



Ohio Administrative Code

Rule 145-4-40 Pre-medicare health care coverage during public employment.

Effective: January 1, 2019

(A) Public employer and other coverage available

(1) A public employer that employs a primary benefit recipient shall provide health care coverage for such benefit recipient consistent with the provisions of section 145.38 of the Revised Code. At the time the employer provides notice of employment under section 145.38 of the Revised Code, the employer shall also notify the public employees retirement system of the status of health care coverage for the employed benefit recipient.

(2) If the primary benefit recipient should be covered under the employers health care plan as required by section 145.38 of the Revised Code but fails to enroll in the employers health care plan or other comparable coverage, the recipient is ineligible to participate in a plan provided by the retirement system during public employment.

(3) If the benefit recipient is covered under the public employer's health care coverage or other comparable coverage, this systems coverage shall pay only the remaining medical claims cost not paid or reimbursed by the comparable or employers coverage, up to the systems's limits in coverage.

(B) The retirement system may offer health care coverage for pre-medicare benefit recipients during public employment. The benefit recipient shall apply for coverage on a form provided by the retirement system and received by the retirement system not later than sixty days after public employment commences. If applicable, a primary benefit recipient must provide evidence of enrollment in the employers or other comparable coverage. A benefit recipient enrolled in the coverage described in this paragraph may enroll an eligible dependent in the appropriate coverage determined by the retirement system.

(1) An eligible benefit recipient may defer enrollment in health care coverage under paragraph (B) of this rule. The deferral applies to both the benefit recipient and the benefit recipient's dependents.



(2) A benefit recipient who is described in paragraph (C)(1) of this rule may enroll by filing an application for enrollment in health care coverage during one of the following:

(a) The annual open enrollment period for health care coverage, except that the deferral or waiver remains effective until January first of the next year;

(b) Within sixty days of involuntary termination of coverage under another group plan, and with proof of such termination.

(D) In all other regards, the coverage provided under this rule shall be administered substantially similar to other pre-medicare coverage sponsored by the retirement system and may differ or coordinate with such coverage as determined by the retirement system. For enrolled recipients, the retirement system shall transfer enrollment to the coverage described in rule 145-4-30 of the Administrative Code effective the first day of the month following termination of the public employment.