

# Rules

September 23, 2021

## HPRS

- 5505-3-05 Selection of payment plan (No change)
- 5505-7-03 Extended benefits to surviving children (No change)
- 5505-7-04 Health care
- 5505-7-09 Interim benefit payments (No change)

5505-3-05

**Selection of payment plan.**

- (A) A member of the state highway patrol retirement system who retires under section 5505.16 of the Revised Code may elect a plan of payment and nominate a beneficiary pursuant to section 5505.162 of the Revised Code. The plan of payment selection and beneficiary nomination may be changed at any time prior to the pension eligibility date of retirement benefits as defined in rule 5505-3-01 of the Administrative Code. After the pension eligibility date, the plan of payment and beneficiary nomination is irrevocable except for as defined in this rule.
- (B) A retiree may submit an application to change the plan of payment and beneficiary on a form prescribed by the board. Upon receipt of an application submitted by the retiree, except as provided in paragraph (F) of this rule, an optional plan of payment will be changed to a single lifetime pension:
- (1) Option plan cancellation – the month following receipt of a completed application provided:
    - (a) The designated beneficiary consents to cancellation of his or her designation;
    - (b) The completed application is received from the retiree within one year of the retiree's first pension payment.
  - (2) Death of a beneficiary – the month after the date of death regardless of when the application is received. In the event appropriate documentation is not provided within ninety days of the beneficiary's death, HPRS shall reinstate the nomination of the beneficiary until such time as HPRS receives the appropriate supporting documentation on the death of the beneficiary.
  - (3) Divorce, annulment or marriage dissolution – the first month following receipt of a completed application provided the retiree submits spousal consent or a court order specifically authorizing the reselection of plan of payment on the basis of the marriage termination.
- (C) There shall be no retroactive adjustment for the period of time that a joint and survivor annuity was paid.
- (D) The allowance payable under the optional plan of payment selected or reselected under this rule shall be based on the annuity factors tables in effect and the ages of the retiree and beneficiary at the time of plan selection.
- (E) A retiree may elect an optional plan of payment following marriage or remarriage provided:

- (1) The application is received from the retirant within one-year of marriage or remarriage;
  - (2) Only the new spouse may be nominated as a new beneficiary; and
  - (3) If the retirant had selected a plan of payment pursuant to division (A)(2)(d) of section 5505.162 of the Revised Code, the new spouse may be designated a beneficiary only if the retirant does not already have four beneficiaries designated under that plan at the time the retirant applies to add the new spouse.
- (F) The death of any designated beneficiary under division (A)(2)(d) of section 5505.162 of the Revised Code shall not change the plan of payment. The plan benefit shall continue to the remaining designated beneficiaries in their same percentages and the deceased beneficiary's portion shall revert to the retirant for the remainder of his or her lifetime. A retirant may not cancel the plan of payment and return to a single lifetime pension equivalent until the date of death of all designated beneficiaries under that plan. The effective date of this change shall be the first day of the month following the date of death of the last living beneficiary.
- (G) For purposes of determining the priority of court orders issued under section 3105.171 or 3105.65 of the Revised Code or the laws of another state regarding the division of marital property that require the member to elect a plan of payment set forth in division (A)(2)(d) of section 5505.162 of the Revised Code and designate a former spouse as beneficiary, HPRS shall process such court orders in the order in which they are received by HPRS. In no event shall the member's lesser allowance or portion of the lesser retirement allowance be paid to more than four surviving beneficiaries.
- (H) Any benefit paid to a beneficiary under the joint and survivor annuity or life annuity certain and continuous is in addition to the automatic surviving spouse benefit in accordance with section 5505.17 of the Revised Code. Section 401(a)(9) of the Internal Revenue Code of 2015, 26 U.S.C.A. 401(a)(9) prohibits the payment of a benefit to a designated beneficiary or a combination of payments made to a surviving spouse and designated beneficiary that exceeds the amount the retirant was receiving at the time of death.

Five Year Review (FYR) Dates: 8/25/2021 and 08/25/2026

CERTIFIED ELECTRONICALLY

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Certification

08/25/2021

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Date

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Statutory Authority: 5505.04  
Rule Amplifies: 5505.162  
Prior Effective Dates: 12/01/1994, 10/21/2005, 08/08/2011, 09/12/2016

5505-7-03

**Extended benefits to surviving children.**

(A) For the purpose of this rule:

- (1) "Institution of learning or training" shall mean a high school, vocational or trade school, college or university.
- (2) "Full-time curriculum requirements" shall mean at least twelve hours of college or university credit or some equivalent measure of credit as determined by the executive director.

(B) A child is considered to be a full-time student when enrolled and attending an institution of learning or training pursuant to a program designed to complete in each school year the equivalent of at least two-thirds of the full-time curriculum requirements of the institution.

- (1) A student must complete an application for benefits and provide certification of enrollment from an educational institution.
- (2) Benefits are payable through a term during which a student is not enrolled, provided that the student (a) submits a form indicating intent to continue as a full-time student, (b) continues as a full-time student in the subsequent term, and (c) the break in enrollment is not more than four months in a twelve-month period. The forgoing shall not apply if the child can show he or she is engaged in an internship or work-study program directly related to and required by the institution of learning or training.
- (3) The student is responsible (a) to notify the retirement system of a change in full-time student status and (b) to refund any benefits that were paid after a change.

(C)

- (1) Survivor benefits will continue for a disabled dependent child who was, at the time of the member's or retirant's death -
  - (a) Dependent upon the deceased member or retirant for support, and
  - (b) Mentally or physically incapable of providing for his or her own support at a level equal to or greater than the federal poverty guidelines of the department of human and health services.
- (2) To determine whether a disabled dependent child qualifies for benefits under this section, the retirement board may require -
  - (a) A physician's statement,

- (b) An independent medical examination,
- (c) Two years of federal tax returns from both the parents and the dependent child, and
- (d) Any other information that the board deems relevant.

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5505-7-04

**Health care.**

(A) For the purpose of this rule:

- (1) "Age and service retirant" shall mean a former member that applied for and was granted retirement benefits as described in section 5505.16 of the Revised Code.
- (2) "Benefit recipient" shall mean an age and service retirant or disability retirant that is receiving a pension benefit as described in division (A)(1) of section 5505.17 of the Revised Code that qualifies for health care coverage pursuant to paragraph (E) of this rule. Benefit recipient does not include a member participating in the "Deferred Retirement Option Program."
- (3) "Child" shall mean a biological child, lawfully adopted child, child placed for adoption or stepchild of a benefit recipient or member provided that such child has not yet attained age twenty-six. "Child" shall also mean a child for whom a benefit recipient or member has been legally appointed as guardian, provided that such child has not yet attained age eighteen.
- (4) "Dependent" shall mean the spouse or child as defined in this rule.
- (5) "Disability retirant" shall mean a former member that applied for and was granted retirement benefits as described in section 5505.18 of the Revised Code.
- (6) "Eligible dependent" shall mean a dependent that qualifies for health care coverage pursuant to paragraph (D) or (E) of this rule.
- (7) "Medicare health reimbursement arrangement plan" means the HPRS Medicare health reimbursement arrangement plan, effective October 1, 2021, from which the reimbursement of qualifying medical expenses may be made. The text of the HPRS Medicare health reimbursement arrangement plan shall not be incorporated into this or any other rule of the Administrative Code.
- ~~(7)~~(8) "Member" shall have the same meaning as division (H) of section 5505.01 of the Revised Code.
- ~~(8)~~(9) "Retirant" shall mean an age and service retirant or disability retirant.
- ~~(9)~~(10) "Spouse" shall mean a wife or husband of a retirant or member as set forth in a statutorily-valid certificate.
- ~~(10)~~(11) "Eligible Plan" shall mean:



- (a) For a benefit recipient or eligible dependent that is enrolled in ~~medicare~~Medicare part A and medicare-Medicare part B, a medicare advantage plan~~the Medicare health reimbursement arrangement plan.~~
- (b) For those benefit recipients or eligible dependents other than those described in paragraphs (A)(~~1011~~)(a) and (A)(~~1011~~)(c) of this rule, any medical or prescription drug plan, other than ~~a medicare advantage plan~~the Medicare health reimbursement arrangement plan, offered pursuant to section 5505.28 of the Revised Code.
- (c) Eligible plan does not include any dental or vision plan.

(~~11~~)(12) "Service Credit" shall include:

- (a) Credit earned as an employee as defined by division (A) of section 5505.01 of the Revised Code;
- (b) Military service credit purchased pursuant to division (D) of section 5505.16 of the Revised Code; and
- (c) Credit granted under section 5505.201 of the Revised Code.

(B) The rights of an individual participating in the Medicare health reimbursement arrangement plan to a monthly allowance or to reimbursement, including eligibility and coordination of coverage, shall be governed exclusively by the provisions of the HPRS Medicare health reimbursement arrangement plan.

(~~B~~)(C) Benefit recipients and eligible dependents may enroll in an eligible plan offered pursuant to section 5505.28 of the Revised Code.

- (1) Where applicable, Thethe annual premium cost for each category of coverage will be determined by the board prior to the annual open enrollment period.
- (2) All provisions of this rule are subject to current health care contracts and amendments.
- (3) The board may implement cost control measures as it deems necessary.
- (4) ~~Only~~Pre-Medicare benefit recipients and pre-Medicare eligible dependents ~~who are enrolled under state highway patrol retirement system medical coverage~~ are eligible for prescription drug coverage only if they are enrolled under the state highway patrol retirement system medical coverage.

~~(S)~~(D) Notwithstanding any other provision of this rule, any benefit recipient or eligible dependent that is or becomes employed by the state highway patrol in any capacity shall be ineligible for health care or prescription drug coverage.

~~(E)~~(E) The following benefit recipients shall be eligible for health care:

- (1) Except as provided in paragraph ~~(E)~~(3) of this rule, a benefit recipient that began receiving a pension pursuant to division (A)(1) of section 5505.17 of the Revised Code or elects to participate in the deferred retirement option plan pursuant to section 5505.51 of the Revised Code before January 1, 2020;
- (2) Except as provided in paragraph ~~(E)~~(3) for this rule, a benefit recipient that began receiving a pension pursuant to division (A)(1) of section 5505.17 of the Revised Code or elects to participate in the deferred retirement option plan pursuant to section 5505.51 of the Revised Code on or after January 1, 2020 shall be eligible for health care coverage only if he or she has twenty or more years of service credit;
- (3) A benefit recipient granted a disability pursuant to section 5505.18 of the Revised Code.

~~(D)~~(F) The pre-Medicare dependents of a benefit recipient are eligible for health care, subject to the following conditions:

- (1) The benefit recipient is enrolled in ~~the an~~ HPRS ~~medical and prescription plans~~ eligible plan.
- (2)
  - (a) Effective January 1, 2018, a child who is eighteen up to twenty-six years of age is not an eligible dependent if he or she has access to any medical and/or prescription coverage through employment, a biological or step-parent, a spouse, military service, or a college or university regardless of cost. For the purpose of this division, access to medical and/or prescription coverage includes receiving a payment, stipend, or other remuneration of any kind.
  - (b) A child for whom the benefit recipient has been appointed as guardian is eligible for ~~health care~~ health care if the child is unmarried, chiefly dependent on the benefit recipient, and lives in the same household as the benefit recipient.
- (3) The board may require documented proof of marriage, guardianship, or parenthood. The board reserves the right to deny or cancel coverage if the

benefit recipient or dependent does not comply with the board's request for documents.

~~(E)~~(G) After the death of a retirant or member, dependents are eligible or become eligible for health care coverage, subject to the following conditions:

(1)

(a) The retirant or member was eligible to be a benefit recipient at the time of death;

(b) If the retirant or member was not eligible to be a benefit recipient at the time of death, the date in which the member would have been eligible to enroll pursuant to paragraph ~~(E)~~ of this rule; and

(c) the dependent is eligible to enroll pursuant to paragraph ~~(B)~~ or ~~(D)~~ of this rule.

(2) A child for whom a retirant or member has been legally appointed as guardian, who would have been eligible to enroll pursuant to paragraph ~~(E)~~ of this rule, may obtain or continue coverage, provided the spouse elects to continue coverage if:

(a) The spouse is appointed guardian of the child within ninety days of the retirant or member's death, and the child is chiefly dependent on the spouse and lives in the same household as the spouse; and

(b) The child would be eligible pursuant to paragraph ~~(D)~~ of this rule.

(3) In the event a spouse remarries, health care eligibility shall continue.

Notwithstanding the foregoing, a pre-Medicare spouse who has access to medical and/or prescription coverage through his or her new spouse must secure it as primary coverage, regardless of cost; secondary coverage may be maintained.

(4) The service credit requirements included in paragraph ~~(E)~~(2) of this rule do not apply to the dependent of a member killed in the line of duty.

~~(F)~~(H) Open enrollment for all health care options under paragraph (A)(11)(b) of this rule will be November first through November thirtieth each year.

(1) Pre-Medicare Eligible ~~eligible~~ benefit recipients and dependents may enroll in coverage only during open enrollment, except to the extent of (a) a

qualifying event that affects that individual's eligibility for health benefits; (b) a ~~medicare~~Medicare rule; or (c) a newly retired member may enroll up to sixty days after his or her retirement effective date. Coverage may be terminated at any time.

(2) Qualifying events include -

- (a) Marriage,
- (b) Birth, adoption, placement for adoption or legal guardianship of a child,
- (c) Change in employment status,
- (d) Divorce, annulment, or dissolution,
- (e) Legal separation,
- (f) Involuntary termination of other group coverage, or
- (g) Death.

(3) The effective date of pre-Medicare coverage will be -

- (a) January first for an addition during open enrollment.
- (b) The beginning of the month following the receipt of an enrollment form based on a qualifying event.
- (c) The date of marriage for the addition of a new spouse or stepchild.
- (d) The date of birth for the addition of a newborn.
- (e) The adoption date for the addition of a newly-adopted child or the date the child is placed for adoption.
- (f) The date the legal guardianship becomes effective.

(4) Upon request, a pre-Medicare benefit recipient or eligible dependent may designate an effective date of coverage that is the beginning of a month no later than two months after the effective date under paragraph ~~(EH)~~(3) of this rule.

(5) To qualify for coverage, an enrollment form based upon a qualifying event must be received by the retirement system no later than sixty days after the event.

~~(G)~~(I) A termination of coverage will be effective at the end of the month during which an enrollment change form is received.

(1) Health care coverage for pre-Medicare eligible dependents shall terminate under the following conditions:

(a) At the end of the month in which the spouse is no longer married to the benefit recipient.

(b) At the end of the month in which the child attains the age of twenty-six except in the case of a legal guardianship which shall be when the child is no longer eligible as defined by paragraph ~~(D)~~(2) of this rule.

(c) At the end of the month in which the benefit recipient terminates coverage.

(2) Health care eligibility of a child of a deceased member or retirant will terminate at age twenty-six except in the case of a legal guardianship which shall be when the child is no longer eligible as defined by paragraph ~~(D)~~(2) of this rule.

~~(H)~~(J)

(1) Notwithstanding the provisions of paragraphs ~~(F)~~(1)(b) and ~~(F)~~(2) of this rule, health care coverage will continue for a disabled child who meets all of the following:

(a) Is unmarried,

(b) Is mentally or physically incapable of earning his or her own living,

(c) Became disabled prior to the attainment of the limiting age for coverage of children,

(d) The child met the eligibility requirements included in paragraph ~~(D)~~ of this rule at the time the disability occurred, ~~and~~

(e) Is chiefly dependent upon the retirant for support and maintenance, and

(f) Is not eligible for Medicare part A and Medicare part B.

~~(f)~~(g) A pre-Medicare disabled child that qualifies for coverage beyond age twenty-six under this rule that has access to other medical and/or prescription coverage must secure the other coverage as primary coverage, regardless of cost.

- (2) To determine whether a disabled dependent child qualifies for coverage under this rule, the retirement board may require -
- (a) A physician's statement,
  - (b) An independent medical examination,
  - (c) Two years of federal tax returns from both the parents and the dependent child,
  - (d) Proof that the disabled child applied for ~~medicare~~Medicare insurance, and
  - (e) Any other information that the board deems relevant.

~~(H)~~(K)

- (1) A pre-Medicare spouse who has access to medical and/or prescription coverage through employment must secure it as primary coverage, regardless of cost. Notwithstanding this provision, primary dental and vision coverage and secondary medical and prescription coverage may be elected through the state highway patrol retirement system.
- (2) A pre-Medicare spouse who has access, as a benefit recipient of another retirement system or pension plan, to medical and/or prescription coverage must secure it as primary coverage, regardless of cost. Further, a spouse that receives a payment, stipend, or other remuneration of any kind from another retirement system or pension plan for the purpose of obtaining medical and/or prescription coverage may not elect state highway patrol retirement system coverage as primary coverage. Notwithstanding this provision, primary dental and vision coverage and secondary medical and prescription coverage may be elected through the state highway patrol retirement system. A dependent who had coverage through the state highway patrol retirement system prior to January 1, 2011 may continue that coverage until it is interrupted.
- ~~(3) Paragraphs (I)(1) and (I)(2) of this rule will not apply to a dependent who enrolled in both medicare part A and medicare part B coverage prior to January 1, 2018.~~
- ~~(4) If the cost of primary coverage pursuant to paragraph (H)(1) or (H)(2) of this rule less any payment, stipend or other remuneration received for the purpose of securing medical and/or prescription coverage exceeds fifty per cent of the gross income provided by the employer, retirement system, or pension plan, the benefit recipient or spouse, if the benefit recipient is deceased, may apply for a hardship exemption to the board.~~

~~(J)~~(L) An individual who receives benefits in accordance with section 5505.16, 5505.17, or 5505.18 of the Revised Code may be reimbursed for ~~medicare~~Medicare part B premiums upon the receipt of evidence of coverage, up to a maximum amount established by the board.

~~(1)~~ Evidence will consist of a ~~medicare HIC number or other verification provided by the social security administration.~~

~~(2)~~(1) The reimbursement amount for calendar year 2017 and each year thereafter shall be zero.

~~(3)~~ Reimbursement will be effective the month following receipt of evidence of coverage and will be added to each monthly pension payment.

~~(4)~~ Reimbursement will not be due to a benefit recipient who is eligible to receive reimbursement from an employer, another retirement plan, or any other entity.

~~(5)~~(2) To the extent an individual becomes eligible for ~~medicare~~Medicare part B, from that date forward, the individual must purchase ~~medicare~~Medicare part B. An individual that fails to enroll in ~~medicare~~Medicare part B within thirty days of the eligibility date shall immediately become ineligible for HPRS medical and prescription coverage. A benefit recipient is not required to purchase retroactive ~~medicare~~Medicare part B coverage in order to qualify for full benefits.

~~(K)~~(M) If it is available at no cost, a participant is required to enroll in ~~medicare~~Medicare part A. The board reserves the right to terminate medical and prescription coverage of an individual who does not maintain ~~medicare~~Medicare part A coverage that is available at no cost.

~~(H)~~(N) Anyone who is eligible for a benefit based only on (1) an election in accordance with section 5505.162(A)(2) of the Revised Code, (2) divisions (A)(2) to (A)~~(97)~~ of section 5505.17 of the Revised Code, or (3) being an alternate payee under section 5505.261 of the Revised Code is not eligible for health care coverage or ~~medicare~~Medicare part B reimbursement.

~~(M)~~(O) An enrolled benefit recipient's coverage shall be rescinded if the benefit recipient performs an act, practice or omission that constitutes fraud or makes an intentional misrepresentation of material fact regarding the health care coverage. The effective date of the termination of coverage shall be the date of the act, practice or omission that constitutes fraud or an intentional misrepresentation of material fact, unless otherwise limited by Ohio law. The retirement system shall notify the benefit recipient of the rescission at least thirty days prior to processing the rescission. The rescission applies to all enrolled dependents and all coverage options.

~~(N)~~(P) The executive director is authorized to deny or cancel coverage if the benefit recipient or dependent does not comply with a request for documents or information the executive director deems necessary to carry-out the requirements of this rule.

(Q) Any person eligible to receive a monthly allowance or reimbursement under the Medicare health reimbursement arrangement plan shall inform the retirement system, in writing, not later than thirty days after the person no longer meets the requirements of the Medicare health reimbursement arrangement plan.



Effective:

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Certification

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Date

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5505-7-09 **Interim benefit payments.**

(A) For purposes of this rule:

(1) "Final Pension Benefit" means a monthly pension benefit paid pursuant to section 5505.16, 5505.17 or 5505.18 of the Revised Code that the retirement system calculates after the employer certifies the final contributions and service credit made on behalf of the member.

(2) "Estimated Pension Benefit" means a monthly pension benefit paid pursuant to section 5505.16, 5505.17 or 5505.18 of the Revised Code prior to the certification of a member's final contributions and service credit and the calculation of the final pension benefit.

(B) A member retiring under section 5505.16, 5505.17 or 5505.18 of the Revised Code who meets the following requirements shall receive an estimated pension benefit:

(1) The retirement system has received the member's application for age and service retirement and all required forms and documents necessary to process the retirement application at least fourteen days prior to the effective date of retirement.

(2) The member has sufficient service credit in this system to retire under section 5505.16 of the Revised Code, not including the following:

(a) Any additional service that may be credited following receipt of the certification of final deposits from the employer; and

(b) Service credit purchases not completed at least thirty days prior to the benefit effective date.

(3) The member's employer has certified the last day for which the member will receive a salary.

(C) An estimated pension benefit shall be calculated using the accumulated contributions and service credit available in the account of the member at the time the application is received. The retirement system shall calculate the final pension benefit following the receipt of the employer's certification of final deposits and all contributions on behalf of the member.

(1) If no additional contributions are received by the retirement system, the estimated pension benefit shall be the final pension benefit.

(2) If the final pension benefit is greater than the estimated pension benefit, the retirement system shall begin paying the greater amount on the first of the

month next following receipt of the additional contributions. The retirement system shall issue a retroactive payment for the difference between the total amount paid as estimated pension benefit and the amount that would have been paid had the member received payments in the amount of the final pension benefit.

- (3) If the final pension benefit is less than the estimated pension benefit, the retirement system shall begin issuing the final pension benefit on the first of the month next following receipt of the certification of the member's final contributions, and the retirant shall repay any overpayment to the retirement system pursuant to section 5505.34 of the Revised Code.

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