



Ohio Administrative Code

Rule 145-4-62 Coverage for medicare-eligible benefit recipient during public employment.

Effective: January 1, 2019

(A) Public employer or other coverage

(1) As used in section 145.38 of the Revised Code, comparable coverage does not include medicare coverage.

(2) 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 retirement system of the status of health care coverage for the employed benefit recipient.

(3) If the benefit recipient is covered under the public employer's health care coverage and the benefit recipient is also enrolled in coverage that pays secondary to medicare that is sponsored by the public employees retirement system, this system's coverage shall pay only the remaining medical claims costs not paid or reimbursed by the employers coverage or medicare up to the system's limits in coverage.

(B) Except as provided in rule 145-4-68 of the Administrative Code, this system's health care coverage that pays secondary to medicare may be available to medicare-eligible benefit recipients who are public employees upon application on a form provided by the system and received by the system not later than sixty days after public employment commences. A primary benefit recipient enrolled in the coverage described in this paragraph may enroll an eligible dependent as defined in rule 145-4-09 of the Administrative Code.

(C) Upon the recommendation of the actuary retained by the board, the board shall determine annually the portion of the self-supporting rate it may pay for eligible benefit recipients and eligible dependents enrolled in health care coverage described in paragraph (B) of this rule.



(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 (E)(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.

(E) Except as provided in rule 145-4-68 of the Administrative Code, a benefit recipient is eligible for the health care coverage described in this rule while the recipient is a public employee.

Eligibility for this coverage shall extend through the earlier of thirty days after the date a benefit recipient is notified of ineligibility for this coverage due to termination of public employment or the benefit recipient is a participant in the health reimbursement arrangement. The benefit recipient is eligible for participation in the health reimbursement arrangement on the first day of the month following termination of public employment.