

## CHAPTER 2

### SERVICES FOR MINERS

#### Section 1. **Eligibility for Services.**

(a) To be eligible for services or benefits provided by the Board an individual must:

(i) Obtain a Board registration form, provide all information required to fully complete the form, and submit the form as directed.

(ii) Be a current resident of Wyoming.

(iii) While a resident of Wyoming have:

(A) Twelve (12) consecutive months of service at a mine site in Wyoming or a contiguous state; or

(B) Been injured while at work in a mine in Wyoming or a contiguous state and be unable to continue working as a miner due to that injury.

(iv) Be in need of services provided by the Board.

(b) The following may be submitted as evidence of an individual's eligibility for services:

(i) Residency – Deed, Lease, or Real Estate Sales Contract; property tax statements; utility bills; voter registration; attestation by third parties; or any other information which verifies residency. A general hospital stay does not qualify as time toward meeting the residency period.

(ii) Employment as a miner – Employment records; W-2 forms; attestation by third parties with personal knowledge of the individual's employment as a miner; or any other information which verifies employment as a miner.

(iii) Injury and inability to work as miner – Workers Compensation records; mine personnel records; medical records; Social Security Records; or any other information which verifies that the injury occurred and the miner is unable to work as a miner due to the injury.

(iv) Need for services -- Provider's written statement.

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(iii) ~~Be or have been employed as a miner~~ While a resident of Wyoming have:

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(iii) Injury and inability to work as miner – Workers Compensation records; mine personnel records; medical records; Social Security Records; or any other information which verifies that the injury occurred and the miner is unable to work as a miner due to the injury.

- (iv) Need for services -- Provider=s written statement.

## Section 2. **Benefit Programs.**

In order to provide benefits with emphasis on pulmonary/respiratory, hearing loss, cardiac and musculoskeletal conditions of miners and as part of the Board=s plan to meet the miners= health care needs in the state as required by W.S. 30-6-102(b), benefits for all miners are established as follows:

(a) A Medical Assistance Benefit of not more than ~~one~~ five thousand dollars ~~(\$1,000.00)~~ (\$5,000.00) per miner/per calendar year.

(b) A Hearing Aid Benefit of not more than ~~one~~ two thousand dollars ~~(\$1,000.00)~~ (\$2,000.00) toward the purchase of new or replacement hearing aids.

~~(c) Effective January 1, 2008, the Medical Assistance Benefit is not more than five thousand dollars (\$5,000.00) per miner/per calendar year, and the Hearing Aid Benefit is not more than two thousand dollars (\$2,000.00).---~~

## Section 3. **Eligibility for Medical Assistance Benefit.**

(a) To be eligible for the Medical Assistance Benefit an individual must:

(i) Have completed a Board registration form and established eligibility as provided in Section 1.

(ii) Suffer from pulmonary/respiratory disease, hearing loss, a cardiac condition or a musculoskeletal condition which requires medical attention and care.

(iii) Have incurred expenses for medical care, including prescription drugs, related to covered conditions which no third party is obligated to pay.

A. Prescription drug assistance is available by securing a prescription card from the Board=s third party administrator.

(b) The following may be submitted as evidence of an individual=s eligibility for the benefit:

(i) **Diagnosis of Condition.** Written statement of physician, or any other information which verifies the condition and need for treatment.

(ii) Exhaustion of Third Party Sources of Payment. Explanation of Benefits from insurance company, medicaid or medicare or any other third party (except spouse or family member) responsible to pay for treatment received and statement from medical provider that other third party sources of payment have been explored and exhausted. A claimant may submit an affidavit certifying that he or she is not covered by any policy of insurance which provides coverage of or reimbursement for prescription medications.

(iii) Out-of-Pocket Expenses. Statement of medical provider or pharmacy; statement from health insurance company; or statement under penalty of perjury from miner, miner=s next-of-kin or personal representative.

#### Section 4. **Acceptance of Claims.**

(a) Claims for miners previously registered will be submitted directly to the Board=s third party administrator by the medical provider, miner, or pharmacy service company on a standard ~~HEALTH INSURANCE CLAIM FORM~~ health insurance claim form or other form acceptable to the third party administrator.

(b) Claims will be accepted on a first received/first accepted basis.

(c) Accepted claims will only be paid on a funds available basis. Once the funds budgeted for the initial period or a calendar year are exhausted, no further claims for services provided during that period or calendar year will be paid.

(d) All claims for the initial period or a calendar year must be received on or before June 30 of the year following.

(e) Claims received but not accepted or paid due to lack of budgeted funds may not be resubmitted or paid.

#### Section 5. **Payment of Accepted Claims.**

All payments will be made directly to medical providers or pharmacies. No payment will be made directly to individuals.

#### Section 6. **Hearing Aids.**

Payment of up to two thousand dollars (\$2,000.00) will be made to those providers on the Board's preferred provider list and of up to one thousand five hundred dollars (~~\$1,000.00~~ \$1,500.00) to other providers. Benefits received for hearing aids are not included in the Medical Assistance Benefit.



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