

3307:1-11-01      **Health care services - establishment of program and definitions.**

(A) Pursuant to sections 3307.39, 3307.391 and 3307.61 of the Revised Code a health care program is hereby established for:

- (1) Recipients of benefits under sections 3307.50 to 3307.79 of the Revised Code; and
- (2) Recipients of benefits under a plan established under section 3307.81 of the Revised Code that provides health care coverage; and
- (3) The spouses and dependents of the foregoing recipients who meet the conditions of eligibility specified by this chapter of the Administrative Code as well as the conditions of eligibility for participation in any medical or ancillary plan offered.

The health care program shall consist of such medical plans and ancillary plans as the retirement board may from time-to-time offer. The retirement board shall review the program, the plans and benefits offered at least every two years.

(B) As used in this chapter of the Administrative Code:

- (1) "Child" and "children" shall mean any biological child, lawfully adopted child, stepchild or a child for which a benefit recipient has been legally appointed a guardian. Through December 31, 2010, also included is any child who resides in the benefit recipient's home and receives fifty percent or more financial support from the benefit recipient as determined by the state teachers retirement system. Effective January 1, 2011, the child must meet the following requirements: Also included is any child who resides in the benefit recipient's home and receives fifty per cent or more financial support from the benefit recipient as determined by the state teachers retirement system.

(a) Has not yet attained age 26; and

(b) Through December 31, 2013, does not have access to other employer sponsored health care coverage. This requirement expires January 1, 2014.

- (2) "Medical plan" shall mean a plan offering health, medical, hospital, or prescription coverage or benefits or any combination thereof.
- (3) "Ancillary plan" shall mean a plan offering ancillary benefits such as dental, vision or long-term care coverage.

(4) "Sponsored dependent" includes:

- (a) A blood relative living in the residence of a benefit recipient, or in a convalescent center or any other type of institution that retains a sponsored dependent temporarily;
  - (b) A blood relative not living in the home of a benefit recipient, but receiving one-half or more support from the benefit recipient, as demonstrated by completion of a financial status form provided by the retirement system or the most recent federal income tax return;
  - (c) Any person living in the home of a benefit recipient or in a convalescent center or other institution that retains the sponsored dependent temporarily, if the person received one-half or more support from the recipient, as demonstrated by completion of a Sponsored Dependent financial status form provided by the retirement system ~~or the most recent federal income tax return~~;
  - (d) Any person living in the home of an unmarried recipient of a service or disability benefit or in a convalescent center or any other type of institution that retains a sponsored dependent temporarily, notwithstanding that the service or disability benefit recipient does not claim sponsored dependent as a financial dependent for federal tax purposes.
- (5) "Plan enrollee" means any individual described in rule 3307:1-11-02 of the Administrative Code who participates in the medical plans offered by the retirement system.
- (6) "Total service credit" shall be as defined by section 3307.50 of the Revised Code, and as used in this chapter such credit shall not include any credit purchased under section 3307.741 of the Revised Code.

Effective: 10/28/2010

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CERTIFIED ELECTRONICALLY

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Certification

10/18/2010

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Date

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