



Ohio Administrative Code

Rule 145-4-09 Definition of "eligible dependent" for health care coverage.

Effective: January 1, 2019

"Eligible dependent" is a dependent for purposes of sections 105 and 106 of the Internal Revenue Code of 1986, 26U.S.C.A. 105, 106, and is described as one of the following:

(A) The spouse of a primary benefit recipient.

(B) The biological or legally adopted child of a primary benefit recipient who is under the age of twenty-six or is permanently and totally disabled prior to age twenty-two. For purposes of this paragraph "permanently and totally disabled" means the individual is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death, or which has lasted or can be expected to last for a continuous period of not less than twelve months.

(C) The grandchild of a primary benefit recipient for whom the benefit recipient has been ordered pursuant to section 3109.19 of the Revised Code, or equivalent order from another state, to provide for the health care coverage.

(D) For effective dates of disability benefits on and after January 1, 2014, an eligible dependent described in paragraph (B) or (C) of this rule if the disability benefit recipient has been receiving a disability benefit for more than five years and meets one of the following:

(1) The disability benefit recipient meets one of the criteria specified in paragraph (C)(4)(b) of rule 145-4-06 of the Administrative Code;

(2) The disability benefit recipient has attained age sixty and has twenty or more qualified years of employer contributions; or

(3) The disability benefit recipient qualifies for federal hospital insurance benefits under the Social Security Amendments of 1965, 79 Stat. 291, 42 U.S.C.A. 1395c, on the basis of disability before the



age of sixty-five.

(E) Except as provided in paragraph (D) of this rule, for benefit effective dates on and after January 1, 2015, an eligible dependent described in paragraph (B) or (C) of this rule may be newly enrolled in health care coverage only if the primary benefit recipient had at least twenty qualified years of employer contributions at the time the benefit commenced.