



Ohio Administrative Code Rule 145-4-25 Dental and vision coverage.

Effective: January 1, 2025

(A) As used in this rule:

(1) "Benefit recipient" means person receiving a benefit from the public employees retirement system. "Benefit" means monthly amounts paid to an individual pursuant to section 145.32, 145.33, 145.331, 145.332, 145.335, 145.35, 145.36, 145.361, 145.37, 145.384, 145.45, or 145.46 of the Revised Code, or section 9.02 of the combined plan document.

(2) "Dependent" means:

(a) The spouse of a benefit recipient.

(b) The biological or legally adopted child of a benefit recipient who is under the age of twenty-six.

(c) The grandchild of a benefit recipient for whom the benefit recipient has been ordered pursuant to section 3109.19 of the Revised Code, or equivalent order from another state, to provide dental and vision coverage.

A benefit recipient shall inform the retirement system, in writing, not later than thirty days after an eligible dependent no longer meets the requirements of this rule. The retirement system may require a benefit recipient to certify the status of an individual as an eligible dependent for coverage. Failure to provide certification within sixty days of the request by the retirement system shall result in the denial or withdrawal of coverage for such individual until the open enrollment period.

(3) "Initial benefit payment" has the same meaning as in rule 145-1-65 of the Administrative Code.

(B)

(1) Except as provided in paragraph (B)(2) of this rule, the public employees retirement system may



offer dental or vision coverage that is administered by a third party administrator(s) to benefit recipients and dependents provided that the benefit exceeds the premium set by the public employees retirement board for coverage under this rule.

(2)

(a) A spouse of a benefit recipient shall cease to be eligible for coverage on the first day of the month following the date of the final decree of divorce or dissolution from the benefit recipient.

(b) A dependent described in paragraph (A)(2)(b) of this rule shall cease to be eligible for coverage on the first day of the month following the child's twenty-sixth birthday. A dependent described in paragraph (A)(2)(c) of this rule shall cease to be eligible for dental and vision coverage on the first day of the month following the dependent's eighteenth birthday.

(C) Enrollment

(1) Except as provided in paragraph (C)(2) of this rule, a benefit recipient's application for dental or vision coverage must be received by the retirement system not later than thirty days after the benefit recipient's initial benefit payment. During the thirty-day period, the applicant may make one change to the filed application.

(2) A benefit recipient that does not enroll as provided in paragraph (C)(1) of this rule may enroll by filing an application for enrollment in dental or vision coverage during one of the following:

(a) The annual open enrollment period;

(b) Within sixty days of involuntary termination of coverage under another group plan, and with proof of such termination.

(3) A benefit recipient may enroll an eligible dependent in coverage during the annual open enrollment period or at any time outside of open enrollment if any of the following apply and the application is received not later than sixty days after the occurrence of the event:



- (a) The benefit recipient may enroll a new spouse upon marriage;
 - (b) The benefit recipient may enroll an eligible child upon the birth or adoption of the child;
 - (c) The benefit recipient may enroll an eligible dependent who has involuntarily lost vision and dental coverage from another source;
 - (d) The benefit recipient is ordered to enroll a child pursuant to a national medical support order;
 - (e) The dependent first achieves an eligibility threshold described in this rule.
- (4) Enrollment of a benefit recipient or eligible dependent under this rule shall be made on an application provided by the retirement system.
- (D) Effective date of coverage
- (1) The effective date of dental and vision coverage of a benefit recipient receiving a benefit pursuant to section 145.32, 145.33, 145.331, 145.332, 145.335, division (B)(1) of section 145.37, or 145.384 of the Revised Code, or section 9.02 of the combined plan document shall be the later of the following:
- (a) The effective benefit date of the benefit that is the basis of the coverage;
 - (b) The first day of the month during which an application for the benefit is received by the retirement system.
 - (c) If the retirement system or health care administrator has not paid claims for coverage for an eligible benefit recipient or eligible dependent, the benefit recipient may elect an effective date of coverage that is after the date described in paragraph (D)(1)(a) or (D)(1)(b) of this rule but is not later than thirty days after the initial benefit payment. An election under this paragraph shall be made not later than thirty days after the initial benefit payment.
- (2) The effective date of dental and vision coverage of a benefit recipient receiving a benefit



pursuant to section 145.35, 145.36, 145.361, division (B)(2) of section 145.37, 145.45, or 145.46 of the Revised Code shall be the first day of the month following the initial benefit payment.

(3) Notwithstanding paragraphs (D)(1) and (D)(2) of this rule, in the case of enrollment during open enrollment, the effective date of coverage shall be January first of the following year.

(E) The following provisions apply to the dental and vision coverage offered by the retirement system:

(1) The coverage shall be in effect for a calendar year.

(2) An individual enrolled in coverage can voluntarily terminate the individual's enrollment in the coverage or a dependent's enrollment in the coverage only at the end of each calendar year by filing the notice of cancellation in a form and manner approved by the retirement system during the open enrollment period.

(3) The system shall require the automatic withholding of coverage premiums from the benefit paid to the enrolled individual.

(F) The retirement system shall offer continuation coverage, as applicable, in accordance with the requirements of the Consolidated Omnibus Budget and Reconciliation Act 1985 ("COBRA"), 42 U.S.C.A. 300gg-1.