TITLE 113
LEGISLATIVE RULE
BOARD OF DIRECTORS OF THE
WEST VIRGINIA HEALTH INSURANCE PLAN

SERIES 1
PREMIUM SUBSIDY

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SERIES 1
PREMIUM SUBSIDY

§113-1-1. General.

1.1. Scope. -- The purpose of this rule is to establish criteria for certain individuals to obtain a premium subsidy with the West Virginia Health Insurance Plan.

1.2. Authority. -- W. Va. Code §~~§33-2-10 and~~ 33-48-7b.

1.3. Filing Date. --

1.4. Effective Date. --

§113-1-2. Definitions.

2.1. "Average annual household income" means the Total Income reported on the prior year's federal tax return for all individuals in the applicant's or member's household, plus any other Income received by any household member, including but not limited to non-taxed Social Security income, child support, disability payments, veterans' benefits, and public assistance.

~~2.1.~~ 2.2. "Board" means the Board of Directors of the Plan.

~~2.2.~~ 2.3. "Low-income eligible individuals" means those persons having an annual household income at or below ~~200%~~ 400% of the federal poverty level who are otherwise eligible for coverage under the Plan as provided in W. Va. Code §33-48-4.

~~2.3~~. 2.4. "Plan" means the West Virginia Health Insurance Plan as created in W. Va. Code §33-48-2.

~~2.4~~. 2.5. "Plan Administrator" means the administrator of the Plan selected by the Board pursuant to W. Va Code §33-48-6.

~~2.5~~. 2.6. "Premium subsidy" means the difference between the amount of periodic payment the Plan Administrator makes to the Plan on behalf of the low-income eligible individual plus the administrative cost to the Plan of providing the Plan to that low-income eligible individual, and the amount determined by the Board to be the low-income eligible individual's premium responsibility.

~~2.6.~~ 2.7. "Surplus" means funds being held in the West Virginia Health Insurance Plan Fund pursuant to W. Va. Code §33-48-7a that are above those amounts necessary to provide fully for the expected costs of claims and other expenses listed in W. Va. Code §33-48-7(a).

§113-1-3. Determination of Surplus.

3.1. The Board shall periodically, but no less than annually, determine if a surplus exists.

3.2. In making a determination concerning the existence of a surplus, the Board may consider an actuarial analysis and any other information developed by or presented to the Board that demonstrates the status of a surplus.

§113-1-4. Eligibility for Premium Subsidy.

4.1. In the event the Board determines that a surplus exists, the Board shall create a schedule of premium subsidies that varies with income to assist low income eligible individuals in paying the premium costs of the Plan. The Board may adopt as many income categories within the premium subsidy schedule as it finds necessary and practical.

4.2. For the purposes of determining the eligibility of a person for a premium subsidy, ~~the household income shall be based on the preceding twelve months and~~ the Board may consider information obtained from ~~the West Virginia Department of Health and Human Resources or~~ any ~~other~~ state or federal agency. The eligibility of low income eligible individuals who receive a premium subsidy shall be ~~periodically, but no less than annually,~~ reassessed annually by the Board.

4.3. No person shall be eligible for a premium subsidy if that person's premium is paid by a third party who is not a family member of the person.

4.4. Whenever the Board finds that there is a significant possibility that premium subsidies may result in an over-expenditure of the surplus, the Board may discontinue the use of the surplus to subsidize premiums until the Board determines that the possibility for over-expenditure no longer exists. The Board shall give low income eligible individuals who are receiving a premium subsidy thirty days' notice prior to such a discontinuance.

§113-1-5. Delegation of Authority to Plan Administrator.

5.1. The Board may delegate or assign any of its authority or duties set forth in this rule to the Plan Administrator.