

Chapter 182-13 WAC

STATE RESIDENT—MEDICARE SUPPLEMENT

WAC

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WAC 182-13-010 Purpose. The purpose of this chapter is to establish criteria for state residents for participation in medicare supplement coverage available through the HCA.

[Statutory Authority: RCW 41.05.197. WSR 95-07-011, § 182-13-010, filed 3/3/95, effective 4/3/95.]

WAC 182-13-020 Definitions. Unless otherwise specifically provided, the definitions contained in this section apply throughout this chapter.

(1) "HCA" means the Washington state health care authority.

(2) "Health plan," or "plan" means any individual or group: Policy, agreement, or other contract providing coverage for medical, surgical, hospital, or emergency care services, whether issued, or issued for delivery, in Washington or any other state. "Health Plan" or "plan" also includes self-insured coverage governed by the federal Employee Retirement Income Security Act, coverage through the Health Insurance Access Act as described in chapter 48.41 RCW, coverage through the Basic Health Plan as described in chapter 70.47 RCW, and coverage through the medicaid program as described in Title 74 RCW. "Health plan" or "plan" does not mean or include: Hospital confinement indemnity coverage as described in WAC 284-50-345; disability income protection coverage as described in WAC 284-50-355; accident only coverage as described in WAC 284-50-360; specified disease and specified accident coverage as described in WAC 284-50-365; limited benefit health insurance coverage as described in WAC 284-50-370; long-term care benefits as described in chapter 48.84 RCW; or limited health care coverage such as dental only, vision only, or chiropractic only.

(3) "Lapse in coverage" means a period of time greater than ninety continuous days without coverage by a health plan.

(4) "Resident" means a person who demonstrates that he/she lives in the state of Washington at the time of application for, and issuance of coverage.

[Statutory Authority: RCW 41.05.197. WSR 95-07-011, § 182-13-020, filed 3/3/95, effective 4/3/95.]

WAC 182-13-030 Eligibility. Residents are eligible to apply for medicare supplement coverage arranged by the HCA when they are:

(1) Eligible for Parts A and B of medicare, and

(2) Actually enrolled in both Parts A and B of medicare not later than the effective date of medicare supplement coverage.

(3/3/95)

[Statutory Authority: RCW 41.05.197. WSR 95-07-011, § 182-13-030, filed 3/3/95, effective 4/3/95.]

WAC 182-13-040 Application for medicare supplement coverage. Residents meeting eligibility requirements may apply for medicare supplement coverage arranged by the HCA:

(1) During the initial open enrollment period of January 1 through June 30, 1995, or

(2) Within sixty days after becoming a resident, or

(3) In the thirty day period before the resident becomes eligible for medicare, or

(4) Within sixty days of retirement, or

(5) During any open enrollment period established by federal or state law, or

(6) During any open enrollment period established by the HCA subsequent to the initial open enrollment period provided that the applicant is replacing a health plan with no lapse in coverage.

[Statutory Authority: RCW 41.05.197. WSR 95-07-011, § 182-13-040, filed 3/3/95, effective 4/3/95.]