

AUTHENTICATED, OHIO LEGISLATIVE SERVICE COMMISSION DOCUMENT #288018

Ohio Administrative Code

Rule 3307:1-11-05 Health care services - medicare part B reimbursement. Effective: June 3, 2021

(A) Pursuant to section 3307.39 of the Revised Code, certain benefit recipients who request reimbursement and verify enrollment in the medicare part B insurance program with the retirement system may be eligible for reimbursement for a portion of the cost of the basic medicare part B premium for months where eligible individuals are enrolled in both a medical plan offered by the retirement system and medicare part B. For approved requests received on or before the fifteenth day of a month, reimbursement begins the first of the month after the date the request is received; otherwise, reimbursement begins the first of the second month after the date the request is received. Reimbursement will be based on service credit in an amount as periodically determined by the retirement board that meets the provisions in division (B) of section 3307.39 of the Revised Code. The retirement board may suspend or discontinue medicare part B reimbursement at any time in its sole discretion.

(B) The following benefit recipients who continually meet the provisions in paragraph (A) of this rule are eligible for reimbursement as specified in this rule:

(1) A primary recipient.

(2) A survivor benefit recipient with an effective benefit date that is on or before December 1, 2014 excluding survivor benefit recipients who became a beneficiary prior to January 1, 2008 and were age sixty-five prior to January 1, 2008.

(C) Upon request, a benefit recipient receiving medicare part B premium reimbursement under this rule shall certify the amount paid for medicare part B coverage. The reimbursement amount provided under this rule shall not exceed the amount paid by the benefit recipient.

(D) For purposes of section 3307.39 of the Revised Code and this rule, basic medicare part B premium means the amount of the standard monthly medicare part B premium determined by the United States secretary of health and human services prior to any premium increases, such as late



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enrollment penalties or income related monthly adjustment amount being made.