WEST VIRGINIA LEGISLATURE

REGULAR SESSION, 1999

ENROLLED

SENATE BILL NO. 702

Originating in the Committee
(By-Senator on Finance)

PASSED March 13, 1999
In Effect From Passage
ENROLLED

Senate Bill No. 702
(Originating in the Committee on Finance)

[Passed March 13, 1999; in effect from passage.]

AN ACT to amend and reenact sections two, four, five, nine, twelve and twenty-four, article sixteen, chapter five of the code of West Virginia, one thousand nine hundred thirty-one, as amended; and to further amend said article by adding thereto two new sections, designated sections twelve-a and twelve-b, all relating to the West Virginia public employees insurance act; defining terms; increasing the membership of the finance board; providing for appointment of the new members; revising requirements regarding preparation of annual financial plans and long-range plans; realigning duties of the finance board and the actuary; changing time of submission for revenue estimates; requiring submission of prospective financial plan; removing requirement that types and levels of costs to employers, employees and retired employees in effect remain in effect; providing criminal penalties for knowingly obtaining benefits, payments or anything of value to which the person is not entitled or greater than those to which the person is entitled; upon a finding of probable cause, authorizing the director to refer alleged violations fraud and abuse to the insurance commissioner for investigation and, where appropriate, prosecution;
providing penalties for violations not otherwise specifically provided; authorizing the director to negotiate and contract directly with health care providers; providing immunity for reporting fraudulent activities; and requiring that the retirees last employer be a participating employer to be eligible for public employees insurance agency programs upon retirement.

Be it enacted by the Legislature of West Virginia:

That sections two, four, five, nine, twelve and twenty-four, article sixteen, chapter five of the code of West Virginia, one thousand nine hundred thirty-one, as amended, be amended and reenacted; and that said article be further amended by adding thereto two new sections, designated sections twelve-a and twelve-b, all to read as follows:

ARTICLE 16. WEST VIRGINIA PUBLIC EMPLOYEES INSURANCE ACT.

§5-16-2. Definitions.

1 The following words and phrases as used in this article, unless a different meaning is clearly indicated by the context, have the following meanings:

2 (1) “Agency” means the public employees insurance agency created by this article.

3 (2) “Director” means the director of the public employees insurance agency created by this article.

4 (3) “Employee” means any person, including elected officers, who works regularly full time in the service of the state of West Virginia and, for the purpose of this article only, the term “employee” also means any person, including elected officers, who works regularly full time in the service of a county board of education; a county, city or town in the state; any separate corporation or instrumentality established by one or more counties, cities or towns, as permitted by law; any corporation or instrumentality supported in most part by counties, cities or towns; any public corporation charged by law with the performance of a governmental function and whose jurisdiction is coextensive with one or more counties, cities or towns; any comprehensive community mental health center or comprehensive mental retardation facility established, oper-
ated or licensed by the secretary of health and human resources pursuant to section one, article two-a, chapter twenty-seven of this code, and which is supported in part by state, county or municipal funds; any person who works regularly full time in the service of the university of West Virginia board of trustees or the board of directors of the state college system; and any person who works regularly full time in the service of a combined city-county health department created pursuant to article two, chapter sixteen of this code. On and after the first day of January, one thousand nine hundred ninety-four, and upon election by a county board of education to allow elected board members to participate in the public employees insurance program pursuant to this article, any person elected to a county board of education shall be deemed to be an “employee” during the term of office of the elected member: Provided, That the elected member shall pay the entire cost of the premium if he or she elects to be covered under this article. Any matters of doubt as to who is an employee within the meaning of this article shall be decided by the director.

On or after the first day of July, one thousand nine hundred ninety-seven, a person shall be considered an “employee” if that person meets the following criteria:

(i) Participates in a job-sharing arrangement as defined in section one, article one, chapter eighteen-a of this code;

(ii) Has been designated, in writing, by all other participants in that job-sharing arrangement as the “employee” for purposes of this section; and

(iii) Works at least one third of the time required for a full-time employee.

(4) “Employer” means the state of West Virginia, its boards, agencies, commissions, departments, institutions or spending units; a county board of education; a county, city or town in the state; any separate corporation or instrumentality established by one or more counties, cities or towns, as permitted by law; any corporation or instrumentality supported in most part by counties, cities or towns; any public corporation charged by law with the
performance of a governmental function and whose
jurisdiction is coextensive with one or more counties, cities
or towns; any comprehensive community mental health
center or comprehensive mental retardation facility
established, operated or licensed by the secretary of health
and human resources pursuant to section one, article
two-a, chapter twenty-seven of this code, and which is
supported in part by state, county or municipal funds; and
a combined city-county health department created pursu-
ant to article two, chapter sixteen of this code. Any
matters of doubt as to who is an “employer” within the
meaning of this article shall be decided by the director.
The term “employer” does not include within its meaning
the national guard.

(5) “Finance board” means the public employees insur-
ance agency finance board created by this article.

(6) “Person” means any individual, company, associa-
tion, organization, corporation or other legal entity,
including, but not limited to, hospital, medical, or dental
service corporations; health maintenance organizations or
similar organization providing pre-paid health benefits; or
individuals entitled to benefits under the provisions of this
article.

(7) “Plan” means the medical indemnity plan or a
managed care plan option offered by the agency.

(8) “Retired employee” means an employee of the state
who retired after the twenty-ninth day of April, one
thousand nine hundred seventy-one, and an employee of
the university of West Virginia board of trustees or the
board of directors of the state college system or a county
board of education who retires on or after the twenty-first
day of April, one thousand nine hundred seventy-two, and
all additional eligible employees who retire on or after the
effective date of this article, meet the minimum eligibility
requirements for their respective state retirement system
and whose last employer immediately prior to retirement
under the state retirement system is a participating
employer: Provided, That for the purposes of this article,
the employees who are not covered by a state retirement
system shall, in the case of education employees, meet the
minimum eligibility requirements of the state teachers retirement system, and in all other cases, meet the minimum eligibility requirements of the public employees retirement system.

§5-16-4. Public employees insurance agency finance board created; qualifications, terms and removal of members; quorum; compensation and expenses; termination date.

(a) There is hereby continued the public employees insurance agency finance board, which consists of the director and six members appointed by the governor with the advice and consent of the Senate for terms of four years and until the appointment of their successors: Provided, That of the two members added to the board by the amendment of this section, enacted during the regular legislative session, one thousand nine hundred ninety-nine, the at-large member shall be appointed for an initial term of two years and the member representing organized labor shall be appointed for a term of four years. Members may be reappointed for successive terms. No more than four members (including the director) may be of the same political party.

(b) Of the six members appointed by the governor, one member shall represent the interests of education employees, one shall represent the interests of public employees, one shall represent the interests of organized labor and three shall be selected from the public at large. The governor shall appoint the member representing the interests of education employees from a list of three names submitted by the largest organization of education employees in this state. The governor shall appoint the member representing the interests of organized labor from a list of three names submitted by the state's largest organization representing labor affiliates. The three members appointed from the public shall each have experience in the financing, development or management of employee benefit programs. All new appointments made after the first day of July, one thousand nine hundred ninety-four, shall be selected to represent the different geographical areas within the state and all members
shall be residents of West Virginia. No member may be
removed from office by the governor except for official
misconduct, incompetence, neglect of duty, neglect of
fiduciary duty or other specific responsibility imposed by
this article, or gross immorality.

(c) The director shall serve as chairperson of the finance
board, which shall meet at times and places specified by
the call of the director or upon the written request to the
director of at least two members. Notice of each meeting
shall be given in writing to each member by the director at
least three days in advance of the meeting. Four members
constitutes a quorum. The board shall pay each member
the same compensation and expense reimbursement as is
paid to members of the Legislature for their interim duties,
as recommended by the citizens legislative compensation
commission and authorized by law for each day or portion
of a day engaged in the discharge of official duties.

(d) Pursuant to the provisions of article ten, chapter four
of this code, the finance board shall terminate on the first
day of July, two thousand one, unless extended by legisla-
tion enacted before the termination date.

(e) Upon termination of the board and notwithstanding
any provisions in this article to the contrary, the director
is authorized to assess monthly employee premium contri-
butions and to change the types and levels of costs to
employees only in accordance with this subsection. Any
assessments or changes in costs imposed pursuant to this
subsection shall be implemented by legislative rule
proposed by the director for promulgation pursuant to the
provisions of article three, chapter twenty-nine-a of this
code; any employee assessments or costs previously
authorized by the finance board shall then remain in effect
until amended by rule of the director promulgated pursu-
ant to this subsection.

§5-16-5. Purpose, powers and duties of the finance board; initial
financial plan; financial plan for following year; and
annual financial plans.

(a) The purpose of the finance board created by this
article is to bring fiscal stability to the public employees
insurance agency through development of annual financial plans and long-range plans designed to meet the agency’s estimated total financial requirements, taking into account all revenues projected to be made available to the agency, and apportioning necessary costs equitably among participating employers, employees and retired employees and providers of health care services.

(b) The finance board shall retain the services of an impartial, professional actuary, with demonstrated experience in analysis of large group health insurance plans, to estimate the total financial requirements of the public employees insurance agency for each fiscal year and to review and render written professional opinions as to financial plans proposed by the finance board. The actuary shall also assist in the development of alternative financing options and perform any other services requested by the finance board or the director. All reasonable fees and expenses for actuarial services shall be paid by the public employees insurance agency. Any financial plan or modifications to a financial plan approved or proposed by the finance board pursuant to this section shall be submitted to and reviewed by the actuary, and may not be finally approved and submitted to the governor and to the Legislature without the actuary’s written professional opinion that the plan may be reasonably expected to generate sufficient revenues to meet all estimated program and administrative costs of the agency, including incurred but unreported claims, for the fiscal year for which the plan is proposed. The actuary’s opinion on the financial plan for each fiscal year shall allow for no more than thirty days of accounts payable to be carried over into the next fiscal year. The actuary’s opinion for any fiscal year shall not include a requirement for establishment of a reserve fund.

(c) All financial plans required by this section shall establish:

(1) Maximum levels of reimbursement which the public employees insurance agency makes to categories of health care providers;
(2) Any necessary cost containment measures for implement-
ment by the director;

(3) The levels of premium costs to participating employ-
ers; and

(4) The types and levels of cost to participating employ-
ees and retired employees.

The financial plans may provide for different levels of
costs based on the insureds' ability to pay. The finance
board may establish different levels of costs to retired
employees based upon length of employment with a
participating employer, ability to pay, or other relevant
factors. The financial plans may also include optional
alternative benefit plans with alternative types and levels
of cost. The finance board may develop policies which
encourage the use of West Virginia health care providers.

In addition, the finance board may allocate a portion of
the premium costs charged to participating employers to
subsidize the cost of coverage for participating retired
employees, on such terms as the finance board determines
are equitable and financially responsible.

(d) (1) The finance board shall prepare an annual finan-
cial plan for each fiscal year during which the finance
board remains in existence. The finance board chairman
shall request the actuary to estimate the total financial
requirements of the public employees insurance agency for
the fiscal year.

(2) The finance board shall prepare a proposed financial
plan designed to generate revenues sufficient to meet all
estimated program and administrative costs of the public
employees insurance agency for the fiscal year. The
proposed financial plan shall allow for no more than thirty
days of accounts payable to be carried over into the next
fiscal year. Before final adoption of the proposed financial
plan, the finance board shall request the actuary to review
the plan and to render a written professional opinion
stating whether the plan will generate sufficient revenues
to meet all estimated program and administrative costs of
the public employees insurance agency for the fiscal year.
The actuary's report shall explain the basis of its opinion. If the actuary concludes that the proposed financial plan will not generate sufficient revenues to meet all anticipated costs, then the finance board shall make necessary modifications to the proposed plan to ensure that all actuarially-determined financial requirements of the agency will be met.

(3) Upon obtaining the actuary's opinion, the finance board shall conduct one or more public hearings in each congressional district to receive public comment on the proposed financial plan, shall review such comments, and shall finalize and approve the financial plan.

(4) Any financial plan shall be designed to allow thirty days or less of accounts payable to be carried over into the next fiscal year. For each fiscal year, the governor shall provide his or her estimate of total revenues to the finance board no later than the fifteenth day of October of the preceding fiscal year: Provided, That for the prospective financial plans required by this section, the governor shall estimate the revenues available for each fiscal year of the plans, based on the estimated percentage of growth in general fund revenues. The finance board shall submit its final, approved financial plan, after obtaining the necessary actuary's opinion and conducting one or more public hearings in each congressional district, to the governor and to the Legislature no later than the first day of January preceding the fiscal year. The financial plan for a fiscal year becomes effective and shall be implemented by the director on the first day of July of the fiscal year. In addition to each final, approved financial plan required under this section, the finance board shall also simultaneously submit financial statements based on generally accepted accounting practices (GAAP) and the final, approved plan restated on an accrual basis of accounting, which shall include allowances for incurred but not reported claims: Provided, That the financial statements and the accrual-based financial plan restatement shall not affect the approved financial plan.
(e) The provisions of chapter twenty-nine-a of this code shall not apply to the preparation, approval and implementation of the financial plans required by this section.

(f) Beginning on the first day of January, two thousand, and every year thereafter, the finance board shall submit to the governor and the Legislature, a prospective financial plan, for a period not to exceed five years, for the programs provided for in this article. Factors that the board shall consider include, but shall not be limited to, the trends for the program and the industry; the medical rate of inflation; utilization patterns; cost of services; and, state specific information such as average age of employee population, active to retiree ratios, the service delivery system and health status of the population.

(g) The prospective financial plans shall be based on the estimated revenues submitted in accordance with subdivision (4) of subsection (d) of this section, and shall include an average of the projected cost-sharing percentages of premiums and an average of the projected deductibles and co-pays for the various programs. After the submission of the initial prospective plan, the board may not increase costs to the participating employers or change the average of the premiums, deductibles and co-pays for employees, except in the event of a true emergency as provided for in this section: Provided, That if the board invokes the emergency provisions, the cost shall be borne between the employers and employees in proportion to the cost-sharing ratio for that plan year: Provided, however, That for purposes of this section, “emergency” means that the most recent projections demonstrate that plan expenses will exceed plan revenues by more than one percent in any plan year.

(h) The finance board shall meet on at least a quarterly basis to review implementation of its current financial plan in light of the actual experience of the public employees insurance agency. The board shall review actual costs incurred, any revised cost estimates provided by the actuary, expenditures, and any other factors affecting the fiscal stability of the plan, and may make any additional modifications to the plan necessary to ensure that the total
financial requirements of the agency for the current fiscal year are met. The financial board may not increase the types and levels of cost to employees during its quarterly review except in the event of a true emergency.

(i) For any fiscal year in which legislative appropriations differ from the governor's estimate of general and special revenues available to the agency, the finance board shall, within thirty days after passage of the budget bill, make any modifications to the plan necessary to ensure that the total financial requirements of the agency for the current fiscal year are met.

§5-16-9. Authorization to execute contracts for group hospital and surgical insurance, group major medical insurance, group prescription drug insurance, group life and accidental death insurance and other accidental death insurance; mandated benefits; limitations; awarding of contracts; reinsurance; certificates for covered employees; discontinuance of contracts.

(a) The director is hereby given exclusive authorization to execute such contract or contracts as are necessary to carry out the provisions of this article and to provide the plan or plans of group hospital and surgical insurance, group major medical insurance coverage, group prescription drug insurance coverage and group life and accidental death insurance coverage selected in accordance with the provisions of this article, such contract or contracts to be executed with one or more agencies, corporations, insurance companies or service organizations licensed to sell group hospital and surgical insurance, group major medical insurance, group prescription drug insurance and group life and accidental death insurance in this state.

(b) The group hospital or surgical insurance coverage and group major medical insurance coverage herein provided for shall include coverages and benefits for X-ray and laboratory services in connection with mammogram and pap smears when performed for cancer screening or diagnostic services and annual checkups for prostate cancer in men age fifty and over. Such benefits shall include, but not be limited to, the following:
(1) Baseline or other recommended mammograms for women age thirty-five to thirty-nine, inclusive;

(2) Mammograms recommended or required for women age forty to forty-nine, inclusive, every two years or as needed;

(3) A mammogram every year for women age fifty and over;

(4) A pap smear annually or more frequently based on the woman's physician's recommendation for women age eighteen and over; and

(5) A checkup for prostate cancer annually for men age fifty or over.

(c) The group life and accidental death insurance herein provided for shall be in the amount of ten thousand dollars for every employee. The amount of the group life and accidental death insurance to which an employee would otherwise be entitled shall be reduced to five thousand dollars upon such employee attaining age sixty-five.

(d) All of the insurance coverage to be provided for under this article may be included in one or more similar contracts issued by the same or different carriers.

(e) The provisions of article three, chapter five-a of this code, relating to the division of purchases of the department of finance and administration, shall not apply to any contracts for any insurance coverage or professional services authorized to be executed under the provisions of this article. Before entering into any contract for any insurance coverage, as authorized in this article, the director shall invite competent bids from all qualified and licensed insurance companies or carriers, who may wish to offer plans for the insurance coverage desired: Provided, That the director shall negotiate and contract directly with health care providers and other entities, organizations and vendors in order to secure competitive premiums, prices and other financial advantages. The director shall deal directly with insurers or health care providers and other entities, organizations and vendors in presenting specifications and receiving quotations for bid purposes. No
commission or finder's fee, or any combination thereof, shall be paid to any individual or agent; but this shall not preclude an underwriting insurance company or companies, at their own expense, from appointing a licensed resident agent, within this state, to service the companies' contracts awarded under the provisions of this article. Commissions reasonably related to actual service rendered for the agent or agents may be paid by the underwriting company or companies: Provided, however, That in no event shall payment be made to any agent or agents when no actual services are rendered or performed. The director shall award the contract or contracts on a competitive basis. In awarding the contract or contracts the director shall take into account the experience of the offering agency, corporation, insurance company or service organization in the group hospital and surgical insurance field, group major medical insurance field, group prescription drug field and group life and accidental death insurance field, and its facilities for the handling of claims. In evaluating these factors, the director may employ the services of impartial, professional insurance analysts or actuaries or both. Any contract executed by the director with a selected carrier shall be a contract to govern all eligible employees subject to the provisions of this article. Nothing contained in this article shall prohibit any insurance carrier from soliciting employees covered hereunder to purchase additional hospital and surgical, major medical or life and accidental death insurance coverage.

(f) The director may authorize the carrier with whom a primary contract is executed to reinsure portions of the contract with other carriers which elect to be a reinsurer and who are legally qualified to enter into a reinsurance agreement under the laws of this state.

(g) Each employee who is covered under any contract or contracts shall receive a statement of benefits to which the employee, his or her spouse and his or her dependents are entitled under the contract, setting forth the information as to whom the benefits are payable, to whom claims shall be submitted, and a summary of the provisions of the
contract or contracts as they affect the employee, his or her spouse and his or her dependents.

(h) The director may at the end of any contract period discontinue any contract or contracts it has executed with any carrier and replace the same with a contract or contracts with any other carrier or carriers meeting the requirements of this article.

(i) The director shall provide by contract or contracts entered into under the provisions of this article the cost for coverage of children's immunization services from birth through age sixteen years to provide immunization against the following illnesses: Diphtheria, polio, mumps, measles, rubella, tetanus, hepatitis-b, haemophilus influenzae-b and whooping cough. Additional immunizations may be required by the commissioner of the bureau of public health for public health purposes. Any contract entered into to cover these services shall require that all costs associated with immunization, including the cost of the vaccine, if incurred by the health care provider, and all costs of vaccine administration, be exempt from any deductible, per visit charge and/or copayment provisions which may be in force in these policies or contracts. This section does not require that other health care services provided at the time of immunization be exempt from any deductible and/or copayment provisions.

§5-16-12. Misrepresentation by employer, employee or provider; penalty.

(a) Any person who knowingly secures or attempts to secure benefits payable under this article or anything of value to which the person is not entitled, or who knowingly secures or attempts to secure greater benefits than those to which the person is entitled, by willfully misrepresenting the presence or extent of benefits to which the person is entitled under a collateral insurance source, or by willfully misrepresenting any material fact relating to any other information requested by the director or by willfully overcharging for services provided, or by willfully misrepresenting the diagnosis or nature of the service provided, may be found to be overpaid and shall be civilly liable for any overpayment. In addition to the civil remedy provided
herein, the director shall withhold payment of any benefits or other payment due to that person until any overpayment has been recovered or may directly set off, after holding internal administrative proceedings to assure due process, any such overcharges or improperly derived payment against benefits or other payment due such person hereunder. Nothing in this section shall be construed to limit any other remedy or civil or criminal penalty provided by law.

(b) Any person who knowingly secures or attempts to secure benefits payable under this article or any other thing of value to which the person is not entitled, or knowingly attempts to secure greater benefits than those to which the person is entitled, by willfully misrepresenting, or aiding in the misrepresentation of, any material fact relating to employment, diagnosis or services rendered is guilty of a felony and, upon conviction thereof, shall be fined not more than five thousand dollars, imprisoned for not longer than two years, or both. Errors in coding for purposes of billing shall not be presumed to be evidence of criminal conduct in the absence of other competent evidence to the contrary.

§5-16-12a. Inspections; violations and penalties.

(a) Upon a determination of the director or his or her designated representative that there is probable cause to believe that fraud, abuse or other illegal activities involving transactions with the agency has occurred, the director or his or her designated representative is authorized to refer the alleged violations to the insurance commissioner for investigation and, if appropriate, prosecution, pursuant to article forty-one, chapter thirty-three of this code. For purposes of this section, “transactions with the agency” includes, but is not limited to, application by any insured or dependent, any employer, or any type of health care provider for payment to be made to that person or any third party by the agency.

(b) Any person who violates any provision of this article for which no other penalty is specifically provided is guilty of a misdemeanor and, upon conviction thereof, is subject to a fine of not less than one hundred dollars but not more
than five hundred dollars, or imprisonment for a period of not less than twenty-four hours but not more than fifteen days, or both.

§5-16-12b. Privileges and immunity.

(a) Any person who makes a report or furnishes information, written or oral, concerning suspected, anticipated or fraudulent activity to secure benefits payable under this article, or to secure greater benefits than those to which the person or provider is entitled, is entitled to those privileges and immunities existing under common or statutory law, as well as the immunity established in this section.

(b) In the absence of fraud, malice or bad faith, no person or agent, employee or designee of that person shall be subject to civil liability of any nature arising out of that person's provision of information related to suspected, anticipated or fraudulent activity in the securing of benefits payable or securing greater benefits than those to which the person or provider is entitled.

(c) Nothing in this section shall be construed to limit, abrogate or modify existing statutes or case law applicable to the duties or liabilities of persons acting in a manner that is itself fraudulent, with malice or in bad faith.

§5-16-24. Rules for administration of article; eligibility of certain retired employees and dependents of deceased members for coverage; employees on medical leave of absence entitled to coverage; life insurance.

The director shall promulgate any necessary rules for the effective administration of the provisions of this article. Except as specifically provided in subsection (e), section four of this article, all rules of the public employees insurance agency and all hearings held by the public employees insurance agency are exempt from the provisions of chapter twenty-nine-a of this code. Any rules promulgated by the public employees insurance board or director shall remain in full force and effect until they are amended or replaced by the director.
The rules shall provide that any employee of the state who has been compelled or required by law to retire before reaching the age of sixty-five years is eligible to participate in the public employees' health insurance program at the premium contribution established by the finance board after any extended coverage to which he or she, his or her spouse and dependents may be entitled by virtue of his or her accrued annual leave or sick leave, pursuant to the provisions of section thirteen of this article, has expired.

Any employee who voluntarily retires, as provided by law, is eligible to participate in the public employees' health insurance program at the premium contribution established by the finance board after any extended coverage to which he or she, his or her spouse and dependents may be entitled by virtue of his or her accrued annual leave or sick leave, pursuant to the provisions of section thirteen of this article, has expired: Provided, That the employee's last employer is a participating employer. The dependents of any deceased retired employee are entitled to continue their participation and coverage upon payment of the premium contribution established by the finance board.

In establishing the cost of health insurance coverage for retired employees and their spouses and dependents, the finance board, in its discretion, may cause the claims experience of the retired employees and their spouses and dependents to be rated separately from that of active employees and their spouses and dependents, or may cause the claims experience of retired and active employees, and their spouses and dependents, to be rated together.

Any employee who is on a medical leave of absence, approved by his or her employer, is subject to the following provisions of this paragraph, is entitled to continue his or her coverage until he or she returns to his or her employment, and the employee and employer shall continue to pay their proportionate share of premium costs as provided by this article: Provided, That the employer is obligated to pay its proportionate share of the premium cost only for a period of one year: Provided, however, That during the period of the leave of absence, the employee shall, at least once each month, submit to the
employer the statement of a qualified physician certifying that the employee is unable to return to work.

Any retiree is eligible to participate in the public employees' life insurance program, including the optional life insurance coverage as already available to active employees under this article, at his or her own expense for the cost of coverage, based upon actuarial experience; and the director shall prepare, by rule, for that participation and coverages under declining term insurance and optional additional coverage for the retirees.
That Joint Committee on Enrolled Bills hereby certifies that the foregoing bill is correctly enrolled.

Chairman Senate Committee

Chairman House Committee

Originating in the Senate.
In effect from passage.

Clerk of the Senate

Clerk of the House of Delegates

President of the Senate

Speaker House of Delegates

The within

this the 1st
Day of April

1999

Governor