Section 1: Eligibility and Enrollment

Eligibility Requirements

MEDICARE COVERAGE

Individuals who are eligible for Medicare must have Medicare coverage to qualify for an STRS Ohio plan. 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. See Section 4 for details.

U.S. RESIDENCY

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

BENEFIT RECIPIENTS

Service Retirement

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

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.

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.

STRS Ohio requires non-Medicare enrollees to verify their employment status and access to employer health coverage. If you are employed and not eligible for Medicare, it is your responsibility to provide verification through your STRS Ohio Online Personal Account. If you prefer to opt out of secondary coverage by canceling your STRS Ohio plan enrollment, contact STRS Ohio.

ELIGIBLE DEPENDENTS

Once the benefit recipient enrolls, a spouse, child and/or disabled adult child may be eligible for coverage. You must notify STRS Ohio when a dependent no longer meets eligibility requirements and indicate the day, month and year your dependent is no longer eligible. Premium deductions from your monthly STRS Ohio benefit payment do not guarantee coverage if your dependent no longer meets eligibility requirements.

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.

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.

Disabled Adult Child

A person age 26 or older who meets the following requirements:

- Has never been married; and
- Is a biological child, 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.

BENEFICIARIES AND SURVIVORS

Beneficiaries of Service Retirement Benefit Recipients (Survivor Annuitants)

A spouse, child or disabled adult child receiving benefits under a Joint and Survivor Annuity or Annuity Certain plan of payment who was an eligible dependent of the service retirement benefit recipient 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. (See "Benefit Recipients" on Page 3 for eligibility criteria.)

Survivors of Active Members or Disability Benefit Recipients (Survivor Benefit Recipients)

A spouse, child or disabled adult child who is granted survivor benefits under division (C)(2) of Section 3307.66, Revised Code, and 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 was Jan. 1, 2004, through July 1, 2023.

Premium Subsidy and Financial Assistance

PREMIUM SUBSIDY FOR BENEFIT RECIPIENTS

STRS Ohio currently makes medical plan premiums less expensive for eligible service retirement and disability benefit recipients by subsidizing a portion of the monthly premium costs. Covered dependents do not receive a premium subsidy.

Benefit recipients who participate in the Defined Benefit Plan or Combined Plan are eligible for a premium subsidy based on years of total service credit. To qualify for a premium subsidy:

- Benefit recipients who retire **on or after Aug. 1, 2023,** must have 20 or more years of total service credit.
- Benefit recipients who retired **before Aug. 1, 2023,** must have 15 or more years of total service credit.

HEALTH CARE ASSISTANCE PROGRAM

The Health Care Assistance Program (HCAP) is designed to provide qualified benefit recipients with financial assistance to help pay for their STRS Ohio medical plan. The assistance program currently includes a $0 monthly premium for the benefit recipient and often lower out-of-pocket costs for all enrollees in the plan. Although covered family members may receive the same plan of coverage as the qualifying benefit recipient, they are not eligible for the $0 premium and must pay the full cost of their coverage.

The assistance program is currently available to:

- Service retirement benefit recipients with 25 or more years of total service credit, and
- Disability benefit recipients receiving STRS Ohio benefits.

New applicants must be eligible for a subsidy under the STRS Ohio Health Care Program to qualify for HCAP enrollment. Benefit recipients, beneficiaries and survivors who were enrolled in HCAP as of Dec. 31, 2015, are not subject to the subsidy requirement — as long as they continue to meet all other HCAP requirements and remain continuously enrolled in the program.

Depending on Medicare status, approved individuals may enroll in the Aetna Basic Health Care Assistance Plan or the Aetna Medicare Plan. Medicare-eligible participants must maintain their Medicare enrollment to remain eligible for HCAP.

To be eligible for the program:

- Your total annual family gross income (including any annual pension benefits and cost-of-living adjustments) must be at or below 175% of the current year's federal poverty level for a family of two; **and**
- Liquid assets or funds readily available to your family, such as cash, savings, money market and checking accounts, trust funds, publicly traded securities and other investment vehicles, must not exceed 175% of the current year's federal poverty level for a family of two. (A home is not considered a liquid asset.)

To apply for the program, you must submit a completed application to STRS Ohio, a copy of your previous year's federal tax return and a copy of your Medicare card if applicable. Applications must be received no later than the 15th of the month to be considered for approval for an effective date starting the next month. STRS Ohio will requalify participants annually. For more information about the program, please call STRS Ohio or visit our website for an application.

How STRS Ohio Health Care Is Funded

The laws that govern STRS Ohio do not guarantee nor fund health care. In 1983, the State Teachers Retirement Board established the Health Care Fund to help support the health care program. Funding comes from: premiums paid by enrollees in the health care program, annually determined employer contributions (currently 0%), investment earnings on the Health Care Fund, federal subsidies and pharmaceutical reimbursements for prescription drugs.

Enrolling as a New Benefit Recipient

Before you begin receiving service retirement or disability benefits, you must complete a pension benefit application. A section of this application asks whether you want to enroll in an STRS Ohio health care plan. If you indicate you want to enroll, health care information will be mailed to you after your benefit application has been processed.

Review the coverage available to you and the monthly premiums charged for coverage. If you did not previously select a plan on your application, you must call STRS Ohio to select your plan. If you do not specify a plan or submit required Medicare information, you will be enrolled in the Aetna Basic Plan.

The date health care coverage begins for you and your eligible dependents will be determined as follows:

- **Service retirement 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 recipients** — For recipients electing coverage within 31 days from the end of the month when disability benefits are granted, coverage is effective the first of the month following 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.

Determining your effective date of coverage

Be sure to verify the date your employer-sponsored coverage will end. Knowing this information will help you determine an accurate start date of STRS Ohio coverage. Keep in mind:

- The effective date of STRS Ohio coverage cannot be changed after premium deductions and coverage have begun.
- The health care coverage you had through your employer is separate from your STRS Ohio coverage. Any amounts you have accumulated toward an annual deductible or out-of-pocket maximum do not transfer to your STRS Ohio plan from your employer plan.

Paying your monthly premium

Your monthly premium for coverage will be deducted from your STRS Ohio benefit payment. If your monthly premium exceeds your benefit payment, the remainder of your premium must be paid in full through the establishment of a direct debit account with your financial institution and STRS Ohio. (A direct debit account allows premium payments to be automatically withdrawn from your checking or savings account.) If payment is not received by the first business day of the month the premium is due, your coverage may be canceled.

Enrolling After Monthly Benefits Begin

Qualifying Events

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 (when you are not eligible for premium-free Part A). 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 or 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. Online enrollment applications are accepted Nov. 1 through the Tuesday before Thanksgiving. Coverage will begin Jan. 1 following open enrollment.

Coverage Considerations

CHANGES IN ELIGIBILITY

Eligible dependents

Notify STRS Ohio by phone or in writing before the end of the month when an enrolled dependent no longer meets eligibility requirements. Please indicate the date your dependent is no longer eligible. **Note:** If your dependent is enrolled in the Aetna Medicare Plan and you notify us at the end of the month, your cancellation request may not be fulfilled until the end of the following month due to insufficient time to relay the request to Aetna and Medicare under their termination requirements. STRS Ohio must receive all cancellation requests by the **15th of the month** to stop the next month's premium deduction from your STRS Ohio benefit payment. Premium deductions from your monthly benefit payment do not guarantee coverage if your dependent no longer meets eligibility requirements.

Employed non-Medicare enrollees

You must notify STRS Ohio if you are employed in a public or private position. Coverage under the STRS Ohio Health Care Program is limited for employed enrollees who are ***not*** eligible for Medicare. See Page 4 for additional information.

Moving to a new residence

If you are moving, call STRS Ohio as soon as you know your new address. STRS Ohio will inform you if your medical plan options will change as a result of your new address. Keep in mind, coverage is not available if you move outside of the United States or its territories.

FOREIGN TRAVEL

Coverage outside the United States is limited. Before traveling to a foreign country, check with Aetna and CVS to learn how your coverage will be affected while you are abroad.

COVERAGE UNDER MORE THAN ONE STRS OHIO 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.

CHANGING PLANS AFTER ENROLLMENT

Once you enroll in an STRS Ohio medical plan, you will remain in the plan you select for the calendar year, unless you experience one of the following events.

The events listed below allow enrollees to change plans during the calendar year. This means enrollees can switch to another STRS Ohio medical plan for which they are eligible. Plan changes may apply to both the benefit recipient and any covered dependents.

- Enrollee experiences one of the following events and requests to change plans within 31 days of the event: (1) marriage, divorce, dissolution or legal separation; (2) birth, adoption or legal guardianship of a child; (3) death; or (4) full loss of premium subsidy.
- Enrollee becomes eligible for and enrolls in Medicare Parts A & B or Part B-only (when you are not eligible for premium-free Part A). Enrollee must request to change plans within three months following the effective date of Medicare. **Note:** After Medicare enrollment is confirmed, Aetna Basic Plan participants will be enrolled in the Aetna Medicare Plan. If you do not want the Aetna Medicare Plan, you must notify STRS Ohio.
- Enrollee is a new retiree. The new enrollee must request to change plans within 31 days of receiving the first monthly benefit payment.
- An enrollee permanently moves to another service area, which results in different plan options being available.
- An Aetna Medicare Plan enrollee may cancel coverage at the end of any month and select the Aetna Basic Plan. The request must be received by the 15th of the month to take effect the first of the following month.

Note: *If you experience one of the events listed above during the calendar year and choose to change plans, your medical annual deductible and out-of-pocket maximums will transfer to the new plan.*

CANCELING COVERAGE

Canceling coverage at any time

You may cancel your or your dependent's STRS Ohio medical coverage at any time through your STRS Ohio Online Personal Account. All cancellation requests must be received by the 15th of the month to stop the next month's premium deduction from your STRS Ohio benefit payment. Please note, there are limited opportunities to reenroll in an STRS Ohio plan after you cancel coverage. See Page 6 for details.

Canceling your dependent's coverage due to loss of eligibility

- **Spouse** — In the event of a divorce, your spouse's coverage ends the first of the month following finalization of the divorce. The cancellation request must be received by the 15th of the month to stop the next month's premium deduction from your STRS Ohio benefit payment. Retroactive cancellations are not permitted. It is the benefit recipient's responsibility to notify STRS Ohio when a divorce is finalized. Your spouse may be eligible for COBRA continuation coverage. Contact STRS Ohio for more information.
- **Child** — In the event a covered child loses access to STRS Ohio coverage because a parent dies, parents become divorced or the child stops being eligible for coverage, the child may be eligible for COBRA continuation coverage. Contact STRS Ohio for more information.
- **After death of benefit recipient (Single Life Annuity)** — If you selected a Single Life Annuity at the time of retirement and have dependents enrolled in an STRS Ohio plan at the time of your death, dependent coverage may be discontinued at the end of the month in which your death occurred. Your dependents may be eligible for COBRA continuation coverage. Contact STRS Ohio for more information.