



Ohio Administrative Code

Rule 123:1-71-03 Eligibility, contribution and withdrawal procedures.

Effective: October 25, 2015

(A) Eligibility.

(1) Persons eligible to participate in the state employee health benefit fund are:

(a) Permanent full-time and permanent part-time employees of the state of Ohio who are paid by warrant of the director of the office of budget and management, and who normally have earnings every pay period, including elected and appointed officials;

(b) Any other employees of the state of Ohio who are paid by warrant of the director of the office of budget and management who are eligible to participate in the state employee health benefit fund pursuant to any applicable state or federal law; and

(c) Eligible dependents of persons described in paragraphs (A)(1)(a) to (A)(1)(b) of this rule who have elected to participate in the fund.

(2) The director shall determine eligibility of all employees of the state and dependents.

The director shall establish criteria for determining the eligibility of dependents.

(B) Enrollment.

(1) Employees, elected, and appointed officials are eligible to enroll during the first thirty-one days of employment or term of office for benefit coverage, excluding vision and dental coverage.

Employees, elected, and appointed officials are eligible to enroll in vision and dental coverage during the first thirty-one days following the completion of one year of continuous employment with the state or completion of the one year of the term in office, as appropriate.

(2) An open enrollment period shall be established by the director. During such period, eligible



employees, elected and appointed officials, and their dependents who are not covered by the state employee health benefit fund may enroll without imposition of any limitations or waiting periods. Coverage for those persons enrolling during an open enrollment period shall be effective on the first day of the new benefit year.

(3) The director, in compliance with applicable state and federal law, shall determine qualifying events that allow an employee, elected, or appointed official to make coverage changes outside of an open enrollment period.

(C) The director shall determine the effective dates of coverage for employees, elected and appointed officials, and their dependents.

(D) The director shall establish employee, elected, and appointed official contribution levels for the benefits provided by the state employee health benefit fund.

(E) Termination of coverage.

(1) Employees, elected and appointed officials, and their dependents will cease to be covered by the fund due to:

(a) Termination of state employment by the employee or the elected or appointed officials term of office;

(b) A qualifying event, as determined by applicable state or federal law; or

(c) Cessation of the employee's, elected or appointed official's contributions to the fund, unless such contributions are waived by statute or rule.

(2) Any coverage will cease at the end of the last day of the month of separation from service.

(F) The director shall determine the benefits, any deductibles, co-payments, co-insurance, and conditions or limitations of such benefits to be provided to employees, elected, and appointed officials covered by the state employee health benefit fund. The director may also make such



changes to the benefits from time to time as may be required to reasonably provide health care for such employees, elected and appointed officials, and their dependents with funds available for such purposes.