

145-4-06

Eligibility for health care in traditional pension and combined plans.

(A) For effective dates of benefits before January 1, 2014, “ineligible individual” means all of the following:

(1) A former member receiving benefits pursuant to section 145.32, 145.33, 145.331, 145.332, or 145.46 or former section 145.34 of the Revised Code or section 9.03 of the combined plan document for whom eligibility is established after June 13, 1986, and who, at the time of establishing eligibility, has accrued less than ten years of service credit, exclusive of credit obtained pursuant to section 145.297 or 145.298 of the Revised Code, credit obtained after January 29, 1981, pursuant to section 145.293 or 145.301 of the Revised Code, credit obtained after May 4, 1992, pursuant to section 145.28 of the Revised Code, and credit obtained in the combined plan after January 1, 2003, pursuant to section 145.28, 145.293, or 145.301 of the Revised Code;

(2) The spouse of the former member;

(3) The beneficiary of the former member receiving benefits pursuant to section 145.46 of the Revised Code or section 9.03(e) of the combined plan document, as amended on January 7, 2013.

(B) For effective dates of benefits on and after January 1, 2014, but before January 1, 2015, “ineligible individual” means any individual who does not meet any of the following:

(1) A former member receiving benefits pursuant to section 145.32, 145.33, 145.331, 145.332, or 145.46 or former section 145.34 of the Revised Code or section 9.03 of the combined plan document with an effective date of benefits on and after January 1, 2014, but before January 1, 2015, and who has accrued at least ten years of qualified years of employer contributions.

(2) The spouse of the former member;

(3) The beneficiary of the former member receiving benefits pursuant to section 145.46 of the Revised Code or section 9.03(e) of the combined plan document, as amended on January 7, 2013.

(C) For effective dates of benefits on or after January 1, 2015, “ineligible individual” means any individual who does not meet any of the following:

- (1) A former member receiving benefits pursuant to section 145.32, 145.33, ~~145.331~~, 145.332, or 145.46 or former section 145.34 of the Revised Code or section 9.03 of the combined plan document with an effective date of benefits on and after January 1, 2015, and who has attained age sixty and has accrued at least twenty qualified years of employer contributions or is any age and has accrued at least thirty qualified years of employer contributions.
 - (2) A former member receiving benefits pursuant to section 145.331 of the Revised Code who is one of the following:
 - (a) Had an effective date of benefits under section 145.361 of the Revised Code prior to January 1, 2015, and had accrued at least ten qualified years of employer contributions; or
 - (b) Had an effective date of benefits under section 145.361 of the Revised Code on or after January 1, 2015, and attained age sixty and has accrued at least twenty years of qualified employer contributions or is any age and has accrued at least thirty qualified years of employer contributions.
 - ~~(2)~~(3) The spouse of the former member;
 - ~~(3)~~(4) The beneficiary of the former member receiving benefits pursuant to section 145.46 of the Revised Code or section 9.03(e) of the combined plan document, as amended on January 7, 2013.
- (D) Beginning January 1, 2014, as used in section 145.58 of the Revised Code, an “ineligible individual” includes a disability benefit recipient who has an effective date of benefits that is on or after January 1, 2014, and has been receiving a disability benefit for more than five years unless the recipient meets one of the following:
- (1) The recipient has met the eligibility requirements described in paragraph (C) of this rule;
 - (2) The recipient qualifies for federal hospital insurance benefits under the Social Security Amendments of 1965, 79 Stat. 291, 42 U.S.C.A. 1395c, on the basis of a disability and has not attained age sixty-five;
 - (3) The recipient is not eligible to participate in medicare part A at no cost to the recipient.

- (E) A member participating in the combined plan shall be a member of the traditional pension plan for purposes of the coverage described in sections 145.58 and 145.584 of the Revised Code.

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CERTIFIED ELECTRONICALLY

Certification

01/21/2015

Date

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