

145-4-17

**Payment of health care charges and disenrollment for nonpayment.**

(A)

(1) Enrolled benefit recipients shall pay all health care premiums and associated costs through deduction from the benefit.

(2) If the benefit does not satisfy the amounts due, the public employees retirement system or designated third party shall bill the benefit recipient for the amount due or the remainder of the amount due after partial deduction from the available benefit.

(B) A benefit recipient who fails to timely remit payment for amounts due pursuant to paragraph (A)(2) of this rule shall be disenrolled from all health care coverage as provided in this rule.

(1) A benefit recipient may prevent disenrollment only by remitting all amounts due prior to the due date.

(2) A benefit recipient who has failed to remit the amount due by the due date shall be notified of disenrollment from health care coverage not less than fifteen days prior to the date on which the retirement system will process the disenrollment.

(3) The effective date of disenrollment shall be the last day of the month following the month the benefit recipient failed to remit the amount due, in coordination with the centers for medicare and medicaid services, as necessary.

(4) Any unpaid amounts due through the effective date of disenrollment shall be deducted from the benefit following disenrollment.

(5) Disenrollment of a benefit recipient pursuant to this rule applies to all enrolled dependents and coverage options.

(C) A benefit recipient whose coverage was terminated pursuant to this rule may re-enroll in coverage once during the annual open enrollment period if full payment of all amounts due is received by the first day of December of the year preceding the coverage period.

(D) A second termination of coverage pursuant to this rule is permanent and ends all eligibility to participate in this plan.

Effective: 03/24/2013

R.C. 119.032 review dates: 09/26/2013

CERTIFIED ELECTRONICALLY

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Certification

03/14/2013

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Date

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