AUTHENTICATED,
OHIO LEGISLATIVE SERVICE
COMMISSION
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Ohio Administrative Code

Rule 3309-1-64 Dental and vision coverage.

Effective: March 6, 2026

(A) Definitions

(1) "Benefit recipient," "Member," "Age and service retirant," "Disability benefit recipient," and "Dependent" shall have the meanings set forth in paragraph (A) of rule 3309-1-35 of the Administrative Code.

(2) "Premium" means a monthly amount that may be required to be paid by a benefit recipient to continue enrollment in SERS dental and vision coverage for the recipient or the recipient's eligible dependents.

(B) Eligibility

A person is eligible for dental or vision coverage under this rule so long as the person meets the eligibility requirements in section 3309.69 of the Revised Code and paragraph (B)(1) of rule 3309-1-35 of the Administrative Code for the retirement system's health care coverage.

(C) Enrollment

(1) An eligible benefit recipient may only enroll in a dental or vision plan as follows:

(a) At the time the benefit recipient applies for an age and service retirement, disability benefit, or monthly benefit pursuant to section 3309.45 of the Revised Code;

(b) At the time the benefit recipient reinstates previously waived or cancelled health care coverage as provided in paragraph (J) of rule 3309-1-35 of the Administrative Code;

(c) Within thirty-one days after involuntary termination of their own or a spouse's dental or vision plan; or

(d) During the retirement system's open enrollment period.

(2) An eligible dependent of an age and service retirant or disability benefit recipient may only enroll in a dental or vision plan as follows:

(a) At the time the age and service retirant or disability benefit recipient enrolls in the dental and vision plan;

(b) During the retirement system's open enrollment period so long as the age and service retirant or disability benefit recipient is also enrolled in the dental and vision plan; or

(c) Within thirty-one days after involuntary termination of another medical, dental, or vision plan, so long as the age and service retirant or disability benefit recipient is also enrolled or requesting enrollment in the SERS dental or vision plan.

(D) Effective date of coverage

(1) When a benefit recipient elects to enroll in dental or vision coverage during an open enrollment period, the effective date of coverage shall be the first day of the calendar year following the open enrollment period.

(2) When a benefit recipient elects to enroll in dental or vision coverage upon receipt of a benefit, the effective date of coverage shall be as follows:

(a) For a disability benefit recipient or dependent of a disability benefit recipient, the coverage shall be effective on the first day of the month following approval of the benefit or the benefit effective date, whichever is later.

(b) For an age and service retirant or dependent of an age and service retirant, the coverage shall be effective on the first day of the month following the date that the retirement application is filed with the retirement system or the benefit effective date, whichever is later.

(c) For an eligible dependent of a deceased member, deceased disability benefit recipient, or deceased age and service retirant, the coverage shall be effective on the effective date of the benefit if the appropriate application is received within three months of the death of the member, disability benefit recipient or age and service retirant, or the first day of the month following the date that the appropriate application is received if not received within three months of the death of the member, disability benefit recipient or age and service retirant.

(E) Cancellation of dental and vision coverage

(1) A person's dental or vision coverage shall be cancelled under the following circumstances;

(a) The person ceases to qualify as one of the persons listed in paragraph (B)(1) of rule 3309-1-35 of the Administrative Code;

(b) The dental and vision coverage of a dependent is cancelled when the dental and vision coverage of a benefit recipient is cancelled;

(c) The person's dental and vision coverage is cancelled for default as provided in paragraph (F) of this rule;

(d) The person's benefit payments are suspended for failure to submit documentation required to establish continued benefit eligibility under division (B)(2)(b)(i) of section 3309.45, division (F) of section 3309.39, division (D) of section 3309.41, or division (D) of section 3309.392 of the Revised Code;

(e) The benefit recipient elects to cancel the coverage during the open enrollment period; or

(f) The enrolled eligible dependent of a deceased member, deceased disability benefit recipient or deceased age and service retirant fails to submit the appropriate application to continue dental and vision coverage to the system within three months of the death of the member, disability benefit recipient or age and service retirant.

(F) Premiums

(1) Payment of premiums for dental and vision coverage shall be by deduction from the benefit recipient's monthly benefit. If the full amount of the monthly premium cannot be deducted from the benefit recipient's monthly benefit, the benefit recipient shall be billed for the portion of the monthly premium due after any deduction from the monthly benefit.

(2) If the retirement system determines that any premium has been calculated incorrectly, the system will recalculate the premium to the correct amount. The recalculated premium will begin on the next payment date.

(a) If the recalculation results in a decreased premium, the retirement system shall pay the recipient the cumulative difference between the original calculation and the recalculation in a one-time lump-sum.

(b) If the recalculation results in an increased premium, the recipient shall pay to the retirement system the cumulative difference between the original calculation and the recalculation.

(c) The following standards shall apply if the recipient was not the source of the information or records that caused the incorrect calculation and did not commit fraud, misrepresentation, or other misconduct resulting in the incorrect calculation.

(i) For any amounts owed to the system under paragraph (F) of this rule, the retirement system will waive collection of:

(a) The first two hundred dollars; and

(b) Any portion of the amount due that accrued more than two years before the date of the determination made in paragraph (F)(2) of this rule.

(ii) In seeking payment under paragraph (F)(2)(b) of this rule, the system shall deduct up to ten per cent of the gross amount of any periodic benefit due to the person until the payment due has been paid in full.

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(3)

(a) Premium payments billed to a benefit recipient under paragraph (F)(1) of this rule shall be deemed in default after the unpaid premiums for dental and vision coverage under this rule and health care coverage under rule 3309-1-35 of the Administrative Code reach a total cumulative amount of at least three months of billed premiums.

(b) Premium payments billed to a benefit recipient under paragraph (F)(2)(b) of this rule shall be deemed in default if the benefit recipient does not agree to a payment plan or if the benefit recipient misses scheduled payments under a payment plan in a total cumulative amount of at least three months of billed premiums.

(c) The retirement system shall send written notice to the benefit recipient that payments are in default and that coverage will be cancelled on the first day of the month after the date of the notice unless payment for the total amount in default is received prior to the date specified in the notice. If dental and vision coverage is cancelled due to a recipient's failure to pay premium amounts in default, the recipient shall remain liable for such amounts due for the period prior to cancellation of coverage. The benefit recipient shall be ineligible for reinstatement of coverage until payment for the total amount in default is received.