



Ohio Administrative Code

Rule 3307:1-11-01 Health care services - establishment of program and definitions.

Effective: [May 7, 2026](#)

(A) Establishment of health care program

- (1) Pursuant to section 3307.39 of the Revised Code, a health care program is hereby established for certain benefit recipients and their dependents who meet eligibility requirements specified in this chapter and in any medical or ancillary plan offered.
- (2) The health care program shall consist of such medical plans and ancillary plans as the retirement board may offer from time-to-time.
- (3) Benefit recipients shall provide any information requested by the retirement system to validate the eligibility of any enrollee in a medical plan or ancillary plan offered by the retirement system.
- (4) Any person who obtains coverage, subsidy, or payment of claims in a medical plan and/or ancillary plan as the result of false or misleading information shall be immediately terminated from the health care program. Any amounts paid for which a person is not entitled shall be repaid pursuant to section 3307.47 of the Revised Code. The retirement system may collect amounts due in any other manner the system considers appropriate, as provided by law.

(B) Definitions for purposes of this chapter

- (1) "Ancillary plan" means a plan offered to provide auxiliary coverage, such as dental or vision coverage.
- (2) "Benefit recipient" means a primary recipient, a survivor annuitant, or a survivor benefit recipient as defined in paragraphs (B)(13), (B)(18) and (B)(19) of this rule.
- (3) "Child" means a biological child, legally adopted child, or stepchild of a living or deceased primary recipient or member, or a child for whom a primary recipient or member has been legally appointed as guardian prior to the child attaining age twenty-six.
- (4) "Dependent" means a child under age twenty-six, a disabled adult child as defined in paragraph (B)(6) of this rule, or a spouse as defined in paragraphs (B)(3), (B)(15) and (B)(16) of this rule.
- (5) "Disability benefit recipient" means a member in the defined benefit plan who is receiving a monthly disability benefit or a participant in the combined plan who is receiving a monthly disability benefit.



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- (6) "Disabled adult child" means a person age twenty-six or older who has never been married; is a biological or legally adopted child prior to age eighteen, or a stepchild of a living or deceased primary recipient or member, or a child for whom a primary recipient has been legally appointed as guardian prior to the child attaining age eighteen; continuously meets the requirements for physical or mental incompetency as set forth in paragraphs (F) and (G) of rule 3307:1-8-01 of the Administrative Code, and either:
- (a) Was adjudged physically or mentally incompetent by a court prior to age twenty-two, or
 - (b) Was continuously physically or mentally incompetent and continuously unable to earn a living where both conditions occurred prior to age twenty-two.
- (7) "Enrollee" means any individual described in this chapter who participates in a medical plan or ancillary plan offered by the retirement system.
- (8) "Enrollment cycle" means a period of time during which an enrollee is not permitted to terminate his or her enrollment and must continue paying monthly premiums.
- (9) "Entity" means any public or private organization that acts as an employer and is not limited to an employer as defined in section 3307.01 of the Revised Code.
- (10) "Medical plan" means a plan offered to provide medical or prescription drug coverage or any combination thereof.
- (11) "Ohio retirement system" includes highway patrol retirement system, police and fire pension fund, public employees retirement system, and school employees retirement system.
- (12) "Premium" means a monthly amount that is required to be paid by a benefit recipient to continue enrollment for health care coverage for the benefit recipient and/or any dependent.
- (13) "Primary recipient" means a disability benefit recipient or service retiree as defined in paragraphs (B)(5) and (B)(14) of this rule.
- (14) "Service retiree" means a member in the defined benefit plan who is granted a monthly service retirement benefit or a participant in the



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combined plan who is granted a monthly service retirement benefit under the defined benefit portion of the combined plan.

- (15) "Spouse" means a person currently married to a primary recipient or a person who was married to a member or primary recipient at the time of the member's or primary recipient's death.
- (16) "Subsidy" means the portion, if any, of the medical plan monthly cost waived by the retirement board.
- (17) "Survivor annuitant" means a beneficiary of a service retiree, who was eligible for health care coverage as a dependent at the time of the service retiree's death and who is receiving a monthly service retirement benefit under an optional plan of payment as defined in section 3307.60 of the Revised Code.
- (18) "Survivor benefit recipient" means a person receiving a monthly survivor benefit under section 3307.66 of the Revised Code or the combined plan, provided such person was eligible as a dependent of the member or disability recipient at the time of the member's or disability recipient's death.
- (19) "Total service credit" has the same meaning as used in section 3307.50 of the Revised Code, and as used in this chapter such credit shall not include any credit purchased under former section 3307.741 of the Revised Code, but shall include credit purchased under sections 145.297, 145.298, 3307.54 (as it existed until July 31, 2014), and 3309.33 of the Revised Code.