



ELIGIBILITY AND ENROLLMENT GUIDELINES FOR HEALTH CARE COVERAGE

For STRS Ohio's Medical, Dental and Vision Plans

Before completing the enrollment application for STRS Ohio's medical, dental and vision plans, please read this important information. If you have questions, contact STRS Ohio by email (go to www.strsoh.org and select "Contact" from the top menu) or toll-free at 888-227-7877.

Note: References to "health care coverage" and "coverage" apply to medical, dental and vision coverage, unless otherwise specified.

Eligibility Guidelines

Medicare coverage — STRS Ohio requires all medical plan participants to be enrolled in Medicare Parts A & B at age 65 or when eligible. Medicare Part B is required for all enrollees. Medicare Part A is also required if it is available to you at no cost (premium free). If you decline Medicare Part B or premium-free Part A, you will no longer be eligible for STRS Ohio medical coverage.

Residency requirement — To be eligible and remain eligible for coverage, individuals must reside physically within the United States with a permanent residence in one of the U.S. 50 states or U.S. territories.

Service retirement benefit recipients — A Defined Benefit Plan or Combined Plan member is eligible for coverage based on years of total service credit. A member who retires:

- **On or after Aug. 1, 2023**, must have 20 or more years of total service credit.
- **Jan. 1, 2004, through July 1, 2023**, must have 15 or more years of total service credit.
- **Before Jan. 1, 2004**, does not have a minimum service credit requirement.

Disability benefit recipients — A disability recipient is eligible for coverage.

A recipient who later applies for service retirement must meet the following requirements. A recipient who is granted disability benefits:

- **On or after Aug. 1, 2023**, must have 20 or more years of total service credit.
- **Jan. 1, 2004, through July 1, 2023**, must have 15 or more years of total service credit.
- **Before Jan. 1, 2004**, does not have a minimum service credit requirement as long as there is no break in benefits between the disability benefit and service retirement benefit.

Beneficiaries of service retirement benefit recipients (survivor annuitants) — A spouse, child or disabled adult child receiving Joint and Survivor Annuity or Annuity Certain plan of payment benefits who was an eligible dependent at the time of the benefit recipient's death. The service retirement benefit recipient must have been eligible for coverage at the time of death for a beneficiary to qualify for coverage.

Survivors of active members or disability benefit recipients (survivor benefit recipients) — A spouse, child or disabled adult child granted survivor benefits who was an eligible dependent at the time of the active member's or disability benefit recipient's death. Based on the type of survivor benefit selected, the following minimum years of total service credit may be required: 20 years if the effective date of survivor benefits is on or after Aug. 1, 2023, or 15 years if the effective date of survivor benefits is Jan. 1, 2004, through July 1, 2023.

Employed non-Medicare enrollees — STRS Ohio medical coverage for employed individuals not eligible for Medicare is limited to secondary coverage under STRS Ohio's Aetna Basic Plan when they: (1) are eligible for medical and prescription coverage through their employer, or (2) hold a position for which other similarly situated employees are eligible for medical and prescription coverage. Failure to report employment will result in cancellation of your coverage and liability for any subsidy that reduced your monthly premium from the start date of your employment.

Eligible dependents

1. Spouse — A person who is married to a service retirement/disability benefit recipient; or a person who was married to a member or service retirement/disability benefit recipient at the time of the member's or benefit recipient's death.
2. Child — A child of a service retirement/disability benefit recipient or member who is under age 26 and is a biological child, legally adopted child/stepchild or child for whom the benefit recipient or member has been legally appointed as guardian.
3. Disabled adult child — Eligibility must be verified before enrollment. Call STRS Ohio to begin the eligibility determination process.

A disabled adult child is a person age 26 or older who:

- Has never been married; and
- Is a biological child or a legally adopted child prior to age 18 or a stepchild of a living or deceased primary benefit recipient or member; or a child for whom a primary benefit recipient has been legally appointed as guardian prior to the child attaining age 18; and
- Continuously meets the requirements for physical or mental incompetency as set forth in Administrative Code Rule 3307:1-8-01; and

- Either was adjudged physically or mentally incompetent by a court prior to age 22; or was continuously physically or mentally incompetent and continuously unable to earn a living where both conditions occurred prior to age 22.

Enrollment Guidelines

Enrolling as a New Benefit Recipient

Service retirement benefit recipients — For recipients electing coverage within 31 days of their benefit effective date, coverage begins on their benefit effective date. For recipients with a retroactive benefit effective date who elect coverage within 31 days of the first of the month following receipt of the retirement application, coverage begins the first of the month following the date the retirement application is received.

Disability benefit recipients — For recipients electing coverage within 31 days from the end of the month when disability benefits are granted, coverage begins the first of the month after the date the Retirement Board grants disability benefits.

Beneficiaries of service retirement benefit recipients (survivor annuitants) — For recipients who were enrolled as a dependent of a member at the time of the member's death, coverage will continue at the same level on the first of the month following the member's date of death.

Survivors of active members or disability benefit recipients (survivor benefit recipients) — For recipients who elect coverage when benefits are granted or within three months from the end of the month of the member's date of death, coverage begins the first of the month following the member's date of death.

Qualifying Events After Monthly Benefits Begin

Eligible benefit recipients and their eligible dependents may request enrollment if they believe they have experienced a qualifying event. An enrollment application is required and must be received within 31 days of the qualifying event.

Each individual requesting enrollment must meet the requirements of a qualifying event listed below. Eligible dependents experiencing a qualifying event may request enrollment when the benefit recipient is already enrolled or is also requesting enrollment.

- **Medicare enrollment** — An eligible individual may enroll upon initial eligibility for and enrollment in Medicare Parts A & B or Part B-only. Coverage will be effective the first of the month Medicare coverage begins. Proof of Medicare enrollment is required.
- **Loss of other coverage** — An eligible individual may enroll upon loss of other creditable coverage. This includes an individual moving to a permanent U.S. residence from a foreign country. Coverage becomes effective the first of the month in which other coverage is lost. A letter is required from your employer or plan administrator listing the types of coverage lost (medical, dental and/or vision), names of each individual losing coverage and dates of termination.

- **Marriage** — Service retirement/disability recipients may enroll a spouse upon marriage. Coverage will be effective the first of the month following the date of marriage. If the marriage occurs on the first of the month, coverage is effective on that date. A copy of the marriage certificate is required.
- **Birth, legal adoption or legal guardianship** — Benefit recipients may enroll an eligible child for coverage beginning the first of the month of the date of birth, legal adoption or legal guardianship. A copy of the birth certificate or adoption or guardianship papers is required.

Open Enrollment

An eligible individual may enroll during open enrollment without a qualifying event. Open enrollment is offered in November each year for medical plans and once every two years for dental and vision plans. Enrollment applications are accepted Nov. 1 through the Tuesday before Thanksgiving. Coverage will begin Jan. 1 following open enrollment.

Coverage Considerations

Coverage under more than one account or retirement system — If you are eligible for health care coverage under more than one STRS Ohio account, you are limited to coverage under only one account. Additionally, if you are eligible for health care coverage through more than one Ohio public retirement system, guidelines determine which system is responsible for your coverage. Contact STRS Ohio for details.

Proof of Medicare enrollment — Individuals eligible for Medicare, regardless of age, must provide proof of Medicare enrollment. You can submit Medicare information through your Online Personal Account. (If you are submitting a paper copy of the health care enrollment application, please include a copy of the Medicare card with the benefit recipient's STRS Ohio account number noted.) Once proof of Medicare enrollment is provided, you will be enrolled in the Aetna Medicare Plan, if eligible, unless you specify you want the Aetna Basic Plan.

Note: If you are under age 65 and qualify for Medicare because of end-stage renal disease (ESRD), the Centers for Medicare & Medicaid Services requires a 30-month coordination period during which your STRS Ohio plan is the primary payer of hospital/medical expenses and Medicare is the secondary payer. During the coordination period, your STRS Ohio plan options and monthly premiums will be based on non-Medicare status. It is your responsibility to inform STRS Ohio if you are undergoing ESRD treatment.

Disabled adult child enrollment — Call STRS Ohio to begin the eligibility determination process. Once enrolled in a plan, the disabled adult child may be reevaluated annually to determine eligibility. You must notify STRS Ohio when the disabled adult child no longer meets eligibility requirements and indicate the date the individual is no longer eligible. Premium deductions from your monthly STRS Ohio benefit payment do not guarantee coverage if the disabled adult no longer meets eligibility requirements.