

**114CSR79**

**LEGISLATIVE RULE  
INSURANCE COMMISSIONER**

**SERIES 79  
GROUP LIMITED HEALTH BENEFITS PLANS**

Section

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**§114-79-1. General.**

1.1. Scope. -- This rule establishes guidelines and procedures under which the Commissioner may approve group limited health benefit plans.

1.2. Authority. -- W. Va. Code §§33-2-10, 33-16F-3 and 33-16F-5.

1.3. Filing. -- April 6, 2007.

1.4. Effective Date. -- April 6, 2007.

**§114-79-2. Applicability.**

This rule applies to all group limited health benefit plans issued pursuant to article sixteen-f, chapter thirty-three of the West Virginia Code and to all insurers offering such plans as of the effective date of this rule. This rule does not apply to policies defined as an “excepted benefit” in W. Va. Code § 33-16-1a(2).

**§114-79-3. Definitions.**

3.1. “Commissioner” means the West Virginia Insurance Commissioner.

3.2. “Group limited health benefits plan” means a plan as defined in W. Va. Code §33-16F-2.

3.3. “Part-time employee” is an employee who is employed to work fewer hours each week than a full time employee at the employer’s business. An insurer may set minimum number of hours a part time employee may work to be eligible for its group limited health benefits plan.

3.4. “Seasonal employee” is an employee who is employed to work less than the full calendar year at an employment activity that is determined by seasonal or calendar changes.

3.5. “Temporary employee” is an employee whose term of employment has a defined time of termination.

**§114-79-4. Rate Filing.**

All of the provisions of 114CSR26, Accident and Sickness Rate Filing, apply to group limited health benefits plans except 114CSR26-1.

**§114-79-5. Form Filing.**

All of the provisions of 114CSR67, Rate and Form Filing Abstracts, apply to group limited health benefit plans.

**§114-79-6. Eligibility.**

A group limited health benefits plan may cover only a class of employees made up of part-time, temporary or seasonal employees that (i) are ineligible for coverage under any of the employer's group health benefits plans, or (ii) are employed by an employer that does not offer a group health benefits plan to any of its employees.

**§114-79-7. Benefits.**

7.1. Every policy issued pursuant to this rule must have an annual maximum benefit established by order of the Commissioner.

7.2. Every policy issued pursuant to this rule must provide benefits for at least the following services:

- a. Emergency care.
- b. Hospital benefits, including physician services while in the hospital.
- c. Outpatient benefits, including lab and diagnostics.
- d. Preventive care benefits.
- e. Primary care benefits.

7.3. Every policy that does not cover prescription drug benefits as part of its basic coverage must offer optional prescription drug benefits coverage.

7.4. Before approving any plan or policy under this rule, the Commissioner must find that the plan or policy furthers the legislative purpose of W. Va. Code §33-16F-1, *et seq.*, by providing substantial preventative care and primary care benefits. This subsection does not apply to any plan or policy approved by the Commissioner prior to the effective date of this rule unless and until the provider of the plan or policy makes a subsequent filing with regard to such plan or policy.