



Ohio Administrative Code

Rule 145-4-38 Reenrollment following voluntary termination of pre-medicare health care coverage.

Effective: January 1, 2019

(A) An eligible benefit recipient enrolled in health care coverage under rule 145-4-30 of the Administrative Code may voluntarily terminate coverage. The termination of coverage applies to both the benefit recipient and the benefit recipient's dependents. The effective date of the termination of coverage shall be determined as follows:

(1) If the termination of coverage is received by the retirement system not later than thirty days after issuance of the initial benefit payment and the public employees retirement system has not paid claims for health care coverage of the benefit recipient or dependent, the termination is effective on the effective date of benefits. The benefit recipient shall be treated as an individual who did not enroll in coverage under paragraph (E)(1) of rule 145-4-30 of the Administrative Code.

(2) If the termination of coverage is received by the retirement system more than thirty days after the issuance of the initial benefit payment, the termination is effective on the first day of the month following receipt of the termination.

(B) A benefit recipient who voluntarily terminated coverage as described in paragraph (A) of this rule on or after January 1, 2014, may reenroll in coverage by one of the following actions:

(1) During the annual open enrollment period, the benefit recipient applies for health care coverage and provides proof of creditable coverage in another health care plan that is effective at the time of application; or

(2) Within sixty days of involuntary termination of health care coverage under another plan, the benefit recipient submits an application for health care coverage and provides proof of creditable coverage in the prior plan.

(C) This rule does not apply to any of the following:



- (1) A benefit recipient whose disenrollment occurred under rule 145-4-17 of the Administrative Code;
- (2) A benefit recipient whose health care coverage has been suspended for failure to submit the documentation necessary to administer the individuals enrollment in the coverage.
- (3) A benefit recipient who is eligible for medicare.