

Sec. 3307.74. (A) The state teachers retirement board may enter into an agreement with insurance companies, hospital service associations, medical or health care corporations, health maintenance organizations, or government agencies authorized to do business in the state for issuance of a policy or contract of health, medical, hospital, or surgical benefits, or any combina-

tion thereof, for those persons receiving service, disability, or survivor benefits subscribing to such plan.

Notwithstanding any other provision of this chapter, the policy or contract may also include coverage for any eligible person's spouse and dependent children and for such of his sponsored dependents as the board considers appropriate. If all or any portion of the policy or contract premium is to be paid by any person receiving a service disability, or survivor benefit, such person shall, by written authorization, instruct the board to deduct from his benefit the premium agreed to be paid by him to such companies, associations, corporations, or agencies.

The board may contract for such coverage on the basis of part or all of the cost of the premium for the coverage to be paid from appropriate funds of the state teachers retirement system. The cost paid from the funds of the system shall be included in the employer's contribution rate provided by section 3307.53 of the Revised Code.

The board may provide for self-insurance of risk or level of risk as set forth in the contract with such companies, associations, corporations, or agencies, and may provide through the self-insurance method specific benefits as authorized by the rules of the board.

~~The board shall make all necessary rules pursuant to the purpose and intent of this section.~~

(B) IF THE BOARD PROVIDES HEALTH, MEDICAL, HOSPITAL, OR SURGICAL BENEFITS THROUGH ANY MEANS OTHER THAN A HEALTH MAINTENANCE ORGANIZATION, IT SHALL OFFER TO EACH PERSON ELIGIBLE FOR SUCH BENEFITS THE ALTERNATIVE OF RECEIVING BENEFITS THROUGH ENROLLMENT IN A HEALTH MAINTENANCE ORGANIZATION, IF:

(1) THE HEALTH MAINTENANCE ORGANIZATION PROVIDES SERVICES IN THE GEOGRAPHICAL AREA IN WHICH THE PERSON LIVES;

(2) THE ELIGIBLE PERSON WAS RECEIVING HEALTH CARE BENEFITS THROUGH A HEALTH MAINTENANCE ORGANIZATION BEFORE RETIREMENT; AND

(3) THE RATE AND COVERAGE PROVIDED BY THE HEALTH MAINTENANCE ORGANIZATION TO ELIGIBLE PERSONS IS COMPARABLE TO THAT CURRENTLY PROVIDED BY THE BOARD UNDER DIVISION (A) OF THIS SECTION. IF THE RATE OR COVERAGE PROVIDED BY THE HEALTH MAINTENANCE ORGANIZATION IS NOT COMPARABLE TO THAT CURRENTLY PROVIDED BY THE BOARD UNDER DIVISION (A) OF THIS SECTION, THE BOARD MAY DEDUCT THE ADDITIONAL COST FROM THE ELIGIBLE PERSON'S MONTHLY BENEFIT.

THE HEALTH MAINTENANCE ORGANIZATION SHALL ACCEPT AS AN ENROLLEE ANY ELIGIBLE PERSON WHO REQUESTS ENROLLMENT.

THE BOARD SHALL PERMIT EACH ELIGIBLE PERSON TO CHANGE FROM ONE PLAN TO ANOTHER AT LEAST ONCE A YEAR AT A TIME DETERMINED BY THE BOARD.

(C) On and after January 1, 1977, the board shall upon receipt of satisfactory evidence of the payment for coverage, pay monthly to each recipient of service, disability, or survivor benefits under the state teachers retirement system who is eligible for insurance coverage under part B of "The Social Security Amendments of 1965," 79 Stat. 301, 42 U.S.C.A. 1395j, as amended, an amount equal to the basic premium for such coverage.

(D) THE BOARD SHALL MAKE ALL NECESSARY RULES PURSUANT TO THE PURPOSE AND INTENT OF THIS SECTION.

EFFECTIVE
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