



## Ohio Administrative Code Rule 145-4-14 Coordination of coverage.

Effective: January 1, 2019

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(A) This rule amplifies division (D) of section 145.58 of the Revised Code.

(B) As used in this rule, "available coverage" means health care coverage available from another Ohio retirement system. It includes any payment, stipend, funds, reimbursement, or other remuneration of any kind provided from another Ohio retirement system for the purpose of obtaining medical or prescription drug coverage.

(C) Health care coverage provided by this retirement system under sections 145.58 and 145.584 of the Revised Code shall pay covered medical expenses for benefit recipients of this retirement system prior to payment under any available coverage if the available coverage is provided to the individual as the spouse or dependent of another person.

(D) Health care coverage provided by this system shall pay only the covered medical expenses not paid or reimbursed by any available coverage if either of the following occurs:

(1) In the case of a benefit recipient, the available coverage is not provided as a dependent of another person, and has been in effect for a longer time than the health care coverage provided by this system;

(2) In the case of a dependent, the available coverage is not provided as the dependent of another person or is provided as the dependent of another person but has been in effect for a longer time than the health care coverage provided by this system.

(E) Except as otherwise provided in this rule, the public employees retirement system shall not be the system responsible for health care coverage for eligible benefit recipients or eligible dependents of eligible benefit recipients of this system who waive or are otherwise eligible for any available coverage after January 1, 2007.



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DOCUMENT #230601

(F) Each benefit recipient and eligible dependent enrolled in health care coverage provided by this system shall annually make a report to the system or, an entity designated by the system, stating whether the person has other available coverage. The report shall include any information requested by the system or entity.