7-1-91; r. and recr. (5) (b) 1. (schedule), Register, October, 1991, No. 430, eff. 11-1-91; emerg. am. (5) (a) and (c), renum. (5) (b) 1. and 2. to be (5) (b) (intro.) and (br) and am., cr. (5) (bg), eff. 1-1-92; am. (5) (d), Register, April, 1992, No. 436, eff. 5-1-92; am. (5) (a) and (c), renum. (5) (b) 1. and 2. to be (5) (b) (intro.) and (br) and am., r. and recr. (5) (b) schedule, cr. (5) (bg), Register, June, 1992, No. 438, eff. 7-1-92; emerg. am. (5) (b) and (bg) 1., eff. 4-20-93; r. and recr. (5) (b) and (bg) 1., Register, August, 1993, No. 452, eff. 9-1-93; r. and recr. (5) (b) and (bg) 1. and 2., Register, June, 1994, No. 462, eff. 7-1-94.

Register, June, 1994, No. 462