

## 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.

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**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 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 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. 78, eff. 7-1-62.

**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

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subject to the provisions of the contract with respect to evidence of insurability and waiting periods, and the effective date shall be determined as follows:

(a) At the beginning of the following month if approved by the insurance company and received by the group insurance board prior to the 15th of any month.

(b) At the beginning of the second month if approved by the insurance company and received by the group insurance board after the 14th of any month.

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

**Grp 30.09 Termination of coverage.** When a covered employe ceases to be eligible for coverage because of termination of employment or otherwise, the health insurance coverage shall end at the expiration of the period for which premiums had been deducted at the time of the cessation of eligibility. No refund of any such premium may be made unless the board has received a written request therefor not later than the 20th day of any month preceding the month for which a premium has been collected or deducted.

**History:** Emerg. rule eff. 9-9-61; cr. Register, December, 1961, No. 72, eff. 1-1-62; am. Register, June, 1962, No. 78, eff. 7-1-62.

**Grp 30.10 Coverage of spouses.** If both spouses are eligible for coverage each may select individual coverage, but if one spouse ceases to be eligible for coverage the spouse continuing to be eligible may change to family coverage without requirement of evidence of insurability and without losing waiver of pre-existing conditions, provided that children alive at the time of change to family coverage shall be covered only if satisfactory evidence of insurability is submitted for all persons other than the insured employe or spouse. If one spouse selects family coverage the other spouse may not select any coverage, but the coverage may be changed from one spouse to the other without requirement of evidence of insurability or losing waiver of pre-existing conditions.

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

**Grp 30.11 Coverage of children.** (1) An employe's unmarried child under 23 years of age shall be deemed to be a dependent if a full time student in any school.

(2) This shall include any usual vacation period if the child was a student at the end of the previous term. Full time means the usual schedule of courses or classes for a person whose principal activity is the procurement of an education.

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

**Grp 30.21 Coverage during employment gaps.** (1) Any insured employe may continue to be insured during any period of not to exceed 3 months for which deductions would not otherwise be made while such person continues to be a municipal employe but earns no salary from the municipality.

(2) An employe may continue his insurance coverage during such period of interruption of earnings specified in section Grp 30.21 (1) if he has authorized a payroll deduction in an amount sufficient to pay his contribution for the entire period, or has otherwise made payment therefor.

(3) Coverage beyond the 3 months specified in (1) but not to exceed 12 months may be provided for any employe if not later than 30 days following the interruption of earnings such employe has paid, either through payroll deduction or otherwise, the full premium, including any municipal portion thereof, for all months beyond the 3 months specified in (1). If the employment gap subsequently is extended beyond the period for which payment has been made, but not beyond the total of 12 months, such coverage may likewise be extended for any employe entirely at his expense if payment therefor has been made in full not later than 30 days prior to the end of the period for which payment had previously been made.

(4) Employes who do not have the status of an active employe on the effective date specified in section 66.919 (20) (c) Wis. Stats., shall be entitled to become insured upon return to active service in accordance with section Grp 30.05.

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

**Grp 30.30 Coverage of retired employes.** (1) Any insured employe who retires upon an immediate annuity or who is eligible pursuant to section 66.919 (12a), Wis. Stats., may continue health insurance. Such person must have been insured during all municipal employment subsequent to the effective date specified in sec. 66.919 (20) (c) Wis. Stats., or for the entire period of eligibility during the 5 years prior to retirement, whichever is lesser.

(2) (a) Any person qualifying for coverage under the immediate annuity requirement and other applicable provisions of Grp 30.30 (1) shall continue to be insured only if within 60 days after the filing of the application for such annuity the retirement system receives from such person a completed form, as prescribed by the director of the group insurance board, authorizing the retirement system to deduct premiums for group health insurance. Such form shall be filed pursuant to instructions received from the director. An application for continued coverage must also be filed with the group insurance board within the time limits specified above.

(b) Any person qualifying for coverage under the 10-year service requirement and other applicable provisions of Grp 30.30 (1) shall continue to be insured only if within 60 days after termination of employment an application for continued coverage is filed with the group insurance board and premium payments are made in accordance with rule Grp 30.30 (5). If such person applies for an annuity he shall authorize the retirement system to deduct premiums for group health insurance within 60 days after applying for such annuity. The employing municipality shall file with the retirement system and the director immediately following the termination of employment of any such person a form, as prescribed by the director, certifying the data pertaining to insurance coverage.

(3) Whenever a retirement system shall fail to promptly notify the group insurance board that a person is eligible as an annuitant for group health insurance, or if a person is erroneously omitted from a retirement system and such omission is corrected retroactively, including the payment of all 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 a premium for two months 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:** Emerg. rule eff. 9-9-61; cr. Register, December, 1961, No. 72, eff. 1-1-62.

**Grp 30.35 Retired employe coverage limited.** Any person eligible under the provisions of section Grp 30.30 who does not elect coverage pursuant thereto, or fails to comply with the applicable provisions of section Grp 30.30, or discontinues his coverage, shall be permanently barred from participation in the group health insurance plan.

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

**Grp 30.40 Continued coverage of spouses.** (1) The surviving spouse of an employe or annuitant eligible for coverage pursuant to section 66.919 (4) (a) 2, Wis. Stats., who has been covered may continue such coverage (either individual or family) if within 90 days after the death of an insured employe or annuitant an application for health insurance is received by the board.

(2) Such insurance shall not take effect until after such application is received but shall be effective as of the earliest possible date thereafter.

(3) A surviving spouse who has acted pursuant to subsection Grp 30.40 (1) and who qualifies for an annuity under one of the retirement systems specified in subsection 66.919 (4) (a) 1. b., Wis. Stats., shall authorize the deduction of health insurance premiums from such annuity as provided by subsection 66.919 (9) (a) and (c), Wis. Stats., if the annuity is sufficient.

(4) The director may authorize premium payments to be made in cash or directly to the insurer by any person qualifying under subsection (1) where circumstances require such.

(5) This section shall be applicable in the case of deaths occurring after the January 1 in which the health insurance program becomes effective for a municipality.

**History:** Cr. Register, June, 1962, No. 78, eff. 7-1-62.

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