STRS OHIO HealthCare PROGRAM

275 East Broad Street
Columbus, OH 43215-3771
888-227-7877
614-233-8713 (fax)
www.strsoh.org

ENROLLMENT APPLICATION FOR HEALTH CARE COVERAGE

Step 1 — Read the enrollment guidelines on Pages 1–2 before completing the application on Pages 3–4.

Step 2 — Complete the application on Pages 3–4 and promptly return it to STRS Ohio via mail, fax or email (go to www.strsoh.org and select "Contact Us" from the top menu).

Important: Members who retire on or after Aug. 1, 2023, must have at least 20 years of total service credit to access coverage.

Enrollment Guidelines

Eligibility

Medicare coverage — STRS Ohio requires all medical plan participants to enroll 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 for coverage, the individual must actively reside in 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. To access coverage:

- A member who retires **on or after Aug. 1, 2023**, must have 20 or more years of total service credit.
- A member who retires **Jan. 1, 2004, through July 1, 2023**, must have 15 or more years of total service credit.
- A member who retired **before Jan. 1, 2004**, does not have a minimum service credit requirement. However, the member pays 100% of the health care premium if the member has less than 15 years of total service credit.

Disability benefit recipients — A disability recipient is eligible for coverage. If a disability recipient later applies for service retirement, the following applies:

- If the disability effective date is **on or after Aug. 1, 2023**, the recipient must have 20 or more years of total service credit to have access to health care coverage if the recipient later applies for service credit retirement.
- If the disability effective date is **Jan. 1, 2004, through July 1, 2023**, the recipient must have 15 or more years of total service credit to have access to health care coverage if the recipient later applies for service retirement.
- If the disability effective date was **before Jan. 1, 2004**, the recipient qualifies for access to health care coverage under the service retirement account as long as there was no break in benefits between the disability benefit and the service retirement benefit.

Beneficiaries of service retirement benefit recipients — 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 primary service retirement benefit recipient at the time of the benefit recipient's death.

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

Employed non-Medicare enrollees — Coverage under the STRS Ohio Health Care Program is limited for non-Medicare enrollees employed in a public or private position. Employed enrollees are eligible for only secondary coverage through STRS Ohio's Basic Plan if they: (1) are eligible for medical and prescription drug coverage through their employer, or (2) hold a position for which other similarly situated employees are eligible for medical and prescription drug coverage at the same cost as full-time employees. Failure to report employment may result in retroactive cancellation of your coverage and liability for any claims paid.

Eligible dependents

1. Spouse — A person who is married to a service retirement benefit recipient or disability benefit recipient; or a person who was married to a member, service retirement benefit recipient or disability benefit recipient at the time of the member's or benefit recipient's death.
2. Child — A person who is a child of a living or deceased service retirement benefit recipient, disability benefit recipient or member. To qualify as a child, the person must be under age 26 and be a: (1) biological child, (2) legally adopted child or stepchild, or (3) 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 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

(continued)

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.

Enrolling as a New Benefit Recipient

Service retirement benefit recipients — For recipients who elect 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 who elect 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.

Survivor and service retirement beneficiary 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 death. For a service retirement beneficiary recipient who was 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.

Enrolling After Monthly Benefits Begin

Opportunities to join an STRS Ohio plan are limited after monthly benefits begin. Eligible benefit recipients who do not enroll in a plan when monthly benefits begin may later request enrollment under the following circumstances. An eligible dependent may also request enrollment under the following circumstances but only if the benefit recipient is enrolled in the plan.

The qualifying events listed below apply to **each individual** requesting enrollment. Family enrollments will not be accepted after monthly benefits begin unless each individual experiences a qualifying event. An enrollment application is required and must be received within 31 days of the qualifying event, unless otherwise specified. Other documentation may be required.

Loss of other coverage — An eligible individual may enroll upon loss of other 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. Required documentation may include a "Certificate of Creditable Coverage" from your prior health care plan; or a letter signed by your current or former employer or plan sponsor on company letterhead verifying the type of coverage and the date coverage terminated. The certificate or letter must also include the names of any covered dependents, types of coverage and dates of termination.

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.

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.

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.

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 be effective 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. It is your responsibility to contact STRS Ohio to indicate from which account your monthly premium should be deducted. 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 who are eligible for Medicare, regardless of age, must include with the enrollment application a copy of their Medicare card with the benefit recipient's STRS Ohio account number noted. Once you provide proof of Medicare enrollment, you will be enrolled in the Aetna Medicare Plan, if eligible, unless you specify a different 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 will be reevaluated annually to determine eligibility. STRS Ohio provides a form for this reevaluation. 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.

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Read important enrollment guidelines on Pages 1–2 before completing this application. Please print all information.

Please note: Coverage under the STRS Ohio Health Care Program is not guaranteed. Eligibility rules and premiums, copayments/coinsurance, deductibles and all other charges or fees paid by an enrollee are subject to change.

Part 1 — Benefit Recipient Information

Benefit recipient's Social Security number or STRS Ohio account number _____

Benefit recipient's name _____
First Middle initial Last

Home address _____
Street City State ZIP code

Home phone (_____) _____ Cell phone (_____) _____
Area code Area code

Email address _____ Date of birth _____/_____/_____
Month Day Year

REASON FOR ENROLLING IN STRS OHIO HEALTH CARE

❑ Current coverage terminates as of _____/_____/_____. A "Certificate of Creditable Coverage" is required.
Month Day Year

❑ Open enrollment.

❑ Initial eligibility for and enrollment in Medicare Parts A & B or Part B-only. A copy of your Medicare card is required.

❑ Spouse is being added because of marriage on _____/_____/_____. A copy of your marriage certificate is required.
Month Day Year

❑ Child is being added because of birth, adoption or legal guardianship on _____/_____/_____. A copy of the birth certificate or adoption or guardianship papers is required.
Month Day Year

❑ I am a new service retirement or disability benefit recipient.

❑ I am a new beneficiary or survivor who was a spouse, child or disabled adult child of the member at the time of the member's death.

If you want to decline coverage, check the box below.

❑ I decline STRS Ohio health care (medical/prescription, dental and vision) coverage and understand I may only enroll if I experience a qualifying event or during the annual open-enrollment period. (Skip the rest of this application and sign Page 4.)

Please answer all questions below.

1. Are you currently covered by, or will you become eligible for, health care coverage through one of the Ohio public retirement systems? ❑ Yes ❑ No

   If yes, which system?
   ❑ Highway Patrol Retirement System
   ❑ Ohio Police & Fire Pension Fund
   ❑ Ohio Public Employees Retirement System
   ❑ School Employees Retirement System
   ❑ STRS Ohio

2. Are you employed and eligible for health care coverage through your employer? ❑ Yes ❑ No

   If yes — and you are not eligible for Medicare — you may be eligible for only secondary coverage with STRS Ohio.

3. Are you currently eligible for Medicare? ❑ Yes ❑ No

   If yes, you must submit a copy of your Medicare Parts A & B or Part B-only card.

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Part 2 — Eligible Dependent Information

Provide information below for the eligible dependents you request to enroll. If any covered family members are eligible for Medicare Parts A & B or Part B-only, you must submit a copy of their Medicare card with the benefit recipient's STRS Ohio account number noted.

Please provide required information below.

1. Is any dependent currently covered by, or will any dependent become eligible for, health care coverage through one of the Ohio public retirement systems? ❑ Yes ❑ No *If yes, list dependent's name and retirement system:*

Name _____ Retirement system _____

2. **SPOUSE** (Beneficiaries and survivors may not enroll a new spouse.)

Name	Gender	Social Security number *(Required)*	Date of birth *(Month/Day/Year)*	Eligible for Medicare at this time?
	❑ Male ❑ Female			❑ Yes ❑ No

3. **CHILDREN** (Only children of the service retirement benefit recipient, disability benefit recipient or deceased active member may be enrolled.)

Name	Gender	Social Security number *(Required)*	Date of birth *(Month/Day/Year)*	Is the child biological, legally adopted, a stepchild or under your guardianship?*	Eligible for Medicare at this time?
	❑ Male ❑ Female			❑ Yes ❑ No	❑ Yes ❑ No
	❑ Male ❑ Female			❑ Yes ❑ No	❑ Yes ❑ No

*If you answered "Yes," supporting documentation may be required. If you answered "No," the child is not eligible for STRS Ohio coverage.

4. **DISABLED ADULT CHILD** (Call STRS Ohio to begin the eligibility determination process.)

Name	Gender	Social Security number *(Required)*	Date of birth *(Month/Day/Year)*	Eligible for Medicare at this time?
	❑ Male ❑ Female			❑ Yes ❑ No

Part 3 — Enrollment/Plan Selection

Contact STRS Ohio for your plan options and premiums. If you do not make a medical plan selection, you will be enrolled in the Basic Plan. Eligible family members only qualify for coverage if the benefit recipient is enrolled in the plan. Complete the following information for each individual you want to enroll.

Enrollee's name	Medical coverage	Name of medical plan selected	Dental coverage	Vision coverage
Self (benefit recipient):	❑ Yes ❑ No		❑ Yes ❑ No	❑ Yes ❑ No
Spouse:	❑ Yes ❑ No		❑ Yes ❑ No	❑ Yes ❑ No
Child:	❑ Yes ❑ No		❑ Yes ❑ No	❑ Yes ❑ No
Child:	❑ Yes ❑ No		❑ Yes ❑ No	❑ Yes ❑ No
Disabled adult child:	❑ Yes ❑ No		❑ Yes ❑ No	❑ Yes ❑ No

ADDITIONAL INFORMATION

Please submit any additional required information with this application. Failure to do so may prevent your enrollment in a plan. You will be notified of the effective date of coverage for you and/or your eligible dependents. Be aware, Medicare enrollment is required for all medical plan participants who are age 65 or older, or otherwise eligible for Medicare. Proof of Medicare coverage is required. Also, early contract cancellation is not permitted under the dental and vision plans. You must continue to pay monthly premiums through the end of the contract period even if you no longer need or use services under the plan.

I certify the information I have provided is true and correct. Upon enrollment, I and any covered dependents authorize the release of all information to STRS Ohio and its designees for use in the administration of its health care plan.

Benefit recipient's signature _____ **Date** ____/____/____ Month Day Year