Key Changes in Health Care Plan Design

Shown here are the key components of the plan but not a complete, inclusive list. The Board has the discretion to review, rescind, modify or change the Health Care Plan at any time. To find complete information, the OPERS Comprehensive Guide to Pension and Health Care Changes is available on the OPERS website at www.OPERS.org.

Component	Changes
Age and qualifying service member eligibility requirements	Minimum eligibility for allowance: Age 60 with 20 years of qualifying service. Members retiring at any age with 30 or more years of qualifying service are eligible for coverage.
(excludes those with a retirement effective date of December 1, 2014 or before)	Members must retire with an effective date of December 1, 2014 or before (off their employers' payroll no later than November 30, 2014), in order to qualify for OPERS retiree health care with 10 years of qualifying service.
New age and qualifying service retiree	Monthly allowances will range between 51% and 90% of the full monthly premium. The same allowance table will be used for current and future retirees.
monthly allowance table (Applies to all retirees)	Members retiring prior to January 1, 2015 with an allowance at or above 75% will not have an allowance below 75%. Members retiring at any age with 30 or more years of qualifying service will have at least a 71% allowance.
Spouse coverage (Applies to all retirees)	Spouses will transition to no allowance over three years (2015-2017). Spouses under age 65 will have access to OPERS coverage at full cost through at least 2020. Spouses over age 65 will have access to the OPERS Medicare Connector beginning in 2016. Spouses of recipients who die before or after retirement will no longer assume the retiree's health care allowance.
Child coverage (Applies to all retirees)	If the retiree has at least 20 years of qualifying service and is enrolled in the Health Care Plan: Children (up to age 26) will receive half of the retiree's allowance percentage.
	If the recipient has less than 20 years of qualifying service: Children (up to age 26) will transition to no allowance over three years (2015-2017) and then have access to OPERS coverage at the full cost through at least 2020.
	Medicare-eligible retirees: OPERS will continue offering a medical plan and prescription drug plan for Medicare retirees through 2015.
Health Care Plans Shown here are the key components of the plan but not a complete, inclusive list.	In 2016, OPERS will introduce the OPERS Medicare Connector for those enrolled in Medicare Parts A and B. Retirees and their spouses will have access to a Licensed Medicare Counselor who will help them select a plan on the individual market to supplement Medicare. Eligible retirees will receive an allowance to purchase coverage via the connector. Eligible spouses will receive an allowance through 2017.
	Non-Medicare retirees: OPERS will continue offering a medical plan and prescription drug plan for non-Medicare participants.
Recipient Medicare B Premium Reimbursement	For those eligible, Medicare Part B premium reimbursement will transition to no reimbursement in 2017 with the first reduction occurring in 2015. 2014 reimbursement: \$96.40 2015 reimbursement: \$63.62 2016 reimbursement: \$31.81 2017 and after: \$0
Service Credit (excludes those with a retirement effective date of December 1, 2013 or before)	Only the following types of service credit will apply to health care eligibility on or after January 1, 2014: Contributing service, other Ohio retirement system transfers, interrupted military (USERRA), unreported time, and restored (refunded) service.
Disability Recipients	Members receiving a disability benefit prior to January 1, 2014 will have continued access to health care coverage based on the annual review and approval of their disabled status and will not be subject to the five year rule described below. Allowance will be determined in the same way as an age-and-service retiree. If recipient does not meet minimum age-and-service requirements, the minimum allowance will be used. Members first receiving a disability benefit on or after January 1, 2014 will have coverage during the first five years of disability benefits. After five years, recipient must meet minimum age-and-service health care requirements or be enrolled in
Minimum Fornings	Medicare due to disability status to remain enrolled in the OPERS plan. If enrolled, allowance will be determined in the same way as an age-and-service retiree. Beginning January 1, 2014, contributing service credit for health care will be
Minimum Earnings (excludes those with a retirement effective date of December 1, 2013 or before)	accumulated only if the member earns at least \$1,000 per month. Partial health care credit will not be granted for months in which less than \$1,000 is earned. Credit earned prior to January 2014 will not be affected by this change.