

required contributions for such retroactive period, the director is empowered to fix deadlines for prospective group health insurance coverage if such person would have been eligible had such error not occurred.

(4) If required to make contributions current, annuitants will pay multiple premiums initially.

(5) The director may authorize premium payments to be made in cash or directly to the insurer where circumstances require such. Failure to make required payments by the due dates established by the insurer and approved by the director shall cause insurance coverage to be cancelled.

**History:** Cr. Register, December, 1977, No. 264, eff. 1-1-78.

**Grp 20.15 Retired employe coverage limited.** Any person eligible under the provisions of Grp 20.14 and 20.16 who does not elect coverage, or fails to comply with the applicable provisions of Grp 20.14 and 20.16 or discontinues all coverage shall be permanently barred from future participation in the group health insurance plan.

**History:** Cr. Register, December, 1977, No. 264, eff. 1-1-78.

**Grp 20.16 Continued coverage of spouses.** (1) The surviving spouse of an employe or annuitant eligible for coverage pursuant to 40.11 (2) (b), Stats., who has been covered will continue such coverage (either single or family) if within 90 days after the death of an insured employe or annuitant an application from the spouse for health insurance has been received by the director.

(2) Such insurance shall take effect at the beginning of the month following the date of death of the employe.

(3) Premiums for a surviving spouse who has acted pursuant to Grp 20.16 (1) shall be paid:

(a) From accumulated leave credits until exhausted; then

(b) By deductions from an annuity that the surviving spouse is receiving from the state retirement system. If the annuity becomes insufficient to allow premium deductions, then

(c) Directly to the insurance carrier.

**History:** Cr. Register, December, 1977, No. 264, eff. 1-1-78; am. (2), Register, June, 1980, No. 294, eff. 7-1-80.

**Grp 20.17 Coverage during appeal from removal or discharge.** (1) (a) An insured employe or officer, whether in the classified or unclassified service, who has exercised a statutory or contractual right of appeal from removal or discharge from his or her position or office, or who within 30 days of such removal or discharge, or of appointment to any position or office, becomes a party to legal proceedings to obtain judicial review of the legality of the removal or discharge or appointment may continue to be insured from the date of the contested removal or discharge or appointment until a final decision has been reached, provided that within 30 days of the date of removal or discharge or appointment such employe pays to the departmental representative or the director the initial payment to keep the insurance in force. The initial payment shall cover the established contribution for a 3 month period, but may be for a greater period at the option of the employe. Additional payments may be made until a determination has been reached but such

Register, June, 1980, No. 294

additional payments shall be in 3 month increments and must be received by the employing department 30 days prior to the end of the period for which premiums were previously paid.

(b) If the final decision is adverse to the employe or officer, the date of termination of employment shall, for purposes of insurance coverage, be the end of the month in which such decision becomes final by expiration without appeal of the time within which an appeal might have been perfected, or by final affirmation on appeal. 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 carrier 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:** Cr. Register, December, 1977, No. 264, eff. 1-1-78.

**Grp 20.18 Coverage of employes, annuitants, and dependents eligible for Medicare.** (1) Each insured employe who has attained age 70, and any insured annuitant or dependent who becomes eligible for benefits under federal plans for hospital and health care for the aged, may continue to be insured under state group health insurance program only under the plan established pursuant to s. 40.145, Stats.

(2) Such state coverage shall be effective for the employe on the first of the month following attainment of age 70; for annuitants and dependents, coverage shall be effective on the date hospital insurance benefits become available under the federal program without payment of premium.

(3) State coverage for any such person who does not enroll for the voluntary medical insurance portion of the federal program shall cease on the date federal hospital benefits would have been available.

**History:** Cr. Register, December, 1977, No. 264, eff. 1-1-78; am. (1) and (2), Register, June, 1980, No. 294, eff. 7-1-80.

**Grp 20.19 Use of accumulated leave to pay health insurance premiums.** (1) Accumulated leave credits are available to pay premiums for the retired employe and his or her insured dependents, or surviving dependents who were covered under the employe's health insurance contract at the time of the insured employe's death.

(2) The appointing officer shall certify to the group insurance bureau the amount of accumulated leave credit for an employe at the time of retirement, or death pursuant to s. 16.30 (2) or 36.30 (2), Stats. Such certification shall be made on the form provided by the director as soon as possible after the employe's termination date but not later than 60 days thereafter. The certification shall include a computation of the total amount necessary to pay health insurance premium for the retired employe or the surviving dependents of a deceased employe through the end of the calendar year. It shall be accompanied by a voucher in the amount computed on such form. The director shall credit such amount to the account of the employe or the surviving dependents of a deceased

**Register,** June, 1980, No. 294

employe in the group health insurance account of the public employe trust fund created by s. 40.01 (2) (c), Stats.

(3) Prior to each subsequent calendar year the director shall certify to the employing department the amount needed to continue health insurance coverage for the ensuing calendar year or the amount of accumulated leave credit remaining, whichever is less. The appointing officer shall return such certification to the director accompanied by a voucher in the amount of the certification.

(4) Notwithstanding rule Grp 20.14 and Grp 20.16, deductions for health insurance premiums for retired employes or surviving dependents shall be paid by the director from such accumulated leave conversion credits until they are exhausted. The director shall notify the insured when such credits are exhausted and shall then arrange for continued premium deductions in accordance with rule Grp 20.14 and Grp 20.16.

(5) Separate accounts shall be maintained for accumulated leave credits of an employe and spouse. Any balance remaining in either account at the time of the death shall be transferred to the account of the surviving spouse who continues under Grp 20.16. If there are no surviving dependents, any balance shall be returned to the state department that certified the amount of accumulated leave credit to the account.

**History:** Cr. Register, December, 1977, No. 264, eff. 1-1-78.

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TABLE V  
 STATE CONTRIBUTIONS EXPRESSED AS A  
 PERCENTAGE OF EMPLOYEE CONTRIBUTIONS

CATEGORIES					
1	2	3	4	5	6
0%	0%	200%	340%	570%	State Pays Entire Premium
		X	X	X	
		Employee Contri- bution from TABLE 3	Employee Contri- bution from TABLE 3	Employee Contri- bution from TABLE 3	

## WISCONSIN ADMINISTRATIVE CODE

## TABLE VI

## INTEGRATED DISABILITY BENEFIT

- A. 75% of gross earnings, if salary is less than \$460 bi-weekly or \$1,000 monthly.
- B. 70% of gross earnings, if salary is at least \$460 bi-weekly or \$1,000 monthly but less than \$690 bi-weekly or \$1,500 monthly. Minimum benefits payable at this level are \$345 bi-weekly or \$750 monthly.
- C. 65% of gross earnings, if salary is more than \$690 bi-weekly or \$1,500 monthly. Minimum benefits payable at this level are \$483 bi-weekly or \$1,050 monthly; maximum benefits are \$920 bi-weekly or \$2,000 monthly.