

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. (1) 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.

(2) Every insurer shall file the form "Wisconsin health insurance risk-sharing plan assessment form," with its annual statement filing with the office.

(3) An insurer that makes an error in its assessment form that results in an underpayment of assessments to the plan shall file a corrected assessment form with the office within 30 days after the error is discovered.

(4) An insurer that makes an error in an assessment form that results in an overpayment of assessments to the plan shall, at any time, file a corrected assessment form with the office. If the overpayment resulted from an assessment form filed in the previous calendar year, the plan shall credit the insurer's next annual assessment under s. 619.13 (1), Stats., for the amount of the overpayment. If the insurer does not owe any amount for the next annual assessment, the plan shall refund the amount of the overpayment. No credit or refund shall be granted for an error in an assessment form filed in any year prior to the previous calendar year.

Note: The form referenced in sub. (2), OCI 43-003, may be obtained from the Office of the Commissioner of Insurance, P. O. Box 7873, Madison, Wisconsin 53707-7873.

History: Cr. Register, December, 1980, No. 300, eff. 1-1-81; am. Register, June, 1992, No. 438, eff. 7-1-92; Ins 18.06 renum. to be Ins 18.06 (1), cr. (2), (3) and (4), Register, June, 1995, No. 474, eff. 7-1-95.

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.

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(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, 1995, to June 30, 1996, for persons not entitled to a premium reduction under s. 619.165, Stats., is as follows:

MAJOR MEDICAL PLAN - Males

Age	Zone 1	Zone 2	Zone 3
0-18	\$1,572	\$1,416	\$1,272
19-24	1,572	1,416	1,272
25-29	1,608	1,452	1,284
30-34	1,836	1,656	1,464
35-39	1,944	1,752	1,560
40-44	2,364	2,136	1,896
45-49	2,928	2,628	2,340
50-54	3,732	3,360	2,988
55-59	4,776	4,308	3,816
60-64	5,712	5,148	4,572

MAJOR MEDICAL PLAN - Females

Age	Zone 1	Zone 2	Zone 3
0-18	\$1,572	\$1,416	\$1,272
19-24	2,232	2,004	1,788
25-29	2,304	2,064	1,836
30-34	2,520	2,268	2,016
35-39	2,628	2,376	2,112
40-44	2,880	2,604	2,316
45-49	3,312	2,988	2,652
50-54	3,792	3,408	3,036
55-59	4,296	3,876	3,444
60-64	4,956	4,464	3,960

MEDICARE PLAN - Males

Age	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	1,188	1,140	1,020
45-49	1,464	1,320	1,176
50-54	1,872	1,680	1,500
55-59	2,388	2,160	1,908
60-64	2,856	2,580	2,292

MEDICARE PLAN - Females

Age	Zone 1	Zone 2	Zone 3
0-18	\$1,140	\$1,140	\$1,020
19-24	1,140	1,140	1,020
25-29	1,152	1,140	1,020
30-34	1,260	1,140	1,020
35-39	1,320	1,188	1,056
40-44	1,440	1,308	1,164
45-49	1,656	1,500	1,332
50-54	1,896	1,704	1,524
55-59	2,148	1,944	1,728
60-64	2,484	2,232	1,980

(bg) 1. The annual rates applicable to standard risks under individual policies providing substantially the same coverage and deductibles as the plan's major medical plan for the period from July 1, 1995, to June 30, 1996, are as follows:

MAJOR MEDICAL PLAN - Males
(Base for Reduced Rates)

Age	Zone 1	Zone 2	Zone 3
0-18	\$ 864	\$ 780	\$ 696
19-24	864	780	696
25-29	888	804	708
30-34	1,008	912	804
35-39	1,104	996	888
40-44	1,320	1,188	1,056
45-49	1,632	1,464	1,308
50-54	2,136	1,920	1,704
55-59	2,820	2,544	2,256
60-64	3,444	3,096	2,760

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MAJOR MEDICAL PLAN - Females
(Base for Reduced Rates)

Age	Zone 1	Zone 2	Zone 3
0-18	\$ 864	\$ 780	\$ 696
19-24	1,224	1,104	984
25-29	1,296	1,164	1,032
30-34	1,392	1,248	1,116
35-39	1,500	1,356	1,200
40-44	1,584	1,428	1,272
45-49	1,836	1,656	1,464
50-54	2,112	1,896	1,692
55-59	2,400	2,160	1,920
60-64	2,868	2,580	2,292

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, 1995, to June 30, 1996, are as follows:

MEDICARE PLAN - Males
(Base for Reduced Rates)

Age	Zone 1	Zone 2	Zone 3
0-18	\$ 432	\$ 384	\$ 348
19-24	432	384	348
25-29	444	396	360
30-34	504	456	408
35-39	552	492	444
40-44	660	600	528
45-49	816	732	648
50-54	1,068	960	852
55-59	1,404	1,260	1,128
60-64	1,716	1,548	1,368

MEDICARE PLAN - Females
(Base for Reduced Rates)

Age	Zone 1	Zone 2	Zone 3
0-18	\$ 432	\$ 384	\$ 348
19-24	612	552	492
25-29	648	588	516
30-34	696	624	552
35-39	744	672	600
40-44	792	708	636
45-49	924	828	744
50-54	1,056	948	840
55-59	1,200	1,080	960
60-64	1,440	1,296	1,152

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. 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; r. and recr. (5) (b) 1. and 2., Register, May, 1990, No. 413, eff. 6-1-90; renum. (3) to be (3) (a), cr. (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; r. and recr. (5) (b) and (bg) 1. and 2., Register, June, 1995, No. 474, eff. 7-1-95.

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