

WAC 200-110-060 Standards for operations—Standards for management—Disclosures. (1) All individual health and welfare self-insurance programs shall furnish each employee or retiree covered by the program with a written description or access to an electronic description of the benefits allowable under the program, together with:

- (a) Applicable restrictions, limitations, and exclusions;
- (b) The procedure for filing a claim for benefits;
- (c) The procedure for requesting an adjudication of disputes or appeals arising from beneficiaries regarding the payment or denial of any claim for benefits; and
- (d) A schedule of any direct monetary contributions toward the program financing required by the employee.

Such benefits or procedures shall not be amended without written notice to the covered employees at least thirty days in advance of the effective date of the change unless exigent circumstances can be demonstrated.

(2) All joint self-insurance programs shall ensure every member of the program receives written plan documents or access to electronic plan documents which describe:

- (a) All coverages or benefits currently provided by the program, including any applicable restrictions, limitations, and exclusions;
- (b) The method by which members pay assessments;
- (c) The procedure for filing a claim; and
- (d) The procedure for a member to request an adjudication of disputes or appeals arising from coverage, claim payment or denial, membership, and other issues.

Such statements shall not be amended without written notice to the members at least thirty days in advance of the effective date of the change unless exigent circumstances can be demonstrated.

[Statutory Authority: RCW 48.62.061. WSR 17-22-048, § 200-110-060, filed 10/25/17, effective 11/25/17. Statutory Authority: 2011 c 43. WSR 11-23-093, recodified as § 200-110-060, filed 11/17/11, effective 11/17/11. Statutory Authority: RCW 48.62.061. WSR 10-14-034, § 82-65-060, filed 6/28/10, effective 10/1/10.]