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Virginia Register of Regulations

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THE VIRGINIA REGISTER OF REGULATIONS (USPS-001831) is published biweekly, with quarterly cumulative indices published in January, April, July and October, for $179.00 per year by LexisNexis Matthew Bender, 1275 Broadway, Albany, NY 12204. Periodical postage is paid at Albany, NY and at additional mailing offices. POSTMASTER: Send address changes to LexisNexis Matthew Bender, 1275 Broadway, Albany, NY 12204.

THE VIRGINIA REGISTER INFORMATION PAGE

THE VIRGINIA REGISTER OF REGULATIONS is an official state publication issued every other week throughout the year. Indexes are published quarterly, and are cumulative for the year. The *Virginia Register* has several functions. The new and amended sections of regulations, both as proposed and as finally adopted, are required by law to be published in the *Virginia Register*. In addition, the *Virginia Register* is a source of other information about state government, including petitions for rulemaking, emergency regulations, executive orders issued by the Governor, the Virginia Tax Bulletin issued periodically by the Department of Taxation, and notices of public hearings and open meetings of state agencies.

ADOPTION, AMENDMENT, AND REPEAL OF REGULATIONS

An agency wishing to adopt, amend, or repeal regulations must first publish in the *Virginia Register* a notice of intended regulatory action; a basis, purpose, substance and issues statement; an economic impact analysis prepared by the Department of Planning and Budget; the agency's response to the economic impact analysis; a summary; a notice giving the public an opportunity to comment on the proposal; and the text of the proposed regulation.

Following publication of the proposal in the Virginia Register, the promulgating agency receives public comments for a minimum of 60 days. The Governor reviews the proposed regulation to determine if it is necessary to protect the public health, safety and welfare, and if it is clearly written and easily understandable. If the Governor chooses to comment on the proposed regulation, his comments must be transmitted to the agency and the Registrar no later than 15 days following the completion of the 60-day public comment period. The Governor's comments, if any, will be published in the *Virginia Register*. Not less than 15 days following the completion of the 60-day public comment period, the agency may adopt the proposed regulation.

The Joint Commission on Administrative Rules (JCAR) or the appropriate standing committee of each house of the General Assembly may meet during the promulgation or final adoption process and file an objection with the Registrar and the promulgating agency. The objection will be published in the *Virginia Register*. Within 21 days after receipt by the agency of a legislative objection, the agency shall file a response with the Registrar, the objecting legislative body, and the Governor.

When final action is taken, the agency again publishes the text of the regulation as adopted, highlighting all changes made to the proposed regulation and explaining any substantial changes made since publication of the proposal. A 30-day final adoption period begins upon final publication in the *Virginia Register*.

The Governor may review the final regulation during this time and, if he objects, forward his objection to the Registrar and the agency. In addition to or in lieu of filing a formal objection, the Governor may suspend the effective date of a portion or all of a regulation until the end of the next regular General Assembly session by issuing a directive signed by a majority of the members of the appropriate legislative body and the Governor. The Governor's objection or suspension of the regulation, or both, will be published in the *Virginia Register*. If the Governor finds that changes made to the proposed regulation have substantial impact, he may require the agency to provide an additional 30-day public comment period on the changes. Notice of the additional public comment period required by the Governor will be published in the *Virginia Register*.

The agency shall suspend the regulatory process for 30 days when it receives requests from 25 or more individuals to solicit additional public comment, unless the agency determines that the changes have minor or inconsequential impact.

A regulation becomes effective at the conclusion of the 30-day final adoption period, or at any other later date specified by the promulgating agency, unless (i) a legislative objection has been filed, in which event the regulation, unless withdrawn, becomes effective on the date specified, which shall be after the expiration of the 21-day objection period; (ii) the Governor exercises his authority to require the agency to provide for additional public comment, in which event the regulation, unless withdrawn, becomes effective on the date specified, which shall be after the expiration of the period for which the Governor has provided for additional public comment; (iii) the Governor and the General Assembly exercise their authority to suspend the effective date of a regulation until the end of the next regular legislative session; or (iv) the agency suspends the regulatory process, in which event the regulation, unless withdrawn, becomes effective on the date specified, which shall be after the expiration of the 30-day public comment period and no earlier than 15 days from publication of the readopted action.

Proposed regulatory action may be withdrawn by the promulgating agency at any time before the regulation becomes final.

FAST-TRACK RULEMAKING PROCESS

Section 2.2-4012.1 of the Code of Virginia provides an exemption from certain provisions of the Administrative Process Act for agency regulations deemed by the Governor to be noncontroversial. To use this process, Governor's concurrence is required and advance notice must be provided to certain legislative committees. Fast-track regulations will become effective on the date noted in the regulatory action if no objections to using the process are filed in accordance with § 2.2-4012.1.

EMERGENCY REGULATIONS

Pursuant to § 2.2-4011 of the Code of Virginia, an agency, upon consultation with the Attorney General, and at the discretion of the Governor, may adopt emergency regulations that are necessitated by an emergency situation. An agency may also adopt an emergency regulation when Virginia statutory law or the appropriation act or federal law or federal regulation requires that a regulation be effective in 280 days or less from its enactment. The emergency regulation becomes operative upon its adoption and filing with the Registrar of Regulations, unless a later date is specified. Emergency regulations are limited to no more than 12 months in duration; however, may be extended for six months under certain circumstances as provided for in § 2.2-4011 D. Emergency regulations are published as soon as possible in the *Register*.

During the time the emergency status is in effect, the agency may proceed with the adoption of permanent regulations through the usual procedures. To begin promulgating the replacement regulation, the agency must (i) file the Notice of Intended Regulatory Action with the Registrar within 60 days of the effective date of the emergency regulation and (ii) file the proposed regulation with the Registrar within 180 days of the effective date of the emergency regulation. If the agency chooses not to adopt the regulations, the emergency status ends when the prescribed time limit expires.

STATEMENT

The foregoing constitutes a generalized statement of the procedures to be followed. For specific statutory language, it is suggested that Article 2 (§ 2.2-4006 et seq.) of Chapter 40 of Title 2.2 of the Code of Virginia be examined carefully.

CITATION TO THE *VIRGINIA REGISTER*

The *Virginia Register* is cited by volume, issue, page number, and date. **23:7 VA.R. 1023-1140 December 11, 2006,** refers to Volume 23, Issue 7, pages 1023 through 1140 of the *Virginia Register* issued on December 11, 2006.

The Virginia Register of Regulations is published pursuant to Article 6 (§ 2.2-4031 et seq.) of Chapter 40 of Title 2.2 of the Code of Virginia.

PUBLICATION SCHEDULE AND DEADLINES

This schedule is available on the *Register*'s Internet home page (http://register.state.va.us).

March 2009 through December 2009

Volume: Issue	Material Submitted By Noon*	Will Be Published On
INDEX 2 Volume 25		**April 2009**
25:15	March 11, 2009	March 30, 2009
25:16	March 25, 2009	April 13, 2009
25:17	April 8, 2009	April 27, 2009
25:18	April 22, 2009	May 11, 2009
25:19	May 6, 2009	May 25, 2009
25:20	May 20, 2009	June 8, 2009
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26:4	October 7, 2009	October 26, 2009
26:5	October 21, 2009	November 9, 2009
26:6	November 4, 2009	
26:7	November 17, 2009 **(Tuesday)**	December 7, 2009
INDEX 1 Volume 26		**January 2010**
26:8	December 2, 2009	December 21, 2009

*Filing deadlines are Wednesdays unless otherwise specified.

CUMULATIVE TABLE OF VIRGINIA ADMINISTRATIVE CODE SECTIONS ADOPTED, AMENDED, OR REPEALED

The table printed below lists regulation sections, by Virginia Administrative Code (VAC) title, that have been amended, added or repealed in the *Virginia Register* since the regulations were originally published or last supplemented in VAC (the Fall 2008 VAC Supplement includes final regulations published through *Virginia Register* Volume 24, Issue 24, dated August 4, 2008). Emergency regulations, if any, are listed, followed by the designation "emer," and errata pertaining to final regulations are listed. Proposed regulations are not listed here. The table lists the sections in numerical order and shows action taken, the volume, issue and page number where the section appeared, and the effective date of the section.

SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
Title 1. Administration			
1 VAC 17-10-10 through 1 VAC 17-10-90	Repealed	25:8 VA.R. 1484	1/21/09
1 VAC 17-11-10 through 1 VAC 17-11-110	Added	25:8 VA.R. 1484-1487	1/21/09
1 VAC 30-10-10 through 1 VAC 30-10-70	Repealed	25:8 VA.R. 1487	1/21/09
1 VAC 30-11-10 through 1 VAC 30-11-110	Erratum	25:9 VA.R. 1827	--
1 VAC 30-11-10 through 1 VAC 30-11-110	Added	25:8 VA.R. 1488-1490	1/21/09
1 VAC 30-45-10 through 1 VAC 30-45-860	Added	25:7 VA.R. 1409-1413	1/1/09
1 VAC 30-46-10 through 1 VAC 30-46-210	Added	25:7 VA.R. 1413-1417	1/1/09
1 VAC 50-10-60 through 1 VAC 50-10-150	Repealed	25:2 VA.R. 119	10/29/08
1 VAC 50-11-10 through 1 VAC 50-11-110	Added	25:2 VA.R. 119-122	10/29/08
1 VAC 55-10-10 through 1 VAC 55-10-50	Repealed	25:2 VA.R. 122	10/29/08
1 VAC 55-11-10 through 1 VAC 55-11-110	Added	25:2 VA.R. 122-125	10/29/08
1 VAC 75-10-10 through 1 VAC 75-10-40	Repealed	24:25 VA.R. 3523	9/17/08
1 VAC 75-11-10 through 1 VAC 75-11-110	Added	24:25 VA.R. 3523-3526	9/17/08
Title 2. Agriculture			
2 VAC 5-10-10 through 2 VAC 5-10-70	Repealed	25:3 VA.R. 342	11/12/08
2 VAC 5-11-10 through 2 VAC 5-11-110	Added	25:3 VA.R. 343-345	11/12/08
2 VAC 5-60-10	Amended	25:11 VA.R. 1889	3/4/09
2 VAC 5-190-30	Amended	25:11 VA.R. 1890	3/4/09
2 VAC 5-205-20	Amended	25:11 VA.R. 1890	3/4/09
2 VAC 5-206-10 through 2 VAC 5-206-50	Added	24:25 VA.R. 3527-3531	10/3/08
2 VAC 5-210-20	Amended	25:11 VA.R. 1891	3/4/09
2 VAC 5-230-30	Amended	25:11 VA.R. 1892	3/4/09
2 VAC 5-230-50	Amended	25:11 VA.R. 1892	3/4/09
2 VAC 5-230-60	Amended	25:11 VA.R. 1892	3/4/09
2 VAC 5-300-50	Amended	25:11 VA.R. 1924	3/4/09
2 VAC 5-320-10	Amended	25:11 VA.R. 1892	3/4/09
2 VAC 5-320-10	Erratum	25:13 VA.R. 2565	--
2 VAC 5-325-10	Amended	25:11 VA.R. 1893	3/4/09
2 VAC 5-325-10	Erratum	25:13 VA.R. 2565	--
2 VAC 5-330-10	Amended	25:11 VA.R. 1893	3/4/09
2 VAC 5-330-30	Amended	25:2 VA.R. 126	10/15/08
2 VAC 5-330-30	Erratum	25:13 VA.R. 2565	--
2 VAC 5-335-10 through 2 VAC 5-335-130	Added	25:2 VA.R. 126-129	10/15/08
2 VAC 5-340-140	Amended	25:11 VA.R. 1894	3/4/09
2 VAC 5-340-140	Erratum	25:13 VA.R. 2565	--
2 VAC 5-340-170	Amended	25:11 VA.R. 1895	3/4/09
2 VAC 5-340-170	Erratum	25:13 VA.R. 2565	--
2 VAC 5-340-180	Amended	25:11 VA.R. 1896	3/4/09
2 VAC 5-350-10 through 2 VAC 5-350-60	Amended	25:11 VA.R. 1896-1898	3/4/09

SECTION NUMBER	ACTION	CITE	EFFECTIVE DATE
2 VAC 5-350-20	Erratum	25:13 VA.R. 2565	--
2 VAC 5-350-80	Amended	25:11 VA.R. 1898	3/4/09
2 VAC 5-360-10	Amended	25:11 VA.R. 1899	3/4/09
2 VAC 5-360-50	Amended	25:11 VA.R. 1900	3/4/09
2 VAC 5-370-10	Amended	25:11 VA.R. 1901	3/4/09
2 VAC 5-370-10	Erratum	25:13 VA.R. 2566	--
2 VAC 5-380-10	Amended	25:11 VA.R. 1901	3/4/09
2 VAC 5-380-10	Erratum	25:13 VA.R. 2566	--
2 VAC 5-380-60	Amended	25:11 VA.R. 1901	3/4/09
2 VAC 5-390-20	Amended	25:11 VA.R. 1902	3/4/09
2 VAC 5-390-20	Erratum	25:13 VA.R. 2566	--
2 VAC 5-390-30	Amended	25:11 VA.R. 1902	3/4/09
2 VAC 5-390-40	Amended	25:11 VA.R. 1903	3/4/09
2 VAC 5-390-60	Amended	25:11 VA.R. 1903	3/4/09
2 VAC 5-390-70	Amended	25:11 VA.R. 1903	3/4/09
2 VAC 5-390-80	Amended	25:11 VA.R. 1904	3/4/09
2 VAC 5-390-80	Erratum	25:13 VA.R. 2566	--
2 VAC 5-390-100	Amended	25:11 VA.R. 1904	3/4/09
2 VAC 5-390-110	Amended	25:11 VA.R. 1904	3/4/09
2 VAC 5-390-120	Amended	25:11 VA.R. 1906	3/4/09
2 VAC 5-390-160	Amended	25:11 VA.R. 1906	3/4/09
2 VAC 5-390-170	Amended	25:11 VA.R. 1906	3/4/09
2 VAC 5-390-180	Amended	25:11 VA.R. 1906	3/4/09
2 VAC 5-400-10	Amended	25:11 VA.R. 1907	3/4/09
2 VAC 5-400-10	Erratum	25:13 VA.R. 2566	--
2 VAC 5-400-30	Amended	25:11 VA.R. 1907	3/4/09
2 VAC 5-400-90	Amended	25:11 VA.R. 1908	3/4/09
2 VAC 5-440-20	Amended	25:11 VA.R. 1909	3/4/09
2 VAC 5-440-20	Erratum	25:13 VA.R. 2566	--
2 VAC 5-440-110	Amended	25:11 VA.R. 1909	3/4/09
2 VAC 5-450-20	Amended	25:11 VA.R. 1909	3/4/09
2 VAC 5-490-10	Amended	25:11 VA.R. 1909	3/4/09
2 VAC 5-490-31	Amended	25:11 VA.R. 1915	3/4/09
2 VAC 5-501-30	Amended	25:11 VA.R. 1917	3/4/09
2 VAC 5-501-60	Amended	25:11 VA.R. 1919	3/4/09
2 VAC 5-501-70	Amended	25:11 VA.R. 1922	3/4/09
2 VAC 5-570-70	Amended	25:11 VA.R. 1923	3/4/09
2 VAC 5-620-20	Amended	25:11 VA.R. 1924	3/4/09
2 VAC 5-620-100	Amended	25:11 VA.R. 1924	3/4/09
2 VAC 15-11-10 through 2 VAC 15-11-120	Repealed	25:4 VA.R. 576	11/26/08
2 VAC 15-12-10 through 2 VAC 15-12-110	Added	25:4 VA.R. 577-579	11/26/08
2 VAC 15-20-90	Amended	25:10 VA.R. 1847	2/18/09
2 VAC 15-20-110	Amended	25:10 VA.R. 1848	2/18/09
2 VAC 15-20-120	Amended	25:10 VA.R. 1848	2/18/09
2 VAC 20-10-10 through 2 VAC 20-10-120	Repealed	25:5 VA.R. 792	12/10/08
2 VAC 20-11-10 through 2 VAC 20-11-110	Added	25:5 VA.R. 792-795	12/10/08
2 VAC 20-20-10	Amended	25:12 VA.R. 2041	3/18/09
2 VAC 20-20-30	Amended	25:12 VA.R. 2041	3/18/09
2 VAC 20-20-120	Amended	25:12 VA.R. 2042	3/18/09
2 VAC 20-30-10	Amended	25:12 VA.R. 2043	3/18/09
2 VAC 20-30-30	Amended	25:12 VA.R. 2043	3/18/09

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2 VAC 20-30-40	Amended	25:12 VA.R. 2043	3/18/09
2 VAC 20-40-10	Amended	25:12 VA.R. 2044	3/18/09
2 VAC 20-40-90	Amended	25:12 VA.R. 2045	3/18/09
2 VAC 20-51-10 through 2 VAC 20-51-50	Amended	25:3 VA.R. 346-350	12/1/08
2 VAC 20-51-70	Amended	25:3 VA.R. 350	12/1/08
2 VAC 20-51-90	Amended	25:3 VA.R. 351	12/1/08
2 VAC 20-51-100	Amended	25:3 VA.R. 351	12/1/08
2 VAC 20-51-160	Amended	25:3 VA.R. 351	12/1/08
2 VAC 20-51-170	Amended	25:3 VA.R. 352	12/1/08
2 VAC 20-51-200	Amended	25:3 VA.R. 352	12/1/08
2 VAC 20-51-210	Amended	25:3 VA.R. 352	12/1/08
Title 3. Alcoholic Beverages			
3 VAC 5-10	Erratum	25:9 VA.R. 1826	--
3 VAC 5-10-480	Repealed	25:6 VA.R. 1173	12/24/08
3 VAC 5-11-10 through 3 VAC 5-11-110	Added	25:6 VA.R. 1175-1178	12/24/08
3 VAC 5-50-40	Amended	25:11 VA.R. 1926	3/4/09
3 VAC 5-50-50	Amended	25:11 VA.R. 1926	3/4/09
3 VAC 5-50-80	Amended	25:11 VA.R. 1926	3/4/09
3 VAC 5-50-100	Amended	25:11 VA.R. 1927	3/4/09
3 VAC 5-50-130	Amended	25:11 VA.R. 1928	3/4/09
3 VAC 5-50-140 emer	Amended	25:11 VA.R. 1925	1/9/08-6/30/09
3 VAC 5-50-140	Amended	25:11 VA.R. 1929	3/4/09
3 VAC 5-50-230 emer	Added	25:11 VA.R. 1929	1/13/09-1/12/10
Title 4. Conservation and Natural Resources			
4 VAC 3-10-10	Repealed	25:2 VA.R. 129	10/29/08
4 VAC 3-10-20	Repealed	25:2 VA.R. 129	10/29/08
4 VAC 3-10-30	Repealed	25:2 VA.R. 129	10/29/08
4 VAC 3-11-10 through 4 VAC 3-11-110	Added	25:2 VA.R. 130-132	10/29/08
4 VAC 5-10-10	Repealed	25:2 VA.R. 132	10/29/08
4 VAC 5-10-20	Repealed	25:2 VA.R. 132	10/29/08
4 VAC 5-10-30	Repealed	25:2 VA.R. 132	10/29/08
4 VAC 5-11-10 through 4 VAC 5-11-110	Added	25:2 VA.R. 133-136	10/29/08
4 VAC 5-36-50	Amended	25:6 VA.R. 1178	1/1/09
4 VAC 5-36-60	Amended	25:6 VA.R. 1183	1/1/09
4 VAC 5-36-70	Amended	25:6 VA.R. 1184	1/1/09
4 VAC 5-36-90	Amended	25:6 VA.R. 1185	1/1/09
4 VAC 5-36-100	Amended	25:6 VA.R. 1187	1/1/09
4 VAC 5-36-110	Amended	25:6 VA.R. 1191	1/1/09
4 VAC 5-36-115	Added	25:6 VA.R. 1192	1/1/09
4 VAC 5-36-120	Amended	25:6 VA.R. 1192	1/1/09
4 VAC 5-36-140	Amended	25:6 VA.R. 1193	1/1/09
4 VAC 5-36-150	Amended	25:6 VA.R. 1195	1/1/09
4 VAC 5-36-180	Amended	25:6 VA.R. 1198	1/1/09
4 VAC 5-36-200	Amended	25:6 VA.R. 1199	1/1/09
4 VAC 5-36-210	Amended	25:6 VA.R. 1204	1/1/09
4 VAC 10-10-10 through 4 VAC 10-10-30	Repealed	25:6 VA.R. 1208	12/24/08
4 VAC 10-11-10 through 4 VAC 10-11-110	Added	25:6 VA.R. 1209-1212	12/24/08
4 VAC 15-450-10 through 4 VAC 15-450-40	Added	25:10 VA.R. 1849-1850	1/1/09
4 VAC 20-20-50	Amended	25:6 VA.R. 1212	11/1/08
4 VAC 20-252-90	Amended	25:6 VA.R. 1213	11/1/08
4 VAC 20-252-100	Amended	25:6 VA.R. 1213	11/1/08

Cumulative Table of VAC Sections Adopted, Amended, or Repealed

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4 VAC 20-260-35 emer	Amended	25:3 VA.R. 353	10/1/08-10/31/08
4 VAC 20-260-35	Amended	25:6 VA.R. 1213	11/1/08
4 VAC 20-260-40 emer	Amended	25:3 VA.R. 353	10/1/08-10/31/08
4 VAC 20-260-40	Amended	25:6 VA.R. 1213	11/1/08
4 VAC 20-270-10 emer	Amended	25:14 VA.R. 2591	2/26/09-3/28/09
4 VAC 20-270-30 emer	Amended	25:14 VA.R. 2591	2/26/09-3/28/09
4 VAC 20-270-40	Amended	25:12 VA.R. 2048	2/1/09
4 VAC 20-270-40 emer	Amended	25:14 VA.R. 2592	2/26/09-3/28/09
4 VAC 20-270-55 emer	Amended	25:14 VA.R. 2592	2/26/09-3/28/09
4 VAC 20-270-60 emer	Amended	25:14 VA.R. 2592	2/26/09-3/28/09
4 VAC 20-490-20	Amended	25:14 VA.R. 2593	3/1/09
4 VAC 20-490-30	Amended	25:14 VA.R. 2595	3/1/09
4 VAC 20-490-40	Amended	25:14 VA.R. 2595	3/1/09
4 VAC 20-490-41	Amended	25:14 VA.R. 2595	3/1/09
4 VAC 20-530-10 emer	Amended	25:14 VA.R. 2596	2/26/09-3/28/09
4 VAC 20-530-20 emer	Amended	25:14 VA.R. 2596	2/26/09-3/28/09
4 VAC 20-530-31 emer	Amended	25:14 VA.R. 2597	2/26/09-3/28/09
4 VAC 20-530-40 emer	Amended	25:14 VA.R. 2597	2/26/09-3/28/09
4 VAC 20-620-20	Amended	25:3 VA.R. 354	10/1/08
4 VAC 20-620-30	Amended	25:3 VA.R. 354	10/1/08
4 VAC 20-620-40	Amended	25:3 VA.R. 355	10/1/08
4 VAC 20-620-70	Amended	25:14 VA.R. 2597	3/1/09
4 VAC 20-700-20	Amended	25:14 VA.R. 2598	3/1/09
4 VAC 20-720-20	Amended	25:3 VA.R. 357	10/1/08
4 VAC 20-720-40	Amended	25:3 VA.R. 359	10/1/08
4 VAC 20-720-50	Amended	25:3 VA.R. 360	10/1/08
4 VAC 20-720-60	Amended	25:3 VA.R. 360	10/1/08
4 VAC 20-720-70	Amended	25:3 VA.R. 360	10/1/08
4 VAC 20-720-75	Amended	25:3 VA.R. 361	10/1/08
4 VAC 20-720-80	Amended	25:3 VA.R. 361	10/1/08
4 VAC 20-720-95	Amended	25:3 VA.R. 361	10/1/08
4 VAC 20-720-100	Amended	25:3 VA.R. 361	10/1/08
4 VAC 20-720-106 emer	Amended	25:1 VA.R. 24	9/1/08-9/30/08
4 VAC 20-720-106	Amended	25:3 VA.R. 361	10/1/08
4 VAC 20-751-10 emer	Amended	25:3 VA.R. 362	9/29/08-10/28/08
4 VAC 20-751-15 emer	Amended	25:3 VA.R. 362	9/29/08-10/28/08
4 VAC 20-751-20 emer	Amended	25:3 VA.R. 362	9/29/08-10/28/08
4 VAC 20-751-20	Amended	25:6 VA.R. 1214	10/29/08
4 VAC 20-910-45	Amended	24:25 VA.R. 3537	8/1/08
4 VAC 20-910-45	Amended	25:6 VA.R. 1214	11/1/08
4 VAC 20-950-47	Amended	25:8 VA.R. 1491	1/1/09
4 VAC 20-950-48	Amended	25:8 VA.R. 1491	1/1/09
4 VAC 20-1040-20	Amended	25:8 VA.R. 1492	11/30/08
4 VAC 20-1040-25	Added	25:8 VA.R. 1493	11/30/08
4 VAC 20-1150-10	Added	24:25 VA.R. 3538	8/1/08
4 VAC 20-1150-20	Added	24:25 VA.R. 3538	8/1/08
4 VAC 20-1170-10	Added	25:6 VA.R. 1215	12/1/08
4 VAC 20-1170-20	Added	25:6 VA.R. 1215	12/1/08
4 VAC 20-1180-10 through 4 VAC 20-1180-60	Added	25:9 VA.R. 1680-1681	12/22/08
4 VAC 20-1190-10	Added	25:12 VA.R. 2049	2/1/09
4 VAC 20-1190-20	Added	25:12 VA.R. 2049	2/1/09

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4 VAC 25-10-10 through 4 VAC 25-10-90	Repealed	25:5 VA.R. 795	12/25/08
4 VAC 25-11-10 through 4 VAC 25-11-120	Added	25:5 VA.R. 797-800	12/25/08
4 VAC 25-130-816.22	Amended	25:12 VA.R. 2049	3/18/09
4 VAC 25-130-816.43	Amended	25:12 VA.R. 2051	3/18/09
4 VAC 25-130-816.116	Amended	25:12 VA.R. 2052	3/18/09
4 VAC 25-130-817.22	Amended	25:12 VA.R. 2054	3/18/09
4 VAC 25-130-817.43	Amended	25:12 VA.R. 2055	3/18/09
4 VAC 25-130-817.116	Amended	25:12 VA.R. 2057	3/18/09
4 VAC 25-130-842.15	Amended	25:12 VA.R. 2058	3/18/09
4 VAC 50-10-10	Repealed	25:2 VA.R. 137	10/29/08
4 VAC 50-10-20	Repealed	25:2 VA.R. 137	10/29/08
4 VAC 50-10-30	Repealed	25:2 VA.R. 137	10/29/08
4 VAC 50-11-10 through 4 VAC 50-11-110	Added	25:2 VA.R. 138-141	10/29/08
4 VAC 50-20-20 through 4 VAC 50-20-90	Amended	24:25 VA.R. 3539-3554	9/26/08
4 VAC 50-20-51	Added	24:25 VA.R. 3544	9/26/08
4 VAC 50-20-52	Added	24:25 VA.R. 3545	9/26/08
4 VAC 50-20-54	Added	24:25 VA.R. 3545	9/26/08
4 VAC 50-20-58	Added	24:25 VA.R. 3546	9/26/08
4 VAC 50-20-59	Added	24:25 VA.R. 3546	9/26/08
4 VAC 50-20-100 through 4 VAC 50-20-140	Repealed	24:25 VA.R. 3554-3558	9/26/08
4 VAC 50-20-105	Added	24:25 VA.R. 3554	9/26/08
4 VAC 50-20-125	Added	24:25 VA.R. 3557	9/26/08
4 VAC 50-20-150 through 4 VAC 50-20-240	Amended	24:25 VA.R. 3558-3563	9/26/08
4 VAC 50-20-155	Added	24:25 VA.R. 3558	9/26/08
4 VAC 50-20-165	Added	24:25 VA.R. 3559	9/26/08
4 VAC 50-20-175	Added	24:25 VA.R. 3560	9/26/08
4 VAC 50-20-177	Added	24:25 VA.R. 3561	9/26/08
4 VAC 50-20-250	Repealed	24:25 VA.R. 3564	9/26/08
4 VAC 50-20-260 through 4 VAC 50-20-320	Amended	24:25 VA.R. 3564-3565	9/26/08
4 VAC 50-20-330 through 4 VAC 50-20-400	Added	24:25 VA.R. 3565-3567	9/26/08
Title 5. Corporations			
5 VAC 5-20-10	Amended	25:14 VA.R. 2601	3/11/09
5 VAC 5-20-20	Amended	25:14 VA.R. 2601	3/11/09
5 VAC 5-20-80	Amended	25:14 VA.R. 2602	3/11/09
5 VAC 5-20-90	Amended	25:14 VA.R. 2602	3/11/09
5 VAC 5-20-100	Amended	25:14 VA.R. 2602	3/11/09
5 VAC 5-20-120 through 5 VAC 5-20-150	Amended	25:14 VA.R. 2603-2604	3/11/09
5 VAC 5-20-170	Amended	25:14 VA.R. 2604	3/11/09
5 VAC 5-20-180	Amended	25:14 VA.R. 2605	3/11/09
5 VAC 5-20-240 through 5 VAC 5-20-280	Amended	25:14 VA.R. 2605-2608	3/11/09
Title 6. Criminal Justice and Corrections			
6 VAC 15-10-10 through 6 VAC 15-10-100	Repealed	25:3 VA.R. 363	11/15/08
6 VAC 15-11-10 through 6 VAC 15-11-110	Added	25:3 VA.R. 363-366	11/15/08
6 VAC 15-31-320	Amended	24:25 VA.R. 3568	9/18/08
6 VAC 15-70-10	Amended	25:3 VA.R. 367	11/15/08
6 VAC 15-70-40 through 6 VAC 15-70-130	Amended	25:3 VA.R. 367-372	11/15/08
6 VAC 15-70-160	Amended	25:3 VA.R. 372	11/15/08
6 VAC 20-10-10 through 6 VAC 20-10-50	Repealed	25:10 VA.R. 1850	2/20/09
6 VAC 20-11-10 through 6 VAC 20-11-110	Added	25:10 VA.R. 1851-1853	2/20/09
6 VAC 20-160-10	Amended	25:2 VA.R. 141	10/29/08
6 VAC 20-160-20	Amended	25:2 VA.R. 142	10/29/08

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6 VAC 20-160-30	Amended	25:2 VA.R. 142	10/29/08
6 VAC 20-160-40	Amended	25:2 VA.R. 143	10/29/08
6 VAC 20-160-60	Amended	25:2 VA.R. 144	10/29/08
6 VAC 20-160-70	Amended	25:2 VA.R. 144	10/29/08
6 VAC 20-160-80	Amended	25:2 VA.R. 144	10/29/08
6 VAC 20-160-100	Amended	25:2 VA.R. 145	10/29/08
6 VAC 20-160-120	Amended	25:2 VA.R. 145	10/29/08
6 VAC 35-10-10 through 6 VAC 35-10-150	Repealed	24:25 VA.R. 3573	9/17/08
6 VAC 35-11-10 through 6 VAC 35-11-110	Added	24:25 VA.R. 3574-3576	9/17/08
6 VAC 35-20-37 emer	Amended	25:3 VA.R. 373	8/1/07-1/31/09
6 VAC 35-20-37	Amended	25:4 VA.R. 626	12/12/08
6 VAC 35-51-10 through 6 VAC 35-51-1100	Added	24:25 VA.R. 3577-3610	9/17/08
6 VAC 35-140-46	Added	25:3 VA.R. 376	12/12/08
6 VAC 40-10-10 through 6 VAC 40-10-90	Repealed	25:2 VA.R. 146	10/30/08
6 VAC 40-11-10 through 6 VAC 40-110	Added	25:2 VA.R. 147-149	10/30/08
6 VAC 40-20-30	Amended	24:26 VA.R. 3718	10/16/08
6 VAC 40-20-120	Amended	24:26 VA.R. 3718	10/16/08
6 VAC 40-20-130	Amended	24:26 VA.R. 3718	10/16/08
6 VAC 40-20-160	Amended	24:26 VA.R. 3718	10/16/08
Title 7. Economic Development			
7 VAC 10-20-10 through 7 VAC 10-20-350	Repealed	24:26 VA.R. 3719	9/1/08
7 VAC 10-21-10 through 7 VAC 10-21-610	Added	24:26 VA.R. 3719-3729	9/1/08
Title 8. Education			
8 VAC 20-10-10	Repealed	25:11 VA.R. 1930	3/19/09
8 VAC 20-11-10 through 8 VAC 20-11-110	Added	25:11 VA.R. 1932-1935	3/19/09
8 VAC 35-60-20	Amended	25:5 VA.R. 800	11/10/08
8 VAC 40-10-10 through 8 VAC 40-10-90	Repealed	25:3 VA.R. 376	1/1/09
8 VAC 40-11-10 through 8 VAC 40-11-110	Added	25:3 VA.R. 377-379	1/1/09
Title 9. Environment			
9 VAC 5-5-10 through 9 VAC 5-5-110	Added	25:5 VA.R. 801-804	1/1/09
9 VAC 5-10-20	Amended	25:12 VA.R. 2060	4/2/09
9 VAC 5-20-21	Amended	25:12 VA.R. 2068	3/18/09
9 VAC 5-30-55	Amended	25:12 VA.R. 2072	3/18/09
9 VAC 5-30-56	Added	25:12 VA.R. 2072	3/18/09
9 VAC 5-30-65	Amended	25:12 VA.R. 2072	3/18/09
9 VAC 5-40-5600 through 9 VAC 5-40-5645	Repealed	25:12 VA.R. 2088-2097	3/18/09
9 VAC 5-50-400	Amended	25:12 VA.R. 2073	3/18/09
9 VAC 5-50-410	Amended	25:12 VA.R. 2074	3/18/09
9 VAC 5-60-60	Amended	25:12 VA.R. 2079	3/18/09
9 VAC 5-60-90	Amended	25:12 VA.R. 2080	3/18/09
9 VAC 5-60-100	Amended	25:12 VA.R. 2080	3/18/09
9 VAC 5-80-5	Added	25:6 VA.R. 1231	12/31/08
9 VAC 5-80-15	Added	25:6 VA.R. 1234	12/31/08
9 VAC 5-80-25	Added	25:6 VA.R. 1234	12/31/08
9 VAC 5-80-35	Added	25:6 VA.R. 1235	12/31/08
9 VAC 5-80-150	Amended	25:6 VA.R. 1237	12/31/08
9 VAC 5-80-230	Amended	25:6 VA.R. 1237	12/31/08
9 VAC 5-80-270	Amended	25:6 VA.R. 1238	12/31/08
9 VAC 5-80-510	Amended	25:6 VA.R. 1239	12/31/08
9 VAC 5-80-590	Amended	25:6 VA.R. 1241	12/31/08
9 VAC 5-80-670	Amended	25:6 VA.R. 1241	12/31/08

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9 VAC 5-80-670	Erratum	25:8 VA.R. 1644	--
9 VAC 5-80-860	Amended	25:6 VA.R. 1243	12/31/08
9 VAC 5-80-990	Amended	25:6 VA.R. 1243	12/31/08
9 VAC 5-80-1020	Amended	25:6 VA.R. 1244	12/31/08
9 VAC 5-80-1100	Amended	25:6 VA.R. 1258	12/31/08
9 VAC 5-80-1110	Amended	25:6 VA.R. 1259	12/31/08
9 VAC 5-80-1160	Amended	25:6 VA.R. 1244	12/31/08
9 VAC 5-80-1170	Amended	25:6 VA.R. 1245	12/31/08
9 VAC 5-80-1290	Amended	25:6 VA.R. 1246	12/31/08
9 VAC 5-80-1320	Amended	25:6 VA.R. 1264	12/31/08
9 VAC 5-80-1450	Amended	25:6 VA.R. 1247	12/31/08
9 VAC 5-80-1450	Erratum	25:8 VA.R. 1644	--
9 VAC 5-80-1460	Amended	25:6 VA.R. 1248	12/31/08
9 VAC 5-80-1615	Amended	25:6 VA.R. 1218	12/31/08
9 VAC 5-80-1695	Amended	25:6 VA.R. 1229	12/31/08
9 VAC 5-80-1765	Amended	25:6 VA.R. 1249	12/31/08
9 VAC 5-80-1773	Added	25:6 VA.R. 1251	12/31/08
9 VAC 5-80-1775	Amended	25:6 VA.R. 1251	12/31/08
9 VAC 5-80-1955	Amended	25:6 VA.R. 1253	12/31/08
9 VAC 5-80-2060	Amended	25:6 VA.R. 1254	12/31/08
9 VAC 5-80-2070	Amended	25:6 VA.R. 1255	12/31/08
9 VAC 5-80-2230	Amended	25:6 VA.R. 1256	12/31/08
9 VAC 5-91-20	Amended	25:6 VA.R. 1268	12/31/08
9 VAC 5-130-10 through 9 VAC 5-130-100	Added	25:12 VA.R. 2097-2106	3/18/09
9 VAC 5-140-900	Amended	25:6 VA.R. 1275	12/31/08
9 VAC 5-140-920	Amended	25:6 VA.R. 1275	12/31/08
9 VAC 5-140-930	Amended	25:6 VA.R. 1275	12/31/08
9 VAC 5-140-1010	Amended	25:12 VA.R. 2107	3/18/09
9 VAC 5-140-1020	Amended	25:12 VA.R. 2107	3/18/09
9 VAC 5-140-1060	Amended	25:12 VA.R. 2115	3/18/09
9 VAC 5-140-2010	Amended	25:12 VA.R. 2116	3/18/09
9 VAC 5-140-2020	Amended	25:12 VA.R. 2117	3/18/09
9 VAC 5-140-3010	Amended	25:12 VA.R. 2126	3/18/09
9 VAC 5-140-3020	Amended	25:12 VA.R. 2126	3/18/09
9 VAC 5-151-10	Amended	25:6 VA.R. 1276	12/31/08
9 VAC 5-151-20	Amended	25:6 VA.R. 1278	12/31/08
9 VAC 5-151-40	Amended	25:6 VA.R. 1279	12/31/08
9 VAC 5-151-61	Repealed	25:6 VA.R. 1279	12/31/08
9 VAC 5-151-70	Amended	25:6 VA.R. 1280	12/31/08
9 VAC 5-170-20	Amended	25:5 VA.R. 804	1/1/09
9 VAC 5-170-30	Amended	25:6 VA.R. 1256	12/31/08
9 VAC 5-170-40	Amended	25:5 VA.R. 806	1/1/09
9 VAC 5-170-80	Amended	25:5 VA.R. 807	1/1/09
9 VAC 5-170-90	Repealed	25:5 VA.R. 807	1/1/09
9 VAC 5-170-100	Repealed	25:5 VA.R. 807	1/1/09
9 VAC 5-170-110	Repealed	25:5 VA.R. 809	1/1/09
9 VAC 5-170-180	Amended	25:6 VA.R. 1256	12/31/08
9 VAC 5-170-190	Amended	25:6 VA.R. 1257	12/31/08
9 VAC 5-170-200	Amended	25:6 VA.R. 1257	12/31/08
9 VAC 10-10-10	Repealed	25:4 VA.R. 627	11/26/08
9 VAC 10-10-20	Repealed	25:4 VA.R. 627	11/26/08

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9 VAC 10-10-30	Repealed	25:4 VA.R. 627	11/26/08
9 VAC 10-11-10 through 9 VAC 10-11-110	Added	25:4 VA.R. 627-630	11/26/08
9 VAC 15-10-10 through 9 VAC 15-10-40	Repealed	25:5 VA.R. 809	1/1/09
9 VAC 15-11-10 through 9 VAC 15-11-110	Added	25:5 VA.R. 810-813	1/1/09
9 VAC 20-10-10 through 9 VAC 20-10-40	Repealed	25:9 VA.R. 1681	2/4/09
9 VAC 20-11-10 through 9 VAC 20-11-110	Added	25:9 VA.R. 1682-1685	2/4/09
9 VAC 20-80-10	Amended	25:2 VA.R. 150	11/1/08
9 VAC 20-80-60	Amended	25:2 VA.R. 160	11/1/08
9 VAC 20-80-250	Amended	25:2 VA.R. 166	11/1/08
9 VAC 20-80-260	Amended	25:2 VA.R. 176	11/1/08
9 VAC 20-80-270	Amended	25:2 VA.R. 183	11/1/08
9 VAC 20-80-280	Amended	25:2 VA.R. 191	11/1/08
9 VAC 20-80-485	Amended	25:2 VA.R. 193	11/1/08
9 VAC 20-80-500	Amended	25:2 VA.R. 200	11/1/08
9 VAC 20-80-510	Amended	25:2 VA.R. 203	11/1/08
9 VAC 25-10-10 through 9 VAC 25-10-40	Repealed	25:5 VA.R. 813	1/1/09
9 VAC 25-11-10 through 9 VAC 25-11-110	Added	25:5 VA.R. 813-816	1/1/09
9 VAC 25-210-10	Amended	25:5 VA.R. 894	12/10/08
9 VAC 25-210-50	Amended	25:5 VA.R. 898	12/10/08
9 VAC 25-210-60	Amended	25:5 VA.R. 898	12/10/08
9 VAC 25-210-130	Erratum	25:9 VA.R. 1826	--
9 VAC 25-210-130	Amended	25:5 VA.R. 902	12/10/08
9 VAC 25-210-220	Amended	25:5 VA.R. 903	12/10/08
9 VAC 25-260-10	Amended	25:12 VA.R. 2134	*
9 VAC 25-260-20	Amended	25:12 VA.R. 2135	*
9 VAC 25-260-30	Amending	24:26 VA.R. 3747	8/12/08
9 VAC 25-260-30	Amended	25:5 VA.R. 904	10/22/08
9 VAC 25-260-30	Amended	25:12 VA.R. 2136	*
9 VAC 25-260-50	Amended	25:12 VA.R. 2139	*
9 VAC 25-260-55	Repealed	25:12 VA.R. 2139	*
9 VAC 25-260-90	Amended	25:12 VA.R. 2140	*
9 VAC 25-260-140	Amended	25:12 VA.R. 2140	*
9 VAC 25-260-160	Amended	25:12 VA.R. 2162	*
9 VAC 25-260-170	Amended	25:12 VA.R. 2162	*
9 VAC 25-260-185	Amended	25:12 VA.R. 2163	*
9 VAC 25-260-187	Amended	25:12 VA.R. 2167	*
9 VAC 25-260-290	Repealed	25:12 VA.R. 2170	*
9 VAC 25-260-310	Amended	25:12 VA.R. 2170	*
9 VAC 25-260-320	Repealed	25:12 VA.R. 2173	*
9 VAC 25-260-350	Amended	25:12 VA.R. 2173	*
9 VAC 25-260-360	Amended	25:12 VA.R. 2174	*
9 VAC 25-260-380	Amended	25:12 VA.R. 2175	*
9 VAC 25-260-390	Amended	25:12 VA.R. 2175	*
9 VAC 25-260-400	Amended	25:12 VA.R. 2179	*
9 VAC 25-260-410	Amended	25:12 VA.R. 2189	*
9 VAC 25-260-415	Amended	25:12 VA.R. 2190	*
9 VAC 25-260-420	Amended	25:12 VA.R. 2191	*
9 VAC 25-260-430	Amended	25:12 VA.R. 2197	*
9 VAC 25-260-440	Amended	25:12 VA.R. 2210	*

* Effective upon filing notice of U.S. EPA approval

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9 VAC 25-260-450	Amended	25:12 VA.R. 2213	*
9 VAC 25-260-460	Amended	25:12 VA.R. 2220	*
9 VAC 25-260-470	Amended	25:12 VA.R. 2221	*
9 VAC 25-260-480	Amended	25:12 VA.R. 2224	*
9 VAC 25-260-490	Amended	25:12 VA.R. 2224	*
9 VAC 25-260-500	Amended	25:12 VA.R. 2225	*
9 VAC 25-260-510	Amended	25:12 VA.R. 2228	*
9 VAC 25-260-520	Amended	25:12 VA.R. 2233	*
9 VAC 25-260-530	Amended	25:12 VA.R. 2235	*
9 VAC 25-260-540	Amended	25:12 VA.R. 2236	*
9 VAC 25-640 Appendices I through IX	Amended	25:2 VA.R. 217-231	11/1/08
9 VAC 25-640-10	Amended	25:2 VA.R. 206	11/1/08
9 VAC 25-640-20	Amended	25:2 VA.R. 209	11/1/08
9 VAC 25-640-30	Amended	25:2 VA.R. 209	11/1/08
9 VAC 25-640-50	Amended	25:2 VA.R. 210	11/1/08
9 VAC 25-640-70 through 9 VAC 25-640-120	Amended	25:2 VA.R. 210-213	11/1/08
9 VAC 25-640-130	Repealed	25:2 VA.R. 213	11/1/08
9 VAC 25-640-150 through 9 VAC 25-640-230	Amended	25:2 VA.R. 213-217	11/1/08
9 VAC 25-640-250	Amended	25:2 VA.R. 217	11/1/08
9 VAC 25-720-120	Amended	25:12 VA.R. 2250	4/2/09
9 VAC 25-740-10 through 9 VAC 25-740-210	Added	24:26 VA.R. 3748-3773	10/1/08
9 VAC 25-790 (Forms)	Added	25:6 VA.R. 1285	--
9 VAC 25-860-10 through 9 VAC 25-860-70	Added	25:6 VA.R. 1285-1295	12/24/08
Title 10. Finance and Financial Institutions			
10 VAC 5-160-10	Amended	24:26 VA.R. 3775	8/10/08
10 VAC 5-160-70	Added	24:26 VA.R. 3776	8/10/08
10 VAC 5-160-80	Added	24:26 VA.R. 3776	8/10/08
10 VAC 5-200-10	Amended	25:4 VA.R. 637	1/1/09
10 VAC 5-200-20	Amended	25:4 VA.R. 637	1/1/09
10 VAC 5-200-33	Added	25:4 VA.R. 638	1/1/09
10 VAC 5-200-35	Added	25:4 VA.R. 639	1/1/09
10 VAC 5-200-40	Amended	25:4 VA.R. 641	1/1/09
10 VAC 5-200-60	Amended	25:4 VA.R. 642	1/1/09
10 VAC 5-200-60	Amended	25:14 VA.R. 2609	3/1/09
10 VAC 5-200-70	Amended	25:4 VA.R. 642	1/1/09
10 VAC 5-200-80	Amended	25:4 VA.R. 643	1/1/09
10 VAC 5-200-110	Added	25:4 VA.R. 646	1/1/09
10 VAC 5-200-110	Amended	25:14 VA.R. 2609	3/1/09
10 VAC 5-200-115	Added	25:4 VA.R. 651	1/1/09
10 VAC 5-200-120	Added	25:4 VA.R. 650	1/1/09
10 VAC 5-200-130	Added	25:14 VA.R. 2613	3/1/09
Title 11. Gaming			
11 VAC 10-10-10 through 11 VAC 10-10-70	Repealed	25:5 VA.R. 904	12/10/08
11 VAC 10-11-10 through 11 VAC 10-11-110	Added	25:5 VA.R. 905-907	12/10/08
11 VAC 15-12-10	Repealed	25:4 VA.R. 651	11/26/08
11 VAC 15-12-20	Repealed	25:4 VA.R. 651	11/26/08
11 VAC 15-13-10 through 11 VAC 15-13-110	Added	25:4 VA.R. 652-654	11/26/08
Title 12. Health			
12 VAC 5-10-10 through 12 VAC 5-10-80	Repealed	25:4 VA.R. 654	1/1/09
12 VAC 5-11-10 through 12 VAC 5-11-110	Added	25:4 VA.R. 655-657	1/1/09
12 VAC 5-67-10 emer	Added	25:4 VA.R. 658	11/1/08-10/31/09

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12 VAC 5-67-20 emer	Added	25:4 VA.R. 658	11/1/08-10/31/09
12 VAC 5-67-30 emer	Added	25:4 VA.R. 658	11/1/08-10/31/09
12 VAC 5-90-80	Amended	25:11 VA.R. 1935	3/4/09
12 VAC 5-220-110	Amended	25:1 VA.R. 26	10/15/08
12 VAC 5-220-160	Amended	25:1 VA.R. 25	10/15/08
12 VAC 5-220-200	Amended	25:1 VA.R. 26	10/15/08
12 VAC 5-230-10	Amended	25:9 VA.R. 1707	2/15/09
12 VAC 5-230-10	Erratum	25:11 VA.R. 2018	--
12 VAC 5-230-20	Repealed	25:9 VA.R. 1711	2/15/09
12 VAC 5-230-30	Amended	25:9 VA.R. 1712	2/15/09
12 VAC 5-230-40 through 12 VAC 5-230-1000	Added	25:9 VA.R. 1713-1742	2/15/09
12 VAC 5-230-60	Erratum	25:11 VA.R. 2018	--
12 VAC 5-230-70	Erratum	25:11 VA.R. 2018	--
12 VAC 5-230-80	Erratum	25:11 VA.R. 2018	--
12 VAC 5-230-110	Erratum	25:11 VA.R. 2018	--
12 VAC 5-230-340	Erratum	25:11 VA.R. 2018	--
12 VAC 5-230-540	Amended	25:13 VA.R. 2316	4/1/09
12 VAC 5-230-550	Amended	25:13 VA.R. 2317	4/1/09
12 VAC 5-230-560	Amended	25:13 VA.R. 2317	4/1/09
12 VAC 5-230-870	Erratum	25:11 VA.R. 2018	--
12 VAC 5-240-10 through 12 VAC 5-240-60	Repealed	25:9 VA.R. 1706	2/15/09
12 VAC 5-250-10 through 12 VAC 5-250-120	Repealed	25:9 VA.R. 1706	2/15/09
12 VAC 5-260-10 through 12 VAC 5-260-130	Repealed	25:9 VA.R. 1706	2/15/09
12 VAC 5-270-10 through 12 VAC 5-270-60	Repealed	25:9 VA.R. 1706	2/15/09
12 VAC 5-280-10 through 12 VAC 5-280-70	Repealed	25:9 VA.R. 1706	2/15/09
12 VAC 5-290-10 through 12 VAC 5-290-70	Repealed	25:9 VA.R. 1706	2/15/09
12 VAC 5-300-10 through 12 VAC 5-300-70	Repealed	25:9 VA.R. 1706	2/15/09
12 VAC 5-310-10 through 12 VAC 5-310-70	Repealed	25:9 VA.R. 1706	2/15/09
12 VAC 5-320-10 through 12 VAC 5-320-480	Repealed	25:9 VA.R. 1706	2/15/09
12 VAC 5-330-10 through 12 VAC 5-330-70	Repealed	25:9 VA.R. 1706	2/15/09
12 VAC 5-340-10 through 12 VAC 5-340-120	Repealed	25:9 VA.R. 1706	2/15/09
12 VAC 5-350-10 through 12 VAC 5-350-60	Repealed	25:9 VA.R. 1707	2/15/09
12 VAC 5-360-10 through 12 VAC 5-360-70	Repealed	25:9 VA.R. 1707	2/15/09
12 VAC 5-481-10	Amended	25:2 VA.R. 231	11/1/08
12 VAC 5-481-390	Amended	25:2 VA.R. 256	11/1/08
12 VAC 5-481-400	Amended	25:2 VA.R. 256	11/1/08
12 VAC 5-481-450	Amended	25:2 VA.R. 257	11/1/08
12 VAC 5-481-451	Added	24:25 VA.R. 3612	10/3/08
12 VAC 5-481-480	Amended	25:2 VA.R. 260	11/1/08
12 VAC 5-481-2870	Amended	25:2 VA.R. 267	11/1/08
12 VAC 5-481-3160	Amended	25:2 VA.R. 267	11/1/08
12 VAC 5-481-3710	Amended	25:2 VA.R. 267	11/1/08
12 VAC 5-490-10	Amended	25:11 VA.R. 1942	3/4/09
12 VAC 5-490-20	Amended	25:11 VA.R. 1942	3/4/09
12 VAC 5-490-30	Added	25:11 VA.R. 1939	3/4/09
12 VAC 5-490-40	Added	25:11 VA.R. 1939	3/4/09
12 VAC 5-590-10	Amended	25:5 VA.R. 908	12/10/08
12 VAC 5-590-370	Amended	25:5 VA.R. 916	12/10/08
12 VAC 5-590-410	Amended	25:5 VA.R. 955	12/10/08
12 VAC 5-590-420	Amended	25:5 VA.R. 959	12/10/08
12 VAC 5-590-440	Amended	25:5 VA.R. 994	12/10/08

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12 VAC 5-590-500	Amended	25:5 VA.R. 998	12/10/08
12 VAC 5-590-530	Amended	25:5 VA.R. 999	12/10/08
12 VAC 5-590-540	Amended	25:5 VA.R. 1011	12/10/08
12 VAC 5-590-545	Amended	25:5 VA.R. 1016	12/10/08
12 VAC 5-590-550	Amended	25:5 VA.R. 1021	12/10/08
12 VAC 30-5-10 through 12 VAC 30-5-110	Added	25:3 VA.R. 380-383	11/12/08
12 VAC 30-10-150	Amended	25:14 VA.R. 2614	4/15/09
12 VAC 30-10-815	Added	25:4 VA.R. 662	11/26/08
12 VAC 30-10-930	Amended	25:14 VA.R. 2615	4/15/09
12 VAC 30-20-90	Amended	25:14 VA.R. 2615	4/15/09
12 VAC 30-20-500	Amended	25:14 VA.R. 2618	4/15/09
12 VAC 30-20-520	Amended	25:14 VA.R. 2618	4/15/09
12 VAC 30-40-280	Amended	25:11 VA.R. 1945	3/19/09
12 VAC 30-40-290 emer	Amended	25:1 VA.R. 35	8/27/08-2/24/09 **
12 VAC 30-40-345	Amended	25:11 VA.R. 1946	3/19/09
12 VAC 30-50-10	Amended	25:14 VA.R. 2618	4/15/09
12 VAC 30-50-130	Amended	25:5 VA.R. 1041	12/10/08
12 VAC 30-50-140 emer	Amended	25:3 VA.R. 393	7/1/07-12/29/08
12 VAC 30-50-150 emer	Amended	25:3 VA.R. 393	7/1/07-12/29/08
12 VAC 30-50-180 emer	Amended	25:3 VA.R. 393	7/1/07-12/29/08
12 VAC 30-50-228 emer	Added	25:3 VA.R. 393	7/1/07-12/29/08
12 VAC 30-50-229.1	Repealed	25:5 VA.R. 1045	12/10/08
12 VAC 30-50-320	Amended	25:8 VA.R. 1515	2/5/09
12 VAC 30-50-330 through 12 VAC 30-50-360	Added	25:8 VA.R. 1515-1520	2/5/09
12 VAC 30-50-491 emer	Added	25:3 VA.R. 393	7/1/07-12/29/08
12 VAC 30-50-530	Amended	25:5 VA.R. 1049	12/10/08
12 VAC 30-60-180 emer	Added	25:3 VA.R. 393	7/1/07-12/29/08
12 VAC 30-60-185 emer	Added	25:3 VA.R. 393	7/1/07-12/29/08
12 VAC 30-60-500 emer	Added	25:3 VA.R. 384	8/8/07-2/7/09
12 VAC 30-70-70	Amended	25:3 VA.R. 387	11/27/08
12 VAC 30-70-261	Amended	25:3 VA.R. 388	11/27/08
12 VAC 30-70-271	Amended	25:3 VA.R. 388	11/27/08
12 VAC 30-70-311	Amended	24:26 VA.R. 3778	10/15/08
12 VAC 30-70-321	Amended	24:26 VA.R. 3778	10/15/08
12 VAC 30-70-500	Repealed	25:3 VA.R. 389	11/27/08
12 VAC 30-80-32 emer	Added	25:3 VA.R. 393	7/1/07-12/29/08
12 VAC 30-80-40 emer	Amended	24:25 VA.R. 3617	8/4/08-8/3/09
12 VAC 30-80-95	Amended	25:12 VA.R. 2253	4/2/09
12 VAC 30-80-190 emer	Amended	25:1 VA.R. 41	8/27/08-8/26/09
12 VAC 30-90-41	Amended	24:26 VA.R. 3778	10/15/08
12 VAC 30-90-264	Amended	25:3 VA.R. 390	11/27/08
12 VAC 30-100-10 through 12 VAC 30-100-60	Repealed	25:3 VA.R. 383-384	11/12/08
12 VAC 30-100-170	Amended	24:25 VA.R. 3622	10/2/08
12 VAC 30-110-40	Amended	25:14 VA.R. 2619	4/15/09
12 VAC 30-110-370	Amended	25:14 VA.R. 2619	4/15/09
12 VAC 30-110-380	Repealed	25:14 VA.R. 2619	4/15/09
12 VAC 30-110-670	Amended	25:14 VA.R. 2620	4/15/09
12 VAC 30-110-680	Amended	25:14 VA.R. 2620	4/15/09
12 VAC 30-110-700	Amended	25:14 VA.R. 2620	4/15/09

** Emergency Regulation Rescinded in 25:15 VA.R. 2613

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12 VAC 30-110-720	Amended	25:14 VA.R. 2620	4/15/09
12 VAC 30-110-741	Amended	25:14 VA.R. 2623	4/15/09
12 VAC 30-110-980	Amended	25:14 VA.R. 2623	4/15/09
12 VAC 30-110-990	Repealed	25:14 VA.R. 2623	4/15/09
12 VAC 30-110-1000	Repealed	25:14 VA.R. 2623	4/15/09
12 VAC 30-110-1040	Amended	25:14 VA.R. 2623	4/15/09
12 VAC 30-120-140	Amended	25:14 VA.R. 2624	4/15/09
12 VAC 30-120-61 through 12 VAC 30-120-68	Repealed	25:8 VA.R. 1520-1526	2/5/09
12 VAC 30-120-100	Amended	24:26 VA.R. 3781	10/15/08
12 VAC 30-120-310 emer	Amended	25:3 VA.R. 393	7/1/07-12/29/08
12 VAC 30-120-370 emer	Amended	25:3 VA.R. 393	9/1/07-3/3/09
12 VAC 30-120-370	Amended	25:11 VA.R. 1947	3/4/09
12 VAC 30-120-380 emer	Amended	25:3 VA.R. 393	9/1/07-3/3/09
12 VAC 30-120-380 emer	Amended	25:3 VA.R. 393	7/1/07-12/29/08
12 VAC 30-120-380	Amended	25:11 VA.R. 1950	3/4/09
12 VAC 30-130-260	Amended	25:14 VA.R. 2626	4/15/09
12 VAC 30-130-270	Amended	25:14 VA.R. 2626	4/15/09
12 VAC 30-130-290	Amended	25:14 VA.R. 2627	4/15/09
12 VAC 30-130-370	Repealed	25:14 VA.R. 2628	4/15/09
12 VAC 30-130-380	Amended	25:14 VA.R. 2628	4/15/09
12 VAC 30-130-410	Repealed	25:14 VA.R. 2628	4/15/09
12 VAC 30-130-540	Amended	25:14 VA.R. 2629	4/15/09
12 VAC 30-130-800	Amended	25:14 VA.R. 2630	4/15/09
12 VAC 30-130-820	Amended	25:14 VA.R. 2632	4/15/09
12 VAC 30-130-890	Amended	25:14 VA.R. 2633	4/15/09
12 VAC 30-130-910	Amended	25:14 VA.R. 2634	4/15/09
12 VAC 30-135-10	Amended	24:26 VA.R. 3783	10/16/08
12 VAC 30-135-20	Amended	24:26 VA.R. 3783	10/16/08
12 VAC 30-135-30	Amended	24:26 VA.R. 3783	10/16/08
12 VAC 30-135-40	Amended	24:26 VA.R. 3783	10/16/08
12 VAC 30-135-70	Amended	24:26 VA.R. 3784	10/16/08
12 VAC 30-141-60	Amended	25:14 VA.R. 2635	4/15/09
12 VAC 30-141-120	Amended	25:14 VA.R. 2635	4/15/09
12 VAC 30-141-660 emer	Amended	25:10 VA.R. 1854	12/22/08-12/21/09
12 VAC 30-141-720	Amended	25:14 VA.R. 2635	4/15/09
12 VAC 30-141-760	Amended	25:14 VA.R. 2635	4/15/09
12 VAC 30-150-40	Amended	25:14 VA.R. 2636	4/15/09
12 VAC 35-11-10 through 12 VAC 35-11-110	Repealed	25:2 VA.R. 271	10/29/08
12 VAC 35-12-10 through 12 VAC 35-12-110	Added	25:2 VA.R. 271-274	10/29/08
Title 13. Housing			
13 VAC 5-10-10 through 13 VAC 5-10-120	Repealed	25:4 VA.R. 666	11/26/08
13 VAC 5-11-10 through 13 VAC 5-11-110	Added	25:4 VA.R. 667-669	11/26/08
13 VAC 5-51-81	Amended	24:25 VA.R. 3622	10/1/08
13 VAC 5-100-10	Amended	25:13 VA.R. 2363	2/12/09
13 VAC 5-100-20	Amended	25:13 VA.R. 2364	2/12/09
13 VAC 5-200-10	Amended	24:26 VA.R. 3784	10/1/08
13 VAC 5-200-40 through 13 VAC 5-200-80	Amended	24:26 VA.R. 3784-3785	10/1/08
13 VAC 5-200-100	Amended	24:26 VA.R. 3785	10/1/08
13 VAC 6-10-10 through 13 VAC 6-10-120	Repealed	25:3 VA.R. 394	11/13/08
13 VAC 6-11-10 through 13 VAC 6-11-110	Added	25:3 VA.R. 394-397	11/13/08
13 VAC 10-20-40	Amended	25:9 VA.R. 1743	12/15/08

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13 VAC 10-180-40	Amended	25:7 VA.R. 1418	1/1/09
13 VAC 10-180-50	Amended	25:7 VA.R. 1419	1/1/09
13 VAC 10-180-60	Amended	25:7 VA.R. 1421	1/1/09
Title 14. Insurance			
14 VAC 5-323-10 through 14 VAC 5-323-70	Added	25:8 VA.R. 1527-1528	1/1/09
14 VAC 5-395-40	Amended	24:26 VA.R. 3811	8/29/08
Title 16. Labor and Employment			
16 VAC 15-10-10 through 16 VAC 15-10-100	Repealed	25:4 VA.R. 672	11/26/08
16 VAC 15-11-10 through 16 VAC 15-11-110	Added	25:4 VA.R. 672-675	11/26/08
16 VAC 15-30-40	Amended	24:25 VA.R. 3632	9/18/08
16 VAC 20-10-10 through 16 VAC 20-10-100	Repealed	25:4 VA.R. 675	11/27/08
16 VAC 20-11-10 through 16 VAC 20-11-110	Added	25:4 VA.R. 676-678	11/27/08
16 VAC 25-10-10 through 16 VAC 25-10-120	Repealed	24:26 VA.R. 3811	10/1/08
16 VAC 25-11-10 through 16 VAC 25-11-110	Added	24:26 VA.R. 3811-3814	10/1/08
16 VAC 25-20-10	Amended	25:8 VA.R. 1529	2/1/09
16 VAC 30-11-10 through 16 VAC 30-11-30	Repealed	25:6 VA.R. 1307	12/24/08
16 VAC 30-12-10 through 16 VAC 30-12-110	Added	25:6 VA.R. 1307-1310	12/24/08
16 VAC 30-90-10 through 16 VAC 30-90-80	Repealed	25:11 VA.R. 1951	3/4/09
16 VAC 30-91-10	Added	25:11 VA.R. 1951	3/4/09
16 VAC 30-91-20	Added	25:11 VA.R. 1952	3/4/09
Title 17. Libraries and Cultural Resources			
17 VAC 5-10-10 through 17 VAC 5-10-40	Repealed	25:6 VA.R. 1310	12/24/08
17 VAC 5-11-10 through 17 VAC 5-11-110	Added	25:6 VA.R. 1311-1313	12/24/08
17 VAC 10-10-10 through 17 VAC 10-10-40	Repealed	25:6 VA.R. 1313	12/24/08
17 VAC 10-11-10 through 17 VAC 10-11-110	Added	25:6 VA.R. 1314-1316	12/24/08
17 VAC 15-10-10	Repealed	25:5 VA.R. 1064	12/10/08
17 VAC 15-11-10 through 17 VAC 15-11-110	Added	25:5 VA.R. 1065-1067	12/10/08
17 VAC 15-120-10	Added	25:6 VA.R. 1317	12/24/08
17 VAC 15-120-20	Added	25:6 VA.R. 1317	12/24/08
17 VAC 15-120-30	Added	25:6 VA.R. 1317	12/24/08
Title 18. Professional and Occupational Licensing			
18 VAC 5-10-10 through 18 VAC 5-10-90	Repealed	25:4 VA.R. 678	11/26/08
18 VAC 5-11-10 through 18 VAC 5-11-110	Added	25:4 VA.R. 679-682	11/26/08
18 VAC 10-10-10 through 18 VAC 10-10-90	Repealed	25:4 VA.R. 682	11/27/08
18 VAC 10-11-10 through 18 VAC 10-11-110	Added	25:4 VA.R. 682-685	11/27/08
18 VAC 10-20-10	Amended	25:3 VA.R. 397	12/1/08
18 VAC 10-20-120	Amended	25:3 VA.R. 399	12/1/08
18 VAC 10-20-120	Amended	25:5 VA.R. 1068	1/1/09
18 VAC 10-20-140	Amended	25:5 VA.R. 1068	1/1/09
18 VAC 10-20-280	Amended	25:3 VA.R. 399	12/1/08
18 VAC 10-20-295	Amended	25:3 VA.R. 400	12/1/08
18 VAC 10-20-310	Amended	25:3 VA.R. 400	12/1/08
18 VAC 10-20-310	Erratum	25:7 VA.R. 1451	--
18 VAC 10-20-340	Amended	25:3 VA.R. 401	12/1/08
18 VAC 10-20-350	Amended	25:3 VA.R. 401	12/1/08
18 VAC 10-20-360	Amended	25:3 VA.R. 401	12/1/08
18 VAC 10-20-380	Amended	25:3 VA.R. 402	12/1/08
18 VAC 10-20-382	Added	25:3 VA.R. 403	12/1/08
18 VAC 10-20-392	Added	25:3 VA.R. 404	12/1/08
18 VAC 10-20-395	Added	25:3 VA.R. 404	12/1/08
18 VAC 10-20-670	Amended	25:12 VA.R. 2258	4/1/09

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18 VAC 10-20-680	Amended	25:12 VA.R. 2258	4/1/09
18 VAC 10-20-683	Added	25:12 VA.R. 2259	4/1/09
18 VAC 10-20-687	Added	25:12 VA.R. 2260	4/1/09
18 VAC 10-20-760	Amended	25:3 VA.R. 404	12/1/08
18 VAC 10-20-790	Amended	25:12 VA.R. 2260	4/1/09
18 VAC 15-10-10 through 18 VAC 15-10-90	Repealed	25:1 VA.R. 55	10/15/08
18 VAC 15-11-10 through 18 VAC 15-11-110	Added	25:1 VA.R. 55-58	10/15/08
18 VAC 25-10-10 through 18 VAC 25-10-90	Repealed	25:6 VA.R. 1318	12/24/08
18 VAC 25-11-10 through 18 VAC 25-11-110	Added	25:6 VA.R. 1319-1321	12/24/08
18 VAC 25-21-20	Amended	25:7 VA.R. 1431	2/1/09
18 VAC 25-21-40	Amended	25:7 VA.R. 1432	2/1/09
18 VAC 25-21-50	Amended	25:7 VA.R. 1432	2/1/09
18 VAC 25-21-60	Amended	25:7 VA.R. 1432	2/1/09
18 VAC 25-21-110	Amended	25:7 VA.R. 1433	2/1/09
18 VAC 25-21-120	Amended	25:7 VA.R. 1433	2/1/09
18 VAC 25-21-150	Amended	25:7 VA.R. 1433	2/1/09
18 VAC 25-21-170	Amended	25:7 VA.R. 1434	2/1/09
18 VAC 25-21-180	Amended	25:7 VA.R. 1434	2/1/09
18 VAC 25-21-185	Added	25:7 VA.R. 1435	2/1/09
18 VAC 30-10-10 through 18 VAC 30-10-120	Repealed	25:5 VA.R. 1070	12/10/08
18 VAC 30-11-10 through 18 VAC 30-11-110	Added	25:5 VA.R. 1070-1073	12/10/08
18 VAC 30-20 (Forms)	Amended	24:26 VA.R. 3814	--
18 VAC 41-10-10 through 18 VAC 41-10-90	Repealed	25:6 VA.R. 1321	12/24/08
18 VAC 41-11-10	Erratum	25:9 VA.R. 1826	--
18 VAC 41-11-20	Erratum	25:9 VA.R. 1826	--
18 VAC 41-11-10 through 18 VAC 41-11-110	Added	25:6 VA.R. 1322-1325	12/24/08
18 VAC 45-10-10 through 18 VAC 45- 10-90	Repealed	24:26 VA.R. 3815	10/2/08
18 VAC 45-11-10 through 18 VAC 45-11-110	Added	24:26 VA.R. 3815-3818	10/2/08
18 VAC 47-10-10 through 18 VAC 47-10-90	Repealed	25:6 VA.R. 1325	12/24/08
18 VAC 47-11-10 through 18 VAC 47-11-110	Added	25:6 VA.R. 1325-1328	12/24/08
18 VAC 48-10-10 through 18 VAC 48-10-110	Added	25:3 VA.R. 411-414	11/13/08
18 VAC 48-20-10 through 18 VAC 48-20-730 emer	Added	25:5 VA.R. 1074-1093	11/13/08-11/12/09
18 VAC 48-40-10 through 18 VAC 48-40-110	Added	25:4 VA.R. 685-688	11/27/08
18 VAC 48-50-10 through 18 VAC 48-50-200 emer	Added	25:5 VA.R. 1095-1100	11/13/08-11/12/09
18 VAC 48-60-10 through 18 VAC 48-60-60	Added	25:4 VA.R. 688-689	11/27/08
18 VAC 50-10-10 through 18 VAC 50-10-90	Repealed	25:6 VA.R. 1328	12/24/08
18 VAC 50-11-10 through 18 VAC 50-11-110	Added	25:6 VA.R. 1328-1331	12/24/08
18 VAC 50-22-40	Amended	25:3 VA.R. 415	12/1/08
18 VAC 50-22-50	Amended	25:3 VA.R. 415	12/1/08
18 VAC 50-22-60	Amended	25:3 VA.R. 416	12/1/08
18 VAC 50-22-300 through 18 VAC 50-22-350	Added	25:3 VA.R. 417-418	12/1/08
18 VAC 60-10-10 through 18 VAC 60-10-120	Repealed	25:3 VA.R. 418	11/12/08
18 VAC 60-11-10 through 18 VAC 60-11-110	Added	25:3 VA.R. 419-422	11/12/08
18 VAC 60-20 (Forms)	Amended	25:1 VA.R. 58	--
18 VAC 62-10-10 through 18 VAC 62-10-110	Added	25:6 VA.R. 1332-1334	12/24/08
18 VAC 65-10-10 through 18 VAC 65-10-120	Repealed	25:2 VA.R. 291	10/29/08
18 VAC 65-11-10 through 18 VAC 65-11-110	Added	25:2 VA.R. 291-294	10/29/08
18 VAC 65-20 (Forms)	Amended	24:26 VA.R. 3818	--
18 VAC 65-40 (Forms)	Amended	24:26 VA.R. 3818	--
18 VAC 70-10-10 through 18 VAC 70-10-90	Repealed	25:5 VA.R. 1100	12/10/08
18 VAC 70-11-10 through 18 VAC 70-11-110	Added	25:5 VA.R. 1100-1103	12/10/08

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18 VAC 75-10-10 through 18 VAC 75-10-120	Repealed	25:2 VA.R. 294	10/29/08
18 VAC 75-11-10 through 18 VAC 75-11-110	Added	25:2 VA.R. 295-297	10/29/08
18 VAC 75-20 (Forms)	Amended	24:25 VA.R. 3632	--
18 VAC 76-20 (Forms)	Amended	24:26 VA.R. 3819	--
18 VAC 76-30-10 through 18 VAC 76-30-120	Repealed	24:25 VA.R. 3632	9/17/08
18 VAC 76-31-10 through 18 VAC 76-31-110	Added	24:25 VA.R. 3633-3635	9/17/08
18 VAC 76-40 (Forms)	Amended	24:26 VA.R. 3820	--
18 VAC 80-10-10 through 18 VAC 80-10-90	Repealed	25:6 VA.R. 1334	12/24/08
18 VAC 80-11-10 through 18 VAC 80-11-110	Added	25:6 VA.R. 1335-1338	12/24/08
18 VAC 85-10-10 through 18 VAC 85-10-110	Repealed	24:26 VA.R. 3820	10/1/08
18 VAC 85-11-10 through 18 VAC 85-11-110	Added	24:26 VA.R. 3820	10/1/08
18 VAC 85-20 (Forms)	Amended	24:26 VA.R. 3823	--
18 VAC 85-40 (Forms)	Amended	24:26 VA.R. 3823	--
18 VAC 85-50 (Forms)	Amended	24:26 VA.R. 3823	--
18 VAC 85-80 (Forms)	Amended	24:26 VA.R. 3823	--
18 VAC 85-80-10 emer	Amended	25:5 VA.R. 1104	11/1/08-10/31/09
18 VAC 85-80-26 emer	Amended	25:5 VA.R. 1104	11/1/08-10/31/09
18 VAC 85-80-40 emer	Amended	25:5 VA.R. 1104	11/1/08-10/31/09
18 VAC 85-80-45 emer	Amended	25:5 VA.R. 1105	11/1/08-10/31/09
18 VAC 85-80-50 emer	Amended	25:5 VA.R. 1105	11/1/08-10/31/09
18 VAC 85-80-61 emer	Repealed	25:5 VA.R. 1105	11/1/08-10/31/09
18 VAC 85-80-65 emer	Amended	25:5 VA.R. 1105	11/1/08-10/31/09
18 VAC 85-80-70 emer	Amended	25:5 VA.R. 1105	11/1/08-10/31/09
18 VAC 85-80-72 emer	Amended	25:5 VA.R. 1105	11/1/08-10/31/09
18 VAC 85-80-73 emer	Amended	25:5 VA.R. 1106	11/1/08-10/31/09
18 VAC 85-80-80 emer	Amended	25:5 VA.R. 1106	11/1/08-10/31/09
18 VAC 85-80-90 emer	Amended	25:5 VA.R. 1106	11/1/08-10/31/09
18 VAC 85-80-100 emer	Amended	25:5 VA.R. 1107	11/1/08-10/31/09
18 VAC 85-80-110 emer	Amended	25:5 VA.R. 1107	11/1/08-10/31/09
18 VAC 85-80-111 emer	Added	25:5 VA.R. 1108	11/1/08-10/31/09
18 VAC 85-101 (Forms)	Amended	24:26 VA.R. 3823	--
18 VAC 85-110 (Forms)	Amended	24:26 VA.R. 3823	--
18 VAC 85-120 (Forms)	Amended	24:26 VA.R. 3823	--
18 VAC 85-130 (Forms)	Amended	24:26 VA.R. 3823	--
18 VAC 90-10-10 through 18 VAC 90-10-120	Repealed	24:25 VA.R. 3635	9/17/08
18 VAC 90-11-10 through 18 VAC 90-11-110	Added	24:25 VA.R. 3636-3639	9/17/08
18 VAC 90-20 (Forms)	Amended	25:1 VA.R. 59	--
18 VAC 90-25 (Forms)	Amended	25:1 VA.R. 59	--
18 VAC 90-30 (Forms)	Amended	25:1 VA.R. 59	--
18 VAC 90-30-10	Amended	25:5 VA.R. 1111	12/25/08
18 VAC 90-30-20	Amended	25:5 VA.R. 1112	12/25/08
18 VAC 90-30-30	Amended	25:5 VA.R. 1112	12/25/08
18 VAC 90-30-80	Amended	25:5 VA.R. 1112	12/25/08
18 VAC 90-30-85	Amended	25:5 VA.R. 1112	12/25/08
18 VAC 90-30-100	Amended	25:5 VA.R. 1113	12/25/08
18 VAC 90-30-105	Amended	25:5 VA.R. 1113	12/25/08
18 VAC 90-30-110	Amended	25:5 VA.R. 1113	12/25/08
18 VAC 90-30-120	Amended	25:5 VA.R. 1114	12/25/08
18 VAC 90-30-121	Amended	25:5 VA.R. 1114	12/25/08
18 VAC 90-30-220	Amended	25:5 VA.R. 1115	12/25/08
18 VAC 90-30-230	Amended	25:5 VA.R. 1115	12/25/08

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18 VAC 90-40 (Forms)	Amended	25:1 VA.R. 59	--
18 VAC 90-40-10	Amended	25:5 VA.R. 1115	12/25/08
18 VAC 90-40-20	Amended	25:5 VA.R. 1116	12/25/08
18 VAC 90-40-40	Amended	25:5 VA.R. 1116	12/25/08
18 VAC 90-40-50	Amended	25:5 VA.R. 1116	12/25/08
18 VAC 90-40-55	Amended	25:5 VA.R. 1116	12/25/08
18 VAC 90-40-60	Amended	25:5 VA.R. 1117	12/25/08
18 VAC 90-40-90	Amended	25:5 VA.R. 1117	12/25/08
18 VAC 90-40-100	Amended	25:5 VA.R. 1117	12/25/08
18 VAC 90-40-121	Added	25:5 VA.R. 1118	12/25/08
18 VAC 90-40-130	Amended	25:5 VA.R. 1118	12/25/08
18 VAC 90-40-140	Amended	25:5 VA.R. 1118	12/25/08
18 VAC 90-50 (Forms)	Amended	25:1 VA.R. 59	--
18 VAC 90-50-10	Amended	25:4 VA.R. 691	12/11/08
18 VAC 90-50-40	Amended	25:4 VA.R. 691	12/11/08
18 VAC 90-50-75	Amended	25:4 VA.R. 691	12/11/08
18 VAC 90-50-80	Amended	25:4 VA.R. 692	12/11/08
18 VAC 90-50-90	Amended	25:4 VA.R. 692	12/11/08
18 VAC 90-60 (Forms)	Amended	25:1 VA.R. 59	--
18 VAC 95-10-10 through 18 VAC 95-10-120	Repealed	25:6 VA.R. 1338	12/24/08
18 VAC 95-11-10 through 18 VAC 95-11-110	Added	25:6 VA.R. 1338-1341	12/24/08
18 VAC 95-20 (Forms)	Amended	24:26 VA.R. 3827	--
18 VAC 95-20-80	Amended	24:16 VA.R. 2264	5/14/08
18 VAC 95-20-225	Amended	25:6 VA.R. 1341	12/24/08
18 VAC 95-30 (Forms)	Amended	24:26 VA.R. 3827	--
18 VAC 100-10-10 through 18 VAC 100-10-90	Repealed	25:6 VA.R. 1342	12/24/08
18 VAC 100-11-10 through 18 VAC 100-11-110	Added	25:6 VA.R. 1342-1345	12/24/08
18 VAC 105-10-10 through 18 VAC 105-10-120	Repealed	24:26 VA.R. 3828	10/1/08
18 VAC 105-11-10 through 18 VAC 105-11-110	Added	24:26 VA.R. 3828-3831	10/1/08
18 VAC 105-20 (Forms)	Amended	24:25 VA.R. 3639	--
18 VAC 110-10-10 through 18 VAC 110-10-120	Repealed	25:2 VA.R. 298	10/29/08
18 VAC 110-11-10 through 18 VAC 110-11-110	Added	25:2 VA.R. 298-301	10/29/08
18 VAC 110-20 (Forms)	Amended	24:25 VA.R. 3640	--
18 VAC 110-20-20 emer	Amended	25:3 VA.R. 464	9/23/08-9/22/09
18 VAC 110-20-220	Amended	25:4 VA.R. 694	12/11/08
18 VAC 110-20-230	Repealed	25:4 VA.R. 695	12/11/08
18 VAC 110-30 (Forms)	Amended	24:25 VA.R. 3640	--
18 VAC 110-50 (Forms)	Amended	24:25 VA.R. 3640	--
18 VAC 110-50-20 emer	Amended	25:3 VA.R. 466	9/23/08-9/22/09
18 VAC 112-10-10 through 18 VAC 112-10-120	Repealed	25:1 VA.R. 61	10/15/08
18 VAC 112-11-10 through 18 VAC 112-11-110	Added	25:1 VA.R. 62-64	10/15/08
18 VAC 112-20 (Forms)	Amended	24:26 VA.R. 3831	--
18 VAC 112-20-81 emer	Added	25:3 VA.R. 467	11/1/07-4/29/09
18 VAC 112-20-90 emer	Amended	25:3 VA.R. 467	11/1/07-4/29/09
18 VAC 112-20-130 emer	Amended	25:3 VA.R. 467	11/1/07-4/29/09
18 VAC 112-20-131 emer	Amended	25:3 VA.R. 467	11/1/07-4/29/09
18 VAC 112-20-150 emer	Amended	25:3 VA.R. 467	11/1/07-4/29/09
18 VAC 115-10-10 through 18 VAC 115-10-120	Repealed	24:26 VA.R. 3832	10/1/08
18 VAC 115-11-10 through 18 VAC 115-11-110	Added	24:26 VA.R. 3832-3835	10/1/08
18 VAC 115-20 (Forms)	Amended	25:1 VA.R. 65	--
18 VAC 115-30 (Forms)	Amended	25:1 VA.R. 65	--

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18 VAC 115-40 (Forms)	Amended	25:1 VA.R. 65	--
18 VAC 115-50 (Forms)	Amended	25:1 VA.R. 65	--
18 VAC 115-60 (Forms)	Amended	25:1 VA.R. 65	--
18 VAC 120-10-100 through 18 VAC 120-10-180	Repealed	24:26 VA.R. 3835	10/2/08
18 VAC 120-11-10 through 18 VAC 120-11-110	Added	24:26 VA.R. 3836-3838	10/2/08
18 VAC 125-10-10 through 18 VAC 125-10-120	Repealed	25:4 VA.R. 699	11/26/08
18 VAC 125-11-10 through 18 VAC 125-11-110	Added	25:4 VA.R. 699-702	11/26/08
18 VAC 125-20 (Forms)	Amended	25:1 VA.R. 66	--
18 VAC 125-30 (Forms)	Amended	25:1 VA.R. 66	--
18 VAC 130-10-10 through 18 VAC 130-10-90	Repealed	25:6 VA.R. 1345	12/24/08
18 VAC 130-11-10 through 18 VAC 130-11-110	Added	25:6 VA.R. 1345-1348	12/24/08
18 VAC 135-10-10 through 18 VAC 135-10-90	Repealed	25:6 VA.R. 1348	12/24/08
18 VAC 135-11-10 through 18 VAC 135-11-110	Added	25:6 VA.R. 1348-1351	12/24/08
18 VAC 140-10-10 through 18 VAC 140-10-120	Repealed	24:25 VA.R. 3641	9/17/08
18 VAC 140-11-10 through 18 VAC 140-11-110	Added	24:25 VA.R. 3641-3644	9/17/08
18 VAC 140-20 (Forms)	Amended	25:1 VA.R. 67	--
18 VAC 140-20-10	Amended	25:4 VA.R. 703	11/26/08
18 VAC 140-20-40	Amended	25:4 VA.R. 703	11/26/08
18 VAC 140-20-50	Amended	25:4 VA.R. 703	11/26/08
18 VAC 140-20-51	Added	25:4 VA.R. 705	11/26/08
18 VAC 140-20-60	Amended	25:4 VA.R. 705	11/26/08
18 VAC 140-20-105	Amended	25:4 VA.R. 706	11/26/08
18 VAC 140-20-140	Repealed	25:4 VA.R. 707	11/26/08
18 VAC 140-20-150	Amended	25:4 VA.R. 707	11/26/08
18 VAC 140-20-160	Amended	25:4 VA.R. 709	11/26/08
18 VAC 145-10-10 through 18 VAC 145-10-90	Repealed	25:6 VA.R. 1351	12/24/08
18 VAC 145-11-10 through 18 VAC 145-11-110	Added	25:6 VA.R. 1352-1355	12/24/08
18 VAC 150-10-10 through 18 VAC 150-10-120	Repealed	25:1 VA.R. 68	10/15/08
18 VAC 150-11-10 through 18 VAC 150-11-110	Added	25:1 VA.R. 68-71	10/15/08
18 VAC 150-20 (Forms)	Amended	24:26 VA.R. 3838	--
18 VAC 155-10-5 through 18 VAC 155-10-80	Repealed	25:6 VA.R. 1355	12/24/08
18 VAC 155-11-10 through 18 VAC 155-11-110	Added	25:6 VA.R. 1355-1358	12/24/08
18 VAC 160-10-10 through 18 VAC 160-10-90	Repealed	25:4 VA.R. 709	11/26/08
18 VAC 160-11-10 through 18 VAC 160-11-110	Added	25:4 VA.R. 709-712	11/26/08
Title 19. Public Safety			
19 VAC 15-10-10 through 19 VAC 15-10-50	Repealed	25:5 VA.R. 1118	12/10/08
19 VAC 15-11-10 through 19 VAC 15-11-110	Added	25:5 VA.R. 1119-1121	12/10/08
19 VAC 30-10-10 through 19 VAC 30-10-40	Repealed	24:26 VA.R. 3839	10/1/08
19 VAC 30-11-10 through 19 VAC 30-11-110	Added	24:26 VA.R. 3839-3842	10/1/08
19 VAC 30-20-40	Amended	25:11 VA.R. 1968	3/4/09
19 VAC 30-20-60	Amended	25:11 VA.R. 1968	3/4/09
19 VAC 30-20-80	Amended	25:11 VA.R. 1968	3/4/09
19 VAC 30-20-270 through 19 VAC 30-20-300	Added	25:11 VA.R. 1968-1969	3/4/09
19 VAC 30-200-10	Added	25:12 VA.R. 2273	4/2/09
Title 20. Public Utilities and Telecommunications			
20 VAC 5-200-30	Repealed	25:9 VA.R. 1768	1/1/09
20 VAC 5-201-10 through 20 VAC 5-201-110	Added	25:9 VA.R. 1768-1816	1/1/09
20 VAC 5-302-10 through 20 VAC 5-302-35	Amended	25:10 VA.R. 1859-1863	1/15/09
20 VAC 5-312-10	Amended	25:8 VA.R. 1534	1/1/09
20 VAC 5-312-20	Amended	25:8 VA.R. 1535	1/1/09
20 VAC 5-312-60	Amended	25:8 VA.R. 1537	1/1/09

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20 VAC 5-312-80	Amended	25:8 VA.R. 1538	1/1/09
20 VAC 5-312-90	Amended	25:8 VA.R. 1540	1/1/09
20 VAC 5-312-120	Repealed	25:8 VA.R. 1542	1/1/09
20 VAC 5-313-10	Amended	25:8 VA.R. 1543	1/1/09
20 VAC 5-313-20	Amended	25:8 VA.R. 1543	1/1/09
20 VAC 5-313-30	Repealed	25:8 VA.R. 1544	1/1/09
20 VAC 5-315-10	Amended	24:26 VA.R. 3845	8/25/08
20 VAC 5-315-20	Amended	24:26 VA.R. 3845	8/25/08
20 VAC 5-315-40	Amended	24:26 VA.R. 3846	8/25/08
20 VAC 5-315-50	Amended	24:26 VA.R. 3847	8/25/08
20 VAC 5-403-70	Amended	25:9 VA.R. 1816	1/1/09
20 VAC 5-414-10 through 20 VAC 5-414-70	Added	25:7 VA.R. 1437-1438	12/1/08
Title 22. Social Services			
22 VAC 5-10-10 through 22 VAC 5-10-110	Repealed	25:5 VA.R. 1122	1/1/09
22 VAC 5-11-10 through 22 VAC 5-11-110	Added	25:5 VA.R. 1122-1125	1/1/09
22 VAC 5-30-10 through 22 VAC 5-30-60	Added	24:25 VA.R. 3665-3669	1/1/09
22 VAC 15-10-10 through 22 VAC 15-10-70	Repealed	25:4 VA.R. 712	1/1/09
22 VAC 15-11-10 through 22 VAC 15-11-110	Added	25:4 VA.R. 713-715	1/1/09
22 VAC 20-10-10 through 22 VAC 20-10-100	Repealed	25:7 VA.R. 1438	1/7/09
22 VAC 20-11-10 through 22 VAC 20-11-110	Added	25:7 VA.R. 1439-1441	1/7/09
22 VAC 27-10-10 through 22 VAC 27-10-110	Added	25:7 VA.R. 1442-1445	1/7/09
22 VAC 30-10-10	Repealed	25:1 VA.R. 71	10/15/08
22 VAC 30-10-20	Repealed	25:1 VA.R. 71	10/15/08
22 VAC 30-10-40	Repealed	25:1 VA.R. 71	10/15/08
22 VAC 30-10-50	Repealed	25:1 VA.R. 71	10/15/08
22 VAC 30-10-60	Repealed	25:1 VA.R. 71	10/15/08
22 VAC 30-11-10 through 22 VAC 30-11-110	Added	25:1 VA.R. 72-74	10/15/08
22 VAC 40-11-10 through 22 VAC 40-11-70	Repealed	25:1 VA.R. 74	1/1/09
22 VAC 40-12-10 through 22 VAC 40-12-110	Added	25:1 VA.R. 74-78	1/1/09
22 VAC 40-72-10	Amended	25:8 VA.R. 1592	2/5/09
22 VAC 40-72-30	Repealed	25:8 VA.R. 1598	2/5/09
22 VAC 40-72-50	Amended	25:8 VA.R. 1598	2/5/09
22 VAC 40-72-90	Amended	25:8 VA.R. 1599	2/5/09
22 VAC 40-72-100	Amended	25:8 VA.R. 1600	2/5/09
22 VAC 40-72-150	Amended	25:8 VA.R. 1600	2/5/09
22 VAC 40-72-190	Repealed	25:8 VA.R. 1600	2/5/09
22 VAC 40-72-191	Added	25:8 VA.R. 1601	2/5/09
22 VAC 40-72-200	Repealed	25:8 VA.R. 1601	2/5/09
22 VAC 40-72-201	Added	25:8 VA.R. 1602	2/5/09
22 VAC 40-72-210	Amended	25:8 VA.R. 1603	2/5/09
22 VAC 40-72-220	Amended	25:8 VA.R. 1603	2/5/09
22 VAC 40-72-230	Amended	25:8 VA.R. 1605	2/5/09
22 VAC 40-72-260	Amended	25:8 VA.R. 1606	2/5/09
22 VAC 40-72-290	Amended	25:8 VA.R. 1606	2/5/09
22 VAC 40-72-340	Amended	25:8 VA.R. 1607	2/5/09
22 VAC 40-72-390	Amended	25:8 VA.R. 1609	2/5/09
22 VAC 40-72-420	Amended	25:8 VA.R. 1610	2/5/09
22 VAC 40-72-430	Amended	25:8 VA.R. 1610	2/5/09
22 VAC 40-72-440	Amended	25:8 VA.R. 1611	2/5/09
22 VAC 40-72-630	Amended	25:8 VA.R. 1612	2/5/09
22 VAC 40-72-660	Amended	25:8 VA.R. 1613	2/5/09

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22 VAC 40-72-670	Amended	25:8 VA.R. 1613	2/5/09
22 VAC 40-72-910	Amended	25:8 VA.R. 1615	2/5/09
22 VAC 40-72-920	Amended	25:8 VA.R. 1615	2/5/09
22 VAC 40-72-930	Amended	25:8 VA.R. 1615	2/5/09
22 VAC 40-72-950	Amended	25:8 VA.R. 1616	2/5/09
22 VAC 40-72-960	Amended	25:8 VA.R. 1616	2/5/09
22 VAC 40-72-970	Amended	25:8 VA.R. 1617	2/5/09
22 VAC 40-72-1010	Amended	25:8 VA.R. 1617	2/5/09
22 VAC 40-72-1120	Amended	25:8 VA.R. 1618	2/5/09
22 VAC 40-151-10 through 22 VAC 40-151-1020	Added	25:3 VA.R. 482-512	1/1/09
22 VAC 40-705-10	Amended	25:11 VA.R. 1993	3/4/09
22 VAC 40-705-30	Amended	25:11 VA.R. 1996	3/4/09
22 VAC 40-705-40	Amended	25:11 VA.R. 1997	3/4/09
22 VAC 40-705-50	Amended	25:11 VA.R. 1999	3/4/09
22 VAC 40-705-70	Amended	25:11 VA.R. 2000	3/4/09
22 VAC 40-705-80	Amended	25:11 VA.R. 2000	3/4/09
22 VAC 40-705-120	Amended	25:11 VA.R. 2001	3/4/09
22 VAC 40-705-140	Amended	25:11 VA.R. 2002	3/4/09
22 VAC 40-705-150	Amended	25:11 VA.R. 2003	3/4/09
22 VAC 40-705-180	Amended	25:11 VA.R. 2003	3/4/09
22 VAC 45-11-10 through 22 VAC 45-11-90	Repealed	25:5 VA.R. 1125	12/1/08
22 VAC 45-12-10 through 22 VAC 45-12-110	Added	25:5 VA.R. 1125-1128	12/1/08
Title 23. Taxation			
23 VAC 10-10-10 through 23 VAC 10-10-80	Repealed	25:4 VA.R. 730	1/10/09***
23 VAC 10-11-10 through 23 VAC 10-11-110	Added	25:4 VA.R. 732-735	1/10/09***
23 VAC 10-20-155	Added	24:26 VA.R. 3848	10/1/08
23 VAC 10-20 (Forms)	Amended	25:5 VA.R. 1128	--
23 VAC 10-20-20	Amended	25:11 VA.R. 2004	3/4/09
23 VAC 10-20-80	Amended	25:11 VA.R. 2004	3/4/09
23 VAC 10-20-90	Amended	25:11 VA.R. 2004	3/4/09
23 VAC 10-20-110	Amended	25:11 VA.R. 2004	3/4/09
23 VAC 10-20-130	Amended	25:11 VA.R. 2005	3/4/09
23 VAC 10-20-160	Amended	25:8 VA.R. 1620	3/8/09
23 VAC 10-20-165	Added	25:8 VA.R. 1622	3/8/09
23 VAC 10-20-170	Repealed	25:8 VA.R. 1627	3/8/09
23 VAC 10-20-180	Amended	25:8 VA.R. 1628	3/8/09
23 VAC 10-20-190	Amended	25:8 VA.R. 1628	3/8/09
23 VAC 10-20-200	Amended	25:11 VA.R. 2005	3/4/09
23 VAC 10-55 (Forms)	Amended	25:5 VA.R. 1129	--
23 VAC 10-60 (Forms)	Amended	25:5 VA.R. 1129	--
23 VAC 10-65 (Forms)	Amended	25:5 VA.R. 1129	--
23 VAC 10-75 (Forms)	Amended	25:5 VA.R. 1129	--
23 VAC 10-210 (Forms)	Amended	25:6 VA.R. 1358	--
23 VAC 10-210-20	Repealed	24:26 VA.R. 3849	10/1/08
23 VAC 10-210-170	Repealed	25:4 VA.R. 736	11/26/08
23 VAC 10-210-220	Amended	25:11 VA.R. 2006	3/4/09
23 VAC 10-210-250	Amended	25:11 VA.R. 2007	3/4/09
23 VAC 10-210-595	Added	25:4 VA.R. 736	11/26/08
23 VAC 10-210-870	Repealed	25:4 VA.R. 736	11/26/08

*** See erratum (25:6 VA.R. 1375) for effective date

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23 VAC 10-210-3080	Amended	25:11 VA.R. 2007	3/4/09
23 VAC 10-210-4010	Repealed	25:4 VA.R. 736	11/26/08
23 VAC 10-210-6060	Amended	25:8 VA.R. 1632	3/8/09
23 VAC 10-220 (Forms)	Amended	25:5 VA.R. 1129	--
23 VAC 10-230 (Forms)	Amended	25:5 VA.R. 1129	--
23 VAC 10-230-20	Amended	25:8 VA.R. 1633	3/8/09
23 VAC 10-230-30	Amended	25:8 VA.R. 1633	3/8/09
23 VAC 10-230-40	Amended	25:8 VA.R. 1635	3/8/09
23 VAC 10-230-71	Added	25:8 VA.R. 1637	3/8/09 ****
23 VAC 10-230-75	Added	25:8 VA.R. 1637	3/8/09
23 VAC 10-230-80	Amended	25:8 VA.R. 1637	3/8/09
23 VAC 10-230-90	Amended	25:8 VA.R. 1638	3/8/09
23 VAC 10-230-110	Amended	25:8 VA.R. 1639	3/8/09
23 VAC 10-230-120	Amended	25:8 VA.R. 1639	3/8/09
23 VAC 10-240 (Forms)	Amended	25:6 VA.R. 1359	--
23 VAC 10-300 (Forms)	Amended	25:5 VA.R. 1129	--
23 VAC 10-310 (Forms)	Amended	25:5 VA.R. 1129	--
23 VAC 10-330 (Forms)	Amended	25:5 VA.R. 1129	--
23 VAC 10-350 (Forms)	Amended	25:5 VA.R. 1129	--
23 VAC 10-370 (Forms)	Amended	25:5 VA.R. 1129	--
23 VAC 10-390 (Forms)	Amended	25:5 VA.R. 1130	--
Title 24. Transportation and Motor Vehicles			
24 VAC 20-10-10 through 24 VAC 20-10-140	Repealed	25:6 VA.R. 1360	12/24/08
24 VAC 20-11-10 through 24 VAC 20-11-110	Added	25:6 VA.R. 1361-1364	12/24/08
24 VAC 22-10-10 through 24 VAC 22-10-140	Repealed	25:4 VA.R. 752	11/26/08
24 VAC 22-11-10 through 24 VAC 22-11-110	Added	25:4 VA.R. 753-755	11/26/08
24 VAC 25-5-10 through 24 VAC 25-5-110	Added	25:7 VA.R. 1445-1448	1/7/09
24 VAC 25-10-10	Repealed	25:3 VA.R. 519	10/13/08
24 VAC 25-20-10	Repealed	25:3 VA.R. 519	10/13/08
24 VAC 27-10-10 through 24 VAC 27-10-120	Repealed	25:6 VA.R. 1364	12/24/08
24 VAC 27-11-10 through 24 VAC 27-11-110	Added	25:6 VA.R. 1364-1367	12/24/08
24 VAC 27-30-10 through 24 VAC 27-30-190	Added	25:1 VA.R. 78-89	10/15/08
24 VAC 30-10-10 through 24 VAC 30-10-70	Repealed	25:6 VA.R. 1367	12/24/08
24 VAC 30-11-10 through 24 VAC 30-11-110	Added	25:6 VA.R. 1367-1370	12/24/08
24 VAC 30-15-10	Repealed	25:10 VA.R. 1863	2/18/09
24 VAC 30-16-10	Repealed	25:3 VA.R. 520	11/12/08
24 VAC 30-380-10	Amended	25:5 VA.R. 1130	10/22/08
24 VAC 35-10-10 through 24 VAC 35-10-70	Repealed	25:5 VA.R. 1131	12/10/08
24 VAC 35-11-10 through 24 VAC 35-11-110	Added	25:5 VA.R. 1132-1134	12/10/08

**** See erratum (25:14 VA.R. 2682)

TITLE 19. PUBLIC SAFETY

DEPARTMENT OF STATE POLICE

Agency Decision

Title of Regulation: **19VAC30-70. Motor Vehicle Safety Inspection Rules and Regulations.**

Statutory Authority: § 46.2-1165 of the Code of Virginia.

Name of Petitioner: Mr. Patrick McTague.

Nature of Petitioner's Request: "By authority of the Code of Virginia § 2.2-4007, I am petitioning the Department of State Police action to repeal its regulations relating to the inspection of sunshading material. As stated in § 46.2-1052 of the Code of Virginia 'Except as otherwise provided in this article or permitted by federal law, it shall be unlawful for any person to operate any motor vehicle on a highway with any sign, poster, colored or tinted film, sun-shading material, or other colored material on the windshield, front or rear side windows, or rear windows of such motor vehicle. This provision, however, shall not apply to any certificate or other paper required by law or permitted by the Superintendent to be placed on a motor vehicle's windshield or window.'

"Your current regulations permit for unlawful vehicles to pass safety inspections, thus permitting unsafe vehicles to travel on Virginia's roads. These regulations are also in violation of the minimum Federal Motor Vehicle Safety Standards and in violation of the U.S. Code. Your regulations must comply with both of these documents in order to have jurisdiction on State and Federal funded highways. Although your department may enforce illegal tint with its Troopers, this alone is not a suitable policy as governed by higher powers. In essence, you are providing the motorist with a document proclaiming their vehicle legal for use on the highway's and yet at the same time claim these vehicles are illegal for use. The motorist has reasonable expectation that their vehicle is lawful and therefore cannot be prosecuted for inspection requirements which you do not require. Below you will find relevant law which, under your current regulations, makes your Department unlawful. I propose that the inspection of window requirements be reinstated into your inspection program immediately.

"The National Highway Traffic Safety Administration has a legislative mandate under Title 49 of the United States Code, Chapter 301, Motor Vehicle Safety, to issue Federal Motor Vehicle Safety Standards (FMVSS) and Regulations to which manufacturers of motor vehicle and equipment items must conform and certify compliance. New standards and amendments to existing standards are published in the Federal Register.

"These Federal safety standards are regulations written in terms of minimum safety performance requirements for motor vehicles or items of motor vehicle equipment. These requirements are specified in such a manner 'that the public is protected against unreasonable risk of crashes occurring as a result of the design, construction, or performance of motor vehicles and is also protected against unreasonable risk of death or injury in the event crashes do occur.'

"FMVSS Standard No. 205: Glazing Materials Scope and Purpose: This standard specifies requirements for glazing materials for use in motor vehicles and motor vehicle equipment. The purpose of this standard is to reduce injuries resulting from impact to glazing surfaces, to ensure a necessary degree of transparency in motor vehicle windows for driver visibility and to minimize the possibility of occupants being thrown through the vehicle windows in collisions.

"US code Title 23, Chapter 402 states:

'(a) Each State shall have a highway safety program approved by the Secretary, designed to reduce traffic accidents and deaths, injuries, and property damage resulting therefrom. Such programs shall be in accordance with uniform guidelines promulgated by the Secretary. Such uniform guidelines shall be expressed in terms of performance criteria. In addition, such uniform guidelines shall include programs

(b) Administration of State Programs.— (1) Administrative requirements.— The Secretary may not approve a State highway safety program under this section which does not—

(B) authorize political subdivisions of the State to carry out local highway safety programs within their jurisdictions as a part of the State highway safety program if such local highway safety programs are approved by the Governor and are in accordance with the minimum standards established by the Secretary under this section;'"

Agency Decision: Request denied.

Statement of Reasons for Decision: On December 15, 2008, Mr. Patrick McTague petitioned the Virginia Department of State Police to repeal its regulations relating to the inspection of sun shading materials, which are set forth in 19VAC30-70-210. In his petition he cites the statutory provision, § 46.2-1052 of the Code of Virginia, which was enacted by the General Assembly, and prohibits and fixes punishment for those who operate a motor vehicle on the highways of the Commonwealth with impermissible levels of tint on specified vehicle windows. In the petition Mr. McTague asserts that Virginia is not in compliance with the minimum standards set forth in FMVSS Standard No. 205.

The petition was properly posted and opened to a comment period prior to this agency considered any action. The comments, economic impact on small business (inspection stations), and the safety concerns addressed were all considered by the department in making its decision. Three comments were received, one on the Virginia Town Hall

website and two by facsimile to the department. Of the three one was in favor of taking regulatory action to add window tint as a pass fail item for state inspection, two were opposed to doing the same.

The impact on Virginia inspection stations, many of which are small businesses, would be extensive. Each station would be required to purchase a sufficient number of tint meters to ensure that they could conduct the inspection if a meter became damaged or was found to be out of calibration. An initial search for such meters found that a basic model would cost between $74 and $245 per unit. The stations would be required to provide training and supervision of the personnel conducting the test, would be required to evaluate and consider medical documentation relating to exceptions to the rule under § 46.2-1053, and would be not be compensated for the additional equipment, training, and time required to conduct each inspection as the inspection fee is fixed by Act of the general Assembly.

Safety of the traveling public would not be greatly enhanced by including such a measure in the inspection process. Out of state vehicles are not subject to the Virginia inspection process and would continue to travel in or through Virginia with the tint on the windows. In addition tint is often an aftermarket addition to a vehicle that could be added the day after the inspection and the driver would still be in violation of the law. The provisions of § 46.2-1052 properly address the issue of dark tint and places the public on notice.

The guidance found in FMVSS No. 205 is properly addressed in 19VAC30-70-210 in that the glazing and any tint or coating must not obscure the drivers view. Tint that is fogged, peeling, or otherwise obscures the drivers view would result in a failure to pass inspection under current regulations. Overly dark tint that otherwise does not obstruct the drivers view is primarily an issue of officer not operator safety. Overly dark tint may allow safe operation of the vehicle but still pose a risk to officers approaching the vehicle and not being able to identify the number of persons therein.

For the reasons stated above the Virginia Department of State Police has considered the petition for rulemaking and has determined that no change is required or justified.

Agency Contact: Lt. Colonel Robert Kemmler, Regulatory Coordinator, Department of State Police, Bureau of Administrative and Support Services, P.O. Box 27472, Richmond, VA 23261-7472, telephone (804) 674-4606, FAX (804) 674-2234, or email robert.kemmler@vsp.virginia.gov.

VA.R. Doc. No. R09-1844; Filed March 3, 2009, 1:56 p.m.

TITLE 9. ENVIRONMENT

STATE AIR POLLUTION CONTROL BOARD

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007.01 of the Code of Virginia that the State Air Pollution Control Board intends to consider promulgating the following regulations: **9VAC5-520, General Permit for Qualified Energy Generator.** The purpose of the proposed action is to develop a general permit with terms and conditions as may be necessary to form the legally enforceable basis for the implementation of all regulatory and statutory requirements applicable to emissions units that meet the requirements of a qualified energy generator as defined in § 10.1-1308.1 of the Code of Virginia. Such sources generate no more than five megawatts of electricity, or produce the equivalent amount of energy in the form of fuel, steam, or other energy product. Energy is generated or produced from biomass and is sold to an unrelated person or used in a manufacturing process.

The agency intends to hold a public hearing on the proposed action after publication in the Virginia Register.

Statutory Authority: § 10.1-1308.1 of the Code of Virginia; § 110(a) of the Clean Air Act; 40 CFR Part 51.

Public Comments: Public comments may be submitted until 5 p.m. on April 29, 2009.

Agency Contact: Mary E. Major, Department of Environmental Quality, 629 East Main Street, P.O. Box 1105, Richmond, VA 23218, telephone (804) 698-4423, FAX (804) 698-4510, or email memajor@deq.virginia.gov.

VA.R. Doc. No. R09-1830; Filed March 5, 2009, 9:48 a.m.

TITLE 18. PROFESSIONAL AND OCCUPATIONAL LICENSING

BOARD FOR BARBERS AND COSMETOLOGY

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007.01 of the Code of Virginia that the Board for Barbers and Cosmetology intends to consider amending the following regulations: **18VAC41-20, Barbering and Cosmetology Regulations.** The purpose of the proposed action is to increase licensing fees for regulants of the Board for Barbers and Cosmetology. The board must establish fees adequate to support the costs of the board operations and a proportionate share of the department's operations. By the close of the next biennium, fees will not provide adequate revenue for those costs.

The agency intends to hold a public hearing on the proposed action after publication in the Virginia Register.

Statutory Authority: § 54.1-201 of the Code of Virginia.

Public Comments: Public comments may be submitted until 5 p.m. on April 30, 2009.

Agency Contact: William H. Ferguson, II, Executive Director, Board for Barbers and Cosmetology, 9960 Mayland Drive, Richmond, VA 23233, telephone (804) 367-8590, FAX (804) 527-4295, or email barbercosmo@dpor.virginia.gov.

VA.R. Doc. No. R09-1831; Filed March 9, 2009, 12:15 p.m.

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007.01 of the Code of Virginia that the Board for Barbers and Cosmetology intends to consider amending the following regulations: **18VAC41-30, Hair Braiding Regulations.** The purpose of the proposed action is to to increase licensing fees for regulants of the Board for Barbers and Cosmetology. The board must establish fees adequate to support the costs of the board operations and a proportionate share of the department's operations. By the close of the next biennium, fees will not provide adequate revenue for those costs.

The agency intends to hold a public hearing on the proposed action after publication in the Virginia Register.

Statutory Authority: § 54.1-201 of the Code of Virginia.

Public Comments: Public comments may be submitted until 5 p.m. on April 30, 2009.

Agency Contact: William H. Ferguson, II, Executive Director, Board for Barbers and Cosmetology, 9960 Mayland Drive, Richmond, VA 23233, telephone (804) 367-8590, FAX (804) 527-4295, or email barbercosmo@dpor.virginia.gov.

VA.R. Doc. No. R09-1833; Filed March 9, 2009, 12:16 p.m.

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007.01 of the Code of Virginia that the Board for Barbers and Cosmetology intends to consider amending the following regulations: **18VAC41-40, Wax Technician Regulations.** The purpose of the proposed action is to increase licensing fees for regulants of the Board for Barbers and Cosmetology. The board must establish fees adequate to support the costs of the board operations and a proportionate share of the department's operations. By the close of the next biennium, fees will not provide adequate revenue for those costs.

The agency intends to hold a public hearing on the proposed action after publication in the Virginia Register.

Statutory Authority: § 54.1-201 of the Code of Virginia.

Public Comments: Public comments may be submitted until 5 p.m. on April 30, 2009.

Agency Contact: William Ferguson, Executive Director, Board for Barbers and Cosmetology, 9960 Mayland Drive, Richmond, VA 23233, telephone (804) 367-8590, FAX (804) 527-4295, or email barbercosmo@dpor.virginia.gov.

VA.R. Doc. No. R09-1834; Filed March 9, 2009, 12:17 p.m.

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007.01 of the Code of Virginia that the Board for Barbers and Cosmetology intends to consider amending the following regulations: **18VAC41-50, Tattooing Regulations.** The purpose of the proposed action is to increase licensing fees for regulants of the Board for Barbers and Cosmetology. The board must establish fees adequate to support the costs of the board operations and a proportionate share of the department's operations. By the close of the next biennium, fees will not provide adequate revenue for those costs.

The agency intends to hold a public hearing on the proposed action after publication in the Virginia Register.

Statutory Authority: § 54.1-201 of the Code of Virginia.

Public Comments: Public comments may be submitted until 5 p.m. on April 30, 2009.

Agency Contact: William B. Ferguson, Executive Director, Board for Barbers and Cosmetology, 9960 Mayland Drive, Richmond, VA 23233, telephone (804) 367-8590, FAX (804) 527-4295, or email barbercosmo@dpor.virginia.gov.

VA.R. Doc. No. R09-1835; Filed March 9, 2009, 12:17 p.m.

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007.01 of the Code of Virginia that the Board for Barbers and Cosmetology intends to consider amending the following regulations: **18VAC41-60, Body-Piercing Regulations.** The purpose of the proposed action is to increase licensing fees for regulants of the Board for Barbers and Cosmetology. The board must establish fees adequate to support the costs of the board operations and a proportionate share of the department's operations. By the close of the next biennium, fees will not provide adequate revenue for those costs.

The agency intends to hold a public hearing on the proposed action after publication in the Virginia Register.

Statutory Authority: § 54.1-201 of the Code of Virginia.

Public Comments: Public comments may be submitted until 5 p.m. on April 30, 2009.

Agency Contact: William B. Ferguson, Executive Director, Board for Barbers and Cosmetology, 9960 Mayland Drive, Richmond, VA 23233, telephone (804) 367-8590, FAX (804) 527-4295, or email barbercosmo@dpor.virginia.gov.

VA.R. Doc. No. R09-1836; Filed March 9, 2009, 12:18 p.m.

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007.01 of the Code of Virginia that the Board for Barbers and Cosmetology intends to consider amending the following regulations: **18VAC41-70, Board for Barbers and Cosmetology Esthetics Regulations.** The purpose of the proposed action is to increase licensing fees for regulants of the Board for Barbers and Cosmetology. The board must establish fees adequate to support the costs of the board operations and a proportionate share of the department's operations. By the close of the next biennium, fees will not provide adequate revenue for those costs.

The agency intends to hold a public hearing on the proposed action after publication in the Virginia Register.

Statutory Authority: § 54.1-201 of the Code of Virginia.

Public Comments: Public comments may be submitted until 5 p.m. on April 30, 2009.

Agency Contact: Bill Ferguson, Executive Director, Board for Barbers and Cosmetology, 9960 Mayland Drive, Richmond, VA 23233, telephone (804) 367-8590, FAX (804) 527-4295, or email barbercosmo@dpor.virginia.gov.

VA.R. Doc. No. R09-1837; Filed March 9, 2009, 12:18 p.m.

BOARD FOR BRANCH PILOTS

Notice of Intended Regulatory Action

Notice is hereby given in accordance with § 2.2-4007.01 of the Code of Virginia that the Board for Branch Pilots intends to consider amending the following regulations: **18VAC45-20, Board for Branch Pilots Regulations.** The purpose of the proposed action is to perform a general review of the board's regulations including, but not limited to, physical examination requirements for initial licensing and license renewal; reporting requirements for denial of licensure, denial of licensure renewal, and discipline; criteria for the medical review officer; and possible changes to chemical testing regulations. Other changes that may be necessary may also be considered.

The agency intends to hold a public hearing on the proposed action after publication in the Virginia Register.

Statutory Authority: § 54.1-201 of the Code of Virginia.

Public Comments: Public comments may be submitted until 5 p.m. on April 29, 2009.

Agency Contact: Kathleen R. Nosbisch, Executive Director, Board for Branch Pilots, 9960 Mayland Drive, Richmond, VA 23233, telephone (804) 367-8514, FAX (804) 527-4294, or email branchpilots@dpor.virginia.gov.

VA.R. Doc. No. R09-1843; Filed March 10, 2009, 10:17 a.m.

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TITLE 22. SOCIAL SERVICES

STATE BOARD OF SOCIAL SERVICES

Withdrawal of Notice of Intended Regulatory Action

Notice is hereby given that the State Board of Social Services has WITHDRAWN the Notice of Intended Regulatory for **22VAC40-601, Food Stamp Program,** that was published in 25:4 VA.R. 570 October 27, 2008.

Agency Contact: L. Richard Martin, Jr., Manager, Department of Social Services, Office of Legislative and Regulatory Affairs, 7 North Eighth Street, Room 5214, Richmond, VA 23219, telephone (804) 726-7902, FAX (804) 726-7906, TTY (800) 828-1120, or email richard.martin@dss.virginia.gov.

VA.R. Doc. No. R09-1593; Filed March 6, 2009, 10:59 a.m.

REGULATIONS

For information concerning the different types of regulations, see the Information Page.

Symbol Key

Roman type indicates existing text of regulations. Underscored language indicates proposed new text. Language that has been stricken indicates proposed text for deletion. Brackets are used in final regulations to indicate changes from the proposed regulation.

TITLE 2. AGRICULTURE

DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES

Final Regulation

REGISTRAR'S NOTICE: The Department of Agriculture and Consumer Services is claiming an exemption from the Administrative Process Act in accordance with § 3.2-703 of the Code of Virginia, which exempts quarantine to prevent or retard the spread of a pest into, within, or from the Commonwealth, and § 3.2-704 of the Code of Virginia, which provides that the Board of Agriculture and Consumer Services shall prohibit the importation of any regulated article from any locality of other states, territories, or countries, into the Commonwealth.

Title of Regulation: **2VAC5-330. Rules and Regulations for Enforcement of the Virginia Pest Law-Virginia Gypsy Moth Quarantine (amending 2VAC5-330-30).**

Statutory Authority: §§ 3.2-701 and 3.2-704 of the Code of Virginia.

Effective Date: March 9, 2009.

Agency Contact: Larry M. Nichols, Program Manager, Department of Agriculture and Consumer Services, P. O. Box 1163, Richmond, VA 23218, telephone (804) 786-3515, FAX (804) 371-7793, TTY (800) 828-1120, or email larry.nichols@vdacs.virginia.gov.

Summary:

The amendments extend the regulated areas under the Virginia Gypsy Moth Quarantine due to the detection of adult, larvae, or other life stages of the gypsy moth in areas not currently under regulation. The current regulation area is changed by the addition of the Counties of Bland and Pulaski and the City of Radford. All other parts of the Virginia Gypsy Moth Quarantine will remain unchanged.

2VAC5-330-30. Regulated areas.

A. Any area of another state or the District of Columbia, whether designated high risk or low risk, in which gypsy moth is known to occur and is so geographically described and regulated by the United States Department of Agriculture under the Gypsy Moth and Browntail Moth Quarantine No. 45, (7 USC §§ 1520dd, 150ee, 162) or under a state gypsy moth quarantine or other state legislation.

B. The following areas in Virginia:

1. The entire counties of: Accomack, Albemarle, ~~Allleghany~~ Alleghany, Amelia, Amherst, Appomattox, Arlington, Augusta, Bath, Bedford, Bland, Botetourt, Brunswick, Buckingham, Campbell, Caroline, Charles City, Charlotte, Chesterfield, Clarke, Craig, Culpeper, Cumberland, Dinwiddie, Essex, Fairfax, Fauquier, Floyd, Fluvanna, Franklin, Frederick, Giles, Gloucester, Goochland, Greene, Greensville, Halifax, Hanover, Henrico, Highland, Isle of Wight, James City, King George, King and Queen, King William, Lancaster, Loudoun, Louisa, Lunenburg, Madison, Mathews, Mecklenburg, Middlesex, Montgomery, Nelson, New Kent, Northampton, Northumberland, Nottoway, Orange, Page, Pittsylvania, Powhatan, Prince Edward, Prince George, Prince William, Pulaski, Rappahannock, Richmond, Roanoke, Rockbridge, Rockingham, Shenandoah, Southampton, Spotsylvania, Stafford, Surry, Sussex, Warren, Westmoreland, and York.

2. The entire independent cities of: Alexandria, Bedford, Buena Vista, Charlottesville, Chesapeake, Clifton Forge, Colonial Heights, Covington, Danville, Emporia, Fairfax City, Falls Church, Franklin, Fredericksburg, Hampton, Harrisonburg, Hopewell, Lexington, Lynchburg, Manassas, Manassas Park, Newport News, Norfolk, Petersburg, Poquoson, Portsmouth, Radford, Richmond, Roanoke, Salem, Staunton, Suffolk, Virginia Beach, Waynesboro, Williamsburg, and Winchester.

VA.R. Doc. No. R09-1839; Filed March 9, 2009, 2:57 p.m.

TITLE 11. GAMING

VIRGINIA RACING COMMISSION

Proposed Regulation

REGISTRAR'S NOTICE: The Virginia Racing Commission is exempt from the Administrative Process Act pursuant to subdivision A 18 of § 2.2-4002 of the Code of Virginia (i) when acting by and through its duly appointed stewards or in matters related to any specific race meeting or (ii) in promulgating technical rules regulating actual live horse racing at race meetings licensed by the commission.

Title of Regulation: **11VAC10-50. Racing Officials (amending 11VAC10-50-30).**

Statutory Authority: § 59.1-369 of the Code of Virginia.

Public Hearing Information: No public hearings are scheduled.

Agency Contact: David S. Lermond, Jr., Regulatory Coordinator, Virginia Racing Commission, 10700 Horsemen's Lane, New Kent, VA 23024, telephone (804) 966-7404, FAX (804) 966-7418, or email david.lermond@vrc.virginia.gov.

Summary:

The proposed amendment changes the frequency of publishing a condition book once the book has been published at least 30 days prior to the opening of the race meeting from intervals of not more than 15 days to intervals acceptable to the commission. The amendment is being made in an effort to reduce the printing of multiple condition books during short race meets run at Colonial Downs.

11VAC10-50-30. Racing secretary.

The licensee shall appoint a qualified person to act as racing secretary for the race meeting. The racing secretary shall be responsible for the conduct of the racing office and all of the licensee's employees who are assigned to the racing office. The racing secretary, and his assistant, if one is appointed, shall also be responsible for the programming of races during the race meeting and all of the duties pertaining to the programming of races. Among the duties of the racing secretary are:

1. Recruiting the highest possible quality of horses for the race meeting and assigning stall space to horses. The racing secretary shall submit the procedures and stall application forms to achieve a quality horse population no later than 60 days before the opening of the race meeting;

2. Receiving and keeping safe, with the assistance of the clerk of the course, registration or eligibility certificates of horses stabled within the enclosure or horses to be entered into races, and returning upon request the certificates to the horse owner or his representative;

3. Publishing at least 30 days prior to the opening of the race meeting and at intervals thereafter ~~of not more than 15 days~~ acceptable to the commission a condition book or sheet that sets forth the conditions and eligibility for horses to be entered into races for the meeting and distributing the book or sheet among owners, trainers and the commission;

4. Supervising the taking of entries for each day's races, verifying the eligibility, the accuracy of the information submitted with the entry and the weights claimed for the horses, where appropriate;

5. Coupling of entries for wagering purposes, as provided for in these regulations, and assigning horses to the mutuel field for wagering purposes in a manner approved by the stewards;

6. Maintaining a list of horses which were entered but denied an opportunity to race because they were excluded from a race programmed in the condition book or sheet either by overfilling or failure to fill the race. The racing secretary shall submit to the commission for approval, at least 30 days prior to the opening of the race meeting, a detailed description of the manner in which preference will be allocated to those horses excluded;

7. Posting a list of entries or an overnight sheet in a conspicuous location in the racing secretary's office, upon the closing of entries each day, and making available copies of the list of entries or overnight sheet to other racing officials, commission personnel, horsemen, members of the media and the public;

8. Maintaining, with the assistance of the clerk of the course, a permanent record of all stakes, entrance moneys and arrears paid or due, and depositing the moneys in an escrow account as provided in ~~11VAC10-20-10 et seq.~~ 11VAC10-20;

9. Publishing, with the assistance of the program director, a daily racing program accurately containing all of the information that is deemed appropriate to the type of racing being offered and any other information the commission may deem appropriate;

10. Assigning weights to be carried by each horse in a handicap race, and when weights are not specified by the conditions of the race, the scale of weights of either The Jockey Club or the National Steeplechase Association shall apply, as they are appropriate;

11. Keeping, with the assistance of the clerk of the course, permanent records of the results of each race of the meeting, and updating the registration or eligibility certificate with information deemed appropriate by the commission or the appropriate breed registry;

12. Informing the horsemen's bookkeeper of the results of each race as well as the amounts of purse moneys due and the parties to whom the purse moneys are due and, in general, supervising the account;

13. Posting a list in a conspicuous place in the racing secretary's office of those horses that have been nerved and those horses that have been gelded or spayed;

14. Maintaining, with the assistance of the stall superintendent, a list of the horses stabled within the enclosure, and maintaining a record of arrival and departure of all horses stabled within the enclosure;

15. Supervising the claims clerk in determining the eligibility of owners to claim other horses at the race meeting and whether sufficient funds exist in the

horsemen's account or proper funding is available to make a valid claim; and

16. Withdrawing, cancelling or changing any race which has not closed. In the event the cancelled race is a stakes race, all subscriptions and fees paid in connection with the race shall be refunded.

VA.R. Doc. No. R09-1840; Filed March 10, 2009, 1:09 p.m.

Final Regulation

REGISTRAR'S NOTICE: The Virginia Racing Commission is claiming an exemption from the Administrative Process Act pursuant to § 2.2-4002 B 7 of the Code of Virginia, which exempts agency action relating to the selection, tenure, dismissal, direction or control of any officer or employee of an agency of the Commonwealth.

Title of Regulation: **11VAC10-70. Stewards (amending 11VAC10-70-20, 11VAC10-70-90).**

Statutory Authority: § 59.1-369 of the Code of Virginia.

Effective Date: April 15, 2009.

Agency Contact: David S. Lermond, Jr., Regulatory Coordinator, Virginia Racing Commission, 10700 Horsemen's Lane, New Kent, VA 23024, telephone (804) 966-7404, FAX (804) 966-7418, or email david.lermond@vrc.virginia.gov.

Summary:

The amendments (i) amend the steward qualification requirements by allowing the commission to waive accreditation requirements for good cause shown, and (ii) include the executive secretary of the commission in the substitute steward selection process.

11VAC10-70-20. Appointment.

The commission shall appoint stewards, all of whom shall be employees of the commission. To qualify for appointment as a steward, the appointee shall meet the experience, education and examination requirements necessary to be accredited by the Racing Officials Accreditation Program administered by the Universities of Arizona and Louisville, or in the case of harness racing, be licensed as a judge by the United States Trotting Association. The commission may waive any accreditation requirements for good cause shown.

11VAC10-70-90. Appointment of substitute.

If any steward is absent at the time of the running of the race or is otherwise unable to perform his duties, the other stewards and the executive secretary shall agree on the appointment of a substitute to act for the absent steward. If a substitute is appointed, the commission shall be notified immediately followed by a written report, stating the name of the substitute steward, the reason for his appointment, and the races over which the substitute officiated.

VA.R. Doc. No. R09-1841; Filed March 10, 2009, 1:10 p.m.

Proposed Regulation

REGISTRAR'S NOTICE: The Virginia Racing Commission is exempt from the Administrative Process Act pursuant to subdivision A 18 of § 2.2-4002 of the Code of Virginia (i) when acting by and through its duly appointed stewards or in matters related to any specific race meeting or (ii) in promulgating technical rules regulating actual live horse racing at race meetings licensed by the commission.

Title of Regulation: **11VAC10-120. Claiming Races (amending 11VAC10-120-80).**

Statutory Authority: § 59.1-369 of the Code of Virginia.

Public Hearing Information: No public hearings are scheduled.

Agency Contact: David S. Lermond, Jr., Regulatory Coordinator, Virginia Racing Commission, 10700 Horsemen's Lane, New Kent, VA 23024, telephone (804) 966-7404, FAX (804) 966-7418, or email david.lermond@vrc.virginia.gov.

Summary:

The proposed amendment provides that when a horse is claimed out of a claiming race other than steeplechase races, the horse may not race elsewhere until after the close of the meeting at which it was claimed, except with the permission of the stewards. The amendment is made in an effort to retain more horses at Colonial Downs and maintain the track's horse population throughout the entire race meet.

11VAC10-120-80. Restrictions on a claimed horse.

When a horse is claimed out of a claiming race other than steeplechase races, the following restrictions shall apply to the horse for 30 calendar days after the day that the horse was claimed:

1. The horse may only start in claiming races for a designated price of 25% more than the amount for which the horse was claimed, except in harness racing a horse may start in claiming races for any price;

2. The horse may not be sold or transferred wholly or in part to another person, except in another claiming race;

3. The horse may not remain in the same stable or under the control or supervision of its former owner or trainer, unless reclaimed;

4. ~~The~~ Notwithstanding the 30-day restriction above, the horse may not race elsewhere until after the close of the meeting at which it was claimed ~~or 30 calendar days, whichever occurs first~~, except with the permission of the stewards; and

5. All horses claimed in other jurisdictions and racing in Virginia shall be subject to the conditions of the claiming regulation in the jurisdiction where the claim was made.

VA.R. Doc. No. R09-1842; Filed March 10, 2009, 1:11 p.m.

TITLE 14. INSURANCE

STATE CORPORATION COMMISSION

Proposed Regulation

REGISTRAR'S NOTICE: The State Corporation Commission is exempt from the Administrative Process Act in accordance with § 2.2-4002 A 2 of the Code of Virginia, which exempts courts, any agency of the Supreme Court, and any agency that by the Constitution is expressly granted any of the powers of a court of record.

Title of Regulation: **14VAC5-170. Rules Governing Minimum Standards for Medicare Supplement Policies (amending 14VAC5-170-20, 14VAC5-170-30, 14VAC5-170-50, 14VAC5-170-60, 14VAC5-170-70, 14VAC5-170-80, 14VAC5-170-150; adding 14VAC5-170-75, 14VAC5-170-85, 14VAC5-170-215).**

Statutory Authority: §§ 12.1-13 and 38.2-223 of the Code of Virginia.

Public Hearing Information: A public hearing will be scheduled upon request.

Public Comments: Public comments may be submitted until 5 p.m. on April 15, 2009.

Agency Contact: Althelia Battle, Principal Insurance Market Examiner, State Corporation Commission, Bureau of Insurance, 1300 East Main Street, P.O. Box 1157, Richmond, VA 23218, telephone (804) 371-9154, FAX (804) 371-9944, or email al.battle@scc.virginia.gov.

Summary:

The proposed amendments incorporate related provisions of the federal Medicare Improvements for Patients and Providers Act of 2008 (MIPAA) and the Genetic Information Nondiscrimination Act of 2008 (GINA). Amendments, including the addition of three new sections to accommodate these federal laws, are necessary to maintain certification of Virginia's state regulatory programs. Amendments were also made to reflect the 2009 deductible and copayment amounts under Medicare.

AT RICHMOND, MARCH 10, 2009

COMMONWEALTH OF VIRGINIA

At the relation of the

STATE CORPORATION COMMISSION

CASE NO. INS-2009-00034

Ex Parte: In the matter of adopting Revisions to the Rules Governing Minimum Standards for Medicare Supplement Policies

ORDER TO TAKE NOTICE

Section 12.1-13 of the Code of Virginia provides that the State Corporation Commission ("Commission") shall have the power to promulgate rules and regulations in the enforcement and administration of all laws within its jurisdiction, and § 38.2-223 of the Code of Virginia provides that the Commission may issue any rules and regulations necessary or appropriate for the administration and enforcement of Title 38.2 of the Code of Virginia.

The rules and regulations issued by the Commission pursuant to § 38.2-223 of the Code of Virginia are set forth in Title 14 of the Virginia Administrative Code.

The Bureau of Insurance ("Bureau") has submitted to the Commission proposed revisions to Chapter 170 of Title 14 of the Virginia Administrative Code entitled "Rules Governing Minimum Standards for Medicare Supplement Policies" ("Rules"), which amend the Rules at 14 VAC 5-170-20, 14 VAC 5-170-30, 14 VAC 5-170-50 through 14 VAC 5-170-80, 14 VAC 5-170-150, and add new sections at 14 VAC 5-170-75, 14 VAC 5-170-85 and 14 VAC 5-170-215.

The proposed revisions to the Rules are necessary as a result of passage of the federal Medicare Improvements for Patients and Providers Act of 2008 and the Genetic Information Nondiscrimination Act of 2008. Revisions to accommodate these federal laws are necessary to maintain certification of Virginia's state regulatory programs.

The Commission is of the opinion that the proposed revisions to 14 VAC 5-170-20, 14 VAC 5-170-30, 14 VAC 5-170-50 through 14 VAC 5-170-80, 14 VAC 5-170-150, and proposed new sections at 14 VAC 5-170-75, 14 VAC 5-170-85 and 14 VAC 5-170-215 should be considered for adoption.

THEREFORE, IT IS ORDERED THAT:

(1) The proposed revisions to the "Rules Governing Minimum Standards for Medicare Supplement Policies," which amend the Rules at 14 VAC 5-170-20, 14 VAC 5-170-30, 14 VAC 5-170-50 through 14 VAC 5-170-80, and 14 VAC 5-170-150, and add new sections at 14 VAC 5-170-75, 14 VAC 5-170-85 and 14 VAC 5-170-215, be attached hereto and made a part hereof.

(2) All interested persons who desire to comment in support of or in opposition to, or request a hearing to oppose the adoption of the proposed revisions shall file such comments or hearing request on or before April 15, 2009, in writing with the Clerk of the Commission, Document Control Center, P.O. Box 2118, Richmond,

Virginia 23218, and shall refer to Case No. INS-2009-00034.

(3) If no written request for a hearing on the proposed revisions is filed on or before April 15, 2009, the Commission, upon consideration of any comments submitted in support of or in opposition to the proposed revisions, may adopt the revisions proposed by the Bureau of Insurance.

(4) AN ATTESTED COPY hereof, together with a copy of the proposed revisions, shall be sent by the Clerk of the Commission to the Bureau of Insurance in care of Deputy Commissioner Jacqueline K. Cunningham, who forthwith shall give further notice of the proposed adoption of the revisions by mailing a copy of this Order, together with the proposed revisions, to all insurers licensed by the Commission to write accident and sickness insurance in the Commonwealth of Virginia, as well as all interested parties.

(5) The Commission's Division of Information Resources forthwith shall cause a copy of this Order, together with the proposed revisions, to be forwarded to the Virginia Registrar of Regulations for appropriate publication in the Virginia Register of Regulations.

(6) The Commission's Division of Information Resources shall make available this Order and the attached proposed revisions to the Rules on the Commission's website, http://www.scc.virginia.gov/case.

(7) The Bureau of Insurance shall file with the Clerk of the Commission an affidavit of compliance with the notice requirements of paragraph (4) above.

14VAC5-170-20. Applicability and scope.

A. Except as otherwise specifically provided in 14VAC5-170-60, 14VAC5-170-110, 14VAC5-170-120, 14VAC5-170-150 and 14VAC5-170-200, this chapter shall apply to:

1. All Medicare supplement policies delivered or issued for delivery in this Commonwealth on or after ~~January 1, 2006~~ May 21, 2009; and

2. All certificates issued under group Medicare supplement policies for which certificates have been delivered or issued for delivery in this Commonwealth.

B. This chapter shall not apply to a policy or contract of one or more employers or labor organizations, or of the trustees of a fund established by one or more employers or labor organizations, or combination thereof, for employees or former employees, or a combination thereof, or for members or former members, or a combination thereof, of the labor organizations.

14VAC5-170-30. Definitions.

The following words and terms when used in this chapter shall have the following meanings unless the context clearly indicates otherwise:

"1990 standardized Medicare supplement benefit plan," "1990 standardized benefit plan" or "1990 plan" means a group or individual policy of Medicare supplement insurance issued on or after July 30, 1992, and prior to June 1, 2010, and includes Medicare supplement insurance policies and certificates renewed on or after that date that are not replaced by the issuer at the request of the insured.

"2010 standardized Medicare supplement benefit plan," "2010 standardized benefit plan" or "2010 plan" means a group or individual policy of Medicare supplement insurance issued on or after June 1, 2010.

"Applicant" means:

1. In the case of an individual Medicare supplement policy, the person who seeks to contract for insurance benefits; and

2. In the case of a group Medicare supplement policy, the proposed certificateholder.

"Attained age rating" means a premium structure under which premiums are based on the covered individual's age at the time of application of the policy or certificate, and for which premiums increase based on the covered individual's increase in age during the life of the policy or certificate.

"Bankruptcy" means when a Medicare Advantage organization that is not an issuer has filed, or has had filed against it, a petition for declaration of bankruptcy and has ceased doing business in this Commonwealth.

"Certificate" means any certificate delivered or issued for delivery in this Commonwealth under a group Medicare supplement policy.

"Certificate form" means the form on which the certificate is delivered or issued for delivery by the issuer.

"Community rating" means a premium structure under which premium rates are the same for all covered individuals of all ages in a given area.

"Continuous period of creditable coverage" means the period during which an individual was covered by creditable coverage, if during the period of the coverage the individual did not have a break in coverage greater than 63 days.

"Creditable coverage" means, with respect to an individual, coverage of the individual provided under any of the following:

1. A group health plan;

2. Health insurance coverage;

3. Part A or Part B of Title XVIII of the Social Security Act of 1935 (Medicare) (42 USC § 1395 et seq.);

4. Title XIX of the Social Security Act of 1935 (Medicaid) (42 USC § 1396 et seq.), other than coverage consisting solely of benefits under § 1928;

5. Chapter 55 of Title 10 of the United States Code (CHAMPUS) (10 USC§§ 1071-1107);

6. A medical care program of the Indian Health Service or of a tribal organization;

7. A state health benefits risk pool;

8. A health plan offered under the Federal Employees Health Benefits Act of 1959 (5 USC §§ 8901-8914);

9. A public health plan as defined in federal regulation; and

10. A health benefit plan under § 5(e) of the Peace Corps Act of 1961 (22 USC § 2504(e)).

"Creditable coverage" shall not include one or more, or any combination of, the following:

1. Coverage only for accident or disability income insurance, or any combination thereof;

2. Coverage issued as a supplement to liability insurance;

3. Liability insurance, including general liability insurance and automobile liability insurance;

4. Workers' compensation or similar insurance;

5. Automobile medical expense insurance;

6. Credit-only insurance;

7. Coverage for on-site medical clinics; and

8. Other similar insurance coverage, specified in federal regulations, under which benefits for medical care are secondary or incidental to other insurance benefits.

"Creditable coverage" shall not include the following benefits if they are provided under a separate policy, certificate or contract of insurance or are otherwise not an integral part of the plan:

1. Limited scope dental or vision benefits;

2. Benefits for long-term care, nursing home care, home health care, community-based care or any combination thereof; and

3. Such other similar, limited benefits as are specified in federal regulations.

"Creditable coverage" shall not include the following benefits if offered as independent, noncoordinated benefits:

1. Coverage only for a specified disease or illness; and

2. Hospital indemnity or other fixed indemnity insurance.

"Creditable coverage" shall not include the following if it is offered as a separate policy, certificate or contract of insurance:

1. Medicare supplement health insurance as defined under § 1882(g)(1) of the Social Security Act of 1935 (42 USC § 1395ss);

2. Coverage supplemental to the coverage provided under Chapter 55 of Title 10 of the United States Code (10 USC §§ 1071-1107); and

3. Similar supplemental coverage provided to coverage under a group health plan.

"Employee welfare benefit plan" means a plan, fund or program of employee benefits as defined in the Employee Retirement Income Security Act of 1974 (29 USC § 1002).

"Insolvency" means when an issuer, duly licensed to transact an insurance business in this Commonwealth in accordance with the provisions of Chapter 10, 41, 42 or 43, respectively, of Title 38.2 of the Code of Virginia, is determined to be insolvent and placed under a final order of liquidation by a court of competent jurisdiction.

"Issue age rating" means a premium structure based upon the covered individual's age at the time of purchase of the policy or certificate. Under an issue age rating structure, premiums do not increase due to the covered individual's increase in age during the life of the policy or certificate.

"Issuer" includes insurance companies, fraternal benefit societies, corporations licensed pursuant to Chapter 42 of Title 38.2 of the Code of Virginia to offer health services plans, health maintenance organizations, and any other entity delivering or issuing for delivery in this Commonwealth Medicare supplement policies or certificates.

"Medicare" means the "Health Insurance for the Aged Act," Title XVIII of the Social Security Act (42 USC § 1395 et seq.), as then constituted or later amended.

"Medicare Advantage plan" means a plan of coverage for health benefits under Medicare Part C as defined in § 1859 (42 USC § 1395w-28(b)(1) of the Social Security Act, and includes:

1. Coordinated care plans which provide health care services, including but not limited to health maintenance organization plans (with or without a point-of-service option), plans offered by provider-sponsored organizations, and preferred provider organization plans;

2. Medical savings account plans coupled with a contribution into a Medicare Advantage medical savings account; and

3. Medicare Advantage private fee-for-service plans.

"Medicare supplement policy" means a group or individual policy of accident and sickness insurance or a subscriber

contract of health service plans or health maintenance organizations, other than a policy issued pursuant to a contract under § 1876 of the federal Social Security Act of 1935 (42 USC § 1395 et seq.) or an issued policy under a demonstration project specified in 42 USC § 1395ss(g)(1), which is advertised, marketed or designed primarily as a supplement to reimbursements under Medicare for the hospital, medical or surgical expenses of persons eligible for Medicare. "Medicare supplement policy" does not include Medicare Advantage plans established under Medicare Part C, Outpatient Prescription Drug plans established under Medicare Part D, or any Health Care Prepayment Plan that provides benefits pursuant to an agreement under § 1833(a)(1)(A) of the Social Security Act.

"Policy form" means the form on which the policy is delivered or issued for delivery by the issuer.

"Prestandardized Medicare supplement benefit plan," "prestandardized benefit plan" or "prestandardized plan" means a group or individual policy of Medicare supplement insurance issued prior to July 30, 1992.

"Secretary" means the Secretary of the United States Department of Health and Human Services.

14VAC5-170-50. Policy provisions.

A. Except for permitted preexisting condition clauses as described in 14VAC5-170-60 B 1 ~~and~~ , 14VAC5-170-70 B 1 and 14VAC5-170-75 B 1, no policy or certificate may be advertised, solicited or issued for delivery in this Commonwealth as a Medicare supplement policy if the policy or certificate contains limitations or exclusions on coverage that are more restrictive than those of Medicare.

B. No Medicare supplement policy or certificate may use waivers to exclude, limit or reduce coverage or benefits for specifically named or described preexisting diseases or physical conditions.

C. No Medicare supplement policy or certificate in force in this Commonwealth shall contain benefits which duplicate benefits provided by Medicare.

D. 1. Subject to 14VAC5-170-60 B 4, 5 and 7 and 14VAC5-170-70 B 4 and 5, a Medicare supplement policy with benefits for outpatient prescription drugs in existence prior to January 1, 2006, shall be renewed for current policyholders who do not enroll in Part D at the option of the policyholder.

2. A Medicare supplement policy with benefits for outpatient prescription drugs shall not be issued after December 31, 2005.

3. After December 31, 2005, a Medicare supplement policy with benefits for outpatient prescription drugs shall not be renewed after the policyholder enrolls in Medicare Part D unless:

a. The policy is modified to eliminate outpatient prescription coverage for expenses of outpatient prescription drugs incurred after the effective date of individual's coverage under a Part D plan; and

b. Premiums are adjusted to reflect the elimination of outpatient prescription drug coverage at the time of Medicare Part D enrollment, accounting for any claims paid, if applicable.

14VAC5-170-60. Minimum benefit standards for prestandardized Medicare supplement benefits plan policies or certificates issued for delivery prior to July 30, 1992.

A. No policy or certificate may be advertised, solicited or issued for delivery in this Commonwealth as a Medicare supplement policy or certificate unless it meets or exceeds the following minimum standards. These are minimum standards and do not preclude the inclusion of other provisions or benefits which are not inconsistent with these standards.

B. The following standards apply to Medicare supplement policies and certificates and are in addition to all other requirements of this chapter.

1. A Medicare supplement policy or certificate shall not exclude or limit benefits for a loss incurred more than six months from the effective date of coverage because it involved a preexisting condition. The policy or certificate shall not define a preexisting condition more restrictively than a condition for which medical advice was given or treatment was recommended by or received from a physician within six months before the effective date of coverage.

2. A Medicare supplement policy or certificate shall not indemnify against losses resulting from sickness on a different basis than losses resulting from accidents.

3. A Medicare supplement policy or certificate shall provide that benefits designed to cover cost sharing amounts under Medicare will be changed automatically to coincide with any changes in the applicable Medicare deductible ~~amount and copayment percentage factors~~ , copayment or coinsurance amounts. Premiums may be modified to correspond with such changes.

4. A "noncancellable," "guaranteed renewable," or "noncancellable and guaranteed renewable" Medicare supplement policy shall not:

a. Provide for termination of coverage of a spouse solely because of the occurrence of an event specified for termination of coverage of the insured, other than the nonpayment of premium; or

b. Be cancelled or nonrenewed by the issuer solely on the grounds of deterioration of health.

5. a. Except as authorized by the State Corporation Commission, an issuer shall neither cancel nor nonrenew a Medicare supplement policy or certificate for any reason other than nonpayment of premium or material misrepresentation.

b. If a group Medicare supplement insurance policy is terminated by the group policyholder and not replaced as provided in subdivision 5 d of this subsection, the issuer shall offer certificateholders an individual Medicare supplement policy. The issuer shall offer the certificateholder at least the following choices:

(1) An individual Medicare supplement policy currently offered by the issuer having comparable benefits to those contained in the terminated group Medicare supplement policy; and

(2) An individual Medicare supplement policy which provides only such benefits as are required to meet the minimum standards as defined in ~~subsection C of this section~~ 14VAC5-170-75 C.

c. If membership in a group is terminated, the issuer shall:

(1) Offer the certificateholder the conversion opportunities described in subdivision 5 b of this subsection; or

(2) At the option of the group policyholder, offer the certificateholder continuation of coverage under the group policy.

d. If a group Medicare supplement policy is replaced by another group Medicare supplement policy purchased by the same policyholder, the issuer of the replacement policy shall offer coverage to all persons covered under the old group policy on its date of termination. Coverage under the new group policy shall not result in any exclusion for preexisting conditions that would have been covered under the group policy being replaced.

6. Termination of a Medicare supplement policy or certificate shall be without prejudice to any continuous loss which commenced while the policy was in force, but the extension of benefits beyond the period during which the policy was in force may be predicated upon the continuous total disability of the insured, limited to the duration of the policy benefit period, if any, or to payment of the maximum benefits. Receipt of Medicare Part D benefits will not be considered in determining a continuous loss.

7. If a Medicare supplement policy is modified to eliminate an outpatient prescription drug benefit as a result of requirements imposed by the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (42 USC § 1395w-101), the modified policy shall be deemed to satisfy the guaranteed renewal requirements of this subsection.

C. Minimum benefit standards.

1. Coverage of Part A Medicare eligible expenses for hospitalization to the extent not covered by Medicare from the 61st day through the 90th day in any Medicare benefit period;

2. Coverage for either all or none of the Medicare Part A inpatient hospital deductible amount;

3. Coverage of Part A Medicare eligible expenses incurred as daily hospital charges during use of Medicare's lifetime hospital inpatient reserve days;

4. Upon exhaustion of all Medicare hospital inpatient coverage including the lifetime reserve days, coverage of 90% of all Medicare Part A eligible expenses for hospitalization not covered by Medicare subject to a lifetime maximum benefit of an additional 365 days;

5. Coverage under Medicare Part A for the reasonable cost of the first three pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations or already paid for under Part B;

6. Coverage for the coinsurance amount, or in the case of hospital outpatient department services paid under a prospective payment system, the copayment amount of Medicare eligible expenses under Part B regardless of hospital confinement, subject to a maximum calendar year out-of-pocket amount equal to the Medicare Part B deductible $100;

7. Effective January 1, 1990, coverage under Medicare Part B for the reasonable cost of the first three pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations), unless replaced in accordance with federal regulations or already paid for under Part A, subject to the Medicare deductible amount.

14VAC5-170-70. Benefit standards for 1990 Medicare supplement policies ~~or certificates issued or~~ delivered on or after July 30, 1992, and prior to June 1, 2010.

A. The following standards are applicable to all Medicare supplement benefit plan policies or certificates delivered or issued for delivery in this Commonwealth on or after July 30, 1992, and prior to June 1, 2010. No policy or certificate may be advertised, solicited, delivered or issued for delivery in this Commonwealth as a Medicare supplement policy or certificate unless it complies with these benefit standards.

B. The following standards apply to Medicare supplement policies and certificates and are in addition to all other requirements of this chapter.

1. A Medicare supplement policy or certificate shall not exclude or limit benefits for a loss incurred more than six months from the effective date of coverage because it involved a preexisting condition. The policy or certificate

may not define a preexisting condition more restrictively than a condition for which medical advice was given or treatment was recommended by or received from a physician within six months before the effective date of coverage.

2. A Medicare supplement policy or certificate shall not indemnify against losses resulting from sickness on a different basis than losses resulting from accidents.

3. A Medicare supplement policy or certificate shall provide that benefits designed to cover cost sharing amounts under Medicare will be changed automatically to coincide with any changes in the applicable Medicare deductible ~~amount and copayment percentage factors~~ , copayment or coinsurance amounts. Premiums may be modified to correspond with such changes provided that loss ratios are being met.

4. No Medicare supplement policy or certificate shall provide for termination of coverage of a spouse solely because of the occurrence of an event specified for termination of coverage of the insured, other than the nonpayment of premium.

5. Each Medicare supplement policy shall be guaranteed renewable.

a. The issuer shall not cancel or nonrenew the policy solely on the ground of health status of the individual.

b. The issuer shall not cancel or nonrenew the policy for any reason other than nonpayment of premium or material misrepresentation.

c. If the Medicare supplement policy is terminated by the group policyholder and is not replaced as provided under subdivision 5 e of this subsection, the issuer shall offer certificateholders an individual Medicare supplement policy which (at the option of the certificateholder):

(1) Provides for continuation of the benefits contained in the group policy; or

(2) Provides for benefits that otherwise meet the requirements of this subsection.

d. If an individual is a certificateholder in a group Medicare supplement policy and the individual terminates membership in the group, the issuer shall:

(1) Offer the certificateholder the conversion opportunity described in subdivision 5 c of this subsection; or

(2) At the option of the group policyholder, offer the certificateholder continuation of coverage under the group policy.

e. If a group Medicare supplement policy is replaced by another group Medicare supplement policy purchased by the same policyholder, the issuer of the replacement policy shall offer coverage to all persons covered under the old group policy on its date of termination. Coverage under the new policy shall not result in any exclusion for preexisting conditions that would have been covered under the group policy being replaced.

f. If a Medicare supplement policy is modified to eliminate an outpatient prescription drug benefit as a result of requirements imposed by the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (42 USC § 1395w-101), the modified policy shall be deemed to satisfy the guaranteed renewal requirements of this subdivision 5.

6. Termination of a Medicare supplement policy or certificate shall be without prejudice to any continuous loss which commenced while the policy was in force, but the extension of benefits beyond the period during which the policy was in force may be conditioned upon the continuous total disability of the insured, limited to the duration of the policy benefit period, if any, or payment of the maximum benefits. Receipt of Medicare Part D benefits will not be considered in determining a continuous loss.

7. a. A Medicare supplement policy or certificate shall provide that benefits and premiums under the policy or certificate shall be suspended at the request of the policyholder or certificateholder for the period (not to exceed 24 months) in which the policyholder or certificateholder has applied for and is determined to be entitled to medical assistance under Title XIX of the Social Security Act of 1935 (42 USC § 1396 et seq.), but only if the policyholder or certificateholder notifies the issuer of such policy or certificate within 90 days after the date the individual becomes entitled to such assistance.

b. If suspension occurs and if the policyholder or certificateholder loses entitlement to medical assistance, the policy or certificate shall be automatically reinstituted (effective as of the date of termination of such entitlement) if the policyholder or certificateholder provides notice of loss of entitlement within 90 days after the date of loss and pays the premium attributable to the period.

c. Each Medicare supplement policy or certificate shall provide that benefits and premiums under the policy shall be suspended (for any period that may be provided by federal regulation) at the request of the policyholder if the policyholder or certificateholder is entitled to benefits under § 226 (b) of the Social Security Act (42 USC § 426) and is covered under a group health plan (as defined in § 1862(b)(1)(A)(v) of the Social Security Act (42 USC § 1395y)). If suspension occurs and if the policyholder or certificateholder loses coverage under the group health plan, the policy shall be automatically reinstituted (effective as of the date of loss of coverage)

if the policyholder or certificateholder provides notice of loss of coverage within 90 days after the date of the loss.

d. Reinstitution of coverages as described in subdivisions 7 b and c of this subsection:

(1) Shall not provide for any waiting period with respect to treatment of preexisting conditions;

(2) Shall provide for reinstituted coverage that is substantially equivalent to coverage in effect before the date of such suspension. If the suspended Medicare supplement policy provided coverage for outpatient prescription drugs, reinstitution of the policy for Medicare Part D enrollees shall be without coverage for outpatient prescription drugs and shall otherwise provide substantially equivalent coverage to the coverage in effect before the date of suspension; and

(3) Shall provide for classification of premiums on terms at least as favorable to the policyholder or certificateholder as the premium classification terms that would have applied to the policyholder or certificateholder had the coverage not been suspended.

8. If an issuer makes a written offer to the Medicare supplement policyholders or certificateholders of one or more of its plans, to exchange during a specified period from his 1990 standardized plan (as described in 14VAC5-170-70) to a 2010 standardized plan (as described in 14VAC5-170-75), the offer and subsequent exchange shall comply with the following requirements:

a. An issuer need not provide justification to the commission if the insured replaces a 1990 standardized policy or certificate with an issue age rated 2010 standardized policy or certificate at the insured's original issue age and duration. If an insured's policy or certificate to be replaced is priced on an issue age rate schedule at the time of such offer, the rate charged to the insured for the new exchanged policy shall recognize the policy reserve buildup, due to the prefunding inherent in the use of an issue age rate basis, for the benefit of the insured. The method proposed to be used by an issuer shall be filed with the commission in accordance with § 38.2-316 of the Code of Virginia.

b. The rating class of the new policy or certificate shall be the class closest to the insured's class of the replaced coverage.

c. An issuer may not apply new preexisting condition limitations or a new incontestability period to the new policy for those benefits contained in the exchanged 1990 standardized policy or certificate of the insured, but may apply preexisting condition limitations of no more than six months to any added benefits contained in the new 2010 standardized policy or certificate not contained in the exchanged policy.

d. The new policy or certificate shall be offered to all policyholders or certificateholders within a given plan, except where the offer of issue would be in violation of state or federal law.

C. Standards for basic (core) benefits common to benefit plans A through J. Every issuer shall make available a policy or certificate including only the following basic core package of benefits to each prospective insured. An issuer may make available to prospective insureds any of the other Medicare Supplement Insurance Benefit Plans in addition to the basic core package, but not in lieu of it.

1. Coverage of Part A Medicare Eligible Expenses for hospitalization to the extent not covered by Medicare from the 61st day through the 90th day in any Medicare benefit period;

2. Coverage of Part A Medicare Eligible Expenses incurred for hospitalization to the extent not covered by Medicare for each Medicare lifetime inpatient reserve day used;

3. Upon exhaustion of the Medicare hospital inpatient coverage including the lifetime reserve days, coverage of 100% of the Medicare Part A eligible expenses for hospitalization paid at the applicable prospective payment system (PPS) rate, or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional 365 days;

4. Coverage under Medicare Parts A and B for the reasonable cost of the first three pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations;

5. Coverage for the coinsurance amount, or in the case of hospital outpatient department services paid under a prospective payment system, the copayment amount of Medicare Eligible Expenses under Part B regardless of hospital confinement, subject to the Medicare Part B deductible.

D. Standards for additional benefits. The following additional benefits shall be included in Medicare Supplement Benefit Plans "B" through "J" only as provided by 14VAC5-170-80.

1. Medicare Part A deductible. Coverage for all of the Medicare Part A inpatient hospital deductible amount per benefit period.

2. Skilled nursing facility care. Coverage for the actual billed charges up to the coinsurance amount from the 21st day through the 100th day in a Medicare benefit period for posthospital skilled nursing facility care eligible under Medicare Part A.

3. Medicare Part B deductible. Coverage for all of the Medicare Part B deductible amount per calendar year regardless of hospital confinement.

4. Eighty percent of the Medicare Part B excess charges. Coverage for 80% of the difference between the actual Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare-approved Part B charge.

5. One hundred percent of the Medicare Part B excess charges. Coverage for all of the difference between the actual Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare-approved Part B charge.

6. Basic outpatient prescription drug benefit. Coverage for 50% of outpatient prescription drug charges, after a $250 calendar year deductible, to a maximum of $1,250 in benefits received by the insured per calendar year, to the extent not covered by Medicare. The basic outpatient prescription drug benefit may be included for sale or issuance in a Medicare supplement policy until January 1, 2006.

7. Extended outpatient prescription drug benefit. Coverage for 50% of outpatient prescription drug charges, after a $250 calendar year deductible to a maximum of $3,000 in benefits received by the insured per calendar year, to the extent not covered by Medicare. The extended outpatient prescription drug benefit may be included for sale or issuance in a Medicare supplement policy until January 1, 2006.

8. Medically necessary emergency care in a foreign country. Coverage to the extent not covered by Medicare for 80% of the billed charges for Medicare-eligible expenses for medically necessary emergency hospital, physician and medical care received in a foreign country, which care would have been covered by Medicare if provided in the United States and which care began during the first 60 consecutive days of each trip outside the United States, subject to a calendar year deductible of $250, and a lifetime maximum benefit of $50,000. For purposes of this benefit, "emergency care" shall mean care needed immediately because of an injury or an illness of sudden and unexpected onset.

9. Preventive medical care benefit. Coverage for the following preventive health services not covered by Medicare:

a. An annual clinical preventive medical history and physical examination that may include tests and services from subdivision 9 b of this subsection and patient education to address preventive health care measures.

b. Preventive screening tests or preventive services, the selection and frequency of which is determined to be medically appropriate by the attending physician.

Reimbursement shall be for the actual charges up to 100% of the Medicare-approved amount for each service, as if Medicare were to cover the service as identified in American Medical Association Current Procedural Terminology (AMA CPT) codes, to a maximum of $120 annually under this benefit. This benefit shall not include payment for any procedure covered by Medicare.

10. At-home recovery benefit. Coverage for services to provide short term, at-home assistance with activities of daily living for those recovering from an illness, injury or surgery.

a. For purposes of this benefit, the following definitions shall apply:

"Activities of daily living" include, but are not limited to, bathing, dressing, personal hygiene, transferring, eating, ambulating, assistance with drugs that are normally self-administered, and changing bandages or other dressings.

"Care provider" means a duly qualified or licensed home health aide or homemaker, personal care aide or nurse provided through a licensed home health care agency or referred by a licensed referral agency or licensed nurses registry.

"Home" shall mean any place used by the insured as a place of residence, provided that such place would qualify as a residence for home health care services covered by Medicare. A hospital or skilled nursing facility shall not be considered the insured's place of residence.

"At-home recovery visit" means the period of a visit required to provide at home recovery care, without limit on the duration of the visit, except each consecutive four hours in a 24-hour period of services provided by a care provider is one visit.

b. Coverage requirements and limitations:

(1) At-home recovery services provided must be primarily services which assist in activities of daily living.

(2) The insured's attending physician must certify that the specific type and frequency of at-home recovery services are necessary because of a condition for which a home care plan of treatment was approved by Medicare; and

(3) Coverage is limited to:

(a) No more than the number and type of at-home recovery visits certified as necessary by the insured's attending physician. The total number of at-home recovery visits shall not exceed the number of Medicare

approved home health care visits under a Medicare approved home care plan of treatment;

(b) The actual charges for each visit up to a maximum reimbursement of $40 per visit;

(c) One thousand six hundred dollars per calendar year;

(d) Seven visits in any one week;

(e) Care furnished on a visiting basis in the insured's home;

(f) Services provided by a care provider as defined in this section;

(g) At-home recovery visits while the insured is covered under the policy or certificate and not otherwise excluded;

(h) At-home recovery visits received during the period the insured is receiving Medicare approved home care services or no more than eight weeks after the service date of the last Medicare approved home health care visit.

c. Coverage is excluded for:

(1) Home care visits paid for by Medicare or other government programs; and

(2) Care provided by family members, unpaid volunteers or providers who are not care providers.

E. Standards for Plans K and L.

1. Standardized Medicare supplement benefit plan "K" shall consist of the following:

a. Coverage of 100% of the Part A hospital coinsurance amount for each day used from the 61st through the 90th day in any Medicare benefit period;

b. Coverage of 100% of the Part A hospital coinsurance amount for each Medicare lifetime inpatient reserve day used from the 91st through the 150th day in any Medicare benefit period;

c. Upon exhaustion of the Medicare hospital inpatient coverage, including the lifetime reserve days, coverage of 100% of the Medicare Part A eligible expenses for hospitalization paid at the applicable prospective payment system (PPS) rate, or other appropriate Medicare standard of payment, subject to lifetime maximum benefit of an additional 365 days;

d. Medicare Part A deductible: Coverage for 50% of the Medicare Part A inpatient hospital deductible amount per benefit period until the out-of-pocket limitation is met as described in subdivision 1 j of this subsection;

e. Skilled nursing facility care: Coverage for 50% of the coinsurance amount for each day used from the 21st day through the 100th day in a Medicare benefit period for post hospital skilled nursing facility care eligible under Medicare Part A until the out-of-pocket limitation is met as described in subdivision 1 j of this subsection;

f. Hospice care: Coverage for 50% of cost sharing for all Part A Medicare eligible expenses and respite care until the out-of-pocket limitation is met as described in subdivision 1 j of this subsection;

g. Coverage for 50%, under Medicare Part A or B, of the reasonable cost of the first three pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations until the out-of-pocket limitation is met as described in subdivision 1 j of this subsection;

h. Except for coverage provided in subdivision 1 j of this subsection, coverage for 50% of the cost sharing otherwise applicable under Medicare Part B after the policyholder pays the Part B deductible until the out-of-pocket limitation is met as described in subdivision 1 j of this subsection;

i. Coverage of 100% of the cost sharing for Medicare Part B preventive services after the policyholder pays the Part B deductible; and

j. Coverage of 100% of all cost sharing under Medicare Parts A and B for the balance of the calendar year after the individual has reached the out-of-pocket limitation on annual expenditures under Medicare Parts A and B of $4,000 in 2006, indexed each year by the appropriate inflation adjustment specified by the Secretary of the U.S. Department of Health and Human Services.

2. Standardized Medicare supplement benefit plan "L" shall consist of the following:

a. The benefits described in subdivisions 1 a, b, c and i of this subsection;

b. The benefit described in subdivisions 1 d, e, f, g and h of this subsection, but substituting 75% for 50%; and

c. The benefit described in subdivision 1 j of this subsection, but substituting $2,000 for $4,000 indexed each year by the appropriate inflation adjustment specified by the Secretary of the U.S. Department of Health and Human Services.

14VAC5-170-75. Benefit standards for 2010 Medicare supplement policies delivered on or after June 1, 2010.

A. The following standards are applicable to all Medicare supplement benefit plan policies or certificates delivered or issued for delivery in this Commonwealth on or after June 1, 2010. No policy or certificate may be advertised, solicited, delivered, or issued for delivery in this Commonwealth as a Medicare supplement policy or certificate unless it complies with these benefit standards. No issuer may offer any 1990

standardized Medicare supplement benefit plan for sale on or after June 1, 2010. Benefit standards applicable to Medicare supplement policies and certificates issued before June 1, 2010, remain subject to the requirements of 14VAC5-170-70.

B. The following standards apply to Medicare supplement policies and certificates and are in addition to all other requirements of this chapter.

1. A Medicare supplement policy or certificate shall not exclude or limit benefits for losses incurred more than six months from the effective date of coverage because it involved a preexisting condition. The policy or certificate may not define a preexisting condition more restrictively than a condition for which medical advice was given or treatment was recommended by or received from a physician within six months before the effective date of coverage.

2. A Medicare supplement policy or certificate shall not indemnify against losses resulting from sickness on a different basis than losses resulting from accidents.

3. A Medicare supplement policy or certificate shall provide that benefits designed to cover cost-sharing amounts under Medicare will be changed automatically to coincide with any changes in the applicable Medicare deductible, copayment or coinsurance amounts. Premiums may be modified to correspond with such changes.

4. No Medicare supplement policy or certificate shall provide for termination of coverage of a spouse solely because of the occurrence of an event specified for termination of coverage of the insured, other than the nonpayment of premium.

5. Each Medicare supplement policy shall be guaranteed renewable.

a. The issuer shall not cancel or nonrenew the policy solely on the ground of health status of the individual.

b. The issuer shall not cancel or nonrenew the policy for any reason other than nonpayment of premium or material misrepresentation.

c. If the Medicare supplement policy is terminated by the group policyholder and is not replaced as provided in subdivision 5 e of this subsection, the issuer shall offer certificateholders an individual Medicare supplement policy which, at the option of the certificateholder:

(1) Provides for continuation of the benefits contained in the group policy; or

(2) Provides for benefits that otherwise meet the requirements of this subsection.

d. If an individual is a certificateholder in a group Medicare supplement policy and the individual terminates membership in the group, the issuer shall:

(1) Offer the certificateholder the conversion opportunity described in subdivision 5 c of this subsection; or

(2) At the option of the group policyholder, offer the certificateholder continuation of coverage under the group policy.

e. If a group Medicare supplement policy is replaced by another group Medicare supplement policy purchased by the same policyholder, the issuer of the replacement policy shall offer coverage to all persons covered under the old group policy on its date of termination. Coverage under the new policy shall not result in any exclusion for preexisting conditions that would have been covered under the group policy being replaced.

6. Termination of a Medicare supplement policy or certificate shall be without prejudice to any continuous loss that commenced while the policy was in force, but the extension of benefits beyond the period during which the policy was in force may be conditioned upon the continuous total disability of the insured, limited to the duration of the policy benefit period if any, or payment of the maximum benefits. Receipt of Medicare Part D benefits will not be considered in determining a continuous loss.

7. a. A Medicare supplement policy or certificate shall provide that benefits and premiums under the policy or certificate shall be suspended at the request of the policyholder or certificateholder for the period not to exceed 24 months in which the policyholder or certificateholder has applied for and is determined to be entitled to medical assistance under Title XIX of the Social Security Act, but only if the policyholder or certificateholder notifies the issuer of the policy or certificate within 90 days after the date the individual becomes entitled to assistance.

b. If suspension occurs and if the policyholder or certificateholder loses entitlement to medical assistance, the policy or certificate shall be automatically reinstituted (effective as of the date of termination of entitlement) as of the termination of entitlement if the policyholder or certificateholder provides notice of loss of entitlement within 90 days after the date of loss and pays the premium attributable to the period, effective as of the date of termination of entitlement.

c. Each Medicare supplement policy shall provide that benefits and premiums under the policy shall be suspended (for any period that may be provided by federal regulation) at the request of the policyholder if the policyholder is entitled to benefits under § 226 (b) of the Social Security Act and is covered under a group health plan as defined in § 1862 (b)(1)(A)(v) of the Social Security Act. If suspension occurs and if the policyholder or certificateholder loses coverage under the

group health plan, the policy shall be automatically reinstituted (effective as of the date of loss of coverage) if the policyholder provides notice of loss of coverage within 90 days after the date of the loss and pays the premium attributable to the period, effective as of the date of termination of enrollment in the group health plan.

d. Reinstitution of coverages as described in subdivisions 7 b and c of this subsection:

(1) Shall not provide for any waiting period with respect to treatment of preexisting conditions;

(2) Shall provide for resumption of coverage that is substantially equivalent to coverage in effect before the date of suspension; and

(3) Shall provide for classification of premiums on terms at least as favorable to the policyholder or certificateholder as the premium classification terms that would have been applied to the policyholder or certificateholder had the coverage not been suspended.

C. Standards for basic (core) benefits common to Medicare supplement insurance benefit plans A, B, C, D, F, F with High Deductible, G, M and N. Every issuer of Medicare supplement insurance benefit plans shall make available a policy or certificate including only the following basic "core" package of benefits to each prospective insured. An issuer may make available to prospective insureds any of the other Medicare supplement insurance benefit plans in addition to the basic core package, but not in lieu of it.

1. Coverage of Part A Medicare eligible expenses for hospitalization to the extent not covered by Medicare from the 61st day through the 90th day in any Medicare benefit period;

2. Coverage of Part A Medicare eligible expenses incurred for hospitalization to the extent not covered by Medicare for each Medicare lifetime inpatient reserve day used;

3. Upon exhaustion of the Medicare hospital inpatient coverage, including the lifetime reserve days, coverage of 100% of the Medicare Part A eligible expenses for hospitalization paid at the applicable prospective payment system (PPS) rate, or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional 365 days. The provider shall accept the issuer's payment as payment in full and may not bill the insured for any balance;

4. Coverage under Medicare Parts A and B for the reasonable cost of the first three pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in accordance with federal regulations;

5. Coverage for the coinsurance amount, or in the case of hospital outpatient department services paid under a prospective payment system, the copayment amount, of Medicare eligible expenses under Part B regardless of hospital confinement, subject to the Medicare Part B deductible; and

6. Coverage of cost sharing for all Part A Medicare eligible hospice care and respite care expenses.

D. Standards for additional benefits. The following additional benefits shall be included in Medicare supplement benefit Plans B, C, D, F, F with High Deductible, G, M, and N as provided by 14VAC5-170-85.

1. Medicare Part A deductible: Coverage for 100% of the Medicare Part A inpatient hospital deductible amount per benefit period.

2. Medicare Part A deductible: Coverage for 50% of the Medicare Part A inpatient hospital deductible amount per benefit period.

3. Skilled nursing facility care: Coverage for the actual billed charges up to the coinsurance amount from the 21st day through the 100th day in a Medicare benefit period for posthospital skilled nursing facility care eligible under Medicare Part A.

4. Medicare Part B deductible: Coverage for 100% of the Medicare Part B deductible amount per calendar year regardless of hospital confinement.

5. 100% of the Medicare Part B excess charges: Coverage for all of the difference between the actual Medicare Part B charges as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare-approved Part B charge.

6. Medically necessary emergency care in a foreign country: Coverage to the extent not covered by Medicare for 80% of the billed charges for Medicare-eligible expenses for medically necessary emergency hospital, physician and medical care received in a foreign country, which care would have been covered by Medicare if provided in the United States and which care began during the first 60 consecutive days of each trip outside the United States, subject to a calendar year deductible of $250, and a lifetime maximum benefit of $50,000. For purposes of this benefit, "emergency care" shall mean care needed immediately because of an injury or an illness of sudden and unexpected onset.

14VAC5-170-80. Standard ~~Medicare supplement benefit~~ plans for 1990 Medicare supplement policies delivered on or after July 30, 1992, and prior to June 1, 2010.

A. The following standard Medicare supplement benefit plans are applicable to all Medicare supplement benefit plan policies or certificates delivered or issued for delivery in this

Commonwealth on or after July 30, 1992, and prior to June 1, 2010. An issuer shall make available to each prospective policyholder and certificateholder a policy form or certificate form containing only the basic core benefits, as defined in 14VAC5-170-70 C.

B. No groups, packages or combinations of Medicare supplement benefits other than those listed in this section shall be offered for sale in this Commonwealth, except as may be permitted in subsection G of this section and 14VAC5-170-90.

C. Benefit plans shall be uniform in structure, language, designation, and format to the standard benefit plans "A" through "L" listed in this subsection and conform to the definitions in 14VAC5-170-30. Each benefit shall be structured in accordance with the format provided in 14VAC5-170-70 C, D, or E and list the benefits in the order shown in this subsection. For purposes of this section, "structure, language, and format" means style, arrangement and overall content of a benefit.

D. An issuer may use, in addition to the benefit plan designations required in subsection C, other designations to the extent permitted by law.

E. Make-up of benefit plans:

1. Standardized Medicare supplement benefit plan "A" shall be limited to the basic (core) benefits common to all benefit plans, as defined in 14VAC5-170-70 C.

2. Standardized Medicare supplement benefit plan "B" shall include only the following: The core benefits as defined in 14VAC5-170-70 C, plus the Medicare Part A deductible as defined in 14VAC5-170-70 D 1.

3. Standardized Medicare supplement benefit plan "C" shall include only the following: The core benefits as defined in 14VAC5-170-70 C, plus the Medicare Part A deductible, skilled nursing facility care, Medicare Part B deductible, and medically necessary emergency care in a foreign country as defined in 14VAC5-170-70 D 1, 2, 3, and 8 respectively.

4. Standardized Medicare supplement benefit plan "D" shall include only the following: The core benefits as defined in 14VAC5-170-70 C, plus the Medicare Part A deductible, skilled nursing facility care, medically necessary emergency care in a foreign country, and the at-home recovery benefit as defined in 14VAC5-170-70 D 1, 2, 8, and 10 respectively.

5. Standardized Medicare supplement benefit plan "E" shall include only the following: The core benefits as defined in 14VAC5-170-70 C, plus the Medicare Part A deductible, skilled nursing facility care, medically necessary emergency care in a foreign country, and preventive medical care as defined in 14VAC5-170-70 D 1, 2, 8, and 9 respectively.

6. Standardized Medicare supplement benefit plan "F" shall include only the following: The core benefits as defined in 14VAC5-170-70 C, plus the Medicare Part A deductible, the skilled nursing facility care, the Part B deductible, 100% of the Medicare Part B excess charges, and medically necessary emergency care in a foreign country as defined in 14VAC5-170-70 D 1, 2, 3, 5, and 8 respectively.

7. Standardized Medicare supplement benefit high deductible plan "F" shall include only the following: 100% of covered expenses following the payment of the annual high deductible plan "F" deductible. The covered expenses include the core benefits as defined in 14VAC5-170-70 C, plus the Medicare Part A deductible, skilled nursing facility care, the Medicare Part B deductible, 100% of the Medicare Part B excess charges, and medically necessary emergency care in a foreign country as defined in 14VAC5-170-70 D 1, 2, 3, 5, and 8 respectively. The annual high deductible plan "F" deductible shall consist of out-of-pocket expenses, other than premiums, for services covered by the Medicare supplement plan "F" policy and shall be in addition to any other specific benefit deductibles. The calendar year deductible shall be $1,500 for 1998 and 1999. It shall be adjusted annually thereafter by the Secretary to reflect the change in the Consumer Price Index for all urban consumers for the 12-month period ending on August 31st of the preceding year and rounded to the nearest multiple of $10.

8. Standardized Medicare supplement benefit plan "G" shall include only the following: The core benefits as defined in 14VAC5-170-70 C, plus the Medicare Part A deductible, skilled nursing facility care, 80% of the Medicare Part B excess charges, medically necessary emergency care in a foreign country, and the at-home recovery benefit as defined in 14VAC5-170-70 D 1, 2, 4, 8, and 10 respectively.

9. Standardized Medicare supplement benefit plan "H" shall include only the following: The core benefits as defined in 14VAC5-170-70 C, plus the Medicare Part A deductible, skilled nursing facility care, basic prescription drug benefit and medically necessary emergency care in a foreign country as defined in 14VAC5-170-70 D 1, 2, 6, and 8 respectively. The basic prescription drug benefit shall not be included in a Medicare supplement policy sold after December 31, 2005.

10. Standardized Medicare supplement benefit plan "I" shall include only the following: The core benefits as defined in 14VAC5-170-70 C, plus the Medicare Part A deductible, skilled nursing facility care, 100% of the Medicare Part B excess charges, basic prescription drug benefit, medically necessary emergency care in a foreign country, and at-home recovery benefit as defined in 14VAC5-170-70 D 1, 2, 5, 6, 8, and 10 respectively. The

basic prescription drug benefit shall not be included in a Medicare supplement policy sold after December 31, 2005.

11. Standardized Medicare supplement benefit plan "J" shall include only the following: The core benefits as defined in 14VAC5-170-70 C, plus the Medicare Part A deductible, skilled nursing facility care, Medicare Part B deductible, 100% of the Medicare Part B excess charges, extended prescription drug benefit, medically necessary emergency care in a foreign country, preventive medical care, and at-home recovery benefit as defined in 14VAC5-170-70 D 1, 2, 3, 5, 7, 8, 9, and 10 respectively. The extended prescription drug benefit shall not be included in a Medicare supplement policy sold after December 31, 2005.

12. Standardized Medicare supplement benefit high deductible plan "J" shall include only the following: 100% of covered expenses following the payment of the annual high deductible plan "J" deductible. The covered expenses include the core benefits as defined in 14VAC5-170-70 C, plus the Medicare Part A deductible, skilled nursing facility care, Medicare Part B deductible, 100% of the Medicare Part B excess charges, extended outpatient prescription drug benefit, medically necessary emergency care in a foreign country, preventive medical care benefit, and at-home recovery benefit as defined in 14VAC5-170-70 D 1, 2, 3, 5, 7, 8, 9, and 10 respectively. The annual high deductible plan "J" deductible shall consist of out-of-pocket expenses, other than premiums, for services covered by the Medicare supplement plan "J" policy and shall be in addition to any other specific benefit deductibles. The calendar year deductible shall be $1,500 for 1998 and 1999. It shall be adjusted annually thereafter by the Secretary to reflect the change in the Consumer Price Index for all urban consumers for the 12-month period ending on August 31st of the preceding year and rounded to the nearest multiple of $10. The extended outpatient prescription drug benefit shall not be included in a Medicare supplement policy sold after December 31, 2005.

F. Make-up of two Medicare supplement plans mandated by the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (42 USC § 1395w-101):

1. Standardized Medicare supplement benefit plan "K" shall consist of only those benefits described in 14VAC5-170-70 E 1.

2. Standardized Medicare supplement benefit plan "L" shall consist of only those benefits described in 14VAC5-170-70 E 2.

G. New or innovative benefits. An issuer may, with the prior approval of the State Corporation Commission, offer policies or certificates with new or innovative benefits in addition to the benefits provided in a policy or certificate that otherwise complies with the applicable standards. The new or innovative benefits may include benefits that are appropriate to Medicare supplement insurance, new or innovative, not otherwise available, cost-effective, and offered in a manner that is consistent with the goal of simplification of Medicare supplement policies. After December 31, 2005, the innovative benefit shall not include an outpatient prescription drug benefit.

14VAC5-170-85. Standard plans for 2010 standardized Medicare supplement policies delivered on or after June 1, 2010.

A. The following standard plans are applicable to all Medicare supplement benefit plan policies or certificates delivered or issued for delivery in this Commonwealth on or after June 1, 2010. No policy or certificate may be advertised, solicited, delivered or issued for delivery in this Commonwealth as a Medicare supplement policy or certificate unless it complies with these benefit plan standards. Benefit plan standards applicable to Medicare supplement policies and certificates issued before June 1, 2010, remain subject to the requirements of 14VAC5-170-80.

B. 1. An issuer shall make available to each prospective policyholder and certificateholder a policy form or certificate form containing only the basic (core) benefits, as defined in 14VAC5-170-75 C.

2. If an issuer makes available any of the additional benefits described in 14VAC5-170-75 D, or offers standardized benefit Plans K or L (as described in subdivisions F 8 and 9 of this section), then the issuer shall make available to each prospective policyholder and certificateholder, in addition to a policy form or certificate form with only the basic (core) benefits as described in subdivision 1 of this subsection, a policy form or certificate form containing either standardized benefit Plan C (as described in subdivision F 3 of this section) or standardized benefit Plan F (as described in subdivision F 5 of this section).

C. No groups, packages or combinations of Medicare supplement benefits other than those listed in this section shall be offered for sale in this Commonwealth, except as may be permitted in subsection G of this section and 14VAC5-170-90.

D. Benefit plans shall be uniform in structure, language, designation and format to the standard benefit plans listed in this subsection and conform to the definitions in 14VAC5-170-30. Each benefit shall be structured in accordance with the format provided in 14VAC5-170-75 C and D; or, in the case of plans K or L, in subdivision F 8 or 9 of this section and list the benefits in the order shown. For purposes of this section, the term "structure, language, and format" means style, arrangement and overall content of a benefit.

E. In addition to the benefit plan designations required in subsection D of this section, an issuer may use other designations to the extent permitted by law.

F. Make-up of 2010 standardized benefit plans:

1. Standardized Medicare supplement benefit Plan A shall include only the basic (core) benefits as defined in 14VAC5-170-75 C.

2. Standardized Medicare supplement benefit Plan B shall include only the basic (core) benefit as defined in 14VAC5-170-75 C, plus 100% of the Medicare Part A deductible as defined in 14VAC5-170-75 D 1.

3. Standardized Medicare supplement benefit Plan C shall include only the basic (core) benefit as defined in 14VAC5-170-75 C, plus 100% of the Medicare Part A deductible, skilled nursing facility care, 100% of the Medicare Part B deductible, and medically necessary emergency care in a foreign country as defined in 14VAC5-170-75 D 1, 3, 4 and 6, respectively.

4. Standardized Medicare supplement benefit Plan D shall include only the basic (core) benefit as defined in 14VAC5-170-75 C, plus 100% of the Medicare Part A deductible, skilled nursing facility care, and medically necessary emergency care in an foreign country as defined in 14VAC5-170-75 D 1, 3 and 6, respectively.

5. Standardized Medicare supplement benefit Plan F shall include only the basic (core) benefit as defined in 14VAC5-170-75 C, plus 100% of the Medicare Part A deductible, skilled nursing facility care, 100% of the Medicare Part B deductible, 100% of the Medicare Part B excess charges, and medically necessary emergency care in a foreign country as defined in 14VAC5-170-75 D 1, 3, 4, 5 and 6, respectively.

6. Standardized Medicare supplement benefit Plan F With High Deductible shall include only 100% of covered expenses following the payment of the annual deductible as defined in subdivision 6 b of this subsection.

a. The basic (core) benefit as defined in 14VAC5-170-75 C, plus 100% of the Medicare Part A deductible, skilled nursing facility care, 100% of the Medicare Part B deductible, 100% of the Medicare Part B excess charges, and medically necessary emergency care in a foreign country as defined in 14VAC5-170-75 D 1, 3, 4, 5 and 6, respectively.

b. The annual deductible in Plan F With High Deductible shall consist of out-of-pocket expenses, other than premiums, for services covered by Plan F, and shall be in addition to any other specific benefit deductibles. The basis for the deductible shall be $1,500 and shall be adjusted annually from 1999 by the Secretary of the U.S. Department of Health and Human Services to reflect the change in the Consumer Price Index for all urban consumers for the 12-month period ending with August of the preceding year, and rounded to the nearest multiple of $10.

7. Standardized Medicare supplement benefit Plan G shall include only the basic (core) benefit as defined in 14VAC5-170-75 C, plus 100% of the Medicare Part A deductible, skilled nursing facility care, 100% of the Medicare Part B excess charges, and medically necessary emergency care in a foreign country as defined in 14VAC5-170-75 D 1, 3, 5 and 6, respectively.

8. Standardized Medicare supplement benefit Plan K is mandated by the Medicare Prescription Drug, Improvement and Modernization Act of 2003, and shall include only the following:

a. Part A hospital coinsurance 61st through 90th days: Coverage of 100% of the Part A hospital coinsurance amount for each day used from the 61st through the 90th day in any Medicare benefit period;

b. Part A hospital coinsurance, 91st through 150th days: Coverage of 100% of the Part A hospital coinsurance amount for each Medicare lifetime inpatient reserve day used from the 91st through the 150th day in any Medicare benefit period;

c. Part A hospitalization after 150 days: Upon exhaustion of the Medicare hospital inpatient coverage, including the lifetime reserve days, coverage of 100% of the Medicare Part A eligible expenses for hospitalization paid at the applicable prospective payment system (PPS) rate, or other appropriate Medicare standard of payment, subject to a lifetime maximum benefit of an additional 365 days. The provider shall accept the issuer's payment as payment in full and may not bill the insured for any balance;

d. Medicare Part A deductible: Coverage for 50% of the Medicare Part A inpatient hospital deductible amount per benefit period until the out-of-pocket limitation is met as described in subdivision j of this subsection;

e. Skilled nursing facility care: Coverage for 50% of the coinsurance amount for each day used from the 21st day through the 100th day in a Medicare benefit period for posthospital skilled nursing facility care eligible under Medicare Part A until the out-of-pocket limitation is met as described in subdivision 8 j of this subsection;

f. Hospice care: Coverage for 50% of cost sharing for all Part A Medicare eligible expenses and respite care until the out-of-pocket limitation is met as described in subdivision 8 j of this subsection;

g. Blood: Coverage for 50%, under Medicare Part A or B, of the reasonable cost of the first three pints of blood (or equivalent quantities of packed red blood cells, as defined under federal regulations) unless replaced in

accordance with federal regulations until the out-of-pocket limitation is met as described in subdivision 8 j of this subsection;

h. Part B cost sharing: Except for coverage provided in subdivision 8 i of this subsection, coverage for 50% of the cost sharing otherwise applicable under Medicare Part B after the policyholder pays the Part B deductible until the out-of-pocket limitation is met as described in subdivision 8 j of this subsection;

i. Part B preventive services: Coverage of 100% of the cost sharing for Medicare Part B preventive services after the policyholder pays the Part B deductible; and

j. Cost sharing after out-of-pocket limits: Coverage of 100% of all cost sharing under Medicare Parts A and B for the balance of the calendar year after the individual has reached the out-of-pocket limitation on annual expenditures under Medicare Parts A and B of $4,000 in 2006, indexed each year by the appropriate inflation adjustment specified by the Secretary of the U.S. Department of Health and Human Services.

9. Standardized Medicare supplement benefit Plan L is mandated by the Medicare Prescription Drug, Improvement and Modernization Act of 2003, and shall include only the following:

a. The benefits described in subdivisions 8 a, b, c and i of this subsection;

b. The benefit described in subdivisions 8 d, e, f, g and h of this subsection, but substituting 75% for 50%; and

c. The benefit described in subdivision 8 j of this subsection, but substituting $2,000 for $4,000.

10. Standardized Medicare supplement benefit Plan M shall include only the basic (core) benefit as defined in 14VAC5-170-75 C, plus 50% of the Medicare Part A deductible, skilled nursing facility care, and medically necessary emergency care in a foreign country as defined in 14VAC5-170-75 D 2, 3 and 6, respectively.

11. Standardized Medicare supplement benefit Plan N shall include only the basic (core) benefit as defined in 14VAC5-170-75 C, plus 100% of the Medicare Part A deductible, skilled nursing facility care, and medically necessary emergency care in a foreign country as defined in 14VAC5-170-75 D 1, 3 and 6, respectively, with copayments in the following amounts:

a. The lesser of $20 or the Medicare Part B coinsurance or copayment for each covered health care provider office visit (including visits to medical specialists); and

b. The lesser of $50 or the Medicare Part B coinsurance or copayment for each covered emergency room visit; however, this copayment shall be waived if the insured is admitted to any hospital and the emergency visit is subsequently covered as a Medicare Part A expense.

G. New or innovative benefits. An issuer may, with the prior approval of the commission, offer policies or certificates with new or innovative benefits, in addition to the standardized benefits provided in a policy or certificate that otherwise complies with the applicable standards. The new or innovative benefits shall include only benefits that are appropriate to Medicare supplement insurance, are new or innovative, are not otherwise available, and are cost-effective. Approval of new or innovative benefits must not adversely impact the goal of Medicare supplement simplification. New or innovative benefits shall not include an outpatient prescription drug benefit. New or innovative benefits shall not be used to change or reduce benefits, including a change of any cost-sharing provision, in any standardized plan.

14VAC5-170-150. Required disclosure provisions.

A. General rules.

1. Medicare supplement policies and certificates shall include a renewal or continuation provision. The language or specifications of such provision shall be consistent with the type of contract issued. The provision shall be appropriately captioned, shall appear on the first page of the policy, and shall include any reservation by the issuer of the right to change premiums and any automatic renewal premium increases based on the policyholder's age. Medicare supplement policies or certificates which are attained age rated shall include a clear and prominent statement, in at least 14 point type, disclosing that premiums will increase due to changes in age and the frequency under which such changes will occur.

2. Except for riders or endorsements by which the issuer effectuates a request made in writing by the insured, exercises a specifically reserved right under a Medicare supplement policy, or is required to reduce or eliminate benefits to avoid duplication of Medicare benefits, all riders or endorsements added to a Medicare supplement policy after date of issue or at reinstatement or renewal which reduce or eliminate benefits or coverage in the policy shall require a signed acceptance by the insured. After the date of policy or certificate issue, any rider or endorsement which increases benefits or coverage with a concomitant increase in premium during the policy term shall be agreed to in writing signed by the insured, unless the benefits are required by the minimum standards for Medicare supplement policies, or if the increased benefits or coverage is required by law. Where a separate additional premium is charged for benefits provided in connection with riders or endorsements, the premium charge shall be set forth in the policy.

3. Medicare supplement policies or certificates shall not provide for the payment of benefits based on standards

described as "usual and customary," "reasonable and customary" or words of similar import.

4. If a Medicare supplement policy or certificate contains any limitations with respect to preexisting conditions, such limitations shall appear as a separate paragraph of the policy and be labeled as "Preexisting Condition Limitations."

5. Medicare supplement policies and certificates shall have a notice prominently printed on the first page of the policy or certificate or attached thereto stating in substance that the policyholder or certificateholder shall have the right to return the policy or certificate within 30 days of its delivery and to have all premiums made for the policy refunded if, after examination of the policy or certificate, the insured person is not satisfied for any reason.

6. Issuers of accident and sickness policies or certificates which provide hospital or medical expense coverage on an expense incurred or indemnity basis to a person or persons eligible for Medicare shall provide to those applicants a Guide to Health Insurance for People with Medicare in the form developed jointly by the National Association of Insurance Commissioners and the Centers for Medicare and Medicaid Services and in a type size no smaller than 12 point type. Delivery of the guide shall be made whether or not such policies or certificates are advertised, solicited or issued as Medicare supplement policies or certificates as defined in this chapter. Except in the case of direct response issuers, delivery of the guide shall be made to the applicant at the time of application and acknowledgement of receipt of the guide shall be obtained by the issuer. Direct response issuers shall deliver the guide to the applicant upon request but not later than at the time the policy is delivered.

For the purposes of this section, "form" means the language, format, type size, type proportional spacing, bold character, and line spacing.

B. Notice requirements.

1. As soon as practicable, but no later than 30 days prior to the annual effective date of any Medicare benefit changes, an issuer shall notify its policyholders and certificateholders of modifications it has made to Medicare supplement insurance policies or certificates in a format acceptable to the State Corporation Commission. The notice shall:

a. Include a description of revisions to the Medicare program and a description of each modification made to the coverage provided under the Medicare supplement policy or certificate; and

b. Inform each policyholder or certificateholder as to when any premium adjustment is to be made due to changes in Medicare.

2. The notice of benefit modifications and any premium adjustments shall be in outline form and in clear and simple terms so as to facilitate comprehension.

3. Such notices shall not contain or be accompanied by any solicitation.

C. Issuers shall comply with any notice requirements of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (42 USC § 1395w-101).

D. Outline of coverage requirements for Medicare Supplement Policies.

1. Issuers shall provide an outline of coverage to all applicants at the time the application is presented to the prospective applicant and, except for direct response policies, shall obtain an acknowledgement of receipt of the outline from the applicant; and

2. If an outline of coverage is provided at the time of application and the Medicare supplement policy or certificate is issued on a basis which would require revision of the outline, a substitute outline of coverage properly describing the policy or certificate shall accompany such policy or certificate when it is delivered and contain the following statement, in no less than 12 point type, immediately above the company name:

"NOTICE: Read this outline of coverage carefully. It is not identical to the outline of coverage provided upon application and the coverage originally applied for has not been issued."

3. The outline of coverage provided to applicants pursuant to this section consists of four parts: a cover page, premium information, disclosure pages, and charts displaying the features of each benefit plan offered by the issuer. The outline of coverage shall be in the language and format prescribed below in no less than 12 point type. All plans ~~A through L~~ shall be shown on the cover page, and the plan(s) that are offered by the issuer shall be prominently identified. Premium information for plans that are offered shall be shown on the cover page or immediately following the cover page and shall be prominently displayed. The premium and mode shall be stated for all plans that are offered to the prospective applicant. All possible premiums for the prospective applicant shall be illustrated.

4. The following items shall be included in the outline of coverage in the order prescribed in the following table.

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[COMPANY NAME]

Outline of Medicare Supplement Coverage-Cover Page: 1 of 2 Benefit Plan(s) _____ [insert letter(s) of plan(s) being offered]

*These charts show the benefits included in each of the Standard Medicare Supplemental plans. Every company must make available Plan "A." Some plans may not be available in your state.

See outlines of coverages section for details about all plans.

Basic Benefits: For Plans A—J.

Hospitalization: Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

Medical Expenses: Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services.

Blood: First three pints of blood each year.

A	B	C	D	E	F	F*	G	H	I	J	J*
Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit		Basic Benefit	Basic Benefit	Basic Benefit	Basic Benefit	
		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance		Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	Skilled Nursing Facility Coinsurance	
	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible		Part A Deductible	Part A Deductible	Part A Deductible	Part A Deductible	
		Part B Deductible			Part B Deductible					Part B Deductible	
					Part B Excess (100%)		Part B Excess (80%)		Part B Excess (100%)	Part B Excess (100%)	
		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency		Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	Foreign Travel Emergency	
			At-Home Recovery				At-Home Recovery		At-Home Recovery	At-Home Recovery	
				Preventive Care not covered by Medicare						Preventive Care not covered by Medicare	

*Plans F and J also have an option called a high deductible Plan F and a high deductible Plan J. These high deductible plans pay the same benefits as Plans F and J after one has paid a calendar year $1,730 deductible. Benefits from high deductible Plans F and J will not begin until out-of-pocket expenses exceed $1,730. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

[COMPANY NAME]

Outline of Medicare Supplement Coverage-Cover Page 2

Basic Benefits for Plans K and L include similar services as plans A-J, but cost sharing for the basic benefits is at different levels.

~~J~~	~~K**~~	~~L**~~
~~Basic Benefits~~	~~100% of Part A Hospitalization Coinsurance plus coverage for 365 days after Medicare benefits end~~ ~~50% Hospice cost-sharing~~ ~~50% of Medicare-eligible expenses for the first three pints of blood~~ ~~50% Part B Coinsurance, except 100% Coinsurance for Part B Preventive Services~~	~~100% of Part A Hospitalization Coinsurance plus coverage for 365 days after Medicare benefits end~~ ~~75% Hospice cost-sharing~~ ~~75% of Medicare-eligible expenses for the first three pints of blood~~ ~~75% Part B Coinsurance, except 100% Coinsurance for Part B Preventive Services~~
~~Skilled Nursing Facility Coinsurance~~	~~50% Skilled Nursing Facility Coinsurance~~	~~75% Skilled Nursing Facility Coinsurance~~
~~Part A Deductible~~	~~50% Part A Deductible~~	~~75% Part A Deductible~~
~~Part B Deductible~~		
~~Part B Excess (100%)~~		
~~Foreign Travel Emergency~~		
~~At-Home Recovery~~		
~~Preventive Care NOT covered by Medicare~~		
	~~$4,000 Out of Pocket Annual Limit***~~	~~$2,000 Out of Pocket Annual Limit***~~

~~**Plans K and L provide for different cost-sharing for items and services than Plans A – J.~~

~~Once you reach the annual limit, the plan pays 100% of the Medicare copayments, coinsurance, and deductibles for the rest of the calendar year. The out-of-pocket annual limit does NOT include charges from your provider that exceed Medicare-approved amounts, called "Excess Charges." You will be responsible for paying excess charges.~~

~~***The out-of-pocket annual limit will increase each year for inflation.~~

~~See Outlines of Coverage for details and exceptions.~~

Benefit Chart of Medicare Supplement Plans Sold on or after June 1, 2010

This chart shows the benefits included in each of the standard Medicare supplement plans. Every company must make Plan A available.

Some plans may not be available in your state.

Plans E, H, I and J are no longer available for sale after June 1, 2010.

Basic benefits:

Hospitalization – Part A coinsurance plus coverage for 365 additional days after Medicare benefits end.

Medical expenses – Part B coinsurance (generally 20% of Medicare-approved expenses) or copayments for hospital outpatient services. Plans K, L and N require insureds to pay a portion of Part B coinsurance or copayments.

Blood – First three pints of blood each year.

Hospice – Part A coinsurance.

A	B	C	D	F	F*	G	K	L	M	N
Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance	Basic, including 100% Part B co-insurance*		Basic, including 100% Part B co-insurance	Hospitalization and preventive care paid at 100%; other basic benefits paid at 50%	Hospitalization and preventive care paid at 100%; other basic benefits paid at 75%	Basic, including 100% Part B co-insurance	Basic, including 100% Part B coinsurance, except up to $20 copayment for office visit, and up to $50 copayment for ER
		Skilled nursing facility co-insurance	Skilled nursing facility co-insurance	Skilled nursing facility co-insurance		Skilled nursing facility co-insurance	50% skilled nursing facility coinsurance	75% skilled nursing facility coinsurance	Skilled nursing facility co-insurance	Skilled nursing facility co-insurance
	Part A deductible	Part A deductible	Part A deductible	Part A deductible		Part A deductible	50% Part A deductible	75% Part A deductible	50% Part A deductible	Part A deductible
		Part B deductible		Part B deductible						
				Part B excess (100%)		Part B excess (100%)				
		Foreign travel emergency	Foreign travel emergency	Foreign travel emergency		Foreign travel emergency			Foreign travel emergency	Foreign travel emergency
							Out-of-pocket limit $4,620; paid at 100% after limit reached	Out-of-pocket limit $2,310; paid at 100% after limit reached		

*Plan F also has an option called a high deductible Plan F. This high deductible plan pays the same benefits as Plan F after one has paid a calendar year $2,000 deductible. Benefits from high deductible Plan F will not begin until out-of-pocket expenses exceed $2,000. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. These expenses include the Medicare deductibles for Part A and Part B, but do not include the plan's separate foreign travel emergency deductible.

PREMIUM INFORMATION

Boldface Type

We [insert issuer's name] can only raise your premium if we raise the premium for all policies like yours in this Commonwealth. [If the premium is based on attained age of the insured, include the following information:

1. When premiums will change;

2. The current premium for all ages;

3. A statement that premiums for other Medicare Supplement policies that are issue age or community rated do not increase due to changes in your age; and

4. A statement that while the cost of this policy at the covered individual's present age may be lower than the cost of a Medicare supplement policy that is based on issue age or community rated, it is important to compare the potential cost of these policies over the life of the policy.]

DISCLOSURES

Boldface Type

Use this outline to compare benefits and premiums among policies.

This outline shows benefits and premiums of policies sold for effective dates on or after June 1, 2010. Policies sold for effective dates prior to June 1, 2010, have different benefits and premiums. Plans E, H, I and J are no longer available for sale after June 1, 2010.

READ YOUR POLICY VERY CAREFULLY

Boldface Type

This is only an outline describing your policy's most important features. The policy is your insurance contract. You must read the policy itself to understand all of the rights and duties of both you and your insurance company.

RIGHT TO RETURN POLICY

Boldface Type

If you find that you are not satisfied with your policy, you may return it to [insert issuer's address]. If you send the policy back to us within 30 days after you receive it, we will treat the policy as if it had never been issued and return all of your payments.

POLICY REPLACEMENT

Boldface Type

If you are replacing another health insurance policy, do NOT cancel it until you have actually received your new policy and are sure you want to keep it.

NOTICE

Boldface Type

This policy may not fully cover all of your medical costs.

[for agents:]

Neither [insert company's name] nor its agents are connected with Medicare.

[for direct response:]

[insert company's name] is not connected with Medicare.

This outline of coverage does not give all the details of Medicare coverage. Contact your local Social Security Office or consult "Medicare & You" for more details.

COMPLETE ANSWERS ARE VERY IMPORTANT

Boldface Type

When you fill out the application for the new policy, be sure to answer truthfully and completely all questions about your medical and health history. The company may cancel your policy and refuse to pay any claims if you leave out or falsify important medical information. [If the policy or certificate is guaranteed issue, this paragraph need not appear.]

Review the application carefully before you sign it. Be certain that all information has been properly recorded.

[Include for each plan prominently identified in the cover page, a chart showing the services, Medicare payments, plan payments and insured payments for each plan, using the same language, in the same order, using uniform layout and format as shown in the charts below. No more than four plans may be shown on one chart. For purposes of illustration, charts for each plan are included in this regulation. An issuer may use additional benefit plan designations on these charts pursuant to ~~14VAC5-170-80~~ 14VAC5-170-85.]

[Include an explanation of any innovative benefits on the cover page and in the chart, in a manner approved by the State Corporation Commission.]

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PLAN A
MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but ~~$912~~ $1,068	$0	~~$912~~ $1,068 (Part A Deductible)
61st thru 90th day	All but ~~$228~~ $267 a day	~~$228~~ $267 a day	$0
91st day and after:			
While using 60 lifetime reserve days	All but ~~$456~~ $534 a day	~~$456~~ $534 a day	$0
Once lifetime reserve days are used:			
Additional 365 days	$0	100% of Medicare Eligible Expenses	$0**
Beyond the Additional 365 days	$0	$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but ~~$114~~ $133.50 a day	$0	Up to ~~$114~~ $133.50 a day
101st day and after	$0	$0	All Costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE			
~~Available as long as your doctor certifies you are terminally ill and you elect to receive these services~~ You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	~~$0~~ Medicare copayment/coinsurance	~~Balance~~ $0

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "core benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN A
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed ~~$110~~ $135 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B ~~Deductible~~ deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First ~~$110~~ $135 of Medicare-Approved Amounts*	$0	$0	~~$110~~ $135 (Part B deductible)
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	$0
PART B EXCESS CHARGES			
(Above Medicare-Approved Amounts)	$0	$0	All Costs
BLOOD			
First 3 pints	$0	All Costs	$0
Next ~~$110~~ $135 of Medicare-Approved Amounts*	$0	$0	~~$110~~ $135 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES -			
TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment			
First ~~$110~~ $135 of Medicare-Approved Amounts*	$0	$0	~~$110~~ $135 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	$0

~~Rev. 8/05~~

PLAN B
MEDICARE (PART A)—HOSPITAL SERVICES—PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			

First 60 days	All but ~~$912~~ $1,068	~~$912~~ $1,068 (Part A Deductible)	$0
61st thru 90th day	All but ~~$228~~ $267 a day	~~$228~~ $267 a day	$0
91st day and after:			
While using 60 lifetime reserve days	All but ~~$456~~ $534 a day	~~$456~~ $534 a day	$0
Once lifetime reserve days are used:			
Additional 365 days	$0	100% of Medicare Eligible Expenses	$0**
Beyond the Additional 365 days	$0	$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but ~~$114~~ $133.50 a day	$0	Up to ~~$114~~ $133.50 a day
101st day and after	$0	$0	All Costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE			
~~Available as long as your doctor certifies you are terminally ill and you elect to receive these services~~ You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	~~$0~~ Medicare copayment/coinsurance	~~Balance~~ $0

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "core benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN B
MEDICARE (PART B)—MEDICAL SERVICES—PER CALENDAR YEAR

*Once you have been billed ~~$110~~ $135 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient			

medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First ~~$110~~ $135 of Medicare-Approved Amounts*	$0	$0	~~$110~~ $135 (Part B Deductible)
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	$0
PART B EXCESS CHARGES			
(Above Medicare-Approved Amounts)	$0	$0	All Costs
BLOOD			
First 3 pints	$0	All Costs	$0
Next ~~$110~~ $135 of Medicare-Approved Amounts*	$0	$0	~~$110~~ $135 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES -			
TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment			
First ~~$110~~ $135 of Medicare-Approved Amounts*	$0	$0	~~$110~~ $135 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	$0

~~Rev. 8/05~~

PLAN C
MEDICARE (PART A)—HOSPITAL SERVICES—PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but ~~$912~~ $1,068	~~$912~~ $,1068 (Part A Deductible)	$0
61st thru 90th day	All but ~~$228~~ $267 a day	~~$228~~ $267 a day	$0

91st day and after: While using 60 lifetime reserve days	All but ~~$456~~ $534 a day	~~$456~~ $534 a day	$0
Once lifetime reserve days are used: Additional 365 days	$0	100% of Medicare eligible expenses	$0**
Beyond the additional 365 days	$0	$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but ~~$114~~ $133.50 a day	Up to ~~$114~~ $133.50 a day	$0
101st day and after	$0	$0	All Costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE			
~~Available as long as your doctor certifies you are terminally ill and you elect to receive these services~~ You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	~~$0~~ Medicare copayment/coinsurance	~~Balance~~ $0

**NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "core benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN C
MEDICARE (PART B)—MEDICAL SERVICES—PER CALENDAR YEAR

*Once you have been billed ~~$110~~ $135 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B ~~Deductible~~ deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			

First ~~$110~~ $135 of Medicare-Approved Amounts*	$0	~~$110~~ $135 (Part B Deductible)	$0
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	$0
PART B EXCESS CHARGES			
(Above Medicare-Approved Amounts)	$0	$0	All Costs
BLOOD			
First 3 pints	$0	All Costs	$0
Next ~~$110~~ $135 of Medicare-Approved Amounts*	$0	~~$110~~ $135 (Part B Deductible)	$0
Remainder of Medicare-Approved Amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES -			
TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment			
First ~~$110~~ $135 of Medicare-Approved Amounts*	$0	~~$110~~ $135 (Part B Deductible)	$0
Remainder of Medicare-Approved Amounts	80%	20%	$0

OTHER BENEFITS—NOT COVERED BY MEDICARE

FOREIGN TRAVEL - NOT COVERED BY MEDICARE			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First $250 each calendar year	$0	$0	$250
Remainder of Charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

~~Rev. 8/05~~

PLAN D
MEDICARE (PART A)—HOSPITAL SERVICES—PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but ~~$912~~ $1,068	~~$912~~ $1,068 (Part A Deductible)	$0
61st thru 90th day	All but ~~$228~~ $267 a day	~~$228~~ $267 a day	$0
91st day and after:			
While using 60 lifetime reserve days	All but ~~$456~~ $534 a day	~~$456~~ $534 a day	$0
Once lifetime reserve days are used:			
Additional 365 days	$0	100% of Medicare Eligible Expenses	$0**
Beyond the Additional 365 days	$0	$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but ~~$114~~ $133.50 a day	Up to ~~$114~~ $133.50 a day	$0
101st day and after	$0	$0	All Costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE			
~~Available as long as your doctor certifies you are terminally ill and you elect to receive these services~~ You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	~~$0~~ Medicare copayment/coinsurance	~~Balance~~ $0

NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "core benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN D
MEDICARE (PART B)—MEDICAL SERVICES—PER CALENDAR YEAR

*Once you have been billed ~~$110~~ $135 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First ~~$110~~ $135 of Medicare-Approved Amounts*	$0	$0	~~$110~~ $135 (Part B Deductible)
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	$0
PART B EXCESS CHARGES			
(Above Medicare-Approved Amounts)	$0	$0	All Costs
BLOOD			
First 3 pints	$0	All Costs	$0
Next ~~$110~~ $135 of Medicare-Approved Amounts*	$0	$0	~~$110~~ $135 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES -			
TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment			
First ~~$110~~ $135 of Medicare-Approved Amounts*	$0	$0	~~$110~~ $135 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	$0
~~AT HOME RECOVERY SERVICES - NOT COVERED BY MEDICARE~~			
~~Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare-approved a~~			

~~Home Care Treatment Plan~~			
~~Benefit for each visit~~	~~$0~~	~~Actual charges to $40 a visit~~	~~Balance~~
~~Number of visits covered (must be received within 8 weeks of last Medicare-Approved visit)~~	~~$0~~	~~Up to the number of Medicare-approved visits not to exceed 7 each week~~	
~~Calendar year maximum~~	~~$0~~	~~$1,600~~	

OTHER BENEFITS—NOT COVERED BY MEDICARE

FOREIGN TRAVEL - NOT COVERED BY MEDICARE			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First $250 each calendar year	$0	$0	$250
Remainder of Charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

~~Rev. 8/05~~

~~PLAN E~~

~~MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD~~

~~*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.~~

~~SERVICES~~	~~MEDICARE PAYS~~	~~PLAN PAYS~~	~~YOU PAY~~
~~**HOSPITALIZATION***~~			
~~Semiprivate room and board, general nursing and miscellaneous services and supplies~~			
~~First 60 days~~	~~All but $912~~	~~$912 (Part A Deductible)~~	~~$0~~
~~61st thru 90th day~~	~~All but $228 a day~~	~~$228 a day~~	~~$0~~
~~91st day and after:~~			
~~While using 60 lifetime reserve days~~	~~All but $456 a day~~	~~$456 a day~~	~~$0~~
~~Once lifetime reserve days are used:~~			
~~Additional 365 days~~	~~$0~~	~~100% of Medicare eligible expenses~~	~~$0~~
~~Beyond the additional 365 days~~	~~$0~~	~~$0~~	~~All costs~~
~~**SKILLED NURSING FACILITY CARE***~~			
~~You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital~~			
~~First 20 days~~	~~All approved amounts~~	~~$0~~	~~$0~~

21st thru 100th day 101st day and after	All but $114 a day $0	Up to $114 a day $0	$0 All costs
BLOOD First 3 pints Additional amounts	 $0 100%	 3 pints $0	 $0 $0
HOSPICE CARE Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	$0	Balance

PLAN E
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed $110 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment First $110 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	 $0 Generally 80%	 $0 Generally 20%	 $110 (Part B Deductible) $0
PART B EXCESS CHARGES (Above Medicare-Approved Amounts)	 $0	 $0	 All costs
BLOOD First 3 pints Next $110 of Medicare-Approved Amounts* Remainder of Medicare-Approved Amounts	 $0 $0 80%	 All costs $0 20%	 $0 $110 (Part B Deductible) $0
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	 100%	 $0	 $0

~~PARTS A & B~~

~~SERVICES~~	~~MEDICARE PAYS~~	~~PLAN PAYS~~	~~YOU PAY~~
~~**HOME HEALTH CARE**~~ ~~MEDICARE-APPROVED SERVICES~~			
~~Medically necessary skilled care services and medical supplies~~	~~100%~~	~~$0~~	~~$0~~
~~Durable medical equipment~~			
~~First $110 of Medicare-Approved Amounts*~~	~~$0~~	~~$0~~	~~$110 (Part B Deductible)~~
~~Remainder of Medicare-Approved Amounts~~	~~80%~~	~~20%~~	~~$0~~

~~Rev. 8/05~~

~~PLAN E~~
~~OTHER BENEFITS—NOT COVERED BY MEDICARE~~

~~**FOREIGN TRAVEL -**~~ ~~NOT COVERED BY MEDICARE~~			
~~Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA~~			
~~First $250 each calendar year~~	~~$0~~	~~$0~~	~~$250~~
~~Remainder of Charges~~	~~$0~~	~~80% to a lifetime maximum benefit of $50,000~~	~~20% and amounts over the $50,000 lifetime maximum~~
~~*****PREVENTIVE MEDICAL CARE BENEFIT -**~~ ~~NOT COVERED BY MEDICARE~~			
~~Some annual physical and preventive tests and services administered or ordered by your doctor when not covered by Medicare~~			
~~First $120 each calendar year~~	~~$0~~	~~$120~~	~~$0~~
~~Additional charges~~	~~$0~~	~~$0~~	~~All costs~~

~~***Medicare benefits are subject to change. Please consult the latest Guide to Health Insurance for People with Medicare.~~

~~Rev. 8/05~~

PLAN F or HIGH DEDUCTIBLE PLAN F
MEDICARE (PART A)—HOSPITAL SERVICES—PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**This high deductible plan pays the same benefits as Plan F after one has paid a calendar year ~~$1730~~ $2,000 deductible. Benefits from the high deductible Plan F will not begin until out-of-pocket expenses are ~~$1730~~ $2,000. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY ~~$1730~~ $2,000 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO ~~$1730~~ $2,000 DEDUCTIBLE,** YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but ~~$912~~ $1,068	~~$912~~ $1,068 (Part A Deductible)	$0
61st thru 90th day	All but ~~$228~~ $267 a day	~~$228~~ $267 a day	$0
91st day and after:			
While using 60 lifetime reserve days	All but ~~$456~~ $534 a day	~~$456~~ $534 a day	$0
Once lifetime reserve days are used:			
Additional 365 days	$0	100% of Medicare Eligible Expenses	$0**
Beyond the Additional 365 days	$0	$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but ~~$114~~ $133.50 a day	Up to ~~$114~~ $133.50 a day	$0
101st day and after	$0	$0	All Costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE			
~~Available as long as your doctor certifies you are terminally ill and you elect to receive these services~~ You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	~~$0~~ Medicare copayment/coinsurance	~~Balance~~ $0

NOTICE: When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid up to an additional 365 days as provided in the policy's "core benefits."

During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN F or HIGH DEDUCTIBLE PLAN F
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed ~~$110~~ $135 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

**This high deductible plan pays the same benefits as Plan F after one has paid a calendar year ~~$1730~~ $2,000 deductible. Benefits from the high deductible plan F will not begin until out-of-pocket expenses are ~~$1730~~ $2,000. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY ~~$1730~~ $2,000 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO ~~$1730~~ $2,000 DEDUCTIBLE,** YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First ~~$110~~ $135 of Medicare-Approved amounts*	$0	~~$110~~ $135 (Part B Deductible)	$0
Remainder of Medicare-Approved amounts	Generally 80%	Generally 20%	$0
PART B EXCESS CHARGES			
(Above Medicare Approved Amounts)	$0	100%	$0
BLOOD			
First 3 pints	$0	All Costs	$0
Next ~~$110~~ $135 of Medicare-Approved Amounts*	$0	~~$110~~ $135 (Part B Deductible)	$0
Remainder of Medicare-Approved Amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES -			
TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

PARTS A & B

SERVICES	MEDICARE PAYS	AFTER YOU PAY $2,000 DEDUCTIBLE,** PLAN PAYS	IN ADDITON TO $2,000 DEDUCTIBLE,** YOU PAY
HOME HEALTH CARE MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services	100%	$0	$0

and medical supplies			
Durable medical equipment			
First ~~$110~~ $135 of Medicare-Approved Amounts*	$0	~~$110~~ $135 (Part B Deductible)	$0
Remainder of Medicare-Approved Amounts	80%	20%	$0

OTHER BENEFITS - NOT COVERED BY MEDICARE

FOREIGN TRAVEL - NOT COVERED BY MEDICARE			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First $250 each calendar year	$0	$0	$250
Remainder of charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

~~Rev. 8/05~~

PLAN G
MEDICARE (PART A)—HOSPITAL SERVICES—PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but ~~$912~~ $1,068	~~$912~~ $1,068 (Part A Deductible)	$0
61st thru 90th day	All but ~~$228~~ $267 a day	~~$228~~ $267 a day	$0
91st day and after:			
While using 60 lifetime reserve days	All but ~~$456~~ $534 a day	~~$456~~ $534 a day	$0
Once lifetime reserve days are used:			
Additional 365 days	$0	100% of Medicare Eligible Expenses	$0**
Beyond the Additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			

First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but ~~$114~~ $133.50 a day	Up to ~~$114~~ $133.50 a day	$0
101st day and after	$0	$0	All Costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE			
~~Available as long as your doctor certifies you are terminally ill and you elect to receive these services~~ You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	~~$0~~ Medicare copayment/coinsurance	~~Balance~~ $0

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "core benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN G
MEDICARE (PART B)—MEDICAL SERVICES—PER CALENDAR YEAR

*Once you have been billed ~~$110~~ $135 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First ~~$110~~ $135 of Medicare-Approved Amounts*	$0	$0	~~$110~~ $135 (Part B Deductible)
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	$0
PART B EXCESS CHARGES			
(Above Medicare-Approved Amounts)	$0	~~80%~~ 100%	~~20%~~ $0
BLOOD			
First 3 pints	$0	All costs	$0
Next ~~$110~~ $135 of Medicare-Approved Amounts*	$0	$0	~~$110~~ $135 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	$0

CLINICAL LABORATORY SERVICES -			
TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment			
First ~~$110~~ $135 of Medicare-Approved Amounts*	$0	$0	~~$110~~ $135 (Part B deductible)
Remainder of Medicare-Approved Amounts	80%	20%	$0
~~AT-HOME RECOVERY SERVICES - NOT COVERED BY MEDICARE~~			
~~Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan~~			
~~Benefit for each visit~~	~~$0~~	~~Actual charges to $40 a visit~~	~~Balance~~
~~Number of visits covered (must be received within 8 weeks of last Medicare approved visit)~~	~~$0~~	~~Up to the number of Medicare approved visits not to exceed 7 each week~~	
~~Calendar year maximum~~	~~$0~~	~~$1,600~~	

OTHER BENEFITS—NOT COVERED BY MEDICARE

FOREIGN TRAVEL - NOT COVERED BY MEDICARE			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First $250 each calendar year	$0	$0	$250
Remainder of Charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

~~Rev. 8/05~~

PLAN H
MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $912	$912 (Part A Deductible)	$0
61st thru 90th day	All but $228 a day	$228 a day	$0
91st day and after:			
While using 60 lifetime reserve days	All but $456 a day	$456 a day	$0
Once lifetime reserve days are used:			
Additional 365 days	$0	100% of Medicare Eligible Expenses	$0
Beyond the additional 365 days	$0	$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $114 a day	Up to $114 a day	$0
101st day and after	$0	$0	All Costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	$0	Balance

PLAN H
MEDICARE (PART B) - MEDICAL SERVICES - PER CALENDAR YEAR

*Once you have been billed $110 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $110 of Medicare-Approved Amounts*	$0	$0	$110 (Part B Deductible)
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	$0
PART B EXCESS CHARGES			
(Above Medicare-Approved Amounts)	$0	0%	All Costs
BLOOD			
First 3 pints	$0	All Costs	$0
Next $110 of Medicare-Approved Amounts*	$0	$0	$110 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES -			
TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment			
First $110 of Medicare-Approved Amounts*	$0	$0	$110 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	$0

OTHER BENEFITS – NOT COVERED BY MEDICARE

FOREIGN TRAVEL – NOT COVERED BY MEDICARE			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First $250 each calendar year	$0	$0	$250
Remainder of charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

Rev. 8/05

PLAN I

MEDICARE (PART A) – HOSPITAL SERVICES – PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $912	$912 (Part A Deductible)	$0
61st thru 90th day	All but $228 a day	$228 a day	$0
91st day and after:			
While using 60 lifetime reserve days	All but $456 a day	$456 a day	$0
Once lifetime reserve days are used:			
Additional 365 days	$0	100% of Medicare Eligible Expenses	$0
Beyond the additional 365 days	$0	$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $114 a day	Up to $114 a day	$0
101st day and after	$0	$0	All Costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0

HOSPICE CARE			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	$0	Balance

PLAN I

MEDICARE (PART B) MEDICAL SERVICES PER CALENDAR YEAR

*Once you have been billed $110 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $110 of Medicare-Approved Amounts*	$0	$0	$110 (Part B Deductible)
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	$0
PART B EXCESS CHARGES			
(Above Medicare-Approved Amounts)	$0	100%	$0
BLOOD			
First 3 pints	$0	All Costs	$0
Next $110 of Medicare-Approved Amounts*	$0	$0	$110 (Part B Deductible)
Remainder of Medicare-Approved Amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES -			
TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment			
First $110 of Medicare-Approved Amounts*	$0	$0	$110 (Part B Deductible)

Remainder of Medicare-Approved Amounts	80%	20%	$0
AT-HOME RECOVERY SERVICES - NOT COVERED BY MEDICARE			
Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare approved a Home Care Treatment Plan			
Benefit for each visit	$0	Actual charges to $40 a visit	Balance
Number of visits covered (must be received within 8 weeks of last Medicare-Approved visit)	$0	Up to the number of Medicare-Approved visits not to exceed 7 each week	
Calendar year maximum	$0	$1,600	

OTHER BENEFITS - NOT COVERED BY MEDICARE

FOREIGN TRAVEL - NOT COVERED BY MEDICARE			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First $250 each calendar year	$0	$0	$250
Remainder of charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

Rev. 8/05

PLAN J or HIGH DEDUCTIBLE PLAN J
MEDICARE (PART A) - HOSPITAL SERVICES - PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

**This high deductible plan pays the same benefits as Plan J after one has paid a calendar year $1730 deductible. Benefits from high deductible plan J will not begin until out-of-pocket expenses are $1730. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $912	$912 (Part A deductible)	$0
61st thru 90th day	All but $228 a day	$228 a day	$0
91st day and after:			
While using 60 lifetime reserve days	All but $456 a day	$456 a day	$0

Once lifetime reserve days are used:			
Additional 365 days	$0	100% of Medicare Eligible Expenses	$0
Beyond the Additional 365 days	$0	$0	All Costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $114 a day	Up to $114 a day	$0
101st day and after	$0	$0	All Costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE			
Available as long as your doctor certifies you are terminally ill and you elect to receive these services	All but very limited coinsurance for outpatient drugs and inpatient respite care	$0	Balance

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PLAN J or HIGH DEDUCTIBLE PLAN J
MEDICARE (PART B) – MEDICAL SERVICES – PER CALENDAR YEAR

*Once you have been billed $110 of Medicare-Approved amounts for covered services (which are noted with an asterisk), your Part B Deductible will have been met for the calendar year.

**This high deductible plan pays the same benefits as Plan J after one has paid a calendar year $1730 deductible. Benefits from high deductible plan J will not begin until out-of-pocket expenses are $1730. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductibles for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

SERVICES	MEDICARE PAYS	AFTER YOU PAY $1730 DEDUCTIBLE,** PLAN PAYS	IN ADDITION TO $1730 DEDUCTIBLE,** YOU PAY
MEDICAL EXPENSES – IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			

First $110 of Medicare-Approved Amounts*	$0	$110 (Part B deductible)	$0
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	$0
PART B EXCESS CHARGES			
(Above Medicare-Approved Amounts)	$0	100%	$0
BLOOD			
First 3 pints	$0	All Costs	$0
Next $110 of Medicare-Approved Amounts*	$0	$110 (Part B deductible)	$0
Remainder of Medicare-Approved Amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES -			
TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment			
First $110 of Medicare-Approved Amounts*	$0	$110 (Part B Deductible)	$0
Remainder of Medicare-Approved Amounts	80%	20%	$0
AT-HOME RECOVERY SERVICES - NOT COVERED BY MEDICARE			
Home care certified by your doctor, for personal care during recovery from an injury or sickness for which Medicare-approved a Home Care Treatment Plan			
Benefit for each visit	$0	Actual charges to $40 a visit	Balance
Number of visits covered (must be received within 8 weeks of last Medicare-Approved visit)	$0	Up to the number of Medicare-Approved visits not to exceed 7 each week	
Calendar year maximum	$0	$1,600	

~~PLAN J or HIGH DEDUCTIBLE PLAN J~~
~~OTHER BENEFITS—NOT COVERED BY MEDICARE~~

~~SERVICES~~	~~MEDICARE PAYS~~	~~AFTER YOU PAY $1730 DEDUCTIBLE,** PLAN PAYS~~	~~IN ADDITION TO $1730 DEDUCTIBLE,** YOU PAY~~
~~**FOREIGN TRAVEL - NOT COVERED BY MEDICARE**~~			
~~Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA~~			
~~First $250 each calendar year~~	~~$0~~	~~$0~~	~~$250~~
~~Remainder of Charges~~	~~$0~~	~~80% to a lifetime maximum benefit of $50,000~~	~~20% and amounts over the $50,000 lifetime maximum~~
~~***PREVENTIVE MEDICAL CARE BENEFIT - NOT COVERED BY MEDICARE~~			
~~Some annual physical and preventive tests and services administered or ordered by your doctor when not covered by Medicare~~			
~~First $120 each calendar year~~	~~$0~~	~~$120~~	~~$0~~
~~Additional charges~~	~~$0~~	~~$0~~	~~All costs~~

~~***Medicare benefits are subject to change. Please consult the latest Guide to Health Insurance for People with Medicare.~~

~~Eff. 8/05~~

PLAN K

*You will pay half the cost-sharing of some covered services until you reach the annual out-of-pocket limit of ~~$4000~~ $4,620 each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the chart below. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

MEDICARE (PART A)—HOSPITAL SERVICES—PER BENEFIT PERIOD

**A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
HOSPITALIZATION**			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but ~~$912~~ $1,068	~~$456~~ $534 (50% of Part A deductible)	~~$456~~ $534 (50% of Part A deductible)♦
61st thru 90th day	All but ~~$228~~ $267 a day	~~$228~~ $267 a day	$0

91st day and after:			
While using 60 lifetime reserve days	All but ~~$456~~ $534 a day	~~$456~~ $534 a day	$0
Once lifetime reserve days are used:			
Additional 365 days	$0	100% of Medicare eligible expenses	$0***
Beyond the additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE**			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but ~~$114~~ $133.50 a day	Up to ~~$57~~ $66.75 a day	Up to ~~$57~~ $66.75 a day♦
101st day and after	$0	$0	All costs
BLOOD			
First 3 pints	$0	50%	50%♦
Additional amounts	100%	$0	$0
HOSPICE CARE			
~~Available as long as your doctor certifies you are terminally ill and you elect to receive these services~~ You must meet Medicare's requirements, including a doctor's certification of terminal illness.	~~Generally, most Medicare-eligible expenses for out-patient drugs and inpatient respite care~~ All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	50% of copayment/coinsurance ~~or copayments~~	50% of Medicare copayment/coinsurance ~~or copayments~~♦

***NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever the amount Medicare would have paid for up to an additional 365 days as provided in the policy's "core benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

PLAN K
MEDICARE (PART B)—MEDICAL SERVICES—PER CALENDAR YEAR

****Once you have been billed ~~$110~~ $135 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First ~~$110~~ $135 of Medicare-Approved Amounts****	$0	$0	~~$110~~ $135 (Part B deductible)****♦
Preventive Benefits for Medicare covered services	Generally 75% or more of Medicare-approved amounts	Remainder of Medicare-approved amounts	All costs above Medicare-approved amounts
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 10%	Generally 10%♦
PART B EXCESS CHARGES (Above Medicare-Approved Amounts)	$0	$0	All costs (and they do not count toward annual out-of-pocket limit of ~~$4000)*~~ $4620)*
BLOOD			
First 3 pints	$0	50%	50%♦
Next ~~$110~~ $135 of Medicare Approved Amounts****	$0	$0	~~$110~~ $135 (Part B deductible)****♦
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 10%	Generally 10%♦
CLINICAL LABORATORY SERVICES - TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

*This plan limits your annual out-of-pocket payments for Medicare-approved amounts to ~~$4000~~ $4,620 per year. However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
HOME HEALTH CARE MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	$0	$0

Durable medical equipment			
First ~~$110~~ $135 of Medicare-Approved Amounts*****	$0	$0	~~$110~~ $135 (Part B deductible)♦
Remainder of Medicare-Approved Amounts	80%	10%	10%♦

*****Medicare benefits are subject to change. Please consult the latest Guide to Health Insurance for People with Medicare.

~~Eff. 8/05~~

PLAN L

*You will pay one-fourth of the cost-sharing of some covered services until you reach the annual out-of-pocket limit of ~~$2000~~ $2,310 each calendar year. The amounts that count toward your annual limit are noted with diamonds (♦) in the chart below. Once you reach the annual limit, the plan pays 100% of your Medicare copayment and coinsurance for the rest of the calendar year. However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

MEDICARE (PART A)—HOSPITAL SERVICES—PER BENEFIT PERIOD

**A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
HOSPITALIZATION**			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but ~~$912~~ $1,068	~~$684~~ $808.50 (75% of Part A deductible)	~~$228~~ $267 (25% of Part A deductible)♦
61st thru 90th day	All but ~~$228~~ $267 a day	~~$228~~ $267 a day	$0
91st day and after:			
While using 60 lifetime reserve days	All but ~~$456~~ $534 a day	~~$456~~ $534 a day	$0
Once lifetime reserve days are used:			
Additional 365 days	$0	100% of Medicare eligible expenses	$0***
Beyond the additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE**			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but ~~$114~~ $133.50 a	Up to ~~$85.50~~ $100.13 a	Up to ~~$28.50~~ $33.38 a

	day	day	day♦
101st day and after	$0	$0	All costs
BLOOD			
First 3 pints	$0	75%	25%♦
Additional amounts	100%	$0	$0
HOSPICE CARE			
~~Available as long as your doctor certifies you are terminally ill and you elect to receive these services~~ You must meet Medicare's requirements, including a doctor's certification of terminal illness.	~~Generally, most Medicare eligible expenses for out-patient drugs and inpatient respite care~~ All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	75% of copayment/coinsurance ~~or copayments~~	25% of copayment/coinsurance ~~or copayments~~♦

*****NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "core benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charge and the amount Medicare would have paid.

PLAN L
MEDICARE (PART B)—MEDICAL SERVICES—PER CALENDAR YEAR

****Once you have been billed ~~$110~~ $135 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First ~~$110~~ $135 of Medicare-Approved Amounts****	$0	$0	~~$110~~ $135 (Part B deductible)****♦
Preventive Benefits for Medicare covered services	Generally 75% or more of Medicare-approved amounts	Remainder of Medicare-approved amounts	All costs above Medicare-approved amounts
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 15%	Generally 5%♦
PART B EXCESS CHARGES			
(Above Medicare-Approved Amounts)	$0	$0	All costs (and they do not count toward annual out-of-pocket limit of ~~$2000)*~~ $2,310)*

BLOOD			
First 3 pints	$0	75%	25%♦
Next ~~$110~~ $135 of Medicare Approved Amounts****	$0	$0	~~$110~~ $135 (Part B deductible)♦
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 15%	Generally 5%♦
CLINICAL LABORATORY SERVICES -			
TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

*This plan limits your annual out-of-pocket payments for Medicare-approved amounts to ~~$2000~~ $2,310 per year. However, this limit does NOT include charges from your provider that exceed Medicare-approved amounts (these are called "Excess Charges") and you will be responsible for paying this difference in the amount charged by your provider and the amount paid by Medicare for the item or service.

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY*
HOME HEALTH CARE MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment			
First ~~$110~~ $135 of Medicare-Approved Amounts*****	$0	$0	~~$110~~ $135 (Part B deductible)♦
Remainder of Medicare-Approved Amounts	80%	15%	5%♦

*****Medicare benefits are subject to change. Please consult the latest Guide to Health Insurance for People with Medicare.

PLAN M
MEDICARE (PART A)—HOSPITAL SERVICES—PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			
First 60 days	All but $1,068	$534 (50% of Part A deductible)	$534 (50% of Part A deductible)
61st thru 90th day	All but $267 a day	$267 a day	$0
91st day and after:			
While using 60 lifetime reserve days	All but $534 a day	$534 a day	$0
Once lifetime reserve days are used:			
Additional 365 days	$0	100% of Medicare	$0**

		eligible expenses	
Beyond the additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $133.50 a day	Up to $133.50 a day	$0
101st day and after	$0	$0	All costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	$0

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "core benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charge and the amount Medicare would have paid.

PLAN M
MEDICARE (PART B)—MEDICAL SERVICES—PER CALENDAR YEAR

*Once you have been billed $135 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic tests, durable medical equipment			
First $135 of Medicare-Approved Amounts*	$0	$0	$135 (Part B deductible)
Remainder of Medicare-Approved Amounts	Generally 80%	Generally 20%	$0
PART B EXCESS CHARGES			
(Above Medicare-Approved Amounts)	$0	$0	All costs

BLOOD			
First 3 pints	$0	All costs	$0
Next $135 of Medicare Approved Amounts*	$0	$0	$135 (Part B deductible)
Remainder of Medicare-Approved Amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES -			
TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment			
First $135 of Medicare-Approved Amounts*	$0	$0	$135 (Part B deductible)
Remainder of Medicare-Approved Amounts	80%	20%	$0

OTHER BENEFITS—NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL - NOT COVERED BY MEDICARE			
Medically necessary emergency care services beginning during the first 60 days of each trip outside the USA			
First $250 each calendar year	$0	$0	$250
Remainder of Charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

PLAN N

MEDICARE (PART A)—HOSPITAL SERVICES—PER BENEFIT PERIOD

*A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOSPITALIZATION*			
Semiprivate room and board, general nursing and miscellaneous services and supplies			

First 60 days	All but $1,068	$1,068 (Part A deductible)	$0
61st thru 90th day	All but $267 a day	$267 a day	$0
91st day and after:			
While using 60 lifetime reserve days	All but $534 a day	$534 a day	$0
Once lifetime reserve days are used:			
Additional 365 days	$0	100% of Medicare eligible expenses	$0**
Beyond the additional 365 days	$0	$0	All costs
SKILLED NURSING FACILITY CARE*			
You must meet Medicare's requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	$0	$0
21st thru 100th day	All but $133.50 a day	Up to $133.50 a day	$0
101st day and after	$0	$0	All costs
BLOOD			
First 3 pints	$0	3 pints	$0
Additional amounts	100%	$0	$0
HOSPICE CARE			
You must meet Medicare's requirements, including a doctor's certification of terminal illness.	All but very limited copayment/coinsurance for outpatient drugs and inpatient respite care	Medicare copayment/coinsurance	$0

****NOTICE:** When your Medicare Part A hospital benefits are exhausted, the insurer stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "core benefits." During this time the hospital is prohibited from billing you for the balance based on any difference between its billed charge and the amount Medicare would have paid.

PLAN N
MEDICARE (PART B)—MEDICAL SERVICES—PER CALENDAR YEAR

*Once you have been billed $135 of Medicare-approved amounts for covered services (which are noted with an asterisk), your Part B deductible will have been met for the calendar year.

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
MEDICAL EXPENSES - IN OR OUT OF THE HOSPITAL AND OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient and outpatient medical and surgical services and supplies, physical and speech therapy, diagnostic			

tests, durable medical equipment			
First $135 of Medicare-Approved Amounts*	$0	$0	$135 (Part B deductible)
Remainder of Medicare-Approved Amounts	Generally 80%	Balance, other than up to $20 per office visit and up to $50 per emergency room visit. The copayment of up to $50 is waived if the insured is admitted to any hospital and the emergency visit is covered as a Medicare Part A expense.	Up to$20 per office visit and up to $50 per emergency visit. The copayment of up to $50 is waived if the insured is admitted to any hospital and the emergency room visit is covered as a Medicare Part A expense.
PART B EXCESS CHARGES			
(Above Medicare-Approved Amounts)	$0	$0	All costs
BLOOD			
First 3 pints	$0	All costs	$0
Next $135 of Medicare Approved Amounts*	$0	$0	$135 (Part B deductible)
Remainder of Medicare-Approved Amounts	80%	20%	$0
CLINICAL LABORATORY SERVICES -			
TESTS FOR DIAGNOSTIC SERVICES	100%	$0	$0

PARTS A & B

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
HOME HEALTH CARE MEDICARE-APPROVED SERVICES			
Medically necessary skilled care services and medical supplies	100%	$0	$0
Durable medical equipment			
First $135 of Medicare-Approved Amounts*	$0	$0	$135 (Part B deductible)
Remainder of Medicare-Approved Amounts	80%	20%	$0

OTHER BENEFITS—NOT COVERED BY MEDICARE

SERVICES	MEDICARE PAYS	PLAN PAYS	YOU PAY
FOREIGN TRAVEL - NOT COVERED BY MEDICARE			
Medically necessary emergency care services beginning during the first 60 days			

of each trip outside the USA			
First $250 each calendar year	$0	$0	$250
Remainder of Charges	$0	80% to a lifetime maximum benefit of $50,000	20% and amounts over the $50,000 lifetime maximum

E. Notice regarding policies or certificates which are not Medicare supplement policies.

1. Any accident and sickness insurance policy or certificate issued for delivery in this Commonwealth to persons eligible for Medicare, other than a Medicare supplement policy, a policy issued pursuant to a contract under § 1876 of the federal Social Security Act (42 USC § 1395 et seq.), a disability income policy, or other policy identified in 14VAC5-170-20 B, shall notify insureds under the policy that the policy is not a Medicare supplement policy or certificate. The notice shall either be printed or attached to the first page of the outline of coverage delivered to insureds under the policy, or if no outline of coverage is delivered, to the first page of the policy, or certificate delivered to insureds. The notice shall be in no less than 12 point type and shall contain the following language:

"THIS [POLICY OR CERTIFICATE] IS NOT A MEDICARE SUPPLEMENT [POLICY OR CONTRACT]. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company."

2. Applications provided to persons eligible for Medicare for the health insurance policies or certificates described in subdivision 1 of this subsection shall disclose, using the applicable statement in Appendix C, the extent to which the policy duplicates Medicare. The disclosure statement shall be provided as a part of, or together with, the application for the policy or certificate.

F. Notice requirements for attained age rated Medicare supplement policies or certificates. Issuers of Medicare supplement policies or certificates which use attained age rating shall provide a notice to all prospective applicants at the time the application is presented, and except for direct response policies or certificates, shall obtain an acknowledgement of receipt of the notice from the applicant. The notice shall be in no less than 12 point type and shall contain the information included in Appendix D. The notice shall be provided as part of, or together with, the application for the policy or certificate.

14VAC5-170-215. Prohibition against use of genetic information and requests for genetic testing.

A. An issuer of a Medicare supplement policy or certificate:

1. Shall not deny or condition the issuance or effectiveness of the policy or certificate (including the imposition of any exclusion of benefits under the policy based on a preexisting condition) on the basis of the genetic information with respect to such individual; and

2. Shall not discriminate in the pricing of the policy or certificate (including the adjustment of premium rates) of an individual on the basis of the genetic information with respect to such individual.

B. Nothing in subsection A of this section shall be construed to limit the ability of an issuer, to the extent otherwise permitted by law, from:

1. Denying or conditioning the issuance or effectiveness of the policy or certificate or increasing the premium for a group based on the manifestation of a disease or disorder of an insured or applicant; or

2. Increasing the premium for any policy issued to an individual based on the manifestation of a disease or disorder of an individual who is covered under the policy (in such case, the manifestation of a disease or disorder in one individual cannot also be used as genetic information about other group members and to further increase the premium for the group).

C. An issuer of a Medicare supplement policy or certificate shall not request or require an individual or a family member of such individual to undergo a genetic test.

D. Subsection C of this section shall not be construed to preclude an issuer of a Medicare supplement policy or certificate from obtaining and using the results of a genetic test in making a determination regarding payment (as defined for the purposes of applying the regulations promulgated under Part C of Title XI and § 264 of the Health Insurance Portability and Accountability Act of 1996) and consistent with subsection A of this section.

E. For purposes of carrying out subsection D of this section, an issuer of a Medicare supplement policy or certificate may request only the minimum amount of information necessary to accomplish the intended purpose.

F. Notwithstanding subsection C of this section, an issuer of a Medicare supplement policy may request, but not require, that an individual or a family member of such individual undergo a genetic test if each of the following conditions is met:

1. The request is made pursuant to research that complies with 45 CFR Part 46, and any applicable state or local law or regulations for the protection of human subjects in research.

2. The issuer clearly indicates to each individual, or in the case of a minor child, to the legal guardian of such child, to whom the request is made that:

a. Compliance with the request is voluntary; and

b. Noncompliance will have no effect on enrollment status or premium or contribution amounts.

3. No genetic information collected or acquired under this subsection shall be used for underwriting, determination of eligibility to enroll or maintain enrollment status, premium rates, or the issuance, renewal, or replacement of a policy or certificate.

4. The issuer notifies the U.S. Secretary of Health and Human Services in writing that the issuer is conducting activities pursuant to the exception provided for under this subsection, including a description of the activities conducted.

5. The issuer complies with such other conditions as the U.S. Secretary of Health and Human Services may by regulation require for activities conducted under this subsection.

G. An issuer of a Medicare supplement policy or certificate shall not request, require, or purchase genetic information for underwriting purposes.

H. An issuer of a Medicare supplement policy or certificate shall not request, require, or purchase genetic information with respect to any individual prior to such individual's enrollment under the policy in connection with such enrollment.

I. If an issuer of a Medicare supplement policy or certificate obtains genetic information incidental to the requesting, requiring, or purchasing of other information concerning any individual, such request, requirement, or purchase shall not be considered a violation of subsection H of this section if such request, requirement, or purchase is not in violation of subsection G of this section.

J. For the purposes of this section only:

1. "Issuer of a Medicare supplement policy or certificate" includes third-party administrator, or other person acting for or on behalf of such issuer.

2. "Family member" means, with respect to an individual, any other individual who is a first-degree, second-degree, third-degree, or fourth-degree relative of such individual.

3. "Genetic information" means, with respect to any individual, information about such individual's genetic tests, the genetic tests of family members of such individual, and the manifestation of a disease or disorder in family members of such individual. Such term includes, with respect to any individual, any request for, or receipt of, genetic services, or participation in clinical research which includes genetic services, by such individual or any family member of such individual. Any reference to genetic information concerning an individual or family member of an individual who is a pregnant woman, includes genetic information of any fetus carried by a pregnant woman, or with respect to an individual or family member utilizing reproductive technology, includes genetic information of any embryo legally held by an individual or family member. The term "genetic information" does not include information about the sex or age of any individual.

4. "Genetic services" means a genetic test, genetic counseling (including obtaining, interpreting, or assessing genetic information), or genetic education.

5. "Genetic test" means an analysis of human DNA, RNA, chromosomes, proteins, or metabolites, that detect genotypes, mutations, or chromosomal changes. The term "genetic test" does not mean an analysis of proteins or metabolites that does not detect genotypes, mutations, or chromosomal changes; or an analysis of proteins or metabolites that is directly related to a manifested disease, disorder, or pathological condition that could reasonably be detected by a health care professional with appropriate training and expertise in the field of medicine involved.

6. "Underwriting purposes" means:

a. Rules for, or determination of, eligibility (including enrollment and continued eligibility) for benefits under the policy;

b. The computation of premium or contribution amounts under the policy;

c. The application of any preexisting condition exclusion under the policy; and

d. Other activities related to the creation, renewal, or replacement of a contract of health insurance or health benefits.

VA.R. Doc. No. R09-1737; Filed March 10, 2009, 3:02 p.m.

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TITLE 18. PROFESSIONAL AND OCCUPATIONAL LICENSING

COMMON INTEREST COMMUNITY BOARD

Fast-Track Regulation

Title of Regulation: **18VAC48-60. Common Interest Community Board Management Information Fund Regulations (amending 18VAC48-60-20, 18VAC48-60-60; adding 18VAC48-60-13, 18VAC48-60-17).**

Statutory Authority: §§ 54.1-201, 54.1-2349 and 55-530 of the Code of Virginia.

Public Hearing Information: No public hearings are scheduled.

Public Comments: Public comments may be submitted until April 29, 2009.

Effective Date: May 15, 2009.

Agency Contact: Trisha Henshaw, Executive Director, Common Interest Community Board, 9960 Mayland Drive, Suite 400, Richmond, VA 23233, telephone (804) 367-8510, FAX (804) 527-4298, or email cic@dpor.virginia.gov.

Basis: Section 54.1-2349 states in part that the board shall have the power and duty to promulgate regulations to carry out the requirements of Chapter 23.3 (§ 54.1-2345 et seq.) of Title 54.1 of the Code of Virginia. In addition, § 55-530 I states in part that the board may prescribe regulations to accomplish the purposes of Chapter 29 (§§ 55-528 et seq.) of Title 55 of the Code of Virginia. Section 54.1-201 E states in part that regulatory boards shall promulgate regulations in accordance with the Administrative Process Act necessary to assure continued competence, to prevent deceptive or misleading practices by practitioners, and to effectively administer the regulatory system administered by the regulatory board. The regulation is discretionary but necessary to standardize the process whereby associations file annual reports and registrations are renewed.

Purpose: The regulation will be amended to standardize the renewal date of association registrations as one year from the date of issuance or renewal. Currently the regulation states that the renewal date will be immediately after the annual meeting date. This has been problematic because annual meeting dates change often, which means that associations may have to file more than one annual report per year and pay more than one renewal fee per year. This has become especially burdensome with the increase in renewal fees and the addition of fees as a result of the implementation of Chapters 851 and 871 of the 2008 Acts of Assembly, which where the result of HB 516 and SB 301, respectively. This action, in part, established an additional assessment that must be paid by each association with its annual report filing, and established a recovery fund fee that must be paid with the first annual report filing after the implementation of the new law. By making this change to the regulation, it will establish consistency in renewal for associations because they will be required to renew at the same time every year; it will ensure that the board is notified of changes in governing boards, addresses, or other changes that are typically only reported on annual report forms, regardless of whether the changes occur in conjunction with an annual meeting; and will protect associations and members of the associations by eliminating the possibility of being required to file more than one annual report, thus paying multiple filing fees per annum.

Rationale for Using Fast-Track Process: Currently, associations may have to file more than one annual report per annum. This could occur if an association moved its annual meeting date from September to May, for example. The association would initially come up for renewal in October, which is the month following the annual meeting date and in accordance with the requirements in the regulations. The association would indicate on the annual report filing form the change in annual meeting date to May. The registration expiration date (meaning the next date that the annual report must be filed) would be changed to June in accordance with the current regulations. This means that the registration would only be active for eight months before the association's registration expired and the association would be required to file the annual report (and pay the associated fees) again. The recommended changes would establish that all registrations are valid for one year regardless of the date of annual meeting, while still ensuring that the board is notified of important changes within an association (address, members of the governing board, contact persons, etc.). Finally, the regulations include the requirement that the annual assessment be submitted with the annual report filing in accordance with §§ 55-79.93.1 C, 55-516.1 C, and 55-504.1 C of the Code of Virginia. These sections were changed as a result of the implementation of Chapters 851 and 871 of the 2008 Acts of Assembly.

Substance: The amendments standardize the renewal date of association registrations as one year from the date of issuance or renewal and include the requirement that the annual assessment be submitted with the annual report filing in accordance with §§ 55-79.93.1 C, 55-516.1 C, and 55-504.1 C of the Code of Virginia.

Issues: The primary advantage to associations and members is that the proposed regulatory change eliminates the possibility that an association would have to file an annual report and pay the renewal fee and assessment more than once per year. This permits cost savings for the association, and ultimately the members of the association (home and property owners).

The primary advantage to the board is that the process for renewing association registrations will be much more consistent because the renewal dates will be static. In addition, the board will receive more timely notification of changes to the association because the notification will not be limited to once per year; instead the board should be notified whenever changes occur. This will hopefully reduce costs because often renewal notices are mailed to incorrect addresses as the board is not currently required to be notified of a change in address. Finally, it is anticipated that there will be a reduction in calls because associations are often confused and frustrated about the change in expiration date from one renewal to the next.

The Department of Planning and Budget's Economic Impact Analysis:

Summary of the Proposed Amendments to Regulation. The Common Interest Community Board (Board) proposes to

amend its Common Interest Community Management Information Fund Regulations to specify that that association registration is valid for one full year and, pursuant to legislative mandate, renewal fees must be submitted at the same time as the association's annual report.

Result of Analysis. The benefits likely exceed the costs for all proposed changes.

Estimated Economic Impact. Current regulations require common interest community (CIC) associations to renew their registration certificates the month following each annual meeting. The Department of Professional and Occupational Regulation (DPOR) reports that this requirement has proven to be problematic for some CIC associations that do not hold their annual meetings on approximately the same date each year. These associations might be liable for providing more than one annual report (and paying more than one annual renewal fee) within the span of a year.

To solve this problem, the Board proposes to eliminate the current requirement that associations renew their certificates after their annual meeting. Instead, association registrations will expire one year from the last day of the month that they were issued. The Board also proposes to specify that an association's most current annual report, as well as a statutorily required annual assessment, must be submitted to the Board along with the association's renewal fee.

No regulated entity is likely to incur costs on account of these regulatory changes. Indeed, some CIC associations, those that do not have set annual meeting dates, will be able to eliminate the costs associated with having to submit more than one annual report (and renewal fee).

Businesses and Entities Affected. These proposed regulations will affect all property owner's associations, condominium associations and cooperative owner's associations. DPOR reports that there are currently 4,050 such associations registered by the Board; all of these entities would likely meet the definition of small business.

Localities Particularly Affected. No locality will be particularly affected by this proposed regulatory action.

Projected Impact on Employment. This regulatory action will likely have no impact on employment in the Commonwealth.

Effects on the Use and Value of Private Property. This regulatory action will likely have no effect on the use or value of private property in the Commonwealth.

Small Businesses: Costs and Other Effects. Small businesses in the Commonwealth are unlikely to incur any costs on account of this regulatory action.

Small Businesses: Alternative Method that Minimizes Adverse Impact. Small businesses in the Commonwealth are unlikely to incur any costs on account of this regulatory action.

Real Estate Development Costs. This regulatory action will likely have no effect on real estate development costs in the Commonwealth.

Legal Mandate. The Department of Planning and Budget (DPB) has analyzed the economic impact of this proposed regulation in accordance with § 2.2-4007.04 of the Administrative Process Act and Executive Order Number 36 (06). Section 2.2-4007.04 requires that such economic impact analyses include, but need not be limited to, the projected number of businesses or other entities to whom the regulation would apply, the identity of any localities and types of businesses or other entities particularly affected, the projected number of persons and employment positions to be affected, the projected costs to affected businesses or entities to implement or comply with the regulation, and the impact on the use and value of private property. Further, if the proposed regulation has adverse effect on small businesses, § 2.2-4007.04 requires that such economic impact analyses include (i) an identification and estimate of the number of small businesses subject to the regulation; (ii) the projected reporting, recordkeeping, and other administrative costs required for small businesses to comply with the regulation, including the type of professional skills necessary for preparing required reports and other documents; (iii) a statement of the probable effect of the regulation on affected small businesses; and (iv) a description of any less intrusive or less costly alternative methods of achieving the purpose of the regulation. The analysis presented above represents DPB's best estimate of these economic impacts.

Agency's Response to the Department of Planning and Budget's Economic Impact Analysis: Concur with the approval.

Summary:

The amendments specify that an association's registration is valid for one year from the date of issuance or renewal and require that the annual assessment required by §§ 55-79.93.1 C, 55-516.1 C, and 55-504.1 C of the Code of Virginia be submitted at the same time as the association's annual report and annual fee.

CHAPTER 60
COMMON INTEREST COMMUNITY BOARD
MANAGEMENT INFORMATION FUND REGULATIONS

18VAC48-60-13. Definitions.

"Association" shall be as defined in § 55-528 of the Code of Virginia.

"Governing board" shall be as defined in § 54.1-2345 of the Code of Virginia.

18VAC48-60-17. Association registration and renewal.

An association registration shall expire one year from the last day of the month in which it was issued or renewed. A

registration shall be renewed upon submittal to the board office of the completed annual report and applicable fees. An association shall notify the board office, in writing, within 30 days of any of the following:

1. Change of address;

2. Change of members of the governing board; and

3. Any other changes in information that was reported on the association's previous annual report filing.

18VAC48-60-20. Annual report by association.

~~"Association" shall be as defined in § 55-528 of the Code of Virginia.~~ Each association annual report shall be on the form designated by the board or shall be a copy of the annual report filed with the State Corporation Commission. Such report shall be accompanied by the fee established by this chapter, as well as the annual assessment required pursuant to §§ 55-79.93:1 C, 55-516.1 C, and 55-504.1 C of the Code of Virginia.

18VAC48-60-60. Registration fee.

The following fee schedule is based upon the size of each residential common interest community. The application fee is different than the annual renewal fee. All fees are nonrefundable.

Number of Lots/Units	Application Fee	Renewal Fee
1-50	$45	$30
51-100	$65	$50
101-200	$100	$80
201-500	$135	$115
501-1000	$145	$130
1001-5000	$165	$150
5001+	$180	$170

~~Registration certificates are renewable the month following the association's annual meeting.~~

NOTICE: The forms used in administering the above regulation are listed below. Any amended or added forms are reflected in the listing and are published following the listing.

FORMS (18VAC48-60)

Community Association Registration Application, ASSOCANRPT (eff. 09/04/08).

CIC Annual Renewal Report, CICANRENRPT (eff. 09/04/08).

Declarant Annual Report for Condominium, condo annual report (eff. 09/04/08).

Governing Board Change Form, BODCHG (eff. 11/25/08).

~~Time-Share Annual Report, TSANRPT (eff. 09/04/08).~~

Commonwealth of Virginia
Department of Professional and Occupational Regulation
Post Office Box 29570
Richmond, Virginia 23242-0570
(804) 367-8510
cic@dpor.virginia.gov
www.dpor.virginia.gov

Virginia DPOR
DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION

Common Interest Community Board
GOVERNING BOARD CHANGE FORM
No Fee

Please complete this form to report a change in any members and/or officers of the association's governing board. PLEASE TYPE OR PRINT the information requested below.

1. Please enter the certificate number issued by the Common Interest Community Board. 0550 _____
2. Full Name of Association _____
3. Website Address of Association (if available) _____
4. Month of Annual Meeting/Board Election _____
5. Please list below the members of the current board of directors and/or officers of the association's governing body. If more space is needed, attach additional sheets with the certificate number referenced. **Please provide physical addresses, not post office boxes.**

Name _____	Name _____
Title _____	Title _____
Address _____	Address _____
_____	_____
Name _____	Name _____
Title _____	Title _____
Address _____	Address _____
_____	_____
Name _____	Name _____
Title _____	Title _____
Address _____	Address _____
_____	_____

13. Effective Date of Change _____

14. _____ Signature of Representative _____ Title _____ Date

OFFICE USE ONLY	LICENSE NUMBER	PROCESS DATE
	0550	

BODCHG (11/25/08) CIC Board/CIC BOD/Governing Body Change Form

VA.R. Doc. No. R09-1732; Filed March 9, 2009, 1:16 p.m.

DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION

Fast-Track Regulation

Title of Regulation: **18VAC120-40. Virginia Professional Boxing and Wrestling Events Regulations (amending 18VAC120-40-15, 18VAC120-40-240, 18VAC120-40-411.1; adding 18VAC120-40-85).**

Statutory Authority: § 54.1-831 of the Code of Virginia.

Public Hearing Information: No public hearings are scheduled.

Public Comments: Public comments may be submitted until 5 p.m. on April 29, 2009.

Effective Date: May 14, 2009.

Agency Contact: Mark N. Courtney, Deputy Director for Licensing and Regulation, Department of Professional and Occupational Regulation, 9960 Mayland Drive, Suite 400, Richmond, VA 23233, telephone (804) 367-8537, FAX (804) 527-4403, or email mark.courtney@dpor.virginia.gov.

Basis: Section 54.1-831 of the Code of Virginia authorizes the Director of the Department of Professional and Occupational Regulation to promulgate regulations that implement the federal Professional Boxing Safety Act of 1996 (15 USC § 6301 et seq.).

Purpose: The regulations will protect the health and safety of ring officials, other participants in the event, and the public by reducing their risk of exposure to serious, life-threatening diseases.

Rationale for Using Fast-Track Process: These changes are expected to be noncontroversial and are necessary to protect the health and safety of ring officials, other participants, and the public by reducing their risk of exposure to serious, life-threatening diseases. The proposed changes are common sense and no participant, ring official, or member of the pubic would expect the Commonwealth of Virginia to allow an individual with a serious, life-threatening disease to participate in a contest that could facilitate the spread of the disease.

Substance: The proposed changes (i) require a participant in a boxing or mixed martial arts event to provide a negative test result for hepatitis B and C and HIV prior to participating in an event; (ii) require that the promoter of a boxing and mixed martial arts event provide a disinfecting solution at ringside; and (iii) clearly state that regulated medical waste must be disposed of in accordance with Virginia Waste Management Board regulations.

Issues: Participants in boxing and mixed martial arts events will now have to provide proof of the required negative tests; however, such tests are available at no cost from local health departments and are necessary to protect the health and safety of ring officials, other participants, and the public. There are no disadvantages to the public or the Commonwealth.

The Department of Planning and Budget's Economic Impact Analysis:

Summary of the Proposed Amendments to Regulation. The Department of Professional and Occupational Regulation (DPOR) proposes to require boxers and participants in mixed martial arts matches to test negative for certain blood borne illnesses. DPOR also proposes to clarify that all regulated medical waste must be disposed of in accordance with Department of Environmental Quality (DEQ) regulations.

Result of Analysis. The benefits likely exceed the costs for several of these proposed changes. Costs and benefits are discussed below.

Estimated Economic Impact. The Department of Professional and Occupational Regulation (DPOR) proposes to newly require boxers and participants in mixed martial arts matches to provide negative results on tests for the antibodies associated with Acquired Immune Deficiency (AIDS) and hepatitis C, as well as a negative result for a hepatitis B surface antigen test (HBsAG), in order to be able to participate in scheduled matches. Tests will have to be conducted within 180 days of the event.

Affected boxers and mixed martial arts fighters will likely incur costs for this required testing. While local health departments offer tests for these diseases without fee, individuals are not typically able to set an appointment for testing and would typically experience long wait times. Individuals who choose to be tested at a local health department will likely incur implicit costs for time spent waiting for testing rather than working or engaging in some other alternate activity. Individuals who choose private testing will incur fees for a doctor’s office visit and for the costs of the tests given (testing kits for hepatitis B cost between $70 and $80, HIV and Hepatitis C kits cost approximately $50 each).

Requiring a negative result on generalized antibody tests for HIV and hepatitis C will likely produce a benefit for participants in covered events as it will, in most instances, eliminate the very small chance that they could catch these diseases through contact with the blood of their opponents. Both of these diseases can be deadly and cannot be cured. A small percentage of people who contract hepatitis C (about 20%) will be able to fight off the disease and will, as a consequence, temporarily test positive for antibodies without being contagious. The remaining 80% of affected individuals will be able to pass the disease to others. There is no hepatitis C antibody test currently available that can distinguish between antibodies that exist because an individual has recently cleared the disease from his body (and is not currently contagious) and antibodies that are carried by individuals who are contagious. Because these two diseases

have very low to zero clearance rates[1] and the best antibody tests available cannot distinguish whether the disease has been recently cleared, the costs associated with antibody testing for these two diseases is likely outweighed by the benefit of eliminating the small chance that these devastating diseases would be spread through blood contact while fighting.

Testing for the antibodies of hepatitis B, however, presents a special case that benefits from different treatment in these proposed regulations. In contrast to hepatitis C, hepatitis B has a clearance rate of 90% to 98%. Individuals who contract, and then clear, hepatitis B will develop antibodies to the disease that make them immune to contracting the disease again. Additionally, there is a vaccine for hepatitis B which causes the body to produce antibodies which convey (likely temporary) immunity. While there is no curative medical treatment for hepatitis B once contracted, the chances of a healthy adult ending up with a hepatitis B infection that persists is relatively small (2% to 10%).

Hepatitis B also presents a special case because several antibody tests are available with results giving various pieces of information about the status of the tested individual.[2] A positive result on a hepatitis B surface antigen test (HBsAG), for instance, means that the individual has a current, active hepatitis B infection and is able to pass that infection to others. A positive test for antibodies to hepatitis B core antigens (anti-HBc or HBc-Ab test) combined with a negative result for the HBsAg test, indicates that the individual is immune after clearing a natural infection and is not contagious. A positive test for antibodies to hepatitis B surface antigens (anti-HBs), combined with negative results for both HBsAg and anti-HBc tests, would indicate immunity due to vaccination.

Because there are several tests available for hepatitis B antibodies, and because positive results on several of these tests are not necessarily indicative of an individual who is able to spread this disease, DPOR proposes to require fighters to present a negative result for the specific hepatitis B antibody test (HBsAG) that indicates the presence of the active disease. This proposed change will likely benefit fighters by eliminating the very small chance that they might contract hepatitis B through contact with the blood of an opponent who is contagious.

Although these regulations are currently silent on the disposal of medical waste, affected entities are generally bound by all statutory and administrative law in the Commonwealth. Accordingly, no affected entity is likely to incur any costs on account of the proposed reminder that they are bound by DEQ regulations for disposal of medical waste. On the other hand, these entities might benefit from having this explicit reminder in regulations that they are likely more familiar with.

Businesses and Entities Affected. These proposed regulations will affect all boxers and mixed martial arts fighters in the Commonwealth. DPOR reports that, on average, 100-125 individuals per year would be subject to the proposed testing requirements.

Localities Particularly Affected. No locality will be particularly affected by this proposed regulatory action.

Projected Impact on Employment. To the extent that requiring testing for the antibodies of certain diseases limits the number of eligible fighters in the Commonwealth, participation in boxing and mixed martial arts events may decrease marginally.

Effects on the Use and Value of Private Property. This regulatory action will likely have no effect on the use or value of private property in the Commonwealth.

Small Businesses: Costs and Other Effects. To the extent that affected fighters are private contractors who must declare their earnings as business revenues, they would qualify as small businesses. These individuals will incur costs for testing and, potentially, lost revenue on account of these proposed regulations.

Small Businesses: Alternative Method that Minimizes Adverse Impact. There is likely no alternative testing proposal that would be less intrusive/costly than these proposed regulations and would accomplish DPOR's goal of decreasing the possibility of fighter's spreading dangerous diseases.

Real Estate Development Costs. This regulatory action will likely have no effect on real estate development costs in the Commonwealth.

Legal Mandate. The Department of Planning and Budget (DPB) has analyzed the economic impact of this proposed regulation in accordance with § 2.2-4007.04 of the Administrative Process Act and Executive Order Number 36 (06). Section 2.2-4007.04 requires that such economic impact analyses include, but need not be limited to, the projected number of businesses or other entities to whom the regulation would apply, the identity of any localities and types of businesses or other entities particularly affected, the projected number of persons and employment positions to be affected, the projected costs to affected businesses or entities to implement or comply with the regulation, and the impact on the use and value of private property. Further, if the proposed regulation has adverse effect on small businesses, § 2.2-4007.04 requires that such economic impact analyses include (i) an identification and estimate of the number of small businesses subject to the regulation; (ii) the projected reporting, recordkeeping, and other administrative costs required for small businesses to comply with the regulation, including the type of professional skills necessary for preparing required reports and other documents; (iii) a statement of the probable effect of the regulation on affected

small businesses; and (iv) a description of any less intrusive or less costly alternative methods of achieving the purpose of the regulation. The analysis presented above represents DPB's best estimate of these economic impacts.

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[1] Clearance is defined here as the percentage chance that the body's own immune system can fight off a disease so that the individual is no longer infected.

[2] Information about hepatitis B from Dr. Deborah Wexler at http://www.comeunity.com/adoption/health/hepatitis/wexler.html

Agency's Response to the Department of Planning and Budget's Economic Impact Analysis: Concur with the approval.

Summary:

The proposed amendments (i) require a participant in a boxing or mixed martial arts event to provide a negative test result for hepatitis B and C and HIV prior to participating in an event; (ii) require the promoter of an event to provide a disinfecting solution at ringside; and (iii) clarify that regulated medical waste must be disposed of in accordance with Virginia Waste Management Board regulations.

18VAC120-40-15. Applicability.

As referenced in this chapter and in § 54.1-828 of the Code of Virginia, boxing includes boxing, kick boxing, mixed martial arts, or similar contests. Individuals participating in these events are required to be licensed as a boxer. Requirements to obtain a boxer license are set forth in 18VAC120-40-70 and 18VAC120-40-80. Event licensing and conduct standards for boxing are set forth in 18VAC120-40-85, 18VAC120-40-230 through 18VAC120-40-410. Event licensing and conduct standards for kick boxing and other similar contests, including mixed martial arts, are set forth in 18VAC120-40-85, 18VAC120-40-411 through 18VAC120-40-411.21.

Individuals participating in wrestling events are required to be licensed as a wrestler. Requirements to obtain a wrestler license are set forth in 18VAC120-40-70 and 18VAC120-40-90. Event licensing and conduct standards for wrestling are set forth in 18VAC120-40-415 through 18VAC120-40-415.3.

18VAC120-40-85. Requirements for boxer or contestant prior to an event or contest.

Each boxer or contestant shall provide the department a negative test for the following prior to an event or contest:

1. Antibodies to the human immunodeficiency virus;

2. Hepatitis B surface antigen (HBsAg); and

3. Antibodies of virus hepatitis C.

Such tests shall be conducted within the 180 days preceding the event. A boxer or contestant who fails to provide the department with the required negative test results shall not be permitted to compete in the event or contest. The provisions of this section shall not apply to participants in a wrestling event.

18VAC120-40-240. Equipment to be provided by boxing promoters.

The promoter shall assure that each event shall have the following:

1. A fighting ring, which shall be in the shape of a square, a hexagon, or an octagon. A square ring shall not be less than 18 feet square inside the ropes and shall not exceed 20 feet square inside the ropes. A hexagon or octagon ring shall not be less than 18 feet (from any side to the opposite side) inside the ropes and shall not exceed 32 feet (from any side to the opposite side) inside the ropes.

The ring floor shall be padded with ensolite one inch thick or another similar closed-cell foam. The padded ring floor must extend at least 18 inches beyond the ring ropes and over the edge of the platform with a top covering of canvas or similar material tightly stretched and laced to the ring platform. Material that tends to gather in lumps or ridges or material with a slick covering shall not be used.

The ring platform shall not be more than five feet above the floor of the building and shall have suitable steps for use by boxers in their corners and by the ringside physician in a neutral corner.

Ring posts shall be of metal, not more than three inches in diameter, extending from the floor of the building to a height of 58 inches above the ring floor. The ring posts must be at least 18 inches away from the ropes.

There shall be four ring ropes not less than one inch in diameter, evenly spaced, with the bottom ring rope not less than 18 inches above the ring floor and the top ring rope not more than 52 inches above the ring floor. The ring ropes must be padded with a padding of closed cell padding of not less than 1/2 inch. Ropes are to be connected with soft rope ties six feet apart. All ring ropes are to be tight and approved by the department or its contractor.

All corners must be padded with approved pads. All turnbuckles are to be covered with a protective padding.

A ring stool and bucket shall be provided for each boxer's corner.

The ring shall have bright lights and light all four corners and middle of the ring equally. No lights shall shine into the face of the boxers or ringside judges; lights may only shine downward and not shine at any angle directly into the fighting ring area that may blind the boxers or judges.

The promoter shall provide a ringside restrictive barrier between the first row of ringside seats and the event

official's area that will restrict the crowd from confronting either the boxers or event officials and will ensure that the boxers remain free from obstructions or distractions. The ringside barrier must be a minimum of eight feet from the outside edge of the ring.

2. A bell or gong located at the ring no higher than the floor level of the ring. The bell or gong must produce a clear tone easily heard by the boxers.

3. Locker rooms adequate in number and equipment to reasonably facilitate the boxer's activities before and after the contest. Separate locker rooms shall be provided when both male and female boxers are scheduled to compete. Locker rooms shall have restroom facilities available.

4. A fully equipped ambulance with a currently trained ambulance crew at the site of any boxing event for the entire duration of the event and any additional personnel or equipment required by 15 USC § 6304.

5. A notice to the nearest hospital and the persons in charge of its emergency room of the date, time, and location of the boxing event.

6. Boxing gloves of the proper weight that are set by weight classification by 18VAC120-40-295. Boxing gloves must have laces to secure proper fit. Gloves must have an attached thumb to the body of the glove. Gloves must be clean, free of cuts, have good laces, with no displacement or lumping of the padding material. Gloves used in world title fights shall be new and taken from the package just prior to issuing to the boxers. Gloves shall be inspected by the event inspector or his designee before each contest and those found defective shall be replaced before the contest begins. In all championship bouts, the boxers shall be gloved in the ring. A solution of 10% household bleach and water shall be used for cleansing of all gloves prior to and after each bout.

7. A sealed OTC pregnancy test kit, approved by the Food and Drug Administration, for each female boxer that will be given to the event inspector or his designee.

8. A clear plastic water bottle, a bucket containing ice, surgeon's adhesive tape and surgical gauze for each boxer.

9. A solution of one part bleach and nine parts water for disinfecting blood on the ring canvas or ropes shall be available ringside for use by staff stationed ringside to clean the ring canvas and ropes as needed.

10. The promoter shall provide each corner with biohazardous material bags and, after the event, shall discard all regulated medical waste in the proper manner in accordance with the Regulated Medical Waste Management Regulations (9VAC20-120) issued by the Virginia Waste Management Board and available from the Department of Environmental Quality.

18VAC120-40-411.1. Equipment to be provided by promoters.

The promoter shall assure that each event shall have the following:

1. A fighting ring that will be in the shape of a square, a hexagon, or an octagon. A square ring shall not be less than 18 feet square inside the ropes and shall not exceed 20 feet square inside the ropes. A hexagon or octagon ring shall not be less than 18 feet (from any side to the opposite side) inside the ropes and shall not exceed 32 feet (from any side to the opposite side) inside the ropes.

The ring floor shall be padded with ensolite one inch think or another similar closed-cell foam. The padded ring floor must extend at least 18 inches beyond the ropes and over the edge of the platform with a top covering of canvas or other similar material tightly stretched and laced to the ring platform. Material that tends to gather in lumps or ridges shall not be used.

The ring platform shall not be more than five feet above the floor of the building and shall have suitable steps for use of the contestants in their corners and by the ringside physician in a neutral corner.

Ring posts shall be of metal, not more than three inches in diameter, extending from the floor of the building to a height of 58 inches above the ring floor. The ring posts shall be at least 18 inches away from the ring ropes.

There shall be four ring ropes, no more than one inch in diameter, evenly spaced, with the bottom ring rope not less than 18 inches above the ring floor and the top ring rope not more than 52 inches above the ring floor. The bottom ring rope must be padded with a padding of closed cell padding of not less than 1/2 inch (recommend all ring roped be padded of the same thickness and material). Ropes are to be connected with soft rope ties six feet apart. All ring ropes are to be tight and approved.

All corners must be padded with approved pads. All turnbuckles are to be covered with a protective padding.

A ring stool and bucket shall be provided for each contestant's corner. The ring shall have bright lights and light all four corners and middle of the ring equally. No lights shall shine into the face of the contestants or ringside judges, lights may only shine downward and not shine at any angle directly into the fighting ring area that may blind the contestants or judges.

The promoter shall provide a ringside restrictive barrier between the first row of ringside seats and the event official's area that will prevent the crowd from confronting either the contestants or event officials. The ringside barrier must be a minimum of eight feet from the outside edge of the ring.

2. A bell or gong located at the ring no higher than the floor level of the ring. The bell or gong must produce a clear tone easily heard by the contestants.

3. Locker rooms adequate in number and equipment to reasonably facilitate the contestant's activities before and after the contest. Separate locker rooms shall be provided when both male and female contestants are scheduled to compete. Locker rooms shall have restroom facilities easily available.

4. A fully equipped ambulance with a currently trained ambulance crew at the site of any event for the entire duration of the event.

5. A notice to the nearest hospital and the persons in charge of its emergency room of the date, time and location of event.

6. Boxing gloves of the proper weight that are set by weight classification by rule. Boxing gloves must have laces to secure proper fit. Gloves must have an attached thumb to the body of the glove. Gloves must be clean, free of cuts, have good laces, with no displacement or lumping of padding material. Gloves used in world title fights shall be new and taken from the package just prior to issuing to the contestants. Gloves shall be inspected by the event inspector or his designee before each contest and those found defective shall be replaced before the contest.

7. A clear plastic water bottle, a bucket containing ice, surgeon's adhesive tape and surgical gauze for each contestant.

8. A sealed OTC pregnancy test kit, approved by the Food and Drug Administration, for each female boxer that will be given to the event inspector or his designee.

9. A solution of one part bleach and nine parts water for disinfecting blood on the ring canvas or ropes shall be available ringside for use by staff stationed ringside to clean the ring canvas and ropes as needed.

10. The promoter shall provide each corner with biohazardous material bags and, after the event, shall discard all regulated medical waste in the proper manner in accordance with the Regulated Medical Waste Management Regulations (9VAC20-120) issued by the Virginia Waste Management Board and available from the Department of Environmental Quality.

VA.R. Doc. No. R09-1720; Filed February 26, 2009, 1:48 p.m.

TITLE 24. TRANSPORTATION AND MOTOR VEHICLES

COMMONWEALTH TRANSPORTATION BOARD

Final Regulation

REGISTRAR'S NOTICE: Chapter 382 of the 2007 Acts of Assembly exempts the Commonwealth Transportation Board from the Administrative Process Act (§ 2.2-4000 et seq.) for the purpose of promulgating the initial regulations establishing secondary street acceptance requirements. The exemption does not apply to subsequent regulations or amendments thereto promulgated by the board.

Title of Regulation: **24VAC30-92. Secondary Street Acceptance Requirements (adding 24VAC30-92-10, 24VAC30-92-20, 24VAC30-92-30, 24VAC30-92-40, 24VAC30-92-50, 24VAC30-92-60, 24VAC30-92-70, 24VAC30-92-80, 24VAC30-92-90, 24VAC30-92-100, 24VAC30-92-110, 24VAC30-92-120, 24VAC30-92-130, 24VAC30-92-140, 24VAC30-92-150).**

Statutory Authority: § 33.1-70.3 of the Code of Virginia.

Effective Date: March 9, 2009.

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Background:

Pursuant to Chapter 382 of the 2007 Acts of Assembly, the provisions of the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia) do not apply to initial promulgation of the regulation. However, Chapter 382 required that the board solicit and consider public comment in the development of this regulation. To this end, the board published a Notice of Intended Regulatory Action on June 11, 2007, and a proposed regulation on April 14, 2008. Following the publication of the proposed regulation, four public hearings were held throughout the state, and public comments were accepted through June 30, 2008. In addition more than 22 regional public meetings with stakeholders were held throughout 2008. These public comments were used to further refine the regulation and address outstanding concerns.

The regulation was developed in consultation with a VDOT internal technical committee established by the commissioner and an implementation advisory committee established by the secretary of transportation. The implementation advisory committee consisted of stakeholders from the development community, local governments, planning district commissions, environmental organizations and other stakeholders. Input

and feedback from the Virginia Chapter of the American Planning Association, developers, planning district commissions and the general public were also considered.

Summary:

This regulation sets forth the requirements applicable to all streets in the Commonwealth that are designated to become part of the secondary system of state highways, including procedures for approval and criteria used to consider the acceptance of new streets for maintenance as part of the secondary system. (Note: This regulation does not apply to the counties of Arlington or Henrico, which maintain their own roads, but the pavement and right-of-way widths may apply in the independent cities or towns with populations greater than 3,500, pursuant to § 33.1-41.1 of the Code of Virginia.)

Chapter 382 of the 2007 Acts of Assembly requires that the Commonwealth Transportation Board include several provisions in the regulation. These mandatory provisions are as follows:

1. Requirements to ensure the connectivity of road and pedestrian networks with the existing and future transportation network;

2. Provisions to minimize stormwater runoff and impervious surface area; and

3. Provisions for performance bonding of new secondary streets and associated cost recovery fees.

Changes made to the regulation between the publication of the proposed version and submittal of the final version for publication include the following:

1. List of defined terms has been revised with some terms removed (such as "link" and "node"), some added (such as "conceptual sketch" and "municipal separate storm sewer"), and some revised (such as "developer" and "intersection");

2. Subjects in the existing regulation have been relocated (such as requirements placed on local governing bodies or metropolitan planning organizations concerning modifications or area type designations);

3. Provisions concerning grandfathering, effective dates, and transitioning have been revised;

4. Provisions contained in "public service requirements" in 24VAC30-92-60 have been revised to provide additional detail as it relates to individual streets; multifamily, townhouse and retail shopping complexes; rural standards; etc.; and

5. Subjects in the existing regulation have been revised (such as pedestrian accommodations and connectivity index) or added (such as stormwater management, traffic control, and speed limits).

CHAPTER 92
SECONDARY STREET ACCEPTANCE REQUIREMENTS

24VAC30-92-10. Definitions.

The following words and terms when used in these regulations shall have the following meanings unless the context clearly indicates otherwise:

"Abandonment" in all its forms means the legislative action reserved for and granted to the local governing body to extinguish the public's right to a roadway under the jurisdiction of the Virginia Department of Transportation pursuant to §§ 33.1-151 and 33.1-155 of the Code of Virginia.

"Accessible route" means a [public or private] continuous unobstructed, stable, firm and slip-resistant path connecting all accessible elements of a facility (which may include parking access aisles, curb ramps, crosswalks at vehicular ways, walks, ramps and lifts) that can be approached, entered and used by persons with disabilities. An accessible route shall, to the maximum extent feasible, coincide with the route for the general public.

"ADT" means average daily traffic count (see "projected traffic").

"Alley" means a narrow roadway segment used by motor vehicles for access to the rear side of commercial or residential land use, or access to auxiliary land uses and that is located within a dedicated public way [or public easement] .

"Clear zone" means the total border area of a roadway including, if any, parking lanes or [~~shared use path~~ planting strips] that is sufficiently wide for an errant vehicle to avoid a serious accident. (See the Road Design Manual and the Subdivision Street Design Guide (see [~~24VAC30-92-160.~~ 24VAC30-92-150) for details.])

"Commissioner" means the chief executive officer of the Virginia Department of Transportation or his designee.

"Complete development (land)" means the utilization of the available areas in a manner as to realize its highest density for the best potential use based on zoning, pending rezoning, the adopted comprehensive plan of the governing body, or the customary use of similar parcels of land.

"Complete development (streets)" means the development of a [~~subdivision~~] street in full compliance with all applicable provisions of these regulations to the necessary standards of design, construction, and public benefit requirements for the effective and efficient accommodation of all modes of transportation generated by the complete development of the land, both internal and external to the development.

["Conceptual sketch" means a drawing of the proposed development showing the location of existing and proposed land uses, any existing and proposed transportation facilities,

and any additional information required so that the reviewer can determine the appropriate functional classification of the proposed street or streets and verify the calculation of the connectivity index, if appropriate.]

"Connectivity index" means the number of [~~links~~ street segments] divided by the number of [~~nodes~~ intersections]. Only [~~links and nodes~~ street segments and intersections] within a network addition [as well as any street segment or intersection outside of the network addition connected to street segments within the network addition, or that has been connected or will be connected pursuant to 24VAC30-92-60 C 7 to the network addition through the extension of an existing stub out] shall be used to calculate a network addition's connectivity index.

"Cul-de-sac" means a street with only one outlet and having an appropriate turnaround for a safe and convenient reverse traffic movement.

"Dam" means an embankment or structure intended or used to impound, retain, or store water, either as a permanent pond or as a temporary storage facility.

"Department" or "VDOT" means the Virginia Department of Transportation.

"Design speed" means a speed selected for purposes of design and correlation of those features of a street such as curvature, super elevation, and sight distance, upon which the safe operation of vehicles is dependent.

"Developer" means an individual, corporation, [local government,] or registered partnership engaged in the subdivision [, improvement, or renovation] of land.

"Director of the [~~Asset Management~~ Maintenance] Division" means the department employee, his successor or his designee, responsible for overseeing all programs administered by the [~~Asset Management~~ Maintenance] Division, including these requirements and the final acceptance of streets as part of the secondary system of state highways maintained by the department.

"Discontinuance," in all its forms, means the legislative act of the Commonwealth Transportation Board, pursuant to § 33.1-150 of the Code of Virginia, that determines that a road no longer serves public convenience warranting its maintenance with funds at the disposal of the department.

"District administrator" means the department employee assigned the overall supervision of the departmental operations in one of the Commonwealth's [~~nine~~] construction districts.

"District administrator's designee" means the department employee or employees designated by the district administrator to oversee the implementation of this regulation.

"Drainage Manual" means the department's Drainage Manual (see [~~24VAC30-92-160)~~ 24VAC30-92-150)].

"Dwelling unit" means a structure or part of a structure containing sleeping, kitchen, and bathroom facilities that is suitable for occupancy as a home or residence by one or more persons.

"Easement" means a grant of a right to use property of an owner for specific [~~,~~ or] limited [~~use or~~] purpose.

"External [~~link~~ street segment] " means a [~~link~~ street segment] within a network addition that connects with the existing public street network.

["FAR" means floor area ratio, which is the ratio of the total floor area of a building or buildings on a parcel to the size of the parcel where the building or buildings are located.]

"Functional classification" means the assigned classification of a roadway based on the roadway's intended purpose of providing priority to through traffic movement and access to adjoining property as determined by the department, based on the federal system of classifying groups of roadways according to the character of service they are intended to provide.

"Governing body" means the board of supervisors of the county, but may also mean the local governing body of a town or city, if appropriate, in the application of these requirements.

"Intersection" means [~~the~~ a] juncture of [~~two or more streets at which point there are~~] three or more [~~links~~ street segments, or the terminus of a street segment, such as a cul-de-sac or other dead end. The terminus of a stub out shall not constitute an intersection for the purposes of this chapter. The juncture of a street with only a stub out, and the juncture of a street with only a connection to the end of an existing stub out, shall not constitute an intersection for the purposes of this chapter, unless such stub out is the only facility providing service to one or more lots within the development].

[~~"Land Use Permit Manual" means the department's Land Use Permit Manual (see 24VAC30-92-160).~~]

"Level of service" means a qualitative measure describing operational conditions within a vehicular traffic stream, and their perception by motorists and passengers. For the purposes of these requirements, the applicable provisions of the Highway Capacity Manual (see [~~24VAC30-92-160)~~ 24VAC30-92-150)] shall serve as the basis for determining "levels of service."

"Level terrain" means that condition where highway sight distances, as governed by both horizontal and vertical restrictions, are generally long or could be made so without construction difficulty or major expense.

[~~"Link" means (i) a segment of roadway, alley or rear lane that is between two nodes or (ii) a stub-out or connection to an existing stub out.~~]

"Locally controlled grade separation structure" means a grade separation structure that does not qualify for maintenance by the department but was established within the right-of-way of a street intended for state maintenance.

"Local official" means the representative of the governing body appointed to serve as its agent in matters relating to subdivisions [and land development].

"Multiuse trail" means a facility designed and constructed for the purpose of providing bicycle and pedestrian transportation [~~that is~~ , located] within a dedicated public way and is anticipated to be maintained by an entity other than the department.

["Municipal separate storm sewer system" or "MS4" means all separate storm sewers that are designated under 4VAC50-60-380 A 1 as municipal separate storm sewer systems located in census urban areas.

"Municipal Separate Storm Sewer System Management Program" or "MS4 Program" means a management program covering the duration of a permit for a municipal separate storm sewer system that includes a comprehensive planning process that involves public participation and intergovernmental coordination, to reduce the discharge of pollutants to the maximum extent practicable, to protect water quality, and to satisfy the appropriate water quality requirements of the Clean Water Act and corresponding regulations and the Virginia Stormwater Management Act and attendant regulations, using management practices, control techniques, and system, design and engineering methods, and such other provisions that are appropriate.]

"Network addition" means a group of interconnected [~~links and nodes~~ street segments and intersections] shown in a plan of development [that are connected to the state highway system].

[~~"Node" means an intersection of three or more links, or the terminus of a link, such as a cul-de-sac or other dead end. The terminus of a stub-out shall not constitute a node for the purposes of this chapter. The intersection of a street with only a stub-out, and the intersection of a street with only a connection with an existing stub-out shall not constitute a node for the purposes of this chapter, unless such stub-out provides service to lots within the development.~~]

"Parking bay" means an off-street area for parking two or more vehicles that provides access to a public street.

"Parking lane" means an area, generally seven or eight feet in width, adjacent to and parallel with the travel lane of a roadway that is used for parking vehicles.

"Pavement Design Guide" means the Pavement Design Guide for Subdivision and Secondary Roads in Virginia (see [~~24VAC30-92-160)~~ 24VAC30-92-150)].

["Permit Manual" means the department's Land Use Permit Manual (see 24VAC30-92-150).]

"Phased development (streets)" means the method outlined in 24VAC30-92-80 (phased development of [~~subdivision~~] streets) whereby the acceptance of certain [~~subdivision~~] streets into the secondary system of state highways may be considered before being completely developed in accordance with all applicable requirements (e.g., two lanes of a four-lane facility are considered for acceptance in advance of lanes three and four being finished).

"Plan of development" means any site plat, subdivision [~~plat~~ plan], preliminary subdivision plat, conceptual subdivision sketch [,] or other engineered or surveyed drawings depicting proposed development of land and street layout, including plans included with rezoning proposals.

"Plans" means the standard drawings, including profile and roadway typical section, that show the location, character, dimensions [,] and details for the proposed construction of the street.

"Planting strip" means a section of land between the curb face and the pedestrian accommodation or shared use path.

"Plat" means the schematic representation of the land divided or to be divided.

"Projected traffic" means the number of vehicles, normally expressed in average daily traffic (ADT), forecast to travel over the segment of the street involved.

"Public street" means a street dedicated to public use and available to the public's unrestricted use without regard to the jurisdictional authority responsible for its operation and maintenance.

"Requirements" means the design, construction, public benefit, and related administrative considerations herein prescribed for the acceptance of a [~~subdivision~~] street for maintenance by the department as part of the secondary system of state highways.

"Right-of-way" means the land, property, or interest therein, usually in a strip, acquired for or devoted to a public street designated to become part of the secondary system of state highways.

"Roadway" means the portion of the road or street within the limits of construction and all structures, ditches, channels, etc., necessary for the correct drainage thereof.

"Secondary system of state highways" means those public roads, streets, bridges, etc., established by a local governing body pursuant to § 33.1-229 of the Code of Virginia and subsequently accepted by the department for supervision and

maintenance under the provisions of Articles 6 (§ 33.1-67 et seq.) and 11 (§ 33.1-150 et seq.) of Chapter 1 of Title 33.1 of the Code of Virginia.

"Shared use path" means a facility that is designed and constructed according to the Road Design Manual (see [~~24VAC30-92-160)~~ 24VAC30-92-150)], for the purpose of providing bicycle and pedestrian transportation.

[~~"Specifications" means the department's Road and Bridge Specifications (see 24VAC30-92-160), including related supplemental specifications and special provisions.~~]

"Smoothed urbanized area boundary" means the modified area boundary of [a] census urbanized area as determined by the latest U.S. decennial census and modified by appropriate state, regional [,] and local government officials, and approved by the Federal Highway Administration.

"Smoothed urban cluster boundary" means the modified area boundary of a census urban cluster as determined by the latest U.S. decennial census and modified by appropriate state, regional and local government officials, and approved by the Federal Highway Administration.

["Specifications" means the department's Road and Bridge Specifications (see [~~24VAC30-92-160)~~ 24VAC30-92-150)], including related supplemental specifications and special provisions.]

"Standards" means the applicable drawings and related criteria contained in the department's Road and Bridge Standards (see [~~24VAC30-92-160)~~ 24VAC30-92-150)].

["Street" means any roadway that is created as part of a plan of development, other subdivision of land, or is constructed by or at the direction of the local governing body and is a public way for purposes of vehicular traffic, including the entire area within the right-of-way.

"Street segment" means (i) a section of roadway or alley that is between two intersections or (ii) a stub out or connection to the end of an existing stub out.]

"Stub out" means a transportation facility (i) whose right-of-way terminates at a parcel abutting the development, (ii) that consists of a short segment that is intended to serve current and future development by providing continuity and connectivity of the public street network, (iii) that based on the spacing between the stub out and other streets or stub outs, and the current terrain there is a reasonable expectation that connection with a future street is possible, and (iv) that is constructed to [~~at least the end of the radius of the intersection with the adjoining street and the right-of-way is graded and dedicated to~~] the property line.

"Subdivision" means the division of a lot, tract, or parcel into two or more lots, plats, sites, or other divisions of land for the purpose, whether immediate or future, of sale or of building development. Any resubdivision of a previously subdivided tract or parcel of land shall also be interpreted as a "subdivision." The division of a lot or parcel permitted by § 15.2-2244 of the Code of Virginia will not be considered a "subdivision" under this definition, provided no new road or street is thereby established. However, any further division of such parcels shall be considered a "subdivision."

[~~"Street" means any street segment that is created as part of a plan of development, other subdivision of land, or is constructed by or at the direction of the local governing body and is a public way for purposes of vehicular traffic, including the entire area within the right-of-way.~~]

"Subdivision Street Design Guide" means Appendix B of the Road Design Manual (see [~~24VAC30-92-160)~~ 24VAC30-92-150)].

"Swale" means a broad depression within which stormwater may drain during inclement weather, but that does not have a defined bed or banks.

"Traveled way" means the portion of the secondary street designated for the movement of vehicles, exclusive of shoulders, parking areas, turn lanes, etc.

"Tree well" means an opening on a sidewalk, generally abutting the curb, where a tree may be planted.

"VPD" means vehicles per day.

"VPH" means vehicles per hour.

"Watercourse" means a [~~definite~~ defined] channel with bed and banks within which water flows, either continuously or [~~in season~~ periodically].

24VAC30-92-20. Applicability, effective date, and transition.

A. Applicability. This regulation is intended to govern secondary street development and the criteria for acceptance of these streets by the department for subsequent maintenance. The Road Design Manual and the Subdivision Street Design Guide (see [~~24VAC30-92-160) offers~~ 24VAC30-92-150) offer] guidance on the design and construction features of secondary street development and set out design parameters deemed appropriate for most land development scenarios. However, the business of land development is fluid and the department, in consultation with the local official, is prepared to consider innovative transportation approaches associated with land development proposals that are consistent with the design and connectivity requirements of this chapter and the Subdivision Street Design Guide (see [~~24VAC30-92-160)~~ 24VAC30-92-150)]. However, when not specifically addressed in one of those documents, the relevant requirements of the Road Design Manual (see [~~24VAC30-92-160)~~ 24VAC30-92-150)], standards, specifications, Pavement Design Guide (see [~~24VAC30-92-160)~~ 24VAC30-92-150)] and associated instructions shall govern.

These requirements apply to all streets designated to be maintained by the department as part of the secondary system of state highways. The department's review and approval shall apply only to streets proposed for addition to the secondary system of state highways maintained by the department. Any plans submitted for review that contain only streets proposed for maintenance by entities other than the department may be reviewed for general guidance at the discretion of the district administrator but will not be officially approved. However, any such review shall not represent the department's commitment to accept such streets for maintenance irrespective of the quality of the construction of the street or streets.

Any streets proposed to be privately maintained shall have a notation on the plat and impacted deeds that clearly indicates that as a prerequisite for the streets' future acceptance, the streets must be improved to the department's prevailing requirements for acceptance at no cost to the department. All notations made on plats or similar instruments pursuant to this section shall be in accordance with § 33.1-72.2 of the Code of Virginia.

B. [~~Vesting and grandfathering~~ Grandfathering].

1. Streets where the street layout has been proffered pursuant to § 15.2-2297, 15.2-2298, or 15.2-2303 of the Code of Virginia prior to [~~the effective date of this regulation~~ March 9, 2009,] shall be considered for acceptance in accordance with the applicable former requirements, provided the requirements of § 15.2-2307 of the Code of Virginia have been met. This [~~subdivision~~ grandfathering] shall not apply to any streets where the proffered layout may be adjusted, without requiring a significant affirmative governmental [~~act~~ zoning action] to modify such proffered conditions, to meet the requirements of this chapter [, unless a site plan, subdivision plat, or preliminary plat relying on such proffered street layout has been submitted for approval prior to March 9, 2009. In such instances the grandfathering shall apply to the applicable site plan, subdivision plat, or preliminary subdivision plat]. However, such streets may be considered for acceptance under requirements of this chapter at the discretion of the developer.

2. Streets that are part of a recorded plat or final site plan valid pursuant to § 15.2-2261 of the Code of Virginia and approved in accordance with §§ 15.2-2286 and 15.2-2241 through 15.2-2245 of the Code of Virginia prior to [~~[the effective date of this regulation]~~ July 1, 2009,] shall be considered for acceptance in accordance with the applicable former requirements [as long as such plats or plans remain valid under applicable law]. However, such streets may be considered for acceptance under requirements of this chapter at the discretion of the developer.

3. Streets that are part of a preliminary subdivision plat valid pursuant to § 15.2-2260 of the Code of Virginia approved in accordance with §§ 15.2-2286 and 15.2-2241 through 15.2-2245 of the Code of Virginia prior to [~~[the effective date of this regulation]~~ July 1, 2009,] shall be considered for acceptance in accordance with the applicable former requirements for a period of up to five years [or such longer period as such preliminary subdivision plat is valid under applicable law], provided the requirements of § 15.2-2260 of the Code of Virginia have been met. [Such grandfathering shall apply to construction plans, site plans, and final plats submitted and approved in furtherance of such preliminary subdivision plat for as long as such plans or plats remain valid under applicable law.] However, such streets may be considered for acceptance under requirements of this chapter at the discretion of the developer.

4. Streets that are part of a street construction plan approved by the department prior to [~~[the effective date of this regulation]~~ July 1, 2009,] shall be considered for acceptance in accordance with the applicable former requirements. However, such streets may be considered for acceptance under requirements of this chapter at the discretion of the developer.

5. When the local governing body takes an action that modifies the applicable area types [(see 24VAC30-92-50 for further details on area type)] within such locality [or the applicable area type changes due to adjustments in smoothed urbanized areas, urban cluster boundaries, or metropolitan planning organization study area boundaries], the following shall apply [for development proposals approved after March 9, 2009].

a. Streets where the layout was proffered pursuant to § 15.2-2297, 15.2-2298, or 15.2-2303 of the Code of Virginia prior to the modification of the applicable area type shall be considered for acceptance in accordance with the requirements of the former area type for a period of up to 10 years, provided the requirements of § 15.2-2307 of the Code of Virginia have been met. [This subsection shall not apply to any streets where the proffered layout may be adjusted, without requiring a significant affirmative governmental zoning action to modify such proffered conditions, to meet the requirements of this chapter, unless a site plan, subdivision plat, or preliminary plat relying on such proffered street layout has been submitted for approval prior to March 9, 2009. In such instances the grandfathering shall apply to the applicable site plan, subdivision plat, or preliminary subdivision plat.] However, such streets may be considered for acceptance under [~~requirements of this chapter~~ the modified applicable area type] at the discretion of the developer.

b. Streets that are part of recorded plat or final site plan pursuant to § 15.2-2261 of the Code of Virginia approved prior to the modification of the applicable area type shall be considered for acceptance in accordance with the requirements of the former area type for a period of up to five years [or such longer period as such recorded plat or final site plan is valid under applicable law]. However, such streets may be considered for acceptance under [~~requirements of this chapter~~ the modified applicable area type] at the discretion of the developer.

c. Streets that are part of preliminary subdivision plat pursuant to § 15.2-2260 of the Code of Virginia approved prior to the modification of the applicable area type shall be considered for acceptance in accordance with the requirements of the former area type for a period of up to five years [or such longer period as such preliminary subdivision plat is valid under applicable law. Such grandfathering shall apply to future construction plans, site plans [,] and final plats approved in furtherance of such preliminary plat for so long as such plans or plats remain valid under applicable law]. However, such streets may be considered for acceptance under [~~requirements of this chapter~~ the modified applicable area type] at the discretion of the developer.

d. Streets that are part of a street construction plan approved by the department prior to the modification of the applicable area type shall be considered for acceptance in accordance with the requirements of the former area type for a period of up to five years. However, such streets may be considered for acceptance under [~~requirements of this chapter~~ the modified applicable area type] at the discretion of the developer.

[6. If requested by the applicable locality, the provisions of this subsection shall apply if the applicant has submitted at a minimum a conceptual sketch that includes all of the elements required under 24VAC30-92-70 A prior to July 1, 2009. Subdivisions 1 through 5 of this subsection shall take precedence over this subdivision in any instances of a conflict.]

C. Effective date. All streets proposed for acceptance by the department after [~~[Month XX, 200X,]~~ March 9, 2009,] shall be considered for acceptance in accordance with [~~these provisions~~ this chapter], except as [provided for in subsection D of this section and as] may be waived by the commissioner pursuant to this chapter.

D. Transition. Prior to [~~[Month ZZ, 200Z,]~~ July 1, 2009,] the department will [~~allow the design of streets~~ consider complete plats and plans] developed in accordance with either the former requirements or these requirements. Any [~~street design~~ plat or plan] initially submitted to the department for consideration after [~~[Month YY, 200Y,]~~ June 30, 2009,] however, shall be in accordance with these requirements.

24VAC30-92-30. Local subdivision ordinances.

Exemptions or variances in local ordinances. Any requirements of ordinances adopted by the governing body that are not in conflict with these provisions shall become the department's requirements in that locality and govern. [~~The department does not recognize any provision of an ordinance adopted by the governing body that exempts the development of streets from these requirements. Consequently, any~~ Any] street proposed for addition to the secondary system of state highways maintained by the department shall comply with applicable requirements as herein provided or the local ordinance, when such provisions are not in conflict with this chapter.

24VAC30-92-40. Continuity of public street system.

The continuity of a publicly maintained street system is a prerequisite to the addition of any street or network addition into the secondary system of state highways.

A street or network addition may only be accepted into the secondary system of state highways for state maintenance if it is the continuation of the network of public streets whose maintenance has been officially accepted by the department or, if appropriate, a city, town or county, and such street or network addition meets the requirements of this chapter.

24VAC30-92-50. Area type thresholds.

[~~A. The local governing body or metropolitan planning organization shall provide the department with a copy of any duly adopted ordinance or resolution that modifies the area type designations within such locality based on the thresholds in this section as well as maps that show the affected areas as soon as practicable. Modifications to the area type designations based on any ordinance or resolution duly adopted between January 1 and June 30 of any year by a locality or metropolitan planning organization shall become effective on July 1 of that year. Modifications to the area type designations based on any ordinance or resolution duly adopted between July 1 and December 31 of any year shall become effective on January 1 of the next year.~~

~~B.~~ A.] Area type thresholds. There are three area types established for secondary streets in the Commonwealth. Within each area type, streets must meet the applicable design and public benefit requirements to be eligible for acceptance into the secondary system of state highways. For the purposes of this chapter the following area types shall determine the design and public benefit requirements that apply to streets and network additions.

1. Compact Area Type. The Compact Area Type shall apply when any part of a network addition meets one or more of the following criteria:

a. Located within a locally designated urban development area pursuant to § 15.2-2223.1 of the Code of Virginia, or within an area designated by an adopted local

comprehensive plan pursuant to § 15.2-2223 of the Code of Virginia as a village, town [,] or other growth area;

b. Located within a smoothed urbanized area boundary;

c. Located within an area designated by the local government, by ordinance or by the adopted local comprehensive plan pursuant to § 15.2-2223 of the Code of Virginia, to be subject to the Compact Area Type requirements of this chapter [provided such area is designated in the adopted local comprehensive plan as an area for compact development with median lot sizes no greater than 1/2 acre];

d. Located within a locally designated transfer of development rights receiving area pursuant to § 15.2-2316.1 of the Code of Virginia; or

e. Located within a smoothed urban cluster boundary.

2. Suburban Area Type. The Suburban Area Type shall apply when any part of a network addition meets one or more of the following criteria and does not meet any of the Compact Area Type criteria:

a. Located outside a smoothed urbanized area boundary but within an official Metropolitan Planning Organization Study Area;

b. Located within a two-mile radius of a locally designated urban development area pursuant to § 15.2-2223.1 of the Code of Virginia;

c. Located within a two-mile radius of a smoothed urban cluster boundary;

d. Located within a locally designated cluster development pursuant to § 15.2-2286.1 of the Code of Virginia; or

e. Located within an area not subject to the Compact Area Type criteria that is designated by the local government, by ordinance or by the adopted local comprehensive plan [pursuant to § 15.2-2223 of the Code of Virginia], to be subject to the Suburban Area Type requirements of this chapter [provided such area is designated in the adopted local comprehensive plan as an area for suburban development with median lot sizes no greater than two acres].

3. [The] Rural Area Type. The Rural Area Type shall apply in all other areas of the Commonwealth.

[~~4. Exceptions to the area type thresholds. Streets located within an area subject to the suburban criteria may be considered for acceptance into the secondary system of state highways under the Compact Area Type standards. Streets located within an area subject to the Rural Area Type criteria may be considered for acceptance into the secondary system of state highways under the Compact Area Type or Suburban Area Type standards.~~

B. Modifications to the area type thresholds. Area type perimeters shall be consistent with all planning boundaries listed within subsection A of this section, except as may be allowed within this subsection. Where the area type boundaries have been determined by a smoothed urbanized area, smoothed urban cluster, metropolitan planning organization study area, or within two miles of a smoothed urban cluster, and local governing body requests that the current area type designation differ from the above stated planning boundaries, the department will review such amendments related to a modification to the area type. Approval of such modification requests is not assured and will be reviewed on an individual basis.] The commissioner, [~~based~~] upon [receipt of] a resolution from the local governing body, for good cause shown may determine that an area type for a specific area within the local jurisdiction should be modified to a different area type or that any of the requirements of 24VAC30-92-60 [~~and 24VAC30-92-90~~] should be modified to the requirements of a different area type. The commissioner shall consider and review the permissible parcel sizes and uses to ensure that the area is indeed being regulated in such manner that necessitates a change in area type. [The department will notify the local government within 45 calendar days of the commissioner's final decision.] Any such modification [of area type designations] shall cease to apply if the zoning of the area is [~~modified~~ altered in a manner that is inconsistent with the local government's original request for the modification of the area type and that alters the type and density of land uses permitted.

C. Area type designation. At such time as the local governing body or the metropolitan planning organization amend the boundaries of one or more of the planning boundaries listed in subsection A of this section, the department will recognize such amendments and revise the related area type designation accordingly. When such local decision is made, the local governing body or metropolitan planning organization shall provide the department with a copy of any duly adopted ordinance or resolution that affects one of the planning boundary criteria listed in this section and impacts the area type designations within such locality or metropolitan planning organization study boundary based on the thresholds in this section as well as maps that show the affected areas as soon as practicable. Modifications to the area type designations based on any ordinance or resolution duly adopted between January 1 and June 30 of any year by a locality or metropolitan planning organization shall become effective on October 1 of that year. Modifications to the area type designations based on any ordinance or resolution duly adopted between July 1 and December 31 of any year shall become effective on April 1 of the next year].

24VAC30-92-60. Public benefit requirements.

A. Public benefit. A street or network addition may only be accepted by the department for maintenance as part of the

secondary system of state highways if it provides sufficient public benefit to justify perpetual public maintenance as defined by this chapter. A street shall be considered to provide sufficient public benefit if it meets or exceeds the public service, pedestrian accommodation, and connectivity requirements of the applicable area type of this chapter.

B. Public service requirements. In the event the governing body requests the addition of a street or network addition before it meets these public service provisions, the district administrator will review each request on an individual case basis and determine if the acceptance of a street prior to normal service requirements is justified, provided the street or network addition meets all other applicable requirements including the connectivity requirements of this chapter. [~~However, prior to deferring acceptance based solely on service requirements, the district administrator shall confer with the Director of the Asset Management Division.~~] At the request of the local governing body, subject to approval by the district administrator, the public service requirements may be reduced for individual streets serving state or local economic development projects.

1. Individual streets. For the purpose of these requirements without regard to applicable area type, public service may include, but is not necessarily limited to, streets meeting one or more of the following situations:

a. Serves three or more occupied units [~~of varied proprietorship~~] with a unit being a single-family residence, owner-occupied apartment, owner-occupied residence in a qualifying manufactured home park, a stand-alone business, or single business entity occupying an individual building, or other similar facility. [~~However, streets providing service in settings similar to an apartment building setting will only be considered for acceptance if the street is well defined and the district administrator's designee determines that it is not a travel way through a parking lot.~~] Also, streets serving manufactured home parks may only be considered when the land occupied by the manufactured home is in fee simple ownership by the residents of such manufactured home.

b. Constitutes a connecting [~~link~~ segment] between other streets that qualify from the point of public service.

c. Such street is a stub out.

d. Serves as access to schools, churches, public sanitary landfills, transfer stations, public recreational facilities, or similar facilities open to public use.

e. Serves at least 100 vehicles per day generated by an office building, industrial site, or other similar nonresidential land use in advance of the occupancy of three or more such units of varied proprietorship. Any addition under this provision shall be limited to the segment of a street that serves this minimum projected traffic and has been developed in compliance with these requirements.

f. Constitutes a part of the network of streets envisioned in the transportation plan or element of a locality's comprehensive plan that, at the time of acceptance, serves an active traffic volume of at least 100 vehicles per day.

2. [~~Apartment~~ Multifamily, townhouse,] and retail shopping complexes. A through street that serves a [~~shopping center or rental apartment~~ multifamily] building may be considered for maintenance as part of the secondary system of state highways if it is deemed by the department to provide a public service and provided it is well defined and the district administrator's designee determines that it is not a travel way through a parking lot. [~~However, internal streets in these complexes do not normally qualify for addition to the system because their operation and maintenance are considered to be a responsibility of the owner, who stands to profit, rather than the tenant or customer.~~

~~a. However, a street that serves as the principal access to rental apartment buildings may be considered to provide public service if unrestricted public use is permitted and maintenance continuity is practical.~~

~~b.~~] Entrance streets and the internal traffic circulation systems of [retail] shopping [~~centers and apartment~~] complexes qualify only if more than three property owners are served and the street is [well defined and] separated from the parking areas.

3. Network additions. A network addition shall be considered to provide service if [~~(i) 70% of the lots served by the network are developed, including construction of the principal structure to serve the designated land use of such lots and (ii) 70% of the links with more than five lots with frontage along such links have~~ each street within the addition meets] at least [~~three occupied lots of varied ownership~~ one of the criteria in subdivision 1 of this subsection].

4. Special exceptions. There may be other sets of circumstances that could constitute public service. Consequently, any request for clarification regarding unclear situations should be made in writing to the district administrator's designee. [~~The district administrator's designee should then consult the Director of the Asset Management Division for resolution.~~]

C. Connectivity requirements. All street segments in a development as shown in a plan of development shall be considered for acceptance into the secondary system of state highways as one [or multiple] network [~~addition~~ additions]. However, streets with a functional classification of collector and above may be eligible for acceptance as individual streets.

[~~Streets originally constructed as part of development that would have been considered for acceptance into the secondary system of state highways as a network addition, which have not been considered for acceptance into the secondary system of state highways, may only be considered for acceptance as a network addition. However, streets with a functional classification of collector and above may be eligible for acceptance as individual streets.~~ For the purposes of this subsection, connection shall mean a street connection to adjacent property or a stub out that will allow for future street connection to adjacent property.]

If [~~the right of way for~~] a stub out or stub outs maintained by the department [~~adjoins~~ adjoin] the property of a development with a network addition or individual street proposed for acceptance into the secondary system of state highways, such network addition or individual street must connect to such stub out or stub outs to be eligible for acceptance into the secondary system of state highways. [~~In instances where the existing stub out or stub outs are not constructed to the property line, the developer of the adjoining property shall be responsible for constructing the missing portion of such stub out or stub outs.~~ Local street stub outs generally should not exceed 500 feet in length. The applicant shall post a sign in accordance with the department's standards that indicates that such stub out is a site for a future roadway connection.]

Nothing in this chapter shall be construed as to prohibit [~~stub outs~~ a stub out] from providing service to lots within a development. [~~In such instances the developer shall post a sign provided by the department that indicates that such stub out is a site for a future roadway connection.~~

~~For the purposes of calculating the connectivity index of network additions, external links and stub outs of roadway (i) with a federal functional classification of collector or above or (ii) identified on the local transportation plan as a roadway with a functional classification of collector or above shall count as two links. In all instances, the department must concur with the functional classification.~~]

The connectivity requirements of this chapter shall not apply to the following: a frontage road or reverse frontage road as defined in the Access Management Regulations: Principal Arterials (see 24VAC30-72), streets petitioned for acceptance into the secondary system of state highways through the [~~rural addition program~~ Rural Addition Program] pursuant to §§ 33.1-72.1 and 33.1-72.2 of the Code of Virginia, [streets petitioned for acceptance into the secondary system of state highways through the Commonwealth Transportation Board's Rural Addition Policy provided such streets were constructed prior to March 9, 2009,] or streets constructed or [~~approved~~ improved] pursuant to §§ 33.1-221 and 33.1-223 of the Code of Virginia.

1. Compact standard. The streets within a network addition may be accepted into the secondary system of state highways if the network addition meets the following requirements:

a. The streets are designed and constructed in compliance with the compact design standards pursuant to this chapter, the Road Design Manual, and the Subdivision Street Design Guide (see [~~24VAC30-92-160)~~ 24VAC30-92-150)];

b. The [network addition provides sufficient connections in multiple directions and to multiple properties, if applicable, to local and higher order roadways to provide an] overall connectivity index of [~~the network addition is~~] 1.6 or higher [. All network additions shall have a minimum of two connections]; [and]

c. The block layout and other features of the development are designed in such a fashion as to provide reasonably direct pedestrian movement throughout the development and to adjoining property [~~; and~~.

~~d. The network addition contains at least one external connection and contains an additional external connection and provides a stub out for every 50 links or fraction thereof. A network addition may provide an additional external connection or connections in lieu of the required stub out or stub outs.~~]

2. Suburban standard. The streets within a network addition may be accepted into the secondary system of state highways if the network addition meets the following requirements:

a. The streets are designed and constructed in compliance with the suburban design standards pursuant to this chapter, the Road Design Manual, and the Subdivision Street Design Guide (see [~~24VAC 30-92-160)~~ 24VAC30-92-150)] ;

b. The [network addition provides sufficient connections in multiple directions and to multiple properties, if applicable, to local and higher order roadways to provide an] overall connectivity index of [~~the network addition is~~] 1.4 or higher [. All network additions shall have a minimum of two connections]; [and]

c. The block layout and other features of the development are designed in such a fashion as to provide reasonably direct pedestrian movement throughout the development and to adjoining property [~~; and~~.

~~d. The network addition contains at least one external connection and contains an additional external connection and provides a stub out for every 50 links or fraction thereof. A network addition may provide an additional external connection instead of the required stub out.~~]

3. Rural standard. The streets within a network addition may be accepted into the secondary system of state

highways if the network addition meets the following requirements:

a. The streets are designed and constructed in compliance with the rural design standards pursuant to this chapter, the Road Design Manual, and the Subdivision Street Design Guide (see [~~24VAC30-92-160)~~ 24VAC30-92-150)]; and

b. The network addition [~~contains at least one external connection as well as an additional external connection and provides a stub out for every 50 links or fraction thereof. A network addition may provide an additional external connection instead of the required stub out~~ provides multiple connections to adjacent properties or streets in varying directions].

4. Individual street standard. [~~Individual streets may only be accepted into the secondary system of state highways if such streets provide continuity and connectivity with the existing highway network.~~] Streets that are not part of a network addition shall be accepted into the secondary system of state highways upon petition by the local governing body as long as they meet the requirements of the applicable design standard and both termini of the street are intersections with a roadway or roadways that are part of the existing publicly maintained highway network, subject to the connectivity exceptions of subdivision 5 of this subsection. Streets considered for individual acceptance [~~generally~~] should be (i) streets that provide a connection between two existing publicly maintained streets, (ii) streets with a functional classification as collector or higher, (iii) a frontage road or reverse frontage road pursuant to VDOT's Access Management Regulations: Principal Arterials (see 24VAC30-72), (iv) streets petitioned for acceptance into the secondary system of state highways through the Rural Addition Program pursuant to §§ 33.1-72.1 and 33.1-72.2 of the Code of Virginia [provided such street was constructed prior to March 9, 2009], [~~or~~] (v) streets [petitioned for acceptance into the secondary system of state highways through the Commonwealth Transportation Board's Rural Addition Policy provided such street was constructed prior to March 9, 2009, or (vi) streets] constructed or [~~approved~~ improved] pursuant to §§ 33.1-221 and 33.1-223 of the Code of Virginia.

5. Connectivity exceptions.

[a. The connectivity index requirement for a network addition shall be reduced where a portion of the perimeter features one or more of the following constraints: (i) railroad tracks; (ii) limited access highway; (iii) an existing navigable river or a standing body of water with a depth greater than four feet under normal conditions; (iv) terrain grades in excess of 20%; and (v) government-owned property with restrictions upon development such as military installations, parks in existence prior to the submission of the development proposal for the network addition, and land under conservation easements accepted by the Virginia Outdoors Foundation.

The connectivity index shall be reduced based on the percentage of the perimeter that features one or more constraints. In compact area types, the connectivity index requirement shall be equal to 1.6 minus 0.6 times the ratio of the length of the perimeter that features one or more constraints to the total length of the perimeter. In suburban area types, the connectivity index requirement shall be equal to 1.4 minus 0.4 times the ratio of the length of the perimeter that features one or more constraints to the total length of the perimeter.

b. The connectivity index requirement for a network addition may be reduced by the district administrator.] The developer shall submit any [other] request for connectivity exceptions to the district administrator's designee with a copy to the local official. The district administrator's designee shall respond [to requests for connectivity exceptions] within 45 [calendar] days of receipt of a request. [For projects where a scoping meeting pursuant to the Traffic Impact Analysis regulations (24VAC30-155) will be held, requests for exceptions and supporting data should be presented and discussed. The district administrator's designee may modify the connectivity index requirements for one or more of the following criteria:]

[~~a.~~ (1)] If the locality's comprehensive plan designates adjoining parcels to the proposed development for a land use that is determined by the local official to be incompatible with the land use of the proposed development [~~the district administrator's designee may, at the request of the local official, reduce the external connectivity requirements. If the external connectivity requirements are reduced~~. If the connectivity index requirement is modified] due to incompatible land use, such network additions shall provide stub out or stub outs, as determined by the district administrator's designee based on the size of the development, to allow [~~the external~~ for future] connectivity [~~requirements to be met~~] in the event that the comprehensive plan changes the designation of adjacent parcels to land use that is not incompatible. In no instance shall any [~~commercial~~ retail, office,] or residential land use be considered incompatible land use with any proposed [~~commercial~~ retail, office,] or residential development.

[~~b. The connectivity requirements of this chapter may be reduced by the district administrator's designee in certain circumstances where physical impedance such as terrain or a limited access highway effectively precludes meeting the applicable connectivity requirements.~~

~~c. The external connectivity requirements of this chapter may be reduced by the district administrator's designee in his sole determination, if adjacent existing development effectively precludes meeting the external connectivity requirements. In such instances the network addition shall provide a stub out or stub outs, as determined by the district administrator's designee based on the size of the development, to allow for future connectivity.~~

~~d. The connectivity requirements of this chapter may be reduced by the district administrator's designee in his sole determination, if the parcel shape is such that it effectively precludes meeting the external connectivity requirements. The district administrator's designee shall not make such a determination unless the developer presents evidence of reasonable efforts to acquire necessary easements or property to provide external connections to meet the external connectivity requirements. In such instances the network addition shall contain a stub out or stub outs, as determined by the district administrator's designee based on the size of the development, to allow for future connectivity.~~

(2) Good cause is shown that such requirement cannot be met due to unique characteristics of the parcel being developed such as jurisdictional wetlands or cluster subdivisions developed pursuant to § 15.2-2286.1 of the Code of Virginia.]

6. In instances where [~~a~~ there is potential for] conflict [~~exists~~] between this chapter and the Access Management Regulations: Principal Arterials (see 24VAC30-72) [or the spacing standards established by the commissioner for minor arterial or collector roadways pursuant to § 33.1-198.1 of the Code of Virginia and Chapters 274 and 454 of the Acts of Assembly of 2008], the following shall apply.

a. For streets with a functional classification of collector where [~~external~~ additional] connections necessary to meet the [~~external~~] connectivity [~~requirements~~ index requirement] of this chapter cannot be accommodated within the applicable spacing standards [and cannot otherwise be met through connections to lower order roadways or stub outs], such [spacing] standards shall be modified by the district administrator to allow for such connection. Such [~~external~~] connection or connections shall be required to meet intersection sight distance standards specified in the Road Design Manual (see [~~24VAC30-92-160)~~ 24VAC30-92-150)].

b. For streets with a functional classification of minor arterial where [~~external~~ additional] connections necessary to meet the connectivity [~~requirements~~ index requirement] of this chapter cannot be accommodated within the applicable spacing standards [and cannot otherwise be met through connections to lower order roadways or stub outs,] the district administrator shall, in consultation with the developer and the local official, either modify the applicable spacing standards to allow for such connection or connections, or [~~reduce~~ modify] the [~~external~~] connectivity [~~requirements~~ index requirement] of this chapter [to account for the inability to make such connection]. Such [~~external~~] connection shall be required to meet intersection sight distance as specified in the Road Design Manual (see [~~24VAC30-92-160)~~ 24VAC30-92-150)].

c. For streets with a functional classification of principal arterial where [~~external~~ additional] connections necessary to meet the external connectivity requirements of this chapter cannot be accommodated within the applicable spacing standards [~~such external connectivity requirements shall be reduced~~ and cannot otherwise be met through connections to lower order roadways or stub outs, the connectivity index requirement shall be modified by the district administrator to account for the inability to make such connection].

[7. Failure to connect. As a local governing body is not required to approve a subdivision plat that does not connect to stub outs in adjacent developments, when a local government approves a subdivision plat for a new development that does not connect to a stub out or stub outs in an adjacent development and such development's network addition or individual street would meet the applicable requirements of this chapter if it connected to a stub out or stub outs in the adjacent development, the network addition or individual street may be accepted into the secondary system of state highways for maintenance. In such event the department representative's and the commissioner's top priority for expenditure of improvements funds for such locality's six-year plan for secondary highways shall be to connect the street or streets in the recently accepted network addition or individual street to the stub out or stub outs in the adjacent developments in addition to safety.]

24VAC30-92-70. Administrative procedure.

A. Conceptual sketch. A [~~preliminary plan~~ conceptual sketch] of the development that shows sufficient information for the department to review and concur with the proposed functional classification for each street in the development shall be provided to the district administrator's designee by the local official prior to preparing detailed construction plans for review. Any preliminary or conceptual plat, plan or sketch that conforms to the locality's zoning requirements or subdivision ordinance is acceptable if the information required by this subsection is shown. [~~The department will not consider any requirements of a locality's subdivision ordinance that are in conflict with the requirements of this chapter.~~] The submittal should include:

1. The general location and configuration, including the terminus, of each street, and the traffic volume anticipated

when the land served is fully developed in accordance with the land uses anticipated.

2. The location [~~and~~ ,] area [, and density or floor area ratio (FAR)] of each type of [~~permitted~~ proposed] land use within the development.

3. The location of any proposed transportation facility including any public transportation facilities as well as bicycle and pedestrian accommodations within the development's boundaries included in the comprehensive plan of the governing body.

4. The proposed functional classification for each street in the development.

5. The connectivity index of the network addition as proposed, if applicable.

6. The location of stub outs on adjoining property [and the existing land use of such adjacent property], if applicable, and the location of any proposed stub outs within the network addition [, if applicable].

7. [Any reductions to the connectivity requirement pursuant to 24VAC30-92-60 C 5 a and approved modifications to the connectivity requirement pursuant to 24VAC30-92-60 C 5 b.

8. Any requests for modifications to the connectivity requirement pursuant to 24VAC30-92-60 C 5 b.

9. General preliminary information on the type of any stormwater management facilities that are proposed to be located within the right-of-way as described in 24VAC30-92-120 L 2.

10.] Other available information pertinent to the intended development, including but not limited to any proposed phased development of streets pursuant to 24VAC30-92-80.

[B. Conceptual sketch review.] The district administrator's designee will review the layout and functional classification of streets shown in the concept [~~plan~~ sketch] and [within 45 calendar days] notify the local official in writing, as well as the developer, if applicable, of his concurrence or recommendations and whether or not the streets in the proposed network addition meet the connectivity and other requirements of this chapter. This [~~approval or~~] concurrence will be valid as long as the basic concept for the development, including the general street layout and design, as submitted for review, remains unchanged. [~~If the street layout is modified so that the network addition no longer meets the connectivity requirements of this chapter, this approval or concurrence is void and the conceptual plan, plat or sketch must be reviewed again to obtain the department's approval or concurrence.~~ The district administrator's designee shall also review any unresolved request for modifications to the connectivity index requirement and include his decision in the written notification to the local official and the developer.] As part of his review, the district administrator's designee shall review the provision of collector and other higher order streets and if necessary make recommendations for the provision of such streets to address the traffic generated by the development.

[~~B.~~ C.] Plan [of development] submission. Plats or plans, or both, together with other pertinent data as herein prescribed, shall be submitted to the local official in accordance with the practices of the local government and to the district administrator's designee for all proposed developments whose streets are intended to be added to the secondary system of state highways maintained by the department. The district administrator's designee may, subject to the availability of staff and upon the request of the local official, cooperate in the review of proposed developments to be developed to these standards but not initially intended for addition to the secondary system of state highways maintained by the department. The department may recover the costs for this service in accordance with 24VAC30-92-140.

[~~C.~~ D.] Plan review. Upon receipt of the plats or plans, or both, the district administrator's designee will arrange for the appropriate review to determine compliance with the requirements of this chapter and other applicable VDOT requirements. The general procedure for this review is described in [~~24VAC30-92-150~~ the guidance document for the Commonwealth Transportation Board's Secondary Street Acceptance Requirements (see [~~24VAC30-92-160)~~ 24VAC30-92-150)].

[~~D.~~ E.] Plan approval. The district administrator's designee will advise the appropriate local official and the developer, if applicable, as to the results of the review.

1. If the street development proposed by the plats or plans, or both, is determined to be in compliance with these requirements, the district administrator's designee will provide written confirmation of this finding. This action signifies the district administrator's designee's approval of the street layout and design shown on the plats or plans, as submitted. Any subsequent revision, additions, or deletions thereto shall require specific written approval of the district administrator's designee for each such change.

2. If a revision of the submitted plats or plans is determined necessary, the district administrator's designee will list the required changes in a written response to the local official and the developer, if applicable. Upon completion of the specified revisions, the plats or plans will be resubmitted for review and approval by the district administrator's designee [~~as prescribed in 24VAC30-92-150~~].

The department's approval of a street construction plan shall constitute its commitment to accept the street or network addition depicted thereon when all applicable provisions of

these requirements are satisfied and the streets have been constructed according to the approved construction plan and supporting specifications. However, during the department's or other approved inspection of construction as specified by this chapter, if a situation is discovered that was not addressed on the approved plan that could, in the opinion of the district administrator's designee, adversely affect public safety or the integrity of either the roadway or the adjacent property, acceptance of the street or network addition shall be deferred until the situation is corrected.

The department's approval of a street construction plan shall expire after a period of five years if construction has not commenced, in which case the subdivision street construction plan shall be resubmitted for subsequent review and approval. This shall not affect the adequacy of the approved concept plan as depicted on a recorded final plat, as provided for under § 15.2-2241 of the Code of Virginia.

Network additions will only be accepted when the entire network addition has been constructed, except in such instances where the constructed portion meets the applicable public benefit requirements of this chapter.

[~~E.~~ F.] Street acceptance. Upon the satisfactory completion of construction of the street or streets in a network addition, the department will advise the local governing body regarding the street or network addition's readiness for acceptance and the local governing body, in consultation with the district administrator's designee, will initiate its acceptance into the secondary system of state highways maintained by the department provided:

1. The developer dedicates the prescribed right-of-way to public use.

2. The street [has] or streets in the network addition [~~has~~ have] been constructed in accordance with the applicable specifications, standards and the plats or plans approved by the department.

[a. Traffic control markings, signs, and devices have been installed in accordance with VDOT standards, specifications, and practices.

b. Speed limits have been set in accordance with Article 8 (§ 46.2-870 et seq.) of Chapter 8 of Title 46.2 of the Code of Virginia. For any streets with speed limits different from those set out in § 46.2-870 or §§ 46.2-873 through 46.2-875 of the Code of Virginia, traffic engineering investigations supporting such speed limits have been submitted to VDOT.]

3. [The developer furnishes all required information and data to the district administrator's designee and the local government official pertaining to the development's stormwater management system that are pertinent to the locality's, department's, or other entity's Municipal Separate Storm Sewer System (MS4) permit, if applicable.

4.] The street or streets in a network addition provides sufficient public benefit as prescribed in 24VAC30-92-60 and meets the requirements of this chapter.

[~~4.~~ 5.] The street or streets in the network addition has been properly maintained since its completion.

[~~5.~~ 6.] The developer furnishes the surety and fees in accordance with 24VAC30-92-140.

[~~6.~~ 7.] The governing body has executed all agreements prescribed by these requirements, unless specifically waived on an individual case basis by the Director of the [~~Asset Management~~ Maintenance] Division.

[~~7.~~ 8.] The governing body, by proper resolution, requests the department to accept the street or streets in the network addition for maintenance as part of the secondary system of state highways under its jurisdiction. The resolution shall include the governing body's guarantee of an unrestricted and unencumbered right-of-way as dedicated, plus any necessary easements for fills, drainage, or sight distance.

Upon the department's determination that the requested street or network addition is in compliance with the applicable provisions of these requirements, the governing body will be officially advised of the street or network addition's acceptance into the secondary system of state highways and the effective date of such action. This notification serves as the district administrator's designee's authority to begin maintenance thereon.

24VAC30-92-80. Phased development of streets.

A. Policy. Certain streets that require four or more travel lanes to accommodate the projected traffic may be accepted by the department for maintenance after completion of the first two lanes to an acceptable, initial phase of construction, upon the request of the governing body. It is recognized that there is a distinction between those streets that benefit the regional transportation network and those that primarily serve the development of land and local traffic, and, therefore, the criteria for phased construction for each situation differs as described in subsection B of this section.

However, in all cases, the right-of-way required for the road at its complete stage of construction shall be dedicated and accepted as part of the initial street acceptance. In addition, the initial phase of construction shall be designed and constructed to facilitate construction of the remaining phase in a manner that will avoid the need to reconstruct the initial two lanes.

Consideration for the acceptance of any street under the provisions of this section shall be limited to the phased development of only the street's roadway. All other applicable requirements, e.g., public benefit, drainage easements, and administrative procedures, shall apply.

B. Criteria.

1. For streets included in the transportation plan of the locality's comprehensive plan that serve diverse areas of the region or locally, no special agreement or acknowledgement is needed as a prerequisite to acceptance, provided:

a. The street is part of a transportation corridor that was formally adopted as a part of the locality's comprehensive transportation plan prior to the local governing body's approval of the plat or plan for the development of the adjacent land.

b. The transportation corridor is a major thoroughfare planned primarily to move through traffic.

c. When fully developed the street must satisfy the department's functional classification criteria as a major collector or higher.

d. The street has a projected traffic volume of 8,000 vehicles per day or less for a period of 10 years following the date of the acceptance for maintenance by the department.

2. For all other streets, the local governing body's resolution requesting acceptance of the initial two-lane section must include provisions that acknowledge:

a. The local governing body agrees that all costs incurred in the street's complete construction, including right-of-way, engineering, utility adjustment, etc., shall be provided from funds other than those derived from state revenue sources administered by the department, except as may be expressly authorized by the department.

b. The local governing body agrees that it is its responsibility to ensure that the roadway is completed as needed to accommodate the traffic. However, the locality also acknowledges that a determination that the street needs to be completed to its ultimate section will be made by the district administrator's designee [~~or his designee~~] once it is determined that the first two lanes will not sustain an acceptable level of service for the functional classification of the roadway in accordance with the Highway Capacity Manual (see [~~24VAC30-92-160)~~ 24VAC30-92-150)].

C. Procedures.

1. Plats or plans, or both, for the street's complete development, in accordance with all applicable provisions of these requirements, shall be submitted for approval.

2. The plats or plans shall also delineate the street's initial development as proposed pursuant to this section. In no case shall this design provide less than one-half of the roadway typical section required by the applicable requirements for the street's complete development.

3. Unless waived by the district administrator's designee, a capacity analysis shall be submitted to document that an acceptable level of service will be maintained for the intended duration of the initial phase of development. In determining an acceptable level of service, the beneficial effect of the proposed street on the overall transportation network will be considered.

4. A determination will be made by the department in consultation with the locality as to whether the street can be approved for phased development and as to which criterion in subsection B of this section applies.

5. Upon the district administrator's designee's determination that the proposal is in compliance with the applicable provisions of this section, the plans may be approved accordingly.

6. Upon completion of the street's initial phase in accordance with approved plans, its compliance with all other applicable provisions of this section, and the inclusion of the appropriate language in the resolution, the street may be accepted for maintenance by the department as part of the secondary system of state highways.

24VAC30-92-90. Connections to or work within streets maintained by the department.

A. Connections to streets maintained by the department. A land use permit issued by the department is required for new connections of any kind to existing streets maintained by the department. Due to the wide variation in prevailing conditions, each location shall be evaluated individually to determine exact requirements. Therefore, it is incumbent upon the developer or his designee to apply for a land use permit at the appropriate time to ensure the desired completion of the development. Such application shall be made to the district administrator's designee and shall be consistent with the approved plats or plans for the subdivision or the document reviewed for the connection of a street that is to remain privately maintained. In no instance where the proposed connection to the existing streets maintained by the department involves a stub out shall a land use permit be unreasonably withheld.

B. Relocations, adjustments, and improvement of streets maintained by the department. All work performed within the existing right-of-way of streets maintained by the department, including pavement widening, the addition of turn lanes, realignments and relocations of existing streets, shall be coordinated with and approved by the department as follows:

1. All such work shall be accomplished pursuant to a land use permit issued by the department after the required right-of-way has been dedicated to public use or as otherwise required by the department.

2. All work, including the relocation, adjustment, and improvement of existing streets under VDOT jurisdiction

shall be subject to the department's direction rather than these requirements. Such work should include overlaying and restriping the old and new portions of the roadway as may be required by the district administrator's designee.

3. The relocation of streets maintained by the department shall only be accomplished with the consent of the local governing body.

4. Traffic, both vehicular and pedestrian, should be maintained on streets under the department's jurisdiction until the new portion has been accepted by the department for maintenance unless the department authorizes a closure of the road to traffic.

5. No street or roadway maintained by the department and actively used by the public shall be abandoned or vacated unless a new street serving the same citizens has been constructed and accepted for maintenance by the department.

[~~6. Streets previously discontinued exist as public ways under the jurisdiction of the local governing body and should be abandoned or vacated prior to the development of land within the public way.~~]

24VAC30-92-100. Discretionary authority.

The [~~department's~~] district administrator's designees are authorized considerable discretionary authority regarding the design of [~~subdivision~~ secondary] streets functionally classified as "local." The department's district administrators are authorized considerable discretion regarding the design of secondary streets functionally classified as "collector" or above. [~~The commissioner is authorized discretionary authority regarding the safety features, structural integrity, or traffic capacities prescribed by these requirements.~~]

24VAC30-92-110. Appeal to district administrator.

The district administrator is authorized to consider and render a ruling on unresolved differences of opinion between the developer and the district administrator's designee that pertain to the interpretation and application of these requirements.

To obtain this review, the developer shall provide the district administrator, the district administrator's designee [,] and the local official a written request for such action, describing any unresolved issue. After reviewing all pertinent information, the district administrator will advise the developer in writing regarding the decision of the appeal, and provide a copy of the decision to the local official and the district administrator's designee. All correspondence requesting an appeal should include copies of all prior correspondence with the local official and department representatives regarding the issue or issues. [The district administrator shall advise the developer of the decision on the appeal within 45 calendar days.]

The developer may request a meeting with the district administrator concerning the appeal, and the district administrator shall respond within 10 business days and provide to the developer a date, time, and location for such meeting. After reviewing all pertinent information, the district administrator shall advise the developer in writing regarding the decision on the appeal, and provide a copy of the decision to the district administrator's designee and the local official.

The district administrator shall advise the developer of the decision on the unresolved differences of opinion within 45 [calendar] days.

24VAC30-92-120. Design and agreement requirements.

A. General requirements. Most criteria addressing the design of new streets can be found in the Road Design Manual and the Subdivision Street Design Guide [~~(24VAC30-92-160)~~ (24VAC30-92-150)]. However, the following provisions are provided for guidance, particularly in regard to features that require agreements or formal acknowledgements of the governing body before VDOT's acceptance of the street or streets within a development.

When an agreement is required between the local governing body and the department as a prerequisite to the acceptance of a street, nothing in these requirements shall preclude the local governing body from entering into separate agreements with other entities to fulfill its responsibilities. However, if the provisions are intended to ensure the safety of the public using the street, the department reserves the right to approve the involvement of the other party or parties.

All streets functionally classified as local shall have a design speed equal to the posted speed limit, except for streets functionally classified as local with a projected traffic volume of 400 vehicles per day or less, which may have a design speed less than the posted speed limit.

The department, locality [,] and developer shall take measures to minimize the impacts of through traffic on streets functionally classified as local and accepted into the secondary system of state highways under these regulations. Such measures shall include [initial] street designs that manage motor vehicle speed to match local context.

B. Geometric requirements. Geometric requirements for new streets are established in the Road Design Manual and the Subdivision Street Design Guide (see [~~24VAC30-92-160)~~ 24VAC30-92-150)]. Sufficient off-street parking must be provided by the local governing body in accordance with this chapter if streets in a proposed network addition are constructed in accordance with design requirements for streets with off-street parking.

C. Turn lanes. Left or right turn lanes shall be provided at intersections when the department determines that projected turning movements warrant their installation. These facilities shall be designed in accordance with the Road Design Manual

and the Subdivision Street Design Guide (see [~~24VAC30-92-160)~~ 24VAC30-92-150)] and, if necessary, additional right-of-way shall be provided to accommodate these facilities.

D. Pavement structure.

1. Pavement design. The pavement structure for new streets shall be in accordance with the Pavement Design Guide (see [~~24VAC30-92-160)~~ 24VAC30-92-150)], including any prescribed underdrains. Prior to construction of the pavement sub-base and finish courses, the district administrator's designee shall approve the proposed pavement design.

2. Special pavement surfaces. The district administrator's designee may approve special pavement surfaces, such as the use of stamped pavement. However, if the pavement design is a type not addressed by the Pavement Design Guide (see [~~24VAC30-92-160)~~ 24VAC30-92-150)], an agreement shall be provided by the governing body that addresses the future maintenance of such pavement.

3. Pavement additions to existing streets. When an existing VDOT-maintained roadway is to be widened to accommodate additional lanes or the addition of turn lanes, the necessary pavement design shall be obtained from the district administrator's designee and the entire surface of the roadway (old and new portions) may be required to be overlaid and restriped if required by the district administrator's designee. The district administrator's designee shall not require the entire surface of the roadway to be overlaid and restriped when the only pavement addition to the existing roadway was for bicycle lanes unless extenuating circumstances require that the entire surface of the roadway be overlaid and restriped.

E. Parking.

1. Perpendicular and angle parking along streets is normally prohibited. However, perpendicular and angle parking along streets may be considered if the features along the street cause the street to readily appear to be a street rather than a travel way through a parking lot.

Street design that anticipates limited or no on-street parking shall be approved when sufficient off-street parking is provided in accordance with this chapter. Street design that anticipates the restriction of on-street parking on one side of the street shall be approved when sufficient off-street parking is provided for buildings on the side of the street where it is anticipated parking will be restricted.

2. For streets designed without on-street parking, a minimum of two off-street parking spaces per dwelling unit shall be provided in proximity of the unit that they are intended to serve. Such spaces, which may be provided in a parking bay or garage facilities, shall be provided outside of the street's right-of-way. The district administrator's designee may approve lesser parking requirements for individual developments or classes of developments when evidence is presented to support such an approval such as proximity to transit service [~~and type~~ or the nature] of [the] development. Entrances to parking bays and garage facilities shall be designed in accordance with the appropriate provisions of the Land Use Permit Manual (24VAC30-150) and the Access Management Regulations: Principal Arterials (24VAC30-72).

3. In instances where the local governing body has determined, through adoption of a parking ordinance or other similar ordinance, that lesser parking requirements are sufficient for certain classes of development, such lesser requirements shall govern.

4. The department shall not prohibit roadway design that allows for the provision of on-street parking on any roadway with a functional classification of collector or local where the posted speed limit is 35 miles per hour or less and that is located within a compact or suburban area type.

F. Cul-de-sacs and turnarounds. An adequate turnaround facility shall be provided at the end of each cul-de-sac to permit the safe and convenient maneuvering by service vehicles. Various configurations of turnarounds are illustrated in the Subdivision Street Design Guide (see [~~24VAC30-92-160)~~ 24VAC30-92-150)]; however, alternative configurations may be approved by the district administrator's designee. Additional right-of-way shall be provided as required by the design of the turnaround. Normally, any nontraveled way areas within the turnaround, such as an island, shall be included in the dedicated right-of-way of the facility unless the department and the locality are able to reach an agreement for the maintenance of such nontraveled way areas. Nothing in this chapter shall prohibit the provision of stormwater management facilities in the nontraveled way areas of a cul-de-sac, provided the requirements of subsection L of this section are met.

For circular turnarounds, a well-defined, identifiable street segment, equal to the normal lot width along the intersected street that serves the cul-de-sac, or 50 feet, whichever is greater, shall extend from the intersected street to the turning area.

G. Curb and gutter. For the purpose of these requirements, the use of curb and gutter is an acceptable roadway design, rather than a [~~requisite~~ requirement]. However, when used, curb and gutter shall be designed in accordance with the Road Design Manual and the Subdivision Street Design Guide (see [~~24VAC30-92-160)~~ 24VAC30-92-150)] and only one curb and gutter design may be used along the length of a street.

1. Driveway entrance requirements. Without regard to the curb design used, the curb shall incorporate a driveway entrance apron, as illustrated in the Subdivision Street Design Guide (see [~~24VAC30-92-160)~~ 24VAC30-92-

150)], to provide a smooth transition from the gutter invert or roadway surface onto the driveway.

2. Curb ramps. All streets that incorporate accessible routes for pedestrian use shall, without regard to the curb design used, include curb ramps at intersections for use by persons with disabilities and shall incorporate other applicable provisions of the Americans with Disabilities Act (42 USC § 12101 et seq.).

H. Private entrances. All private entrances shall be designed and constructed in accordance with the Subdivision Street Design Guide (see [~~24VAC30-92-160)~~ 24VAC30-92-150)].

I. Pedestrian, bicycle, and shared use path facilities. The Commonwealth Transportation Board's "Policy for Integrating Bicycle and Pedestrian Accommodations" emphasizes accommodating pedestrian and bicycle traffic. Any street proposed for VDOT acceptance shall accommodate pedestrian and bicycle traffic in accordance with the Commonwealth Transportation Board's policy and this chapter. Pedestrian and bicycle facilities should be included in the initial construction of the street, prior to VDOT acceptance. [~~These facilities are eligible for VDOT acceptance based on the criteria of this section.~~]

1. [Pedestrian accommodation requirements. Pedestrian accommodations shall be provided based upon density of development, the plans for or existence of public schools in the vicinity, the presence of existing pedestrian accommodations, and the operational nature of the fronting street. In all developments with pedestrian accommodations, such accommodations shall connect with existing pedestrian accommodations and allow for connection to future pedestrian accommodations to adjacent parcels. If multiple requirements apply to a street, the greater accommodation requirement shall govern.

a. Pedestrian accommodations shall be provided along both sides of the street or provisions made that provide equivalent pedestrian mobility in areas with a median lot size of one half acre or less or a floor area ratio (FAR) of 0.4 or greater.

b. Pedestrian accommodations shall be provided along at least one side of the street or provisions made that provide equivalent pedestrian mobility in areas that have a median lot size between one-half acre to two acres.

c. Pedestrian accommodations shall be provided along at least one side of the street or provisions made that provide equivalent pedestrian mobility in suburban and compact area types along roadways within one-half centerline mile of a public school.

d. When connecting to a stub street that has pedestrian accommodations, the new street shall also include pedestrian accommodations.

e. Pedestrian accommodations shall be provided along at least one side of, or provisions made that provide equivalent pedestrian mobility along, streets functionally classified as collectors or arterials with two travel lanes not including turn lanes. In no instance shall any sidewalk abut the curb or the edge of a collector or higher order street, unless the sidewalk is at least eight feet wide. In such instances tree wells shall be provided. In instances where it is necessary to retrofit streets with pedestrian accommodations to allow the streets to be accepted into the secondary system of state highways, the pedestrian accommodations less than eight feet wide may abut the curb or the edge of the street.

f. Pedestrian accommodations shall be provided along both sides of, or provisions made that provide equivalent pedestrian mobility along, streets functionally classified as collectors or arterials with three or more travel lanes. In no instance shall any sidewalk abut the curb or the edge of a collector or higher order street, unless the sidewalk is at least eight feet wide. In such instances tree wells shall be provided. In instances where it is necessary to retrofit streets with pedestrian accommodations to allow the streets to be accepted into the secondary system of state highways, the pedestrian accommodations less than eight feet wide may abut the curb or the edge of the street.

2. Maintenance of pedestrian and bicycle accommodations. Pedestrian and bicycle facilities are eligible for VDOT acceptance and maintenance based on the criteria of this section. A copy of an agreement or other document showing the proposed maintenance responsibilities of pedestrian and bicycle facilities shall be provided to VDOT for any pedestrian accommodation outside of the VDOT right-of-way that is used to meet the accommodation requirements of this subsection.

a.] Compliant facilities. Pedestrian and bicycle facilities, including shared use paths as defined under § 46.2-100 of the Code of Virginia, shall be accepted as part of the street or network addition, unless otherwise requested by the governing body, provided they are located fully within the dedicated right-of-way of the street and they are constructed in accordance with applicable criteria and standards of the department.

[~~a.~~ (1)] Sidewalk criteria. Sidewalks shall be constructed in accordance with the Subdivision Street Design Guide (see [~~24VAC30-92-160)~~ 24VAC30-92-150)].

[~~b.~~ (2)] Bicycle facility criteria. Bicycle facilities contiguous with the street shall be in accordance with the department's design and construction criteria set forth in the Road Design Manual (see [~~24VAC30-92-160)~~ 24VAC30-92-150)].

[~~c.~~ (3)] Shared use path criteria. Shared use paths shall be constructed in accordance with the Road Design Manual (see [~~24VAC30-92-160)~~ 24VAC30-92-150)] and closely follow the vertical alignment of the roadway without meandering on and off the right-of-way.

[~~2.~~ b.] Noncompliant sidewalk, bicycle, and shared use paths. Noncompliant sidewalk, bicycle [,] and shared use paths that fail to meet requirements of the department's standards for construction, alignment, or placement within the dedicated [~~right~~ right-of-way] of the street shall be deemed to be noncompliant and not qualify for maintenance unless a design waiver or exemption is granted by the department. [~~However, such~~ Noncompliant sidewalks and shared use paths may be constructed of stabilizer convenient to the applicant. Noncompliant] facilities may co-exist within the dedicated right-of-way of the street under a land use permit issued by the district administrator's designee to the local governing body responsible for having established the facility through its subdivision process or other development process.

Such permits will clearly specify the responsibility for maintenance of the facility and related activities to the extent the facility occupies the street's right-of-way. The permit applicant should be an entity that [~~has~~ can be reasonably expected to have] perpetual maintenance capability. [~~Noncompliant sidewalks and shared use paths may be constructed of stabilizer convenient to the applicant.~~]

J. Bridge, drainage, and other grade separation structures. Bridges, drainage, and other grade separation structures shall be designed and constructed in accordance with all applicable department criteria and standards. The district administrator's designee may require special review of the plans and construction inspection.

The department will accept grade separation structures as part of new streets, provided the structure is a drainage structure or is intended to separate the movement of registered motor vehicles. In addition, the department will accept grade separation structures intended to separate pedestrians or bicyclists or any combination thereof from traffic using the roadway, provided:

1. The structure is available for unrestricted public use;

2. The structure is accessible to pedestrian accommodations situated along the street; and

3. The projected traffic volume of the street is [(i)] not less than 4,000 vpd or [~~,~~ (ii)] if the structure otherwise serves as part of the principal pedestrian access to a school [~~,~~ or a mass transit facility including stops and stations and] a peak hour traffic volume of 450 vph [or greater] is projected.

In all other instances, the grade separation structure shall be deemed to be a locally controlled grade separation structure within the right-of-way of the street, in which case the street will only be accepted as part of the secondary system of state highways maintained by the department after the local governing body and the department have executed an agreement acceptable to the department that (i) acknowledges the department has no responsibility or liability due to the presence of the structure and (ii) assures the burden and costs of inspection, maintenance, and future improvements to the structure are provided from sources other than those administered by the department.

In all cases, whether the structure is accepted as an integral part of the roadway for maintenance by the department or it remains a locally controlled structure, the [~~responsibility for~~] lighting, safety, and security of those using such facilities shall remain a responsibility of local government.

K. Dams. The department will only consider accepting streets for maintenance that [~~occupy~~ traverse] dams when all of the following provisions are satisfied. For the purpose of this section, a roadway will be considered to [~~occupy~~ traverse] a dam if any part of the fill for the roadway and the fill for the dam overlap or if the area between the two embankments is filled in so that the downstream face of the dam is obscured or if a closed drainage facility from a dam extends under a roadway fill.

1. Agreements with the governing body. Except as exempt under subdivision 6 of this subsection, the governing body acknowledges by formal agreement the department's liability is limited to the maintenance of the roadway and that the department has no responsibility or liability due to the presence of the dam, the maintenance of which shall remain the responsibility of an owner, other than the department, as established by § [~~33.1-76~~ 33.1-176] of the Code of Virginia.

2. Design review. An engineer licensed to practice in the Commonwealth of Virginia shall certify that the hydraulic and structural design of any dam, as described below, is in accordance with current national and state engineering practice and that all pertinent provisions of the Subdivision Street Design Guide (see [~~24VAC30-92-160)~~ 24VAC30-92-150)] have been considered. Prior to approval of the roadway construction plans, the hydraulic and structural design of a proposed dam shall be reviewed by the department and meet the department's satisfaction if:

a. A roadway is considered to [~~occupy~~ traverse] a dam; or

b. A roadway is located below but sufficiently close to the dam that a catastrophic breach could endanger the roadway or the safety of those using the roadway.

3. Right-of-way requirements. The right-of-way of roads considered to occupy dams shall be recorded either as an

easement for public road purposes or as a dedication specifically to the governing body. Right-of-way dedicated in the name of the Commonwealth or any of its agencies is not acceptable if it includes a dam, and roads through such right-of-way will not be accepted as a part of the secondary system of state highways maintained by the department.

4. Supplemental, alternative access. To be considered for VDOT maintenance, roadways that [~~occupy~~ traverse] a dam must be supplemented by an appropriate alternative roadway facility for public ingress or egress having suitable provisions that ensure perpetual maintenance.

5. Permits. All applicable federal and state permits associated with dams shall be secured and filed with the locality prior to VDOT's acceptance of any street that [~~occupies~~ traverses] a dam.

6. Dams exempt from agreements. The acceptance of roadways that [~~occupy~~ traverse] dams shall be exempt from the requirements for an agreement with the governing body, as required by subdivision 1 of this subsection, if all of the following is satisfied:

a. The dam is used to create a stormwater detention or retention facility;

b. The maximum depth of the water retained by the impoundment at its 100-year storm flood elevation is not greater than four feet; and

c. The surface area of the impoundment at full flood is not greater than two acres and is beyond the right-of-way dedicated to public use.

L. Roadway drainage.

1. Policy and procedures. All drainage facilities shall be designed in accordance with the department's Drainage Manual (see [~~24VAC30-92-160)~~ 24VAC30-92-150)] and supplemental directives or the Subdivision Street Design Guide (see [~~24VAC30-92-160)~~ 24VAC30-92-150)] [as may be appropriate]. All drainage computations supporting a proposed drainage design shall be submitted to the department for review as part of the documents necessary for the approval of a construction plan.

2. Stormwater management. Whereas the department considers matters regarding stormwater management associated with the construction of [~~new~~] streets to be under the authority of the local governing body, decisions regarding stormwater management in the construction of streets are deferred to the locality. However, stormwater management, including the construction of detention or retention facilities, or both, is recognized as an available design alternative. Where the developer is required by regulations promulgated by an agency or governmental subdivision other than the department or the developer chooses to use stormwater management facilities in the design of a subdivision or other development, the governing body shall, by formal agreement, and as a prerequisite for the transfer of jurisdiction over the street to the department, acknowledge that the department is not responsible for the operation, maintenance, or liability of the stormwater management facility or facilities associated with the subdivision or the development. However, in the event the governing body has executed a comprehensive, localitywide agreement with the department addressing these matters, a specific agreement addressing stormwater management controls in the subdivision or development will not be required as a condition for street acceptance.

Stormwater management controls for VDOT projects are to be designed in accordance with the approved VDOT Erosion and Sediment Control and Stormwater Management Program Standards and Specifications, as annually approved by the Department of Conservation and Recreation (see [~~24VAC30-92-160)~~ 24VAC30-92-150)], the Virginia Erosion and Sediment Control Regulations, 4VAC50-30, and the Virginia Stormwater Management Program (VSMP) Permit Regulations (4VAC50-60). While these controls may be necessary whenever a street maintained by the department is widened or relocated, the department does not require them in the development of new streets because such activity is regulated by the local governments. However, developers and counties may find these controls useful in managing land development activity.

Generally devices and treatments intended to mitigate the impact of stormwater shall be placed off of the right-of-way and shall be designed to prevent the backup of water against the roadbed. However, such devices and treatments may be placed within the right-of-way if the department and the local governing body have executed an agreement that (i) acknowledges the department has no responsibility or liability due to the presence of the devices or treatments, or both; (ii) assures the burden and costs of inspection, maintenance, [~~and~~] future improvements to the devices [~~or~~ and] treatments, or [~~both, other costs related to the placement of such devices or treatments within the right-of-way~~] are provided from sources other than those administered by the department; (iii) a professional engineer licensed by the Commonwealth [or the manufacturer as required by the department,] certifies the construction of the facility to plans reviewed by the department; and (iv) a concept of the facility is included in the department's Drainage Manual, the Department of Conservation and Recreation's Stormwater Handbook, or supplemental directives (see 24VAC30-92-150).

Where development activity results in increased runoff to the extent that adjustment of an outfall facility is required, such adjustment shall be at the developer's expense and shall be contained within an appropriate easement.

[The department is required to implement the Municipal Separate Storm Sewer System (MS4) permit for facilities located on its right-of-way. To comply with these requirements, the local governing body shall provide all aspects of a proposed development's stormwater management system that are pertinent to the locality's or the agency's MS4 permit to the district administrator's designee.]

3. Drainage easements.

a. An acceptable easement shall be provided from all drainage outfalls to a natural watercourse, as opposed to a swale.

b. The department normally accepts and maintains only that portion of a drainage system that falls within the limits of the dedicated right-of-way for a street. The department's responsibility to enter drainage easements outside of the dedicated right-of-way shall be limited to undertaking corrective measures to alleviate problems that may adversely affect the safe operation or integrity of the roadway.

c. In the event drainage to a natural watercourse is not accomplished or is interrupted, an acceptable agreement from the governing body may be considered as an alternative to providing an easement to a natural watercourse, provided the agreement acknowledges that the department is neither responsible nor liable for drainage from the roadway.

M. Other design considerations.

1. Guardrail. Guardrail shall be used when required by the district administrator's designee, consistent with the Road Design Manual (see [~~24VAC30-92-160)~~ 24VAC30-92-150)]. For placement considerations, see the Subdivision Street Design Guide (see [~~24VAC30-92-160)~~ 24VAC30-92-150)].

2. Landscaping and erosion control. All disturbed areas within the dedicated right-of-way and easements of any street shall be restored with vegetation compatible with the surrounding area. Where there is visual evidence of erosion or siltation, acceptance of the street as part of the secondary system of state highways maintained by the department will be postponed until appropriate protective measures, in accordance with VDOT's construction practices, are taken. Except as otherwise approved by the district administrator's designee, planting of trees or shrubs on the right-of-way shall be in accordance with the Subdivision Street Design Guide and the Road Design Manual (see [~~24VAC30-92-160)~~ 24VAC30-92-150)].

3. Lighting. Roadway, security, or pedestrian lighting, when required by the governing body or desired by the developer, shall be installed in accordance with the Subdivision Street Design Guide and the Road Design Manual (see [~~24VAC30-92-160)~~ 24VAC30-92-150)]. However, VDOT shall not be responsible for the maintenance or replacement of lighting fixtures or the provision of power for lighting.

4. Railroad crossings.

a. Short-arm gates with flashing signals, flashing signals alone, or other protective devices as deemed appropriate by the department shall be provided at any at-grade crossing of an active railroad by a street.

b. Crossings of railroad right-of-way are subject to the requirements of the railroad. Streets to be accepted by the department for maintenance as part of the secondary system of state highways that cross railroad right-of-way will only be considered if the protective measures outlined under this section have been fully installed and an agreement between the railroad, the developer, and the local governing body has been executed. Prior to execution, such agreements shall be presented to the department for consideration in consultation with the Department of Rail and Public Transportation.

5. Utilities. Local governments, the development community, and the utility community are encouraged to coordinate and consolidate their interests as part of the initial development plan.

a. Underground utilities. The department allows the placement of underground utilities within the dedicated right-of-way of streets, but normally restricts placement to areas outside of the travel lanes. However, if the governing body has established adequate requirements approved by the department for the design, location, and construction of underground utilities within the right-of-way of streets, including provisions that ensure that adequate testing and inspection is performed to minimize future settlement, those requirements shall become the department's requirements and govern [~~unless~~ provided] those requirements [~~conflict with a requirement of~~ exceed] the [~~department~~ department's requirements].

[Manholes shall not be placed in sidewalk, multiuse trail, or shared use path facilities, within five feet of curb ramps or within driveway entrances.]

When location of the utilities outside of the pavement area is not practical [such as in high density developments incorporating the principles of new urbanism as described in § 15.2-2223.1 of the Code of Virginia], such installations:

(1) Are acceptable within the shoulders along the street or within the parking area.

(2) May be acceptable beneath the travel lanes of the street or alley when provisions are made to ensure adequate inspection and compaction tests and [~~(i) longitudinal~~ :

(a) Longitudinal] installations and manholes are located outside of the normal travel lanes [, ;] or [~~(ii) longitudinal~~

(b) Longitudinal] installations and manholes are placed in the center of a travel lane out of the wheel path.

However, manholes shall not be placed in sidewalk, multiuse trail, or shared use path facilities within five feet of curb ramps or within driveway entrances.

b. Open-cutting of hard-surfaced roadways. The department usually prohibits the open-cutting of hard-surfaced roads except in extenuating circumstances. Therefore, all underground utilities within the right-of-way, as determined necessary by good engineering practice to serve the complete development of adjacent properties, shall be installed during the street's initial construction and prior to the application of its final pavement surface course. This shall include extensions of all necessary cross-street connections or service lines to an appropriate location beyond the pavement and preferably the right-of-way line.

In the event it is necessary to open the street pavement to work on utilities after the surface has been placed, additional compaction tests and paving as necessary to restore the integrity and appearance of the roadway may be required at the discretion of the district administrator's designee.

c. Cross-street conduits. To facilitate the placement of future underground utilities, cross-street conduits are encouraged, with placement of such conduits occurring on each street at intersections.

d. Aboveground utilities. All aboveground utilities shall be installed behind the sidewalk or as close as possible to the limits of the street's right-of-way but shall not encroach on the sidewalk, the shared use path, or any clear zone.

To assure the unencumbered dedication of the right-of-way for street additions, easements or other interests within the platted right-of-way shall be quitclaimed of any prior rights therein. In exchange, a permit may be issued by the department for a utility to occupy the area involved. This permit will be processed by the district administrator's designee upon acceptance of the street into the secondary system of state highways maintained by the department. No inspection fee is required for permits so issued. However, the approval of the permit shall be contingent upon the utility's compliance with applicable provisions of the Land Use Permit Manual (see 24VAC30-150).

[~~N. Pedestrian accommodations.~~

~~1. Compact area type. Sidewalks are required along both sides of the street. In no instance shall any sidewalk be constructed directly next to the street, unless the sidewalk is at least eight feet wide. In such instances tree wells shall be provided. In instances where it is necessary to retrofit streets with pedestrian accommodations to allow the streets to be accepted into the secondary system of state highways, the pedestrian accommodations less than eight feet wide may abut the curb or the edge of the street. Planting strips are required unless the sidewalk abuts the curb or the edge of the street. Planting strips should be at least three feet in width.~~

~~2. Suburban area type. A network addition or street is determined to provide pedestrian accommodations if (i) sidewalks are provided along both sides of the street or (ii) a combination of sidewalks and multiuse trails or shared use paths that, as a system, provides reasonable access to all properties in the development is constructed and that provides connectivity of pedestrian accommodations that is equivalent to having sidewalks on both sides of the street. Such multiuse trails shall have trail stubs to allow for future connection with other multiuse trails both existing and proposed.~~

~~A network addition or street where all lot sizes are at least two acres is determined to provide pedestrian accommodations if (i) sidewalks are provided along one side of the street or (ii) one or more multiuse trails or shared use paths that, as a system, provide reasonable access to all properties in the development is constructed and that provide connectivity of pedestrian accommodations that is equivalent to having sidewalks on one side of the street. Such multiuse trails shall have trail stub outs to allow for future connection with other multiuse trails both existing and proposed.~~

~~Sidewalks or other pedestrian accommodation shall be provided along both sides of any street classified as collector or above. In no instance shall any sidewalk abut the curb or the edge of the street unless the sidewalk is at least eight feet wide. In such instances tree wells shall be provided.~~

~~An agreement for maintenance with the locality shall be provided to VDOT for any multiuse trail outside of the VDOT right-of-way. In instances where it is necessary to retrofit streets with pedestrian accommodations to allow the streets to be accepted into the secondary system of state highways, the pedestrian accommodations less than eight feet wide may abut the curb or the edge of the street.~~

~~The district administrator, in consultation with the local official, may modify the sidewalk, multiuse trail, or shared use path requirements when the developer proposes to provide alternative sidewalk, multiuse trail, shared use path, or other pedestrian accommodations that provide equivalent connectivity to those required by this section. Equivalent connectivity shall mean the alternative accommodations provide connectivity to properties within and outside the development similar to the connectivity~~

~~that would have been provided by the sidewalk, multiuse trail, or shared use path requirements.~~

~~Where sidewalks are constructed, planting strips are required unless the sidewalk abuts the curb or the edge of the street. Planting strips should be at least three feet in width.~~

~~3. Rural Area Type. A network addition or street is determined to provide pedestrian accommodations and connectivity if (i) sidewalks are provided along one side of the street or (ii) one or more multiuse trails or shared use paths that, as a system, provide reasonable access to all properties in the development is constructed and that provide connectivity of pedestrian accommodations that is equivalent to having sidewalks on one side of the street. Such multiuse trails shall have trail stub outs to allow for future connection with other multiuse trails both existing and proposed.~~

~~Streets with a projected ADT of 200 vehicles or less are exempted from the pedestrian accommodation requirements.~~

~~Sidewalks or other pedestrian accommodations shall be provided along both sides of any street classified as collector or above. In no instances shall any sidewalk abut the curb or the edge of the street unless the sidewalk is at least eight feet wide and tree wells are provided.~~

~~An agreement for maintenance with the locality shall be provided to VDOT for any multiuse trail outside of the VDOT right of way. In instances where it is necessary to retrofit streets with pedestrian accommodations to allow the streets to be accepted into the secondary system of state highways, the pedestrian accommodations less than eight feet wide may abut the curb or the edge of the street.~~

~~The district administrator, in consultation with the local official, may modify the required sidewalk or multiuse trail requirements when the developer proposes to provide alternative sidewalk, multiuse trail, shared use path, or other pedestrian accommodations that provide equivalent connectivity to those required by this section. Equivalent connectivity shall mean the alternative accommodations provide connectivity to properties within the development and outside the development similar to the connectivity that sidewalks would have provided.~~

~~Where sidewalks are constructed planting strips are required unless the sidewalk abuts the curb or the edge of the street. Planting strips shall be at least three feet in width.~~]

24VAC30-92-130. Right-of-way width, spite strips, and encroachments.

A. Right-of-way width. A clear and unencumbered right-of-way shall be dedicated to public use for any street proposed for addition to the secondary system of state highways maintained by the department. However, in certain rare extenuating circumstances involving a party beyond the influence of the developer, an easement for transportation purposes may be approved by the district administrator's designee in lieu of dedicated right-of-way. In all other cases, any easement that might interfere with the public's unencumbered use of the street shall be quitclaimed in exchange for a land use permit as outlined in 24VAC30-92-120 M 5.

The width of right-of-way shall be as indicated in the Subdivision Street Design Guide and the Road Design Manual (see [~~24VAC30-92-160)~~ 24VAC30-92-150)] and shall be sufficient to include all essential elements of the roadway intended to be maintained by the department, including pedestrian, multiuse trail, bicycle, or shared use path facilities and clear zone. However, supplemental easements may be used to accommodate sight distance requirements and slopes for cuts and fills. The right-of-way requirements are defined in the Subdivision Street Design Guide and the Road Design Manual (see [~~24VAC30-92-160)~~ 24VAC30-92-150)].

When an existing state maintained road is widened, the additional right-of-way should be dedicated as follows:

1. If the existing right-of-way consists of a prescriptive easement, to the degree that the developer controls the land, the right-of-way shall be dedicated to public use from the centerline of the alignment.

2. If the existing right-of-way is dedicated to public use, the additional right-of-way shall be dedicated to public use.

3. If the existing right-of-way is titled in the name of the department or the Commonwealth, the additional right-of-way shall be deeded to the department or to the Commonwealth, consistent with the title of the existing right-of-way.

B. "Spite strips." Plans that include a reserved or "spite" strip that prohibits otherwise lawful vehicular access to a street from the adjacent properties, whether within or outside the subdivision or development, will not be approved.

C. Encroachments within the right-of-way. Recording of a plat causes the fee title interest of areas dedicated to public use to transfer to the local governing body. Therefore, objects installed within the right-of-way for purposes other than transportation may be considered an unlawful encroachment in the right-of-way and prevent the right-of-way from being considered clear and unencumbered.

Posts, walls, signs, or similar ornamental devices that do not interfere with roadway capacity [~~or~~ ,] encroach into a clear zone [,] or interfere with prescribed sight distance requirements [, or are not in conflict with Chapter 7 (§ 33.1-351 et seq.) of Title 33.1 of the Code of Virginia] may be permitted within the right-of-way. However, specific

authorization by the district administrator's designee or as authorized under the Land Use Permit Manual (see [~~24VAC30-92-160)~~ 24VAC30-92-150)] is a requisite for these devices or any other encroachment located within the right-of-way. For the purposes of this subsection, mailboxes installed on breakaway posts may occupy the right-of-way without permit. Otherwise, encroachments that do not fall within the clear zone may be allowed within the right-of-way pursuant to a land use permit issued by the district administrator's designee.

24VAC30-92-140. Surety and fees.

A. Policy. Except as otherwise provided herein, the developer shall provide surety to guarantee the satisfactory performance of the street, an inspection fee to cover the department's cost of inspecting the new street, and an administrative cost recovery fee to recover the department's costs associated with the review of subdivision or other development plans and the administrative processing of the acceptance of new streets as determined in this section. All surety and fees collected under this section shall be based on the date of the local governing body's request and the aggregate mileage of new streets in that request, rounded up to the next tenth of a mile. In the event of extenuating circumstances beyond the developer's control, the commissioner or his designee may waive all or a portion of any of the surety and fees.

B. Surety. The department reserves the right to inspect, or have inspected, the street proposed for acceptance into the secondary system of state highways at any stage of construction and prior to street acceptance. The developer, contractor, and third-party inspector, if applicable, shall cooperate with the assigned VDOT personnel to provide the access and information necessary to verify that construction of the street is in accordance with the street's approved design and appropriate standards and specifications. A determination by the district administrator's designee that the required cooperation has not been extended shall be grounds for VDOT to refuse to accept the street for maintenance as part of the secondary system of state highways. A determination of noncooperation may be appealed as specified by this chapter (see 24VAC30-92-110).

1. Type of surety and expiration. The developer shall provide surety to guarantee the satisfactory performance of the street. In the event the developer fails to provide surety or any of the fees described in this section within the 30-day period following the local governing body's request for the department to accept the maintenance of a street, the department's or other entity's previous final inspection of the street shall be considered void and a new inspection shall be required. An acceptable surety may be in the form of a performance bond, cash deposit, certified check, irrevocable letter of credit, third-party escrow account, or other form mutually satisfactory to the department and the developer. Under no circumstances shall the department or any agency of the Commonwealth be named the escrow agent nor shall funds deposited with the department as surety be subject to the payment of interest.

a. Amount of surety. The surety shall be $3,000 for each tenth of [a] lane mile, or portion thereof, to be accepted by the department for maintenance as part of the secondary system of state highways. The Commonwealth Transportation Board may adjust the surety on an annual basis based on increases or decreases in the producer price index for highway and street construction materials up to an amount not to exceed $5,000 for each tenth of [a] lane mile or portion thereof.

The surety [shall be waived] for streets petitioned for acceptance into the secondary system of state highways through the Rural Addition Program pursuant to §§ 33.1-72.1 and 33.1-72.2 of the Code of Virginia, and streets constructed or approved pursuant to §§ 33.1-221 and 33.1-223 of the Code of Virginia [~~shall be waived~~].

b. Length of surety. The surety shall guarantee performance of the street for [~~three years~~ one year] from the date of its acceptance into the secondary system of state highways [~~When a third-party inspection process acceptable to the department in accordance with this chapter is used, the surety shall guarantee performance for one year~~].

[~~c. Third-party inspection process. A third-party inspection process shall be acceptable to the department if:~~

~~(1) The developer or construction contractor arranges for a firm not otherwise related to the developer or contractor to provide inspection services for the construction of the streets in the development;~~

~~(2) Inspection and testing methodology and frequency are accomplished in accordance with VDOT Materials Division's Manual of Instructions and the Virginia Department of Transportation Road and Bridge Specifications (see 24VAC30-92-160); and~~

~~(3) A report is submitted to the department summarizing the inspections steps taken, certifying the results of the inspection and testing as accurate, and confirming that the street or streets were built to the approved specifications and pavement design, signed and stamped by a professional engineer licensed to practice as such in the Commonwealth.~~]

2. Alternatives to surety.

a. In jurisdictions where the staff of the governing body administers a comprehensive [~~subdivision~~ street] construction inspection program that has been approved by the department, the surety shall be waived upon certification by the governing body that the proposed

addition has been constructed in accordance with approved plans and specifications.

b. If requested by the developer and subject to availability of departmental personnel or consultants, VDOT may perform the construction inspection equivalent to that required for third-party inspection of any street or streets proposed to be added to the secondary system of state highways. In such cases, the developer shall bear all costs incurred by the department, the surety shall be waived, and no street inspection fee pursuant to subsection D of this section shall be charged.

[c. A third-party inspection process shall be acceptable to the department if:

(1) The developer or construction contractor arranges for a firm not otherwise related to the developer or contractor to provide inspection services for the construction of the streets in the development;

(2) Inspection and testing methodology and frequency are accomplished in accordance with VDOT Materials Division's Manual of Instructions and the Virginia Department of Transportation Road and Bridge Specifications [~~(24VAC30-92-160)~~ (24VAC30-92-150)]; and

(3) A report is submitted to the department summarizing the inspections steps taken, certifying the results of the inspection and testing as accurate, and confirming that the street or streets were built to the approved specifications and pavement design, signed and stamped by a professional engineer licensed to practice as such in the Commonwealth.]

C. Administrative cost recovery fee.

1. Application of the administrative cost recovery fee. To recover a portion of the department's direct costs associated with the review of plans or plans of development, and the administrative processing of the acceptance of new streets, an administrative cost recovery fee shall be required from the developer at the time the streets are accepted by the department. The amount of this cost recovery fee shall be computed at a base rate of $500 per [~~center lane~~ addition], without regard to street length, plus $250 per tenth of [~~center lane~~ a centerline] mile, or portion thereof.

2. Alternatives to the administrative cost recovery fee. As an alternative to the administrative cost recovery fee, the department may use one of the following approaches to recover its direct costs:

a. For any [~~subdivision~~ development], at the developer's request, the department may establish an account for the purpose of tracking these costs and billing the developer not more often than every 30 days;

b. For large, complex, multiuse developments, the department, at its option, may establish an account for the purpose of tracking these costs and billing the developer not more often than every 30 days. However, the cost recovery fee assessed under this provision shall not be greater than two times the prevailing [administrative] cost recovery fee structure; or

c. If requested to provide plan review for streets that are not intended for maintenance by the department, the department may establish an account for the purpose of tracking these costs and billing the developer not more often than every 30 days.

D. Street inspection fee. To recover a portion of the department's direct costs associated with the inspection of subdivision streets, an inspection fee shall be required from the developer at the time the streets are accepted by the department.

The inspection fee shall be computed at a base rate of $250 per [~~lane~~ addition], without regard to street length, plus $125 per tenth of [~~lane~~ a centerline] mile, or portion thereof.

The street inspection fee shall be reduced by 75% if either a third-party inspection process pursuant to subdivision B [~~1~~ 2] c of this section or a local street inspection certification process pursuant to subdivision B 2 c of this section was used.

If requested to provide inspection services for subdivision streets that are not intended for maintenance by the department, the department may establish an account for the purpose of tracking these costs and billing the developer not more often than every 30 days.

[~~24VAC30-92-150.~~ ~~Subdivision street development, plan review, and acceptance.~~

~~A. The locality-state partnership governing VDOT acceptance of new streets for maintenance. Section 33.1-229 of the Code of Virginia (a Byrd Act provision) creates the authority under which local governments establish new roads as part of the secondary system of state highways. Sections 15.2-2240 and 15.2-2241 of the Code of Virginia establish the authority of local subdivision ordinances and the authority of counties to set the standards for new streets within their territories.~~

~~VDOT's participation in the development and acceptance of streets for maintenance is a cooperative commitment of the Commonwealth Transportation Board.~~

~~VDOT's concurrence with or approval of a construction plan represents VDOT's commitment to accept the network addition or streets shown on the plan when satisfactorily constructed and all other requirements governing the department's acceptance of streets are satisfied, including the governing body's request for the acceptance of or transfer of~~

~~the maintenance and operational jurisdiction over the street, as outlined in these requirements.~~

~~Pursuant to these principles:~~

~~1. Local government controls land development activity and establishes new streets, the relocation of existing streets, and the criteria governing the development of such streets.~~

~~2. VDOT establishes the minimum standards that must be satisfied for new subdivision streets to be considered for maintenance by the department as part of the secondary system of state highways under its jurisdiction.~~

~~Within each locality, VDOT is represented by a resident engineer or comparable designee.~~

~~B. Street development and acceptance of maintenance process.~~

~~1. Concept and construction plan approval phase. The proposed construction plan shall be considered incomplete in the absence of a preliminary pavement design based on the Pavement Design Guide (see 24VAC30-92-160) and the presumed values therein.~~

~~2. Construction phase. Upon approval of the construction plan and prior to construction, the resident engineer should advise the developer regarding inspection of the construction phases and the scheduling of those inspections. VDOT approval of each of the following phases of construction is recommended.~~

~~a. Installation of any enclosed drainage system before it is covered.~~

~~b. Installation of any enclosed utility placements within the right of way before being covered.~~

~~c. Construction of the cuts and fills, including field density tests, before placement of roadbed base materials.~~

~~d. A final pavement design, based on actual soil characteristics and certified tests, completed and approved before the pavement structure is placed.~~

~~e. Placement of base materials, including stone depths, consistent with the approved pavement design, prior to placement of the paving course or courses, followed by field density and moisture tests and the placement of a paving course as soon as possible.~~

~~f. Construction of pavement, including depth and density, upon completion as part of the final inspection.~~

~~3. Street acceptance process. In the absence of any other formal acceptance, the governing body's resolution requesting the department to accept a street for maintenance as part of the secondary system of state highways completes the dedication and is deemed to constitute the governing body's acceptance of the street.~~

~~4. Post acceptance phase.~~

~~24VAC30-92-160.~~ 24VAC30-92-150.] Documents incorporated by reference.

Information pertaining to the availability and cost of any of these publications should be directed to the address indicated below the specific document. Requests for documents available from the department may be obtained from the department's division indicated at 1401 E. Broad St., Richmond, Virginia 23219; however, department documents may be available over the Internet at www.virginiadot.org.

The department shall post all [nonregulatory] documents incorporated into this regulation by reference and under its control on its website. [Official regulatory text is maintained by the Virginia Registrar of Regulations in the Virginia Administrative Code.] After the effective date of any changes to such incorporated documents under the control of the department, the department shall post the changes for a period of at least 60 days on its website. Any changes to regulations appearing in this list shall be made in accordance with the Administrative Process Act (§ 2.2-4000 et seq. of the Code of Virginia) [~~or~~ ,] the Virginia Register Act (§ 2.2-4100 et seq. of the Code of Virginia) [, or both].

[~~Drainage Manual, 2002, VDOT Location and Design Division.~~

~~Land Use Permit Manual (24VAC30-150), 1983, VDOT Asset Management Division.~~

~~Pavement Design Guide for Subdivision and Secondary Roads in Virginia, 2000, VDOT Materials Division.~~

~~Road and Bridge Specifications, effective 2008, VDOT Construction Division.~~

~~Road Design Manual, 2005, VDOT Location and Design Division.~~

~~Subdivision Street Design Guide (Appendix B: Road Design Manual, 2005), VDOT Location and Design Division.~~

~~Road and Bridge Standards, 2001, VDOT Location and Design Division.~~

~~Standard Specifications for Highway Bridges, 1996, American Association of State Highway and Transportation Officials (AASHTO).~~

~~VDOT Modifications to Standard Specifications for Highway Bridges, 1996, American Association of State Highway and Transportation Officials (AASHTO), November 1999 through September 2007, VDOT Structure and Bridge Division.~~

~~Virginia Erosion and Sediment Control Handbook, 1992, Division of Soil and Water Conservation with The Virginia Erosion and Sediment Control Law and Regulations, (date), Division of Soil and Water Conservation.~~

~~Highway Capacity Manual, 2000, Transportation Research Board.~~

~~VDOT Erosion and Sediment Control and Stormwater Management Program Standards and Specifications, 2004, VDOT Location and Design Division Policy for Integrating Bicycle and Pedestrian Accommodations, 2004, Commonwealth Transportation Board, Note: This policy reference is included in the regulation only for informational purposes and is not considered a regulatory provision. Applicable elements of this policy are stated in the regulation itself.~~

~~Access Management Regulation: Principal Arterials (24VAC30-72), 2008, VDOT Asset Management Division.~~

~~Design Standards for Entrance/Intersection Access Management (Appendix F of the Road Design Manual), 2008, VDOT Location and Design Division.~~

~~Traffic Impact Analysis Regulation (24VAC30-151), 2007, VDOT Asset Management Division.~~

~~Manual of Instructions, 2006, VDOT Materials Division.~~

A. Access Management Regulations: Principal Arterials, 24VAC30-72.

Maintenance Division (VDOT)
1401 E. Broad St.
Richmond, VA 23219

B. Drainage Manual, 2002.

Location and Design Division (VDOT)
1401 E. Broad St.
Richmond, VA 23219

C. Guidance Document for the Commonwealth Transportation Board's Secondary Street Acceptance Requirements, 2009.

Maintenance Division (VDOT)
1401 E. Broad St.
Richmond, VA 23219

D. Highway Capacity Manual 2000.

Transportation Research Board
500 Fifth Street, NW
Washington, DC 20001

E. Land Use Permit Manual, 24VAC30-150.

Maintenance Division (VDOT)
1401 E. Broad St.
Richmond, VA 23219

F. Materials Division Manual of Instructions, 2006.

Materials Division (VDOT)
1401 E. Broad St.
Richmond, VA 23219

G. Pavement Design Guide for Subdivision and Secondary Roads in Virginia, 2000.

Materials Division (VDOT)
1401 E. Broad St.
Richmond, VA 23219

H. Policy for Integrating Bicycle and Pedestrian Accommodations, 2004. (Note: This policy reference is included in the regulation only for informational purposes and is not considered a regulatory provision. Applicable elements of this policy are stated in the regulation itself.)

Commonwealth Transportation Board
1401 E. Broad St.
Richmond, VA 23219

I. Road and Bridge Specifications, 2007, revised 2008.

Scheduling and Contract Division (VDOT)
1401 E. Broad St.
Richmond, VA 23219

J. Road and Bridge Standards, 2008.

Location and Design Division (VDOT)
1401 E. Broad St.
Richmond, VA 23219

K. Road Design Manual, 2008.

Location and Design Division (VDOT)
1401 E. Broad St.
Richmond, VA 23219

L. Traffic Impact Analysis Regulation, 24VAC30-155.

Maintenance Division (VDOT)
1401 E. Broad St.
Richmond, VA 23219

M. VDOT Erosion and Sediment Control and Stormwater Management Program Standards and Specifications, 2004.

Location and Design Division (VDOT)
1401 E. Broad St.
Richmond, VA 23219

N. Virginia Erosion and Sediment Control Regulations, 4VAC50-30.

Virginia Department of Conservation and Recreation
Division of Soil and Water Conservation
203 Governor Street, Suite 302
Richmond, VA 23219-2094

O. Virginia Stormwater Management Program (VSMP) Permit Regulations (4VAC50-60).

Virginia Department of Conservation and Recreation
Division of Soil and Water Conservation
203 Governor Street, Suite 302
Richmond, VA 23219-2094]

VA.R. Doc. No. R07-217; Filed March 9, 2009, 1:59 p.m.

DEPARTMENT OF EDUCATION

Review of the English Standards of Learning

The English Standards of Learning are scheduled for review in 2009-2010. A proposed review timeline may be viewed at: http://www.doe.virginia.gov/boe/meetings/2009/01_jan/agenda_items/item_e.pdf. The proposed English Standards of Learning document will be distributed for public comment in November 2009. The document will be placed on the Virginia Department of Education's website for review (http://www.doe.virginia.gov). Public comment is welcomed at any point in the review process. Public hearings will be held in November 2009. Final adoption is expected for February 2010.

Contact Information: Dr. Margaret N. Roberts, Office of Policy and Communications, Department of Education, Post Office Box 2120, 101 N. 14th St., 25th Floor, Richmond, VA 23219, telephone (804) 225-2540, FAX (804) 225-2524, or email margaret.roberts@doe.virginia.gov.

STATE LOTTERY DEPARTMENT

Director's Orders

The following Director's Orders of the State Lottery Department were filed with the Virginia Registrar of Regulations on March 4, 2009, and March 11, 2009. The orders may be viewed at the State Lottery Department, 900 East Main Street, Richmond, Virginia, or at the office of the Registrar of Regulations, 910 Capitol Street, 2nd Floor, Richmond, Virginia.

Final Rules for Game Operation:

Director's Order Number Thirteen (09)

Virginia's Instant Game Lottery 1124; "Double Dollars" (effective 3/6/09)

Director's Order Number Fourteen (09)

Virginia's Instant Game Lottery 1125; "Fire 'N Dice" (effective 3/6/09)

Director's Order Number Fifteen (09)

Virginia's Instant Game Lottery 1126; "Player's Club" (effective nunc pro tunc 2/23/09)

Director's Order Number Sixteen (09)

Virginia's Instant Game Lottery 1128; "The Money Game" (effective nunc pro tunc 2/23/09)

Director's Order Number Seventeen (09)

Virginia's Instant Game Lottery 1129; "Wild Bill$" (effective 3/6/09)

Director's Order Number Eighteen (09)

Virginia's Instant Game Lottery 1130; "Cherry Doubler" (effective nunc pro tunc 2/23/09)

Director's Order Number Twenty-One (09)

Virginia's Instant Game Lottery 1104; "Virginia's Lucky Dog" (effective 3/6/09)

Director's Order Number Twenty-Two (09)

Virginia's Instant Game Lottery 1115; "7-11-21" (effective 3/6/09)

Director's Order Number Twenty-Three (09)

Virginia's Instant Game Lottery 1116; "Throw Me The Money" (effective 3/6/09)

Director's Order Number Twenty-Four (09)

Virginia's Instant Game Lottery 1133; "Bingo Doubler" (effective 3/6/09)

Director's Order Number Twenty-Five (09)

"You Activate/We Pay Second Chance Drawing" Virginia Lottery Retailer Incentive Program Rules with Miller Mart, Apple Market and E & C (effective 2/27/09)

Director's Order Number Twenty-Six (09)

Virginia's Nineteenth On-Line Game Lottery; "Pick 3 Payback Fun Ball" (effective 2/26/09)

Director's Order Number Twenty (09)

Certain Virginias Instant Game Lotteries; End of Games (effective 2/26/09)

In accordance with the authority granted by §§ 2.2-4002 B 15 and 58.1-4006 A of the Code of Virginia, I hereby give notice that the following Virginia Lottery instant games will officially end at midnight on February 20, 2009:

Game 668	Set For Life
Game 1025	Money Money Money
Game 1056	Be My Boop

The last day for lottery retailers to return for credit unsold tickets from any of these games will be March 27, 2009. The last day to redeem winning tickets for any of these games will be August 19, 2009, 180 days from the declared official end of the game. Claims for winning tickets from any of these games will not be accepted after that date. Claims that are mailed and received in an envelope bearing a postmark of the United States Postal Service or another sovereign nation of August 19, 2009, or earlier, will be deemed to have been received on time. This notice amplifies and conforms to the duly adopted State Lottery Board regulations for the conduct of lottery games.

This order is available for inspection and copying during normal business hours at the Virginia Lottery headquarters, 900 East Main Street, Richmond, Virginia; and at any Virginia Lottery regional office. A copy may be requested by mail by writing to Director's Office, Virginia Lottery, 900 East Main Street, Richmond, Virginia 23219.

This Director's Order becomes effective on the date of its signing and shall remain in full force and effect unless amended or rescinded by further Director's Order.

/s/ Paula I. Otto
Executive Director
February 26, 2009

VIRGINIA CODE COMMISSION

Notice to State Agencies

Mailing Address: Virginia Code Commission, 910 Capitol Street, General Assembly Building, 2nd Floor, Richmond, VA 23219.

Filing Material for Publication in the Virginia Register of Regulations

Agencies are required to use the Regulation Information System (RIS) when filing regulations for publication in the Virginia Register of Regulations. The Office of the Virginia Register of Regulations implemented a web-based application called RIS for filing regulations and related items for publication in the Virginia Register. The Registrar's office has worked closely with the Department of Planning and Budget (DPB) to coordinate the system with the Virginia Regulatory Town Hall. RIS and Town Hall complement and enhance one another by sharing pertinent regulatory information.

The Office of the Virginia Register is working toward the eventual elimination of the requirement that agencies file print copies of regulatory packages. Until that time, agencies may file petitions for rulemaking, notices of intended regulatory actions and general notices in electronic form only; however, until further notice, agencies must continue to file print copies of proposed, final, fast-track and emergency regulatory packages.

ERRATA

STATE WATER CONTROL BOARD

Title of Regulation: **9VAC25-32. Virginia Pollution Abatement (VPA) Permit Regulation.**

Publication: 24:6 VA.R. 700-806 November 26, 2007.

Correction to Final Regulation:

Page 754, in 9VAC25-32-480 B 1 a of Table 3, strike "%BF" and insert a new hyphen in two places as follows:

Additional VS Reduction = VSD1~~%BF-~~VSD2 / VSD1~~%BF-~~(VSD1)(VSD2)

Page 755, in Table 4 of 9VAC25-32-480, move the four "N/A" designations from the second column to the fourth column.

VA.R. Doc. No. R08-977; Filed March 3, 2009, 3:09 p.m.

BOARD FOR ARCHITECTS, PROFESSIONAL ENGINEERS, LAND SURVEYORS, CERTIFIED INTERIOR DESIGNERS AND LANDSCAPE ARCHITECTS

Title of Regulation: **18VAC10-20. Board for Architects, Professional Engineers, Land Surveyors, Certified Interior Designers and Landscape Architects Regulations.**

Publication: 25:12 VA.R. 2258-2262 February 16, 2009.

Correction to Final Regulation:

Page 2259, change 18VAC10-20-683 A to read:

A. Individuals whose licenses expire or who apply to reinstate after [~~(insert date - 12 months after the effective date of these regulations)~~ March 31, 2010,] shall be required to comply with the continuing education provisions of this chapter.

VA.R. Doc. No. R07-135; Filed March 20, 2009, 5:14 p.m.

REAL ESTATE APPRAISER BOARD

Title of Regulation: **18VAC130-20. Real Estate Appraiser Board Rules and Regulations.**

Publication: 24:6 VA.R. 837-849 November 26, 2007.

Correction to Final Regulation:

Page 842, 18VAC130-20-30, subdivision 7, line 18, after "Algebra" strike semi-colon (;) and insert comma (,)

Page 842, 18VAC130-20-30, subdivision 7, line 25, after "Algebra" strike semi-colon (;) and insert comma (,)

VA.R. Doc. No. R08-1054; Filed February 25, 2009, 10:33 a.m.