



Ohio Administrative Code Rule 123:1-71-01 Definitions.

Effective: July 31, 2022

For purposes of Chapter 123:1-71 of the Administrative Code:

(A) "Benefits" means health plan benefits covered under a program established by the director, which may include medical, vision, dental, behavioral health, wellness, telehealth, health savings account (HSA), and pharmacy services.

(B) "Contributions" means amounts withheld from employees' pay, amounts directly contributed by employees, amounts contributed by the state or from federal funds, amounts contributed by any state authority, and income derived from dividends, interest earned, rate adjustments, interim and final settlement amounts, and other refunds.

(C) "Administrator" means a company, authorized to do the business of sickness and accident insurance under Title XXXIX of the Revised Code or a professional claim administrator with which the director has contracted to administer the program of health care benefits pursuant to section 124.87 of the Revised Code.

(D) "State authority" means every organized body, office and agency established by the laws of the state for the exercise of any function of state government.

(E) "State employee health benefit fund" means a fund established by the director pursuant to section 124.87 of the Revised Code to provide state employees with benefits equivalent to those that may be paid under a policy or contract of insurance as specified in division (A) of section 124.82 of the Revised Code.

(F) "Professional claim administrator" means any person with experience in the handling of insurance claims and determined by the director to be fully qualified, financially sound, and capable of meeting all of the service requirements of the contract or administration under such criteria as may be established by the director.



AUTHENTICATED,
OHIO LEGISLATIVE SERVICE
COMMISSION
DOCUMENT #299256

(G) "Director" means the director of administrative services.