



June 30, 2022

Ms. Bethany Rhodes, Director  
Ohio Retirement Study Council  
30 East Broad Street, 2<sup>nd</sup> Floor  
Columbus, OH 43215-3414

Dear Ms. Rhodes:

In accordance with Ohio Revised Code Section 5505.12(E), I am attaching a full accounting of the revenues and costs of health care by the Highway Patrol Retirement System at December 31, 2021, utilizing the new ORSC-approved standard template.

If you have any questions, please contact me.

Sincerely,

Carl Roark, PhD.  
*Executive Director*  
direct dial 614.430.3557  
[c.roark@ohprs.org](mailto:c.roark@ohprs.org)

cc: The Honorable Mike DeWine, Governor  
The Ohio Retirement Study Council  
Director Kimberly Murnieks, Office of Budget and Management  
The Honorable Robert Cupp, Speaker of the House  
The Honorable Matt Huffman, Senate President  
The Honorable Phil Plummer, Chair, Ohio Retirement Study Council  
The Honorable Susan Manchester, Chair, House Families, Aging, and Human Services  
The Honorable Frank Hoagland, Chair, Senate Veterans and Public Safety

**State Highway Patrol Retirement System  
2021 ORSC Health Care Report  
(For period January 1, 2021-December 31, 2021)**

(Submitted to ORSC 6/29/2022)

**Year in Review-2021**

During 2021, HPRS provided health care coverage 2,121 eligible retirees and dependents at a cost of \$16,307,426.

For 2021, benefit recipients who were not participants in both Medicare Part A and B were covered in a self-insured plan provided by Medical Mutual of Ohio (MMO). HPRS contracted for a fully-indemnified Medicare Advantage product through Aetna for those benefit recipients who were participants in both Medicare Part A and B.

HPRS offers creditable Medicare D coverage to its participants and receives a subsidy from the Centers for Medicare and Medicaid Services (CMS).

All benefit recipients and dependents enrolled in any of HPRS's health care programs are eligible for prescription drug coverage through Express Scripts, Inc. at no additional charge.

A tobacco surcharge is added to the monthly premium cost for any plan participant who has used tobacco products during the past twelve months. For 2021, this premium was \$50.00 per month. This surcharge has been eliminated for the Medicare population for 2022.

Retirees and spouses are eligible for a bi-annual comprehensive wellness examination at no cost. They are also eligible for body imaging services every four years at no cost. These services include: CT coronary artery calcium scoring, carotid artery ultrasound screening, abdominal aortic aneurysm ultrasound screening, bone density testing, and CT lung screening for current or former smokers.

Premiums are established per a cost-sharing policy adopted by the Board in 2016. Premiums for 2021 and 2022 are included as an appendix to this report. Premiums are structured to split costs between members and HPRS and are charged by age group. However, for 2021 it was apparent adhering to this policy would necessitate premium increases which would put a heavy burden on members. Therefore, the board determined the best course of action was to increase premiums 10% over prior year premiums.

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A dental plan, administered by Delta Dental, is available to all HPRS benefit recipients and eligible dependents. In 2021, retirees paid a monthly premium of \$5.00 and other beneficiaries paid \$20.00. Dental expenses totaled \$714,782 for the year.

A vision plan, administered by Aetna Vision and EyeMed, is available to all HPRS benefit recipients and eligible dependents. All benefit recipients paid a monthly premium of \$5.00 in 2020. Vision expenses totaled \$172,519 for the year.

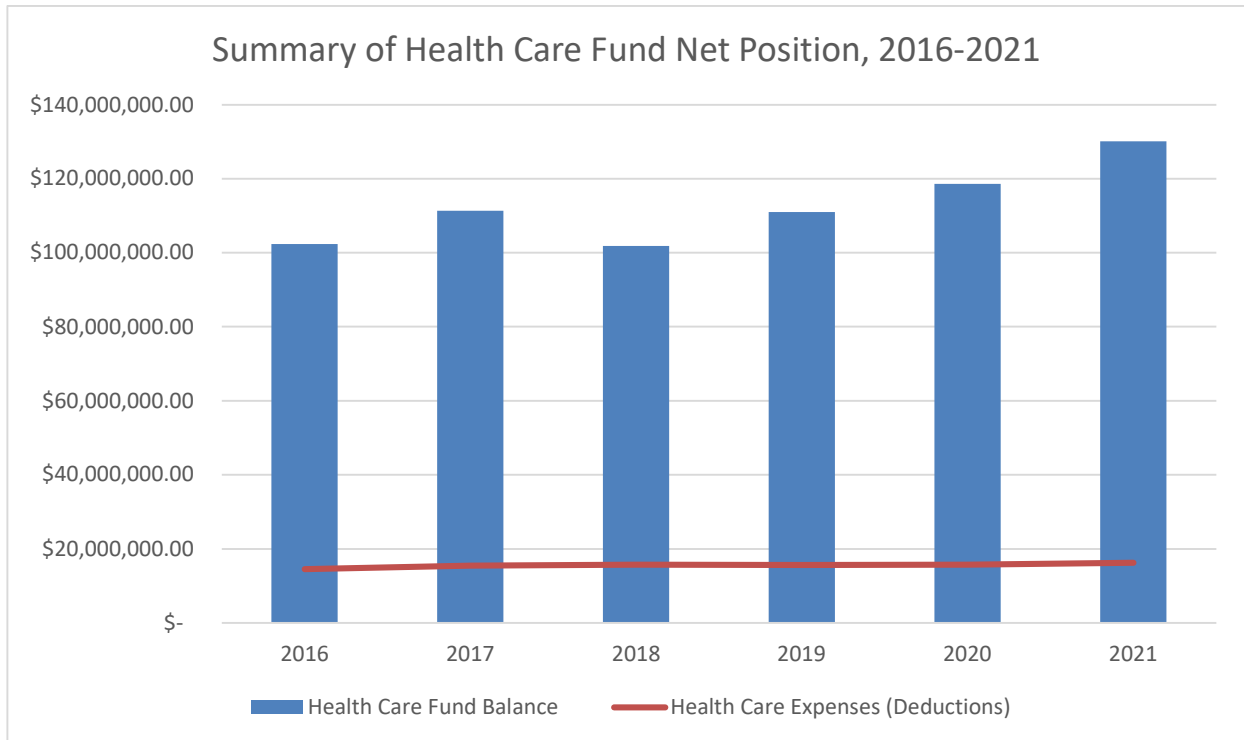
Any changes in coverage must occur during the annual open enrollment period unless a qualifying event occurs.

Ohio Revised Code Section 5505.33 permits HPRS's participation in contracts for long-term care insurance. Participants pay the full cost of the premium.

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## Financial Information

Additions	Deductions	Fund Balance	Solvency Period	Employer Allocation
\$ 10,019,749.00	\$ 16,307,426.00	\$ 130,128,731.00	2031	0.00%



Health Care Fund Balance (as graphed above)		
Year	Health Care Fund Balance	Health Care Expenses (Deductions)
2016	\$ 102,372,098.00	\$ 14,594,984.00
2017	\$ 111,313,148.00	\$ 15,456,987.00
2018	\$ 101,827,574.00	\$ 15,762,478.00
2019	\$ 110,986,378.00	\$ 15,609,344.00
2020	\$ 118,622,893.00	\$ 15,725,987.00
2021	\$ 130,128,731.00	\$ 16,307,426.00

<sup>1</sup>Solvency period based on each system's individual valuation and underlining assumptions.

## Average Cost Per Participant Paid by State Highway Patrol Retirement System

Non-Medicare Recipients	Re-employed non-Medicare Recipients	Medicare Recipients
\$5,019	N/A	\$2,565

Non-Medicare Recipients includes retirees and eligible spouses/dependent children who are not yet eligible for Medicare coverage, generally those under 65 years of age.

HPRS has no re-employed non-Medicare recipients.

Medicare Recipients includes retirees and spouses 65 years of age and older and eligible for both Medicare Parts A and B, as well as those under 65 who qualify due to a disabling condition.

## Population of Recipients

Age and Service	Disability	All Others (Survivors, Beneficiaries, etc.)	Total Recipients	Percent Medicare
1,119	101	911	2,131	64%

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Medical Mutual of Ohio (Non-Medicare)

	<u>In Network</u>	<u>Out of Network</u>
Deductible	\$1,500 / person	\$2,000 / person
Annual OOP Max (does not include deductible)		
Single	\$4,000	\$8,000
Family	N/A	N/A
Lifetime Max	N/A	N/A
Member Coinsurance at Plan Level	80%	60%
PCP	\$20.00 copay; 100%	60%
Specialty Care	\$45.00 copay; 100%	60%
Office visits for surgery	80%	60%
Routine X-Rays/Lab Tests	100%	60%
Therapy (Phys, Occup, Speech)	\$25.00 copay; 100%	60%
Home Health Services	100% for 100 visits 80% balance	90% for 100 visits 60% balance
Hospice		
Inpatient	100%	80%
Outpatient	80% up to \$7,500	60% up to \$5,000
Inpatient Surgery	\$100 copay, 80% balance	\$100 copay, 60% balance
Outpatient Surgery -Institutional Services	100%	60%
Outpatient Surgery -Professional Services	80%	60%
Hospital Admission	\$200 copay; 80% after deductible 80% Professional charges	\$200 copay; 60% after deductible 60% Professional charges
ER (Waived if admitted)	\$200 copay, 80% balance	\$200 copay, 80% balance
ER (Non-emergency) (waived if admitted)	\$450 copay; 80% balance	\$450 copay; 80% balance
Ambulance	80%	60%
Routine Physical	100%	60%
Routine GYN Exam	100%	60%
Routine Mammogram	100%	60%
Prostate Cancer Screening	100%	60%
Chiropractic	80%	60%
Skilled Nursing	80%	60%
Mental Health		
Inpatient	80%	60%
Outpatient	80%	60%
Substance Abuse		
Inpatient	80%	60%
Outpatient	80%	60%
Hearing Aids	80%, max \$1,000 every 3 years per aid	80%, max \$1,000 every 3 years per aid

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Aetna Medicare Advantage

	In Network	Out of Network
Deductible	\$250	\$250
Annual OOP Max (includes deductible)	\$2,000	\$2,500
Lifetime Max	N/A	N/A
Member Coinsurance at Plan Level	N/A	30% after deductible
PCP	\$25 copay	30% after deductible
Specialty Care	\$40 copay	30% after deductible
Office visits for surgery	\$25 copay	30% after deductible
Allergy Testing/Treatment	\$25 copay	30% after deductible
X-Rays/Lab Tests	\$25 x-ray, no copay lab	30% after deductible
Complex Radiology	\$25 copay	30% after deductible
Radiation Therapy	\$25 copay	30% after deductible
Outpatient Kidney Dialysis	No copay	100% after deductible
Therapy (Phys, Occup, Speech)	\$25 copay	30% after deductible
Home Health Services	No copay	30% after deductible
Hospice	Covered by Medicare in certified facility	
Durable Medical Equipment (DME)	100%, after deductible	30% after deductible
Outpatient Surgery	\$75 copay	30% after deductible
Hospital Admission	\$200 copay	30% after deductible
ER (Waived if admitted)	\$75 copay	\$75 copay
Urgent Care	\$35 copay	\$35 copay
	20%, after deductible (deductible waived for emergency)	30%, after deductible (deductible waived for emergency)
Ambulance	No copay	30% after deductible
Routine Physical	No copay	30% after deductible
Routine Eye	No copay	30% after deductible
Routine GYN Exam	No copay	30% after deductible
Routine Mammogram	No copay	30% after deductible
Bone Mass Measurement	No copay	30% after deductible
Colorectal Screening	No copay	30% after deductible
Prostate Cancer Screening	No copay	30% after deductible
Immunizations-Medicare covered	No copay	No copay
Routine Hearing Exam	No copay	30% after deductible
Diabetic - Monitor/Supplies	No copay	30% after deductible
Chiropractic	\$15 copay	30% after deductible
Podiatry (limited to covered services)	\$40 copay	30% after deductible
Skilled Nursing (100 days)-medically necessary	0% per day, days 1-100, after deductible	30% after deductible, days 1-100
Inpatient	\$200 copay	30% after deductible
OP Mental Health	\$40 copay	30% after deductible
OP Substance Abuse	\$40 copay	30% after deductible
Healthy Lifestyle Coaching	Included Up to \$2,000 every 36 mo. (both ears)	not covered Up to \$2,000 every 36 mo. (both ears)
Hearing Aid Reimbursement	\$40 copay	30% after deductible
Dental- Medicare covered (non-routine)	Lens Discounts	N/A
Prescription Lens Reimbursement		

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Express Scripts Commercial (Non-Medicare)

	Retail Preferred/Home Delivery	Retail/Non-Preferred Network
Annual deductible	None	N/A
Generic	\$15/\$30 (34/90 day supply)	N/A
Formulary	\$30/\$60 (34/90 day supply)	N/A
Non-formulary Brand	Not covered	N/A
Specialty Drugs	Subject to prior authorization	N/A



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Express Scripts EGWP – Medicare PDP

	Retail Preferred/Home Delivery	Retail/Non-Preferred Network
Annual deductible	None	N/A
Generic	\$15/\$30 (34/90 day supply)	N/A
Formulary	\$30/\$60 (34/90 day supply)	N/A
Non-formulary Brand	Not covered	N/A
Specialty Drugs	Subject to prior authorization	N/A

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Supplemental Drug List (by request-currently no requests)

	Drug name	Formulary Y/N	Plan Design	Notes
<b>Specialty</b>				

	Drug name	Formulary Y/N	Plan Design	Notes
<b>Brand</b>				

	Drug name	Formulary Y/N	Plan Design	Notes
<b>Generic</b>				

## **Health Care Future-2022**

HPRS' actuary, Foster & Foster, delivered its GASB 74/75 financial report for December 31, 2021 in May 2022 which estimated the current health care fund to be solvent until 2031. In compliance with the funding policy adopted by the board in 2022, it is likely the board will allocate approximately 3.50% of employer contributions to the health care fund for 2022.

The Board contracted with Willis Towers Watson (WTW) to operate the Medicare exchange, which went live on January 1, 2022. Each Medicare-eligible retiree who enrolls through WTW receives an HRA stipend of \$183.33 per month, or \$2,200 per year. Surviving spouses receive \$91.67 per month, or \$1,100 per year, and can use any funds left over in the member's HRA account for 24 months following the member's death. In addition, HPRS has additional catastrophic coverage to assist those members who exit the "donut hole" and enter the catastrophic level.

The system's actuary is currently completing their OPEB valuation, which will indicate the initial impact to the health care fund's solvency.

The Board also recently approved moving forward with a contract with WTW for a pre-Medicare exchange, currently served by Medical Mutual of Ohio. The target date for implementation is 1/1/2024.

## **Supplementary Statutory Requirements**

The following is provided in accordance with the requirements of Revised Code section 5505.12(E):

**(1) A description of the statutory authority for the benefits provided:**

See ORC 5505.28 Health Care Coverage which is attached.

**(2) A summary of coverage for 2021:**

A summary of coverage for both non-Medicare and Medicare for 2021 are included on pages 5 and 6 of this Health Care Report.

**(3) A summary of the eligibility requirements for the benefits:**

All age and service retirees of the Ohio Highway Patrol are eligible for HPRS health care benefits upon retirement. Premiums charged depend on age. Spouses and dependent children are eligible for coverage only if they do not have access to health care benefits through other means, i.e., another retirement system, employer, or educational institution. Please see attached OAC 5505-7-04 Health Care for additional detail regarding eligibility.

**(4) A statement of the number of participants eligible for the benefits:**

As of December 31, 2021, there were 1,807 retirees eligible to participate in the health care programs offered by HPRS.

**(5) A description of the accounting, asset valuation, and funding method used to provide the benefits:**

HPRS's financial statements are prepared using the accrual basis of accounting, under which expenses are recorded when incurred and revenues are recorded when earned and measurable. Income on all investments is recognized on the accrual basis. All investments are recorded at fair value, which is the amount the plan could reasonably expect to receive in a current sale between a willing buyer and willing seller, other than in a forced or liquidation sale.

HPRS is funded with employee and employer contributions. In 2021, the employee contribution rate was 14.0% and the employer rate was 26.5%. Of the 26.5% employer contributions, the HPRS Board allocated 26.5% to pension and 0.0% to healthcare. The allocation for 2022 is to be determined by the Board. No employee contributions are used to fund health care.

**(6) A statement of the net assets available for the provision of the benefits as of the last day of the fiscal year:**

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As of December 31, 2021, the net assets available for the provision of health care benefits were \$130,128,731.

- (7) A statement of any changes in the net assets available for the provision of benefits, including participant and employer contributions, net investment income, administrative expenses, and benefits provided to participants, as of the last day of the fiscal year:**

Please see the attached Statement of Changes in Fiduciary Net Position 2016-2021.

- (8) For the last six consecutive fiscal years, a schedule of the net assets available for the benefits, the annual cost of benefits, administrative expenses incurred, and annual employer contributions allocated for the provision of benefits:**

Please see the attached Statement of Fiduciary Net Position 2016-2021.

- (9) A description of any significant changes that affect the comparability of the report required under this division:**

None.

- (10) A statement of the amount paid under division (B) of section 5505.28 of the Revised Code:**

Medicare Part B reimbursement was eliminated in 2017, therefore HPRS paid \$0 in 2021.



# 2021 Health Care Premiums / Plan Co-Pays

## Non-Medicare Medical / Prescription (Medical Mutual of Ohio / Express Scripts)

Premium amount changes take effect the month following your birthday.

Retiree or Surviving Spouse Age	Monthly Premium
60 +	\$175
56 – 59	\$248
52 – 55	\$484
< 52	\$760

Spouse Age	Monthly Premium
60 +	\$235
56 – 59	\$309
52 – 55	\$545
< 52	\$820

The chart above represents premiums for HPRS health care coverage whether HPRS is primary or secondary.

	Monthly Premium
Dependent* or Surviving Children	\$152 each
Tobacco Surcharge	\$50 each user

\* Dependent children 18 and over must take coverage through employment, parent or stepparent employment, spouse employment, military service or a college or university if it is available.

**Disability Retirees:** In-the-line-of-duty are charged at the 60+ rate. Not-in-the-line-of-duty (off-duty) are charged at the rate based on actual age. Once a retiree / spouse turns 52, 56 and 60, the lower premiums become effective.

## Medicare A & B Medical / Prescription (Aetna Medicare Advantage / Express Scripts)

	Monthly Premium
Retiree	\$43
Spouse	\$212
Surviving Spouse	\$121

## Dental & Vision

	Monthly Retiree Premium	Monthly Spouse Premium	Monthly Dependent Child Premium*	Monthly Surviving Spouse Premium	Monthly Surviving Children Premium
Dental	\$5	\$20	\$20	\$5	\$5
Vision	\$5	\$5	\$5	\$5	\$5

\*A single Dental & Vision premium provides coverage for all dependent children regardless of number.

## Coverage Overview / Co-Pay Information

Medical	Medicare A & B (Aetna)	Non-Medicare (Medical Mutual of Ohio)
General	\$25	\$20
Specialist	\$40	\$45
Chiropractor	\$15	20% after deductible
Emergency Room	\$75	\$200
Urgent Care	\$35	\$60
Deductible (per person)	\$250	\$1,500
Out of Pocket Maximum (per person)	\$2,000	\$4,000

Prescription Drug	Retail (up to 34-day supply)	Home Delivery (90-day supply)
Generic	\$15	\$30
Brand / Formulary	\$30	\$60
Brand / Non-Formulary	Not covered	Not covered



# 2022 Health Care Premiums / Plan Co-Pays

## Medical / Prescription (Medical Mutual of Ohio / Express Scripts)

Premium amount changes take effect the month following your birthday.

Retiree or Surviving Spouse Age	Monthly Premium	Spouse Age	Monthly Premium
60 +	\$175	60 +	\$235
56 – 59	\$248	56 – 59	\$309
52 – 55	\$484	52 – 55	\$545
< 52	\$760	< 52	\$820

The chart above represents premiums for HPRS health care coverage whether HPRS is primary or secondary.

	Monthly Premium
Dependent* or Surviving Children	\$152 each
Tobacco Surcharge	\$50 each user

\* Dependent children 18 and over must take coverage through employment, parent or stepparent employment, spouse employment, military service or a college or university if it is available.

**Disability Retirees:** In-the-line-of-duty are charged at the 60+ rate. Not-in-the-line-of-duty (off-duty) are charged at the rate based on actual age. Once a retirant / spouse turns 52, 56 and 60, the lower premiums become effective.

## Dental & Vision

	Monthly Retiree Premium	Monthly Spouse Premium	Monthly Dependent Child Premium*	Monthly Surviving Spouse Premium	Monthly Surviving Children Premium
Dental	\$5	\$20	\$20	\$5	\$5
Vision	\$5	\$5	\$5	\$5	\$5

\*A single Dental & Vision premium provides coverage for all dependent children regardless of number.

## Coverage Overview / Co-Pay Information

Medical	Non-Medicare (Medical Mutual of Ohio)
General	\$20
Specialist	\$45*;20% after deductible
Chiropractor	20% after deductible
Emergency Room	\$200
Urgent Care	\$60
Deductible (per person)	\$1,500
Out of Pocket Maximum (per person)	\$4,000

\*\$45 copay at time of service; patient responsible for 100% until deductible is met.

Prescription Drug	Retail (up to 34-day supply)	Home Delivery (90-day supply)
Generic	\$15	\$30
Brand / Formulary	\$30	\$60
Brand / Non-Formulary	Not covered	Not covered

**Highway Patrol Retirement System  
Statement of Fiduciary Net Position  
Health Care  
2016-2021**

	2020	2019	2018	2017	2016	2015
<b>Assets</b>						
Cash and Short-Term Investments	\$ 5,105,603	\$ 4,346,579	\$ 2,885,015	\$ 1,803,546	\$ 2,196,443	\$ 1,711,001
Receivables						
Contributions						
Employer	-	-	-	280,459	263,102	213,803
Employee	-	-	-	-	-	-
Accrued Investment Income	332,055	140,085	122,183	838,042	746,988	164,532
Health Care Receivable	1,618,909	-	-	-	-	-
<b>Total Receivables</b>	<b>1,950,964</b>	<b>140,085</b>	<b>122,183</b>	<b>1,118,501</b>	<b>1,010,090</b>	<b>378,335</b>
Investments, at Fair Value						
Domestic Equity	27,607,350	37,600,691	37,670,791	36,442,682	31,741,153	34,784,964
Fixed Income	17,286,242	23,253,096	19,193,104	19,916,227	20,492,390	20,164,321
International Equity	7,975,339	17,876,937	20,748,429	24,631,888	18,146,844	20,160,375
Real Estate	8,005,118	7,894,383	7,999,939	4,267,416	3,814,020	4,006,043
Private Equity	21,332,896	17,087,078	14,600,867	13,528,848	13,518,746	10,738,378
Hedge Funds	11,380,960	10,700,919	8,383,567	7,957,064	7,571,051	6,426,056
Global Tactical Asset Allocation	-	-	0	2,565,858	4,168,905	3,960,656.00
Direct Infrastructure	1,756,017	911,803	876,417	373,453.00	-	-
Global Equity	28,932,428	-	-	-	-	-
<b>Total Investments</b>	<b>124,276,350</b>	<b>115,324,907</b>	<b>109,473,114</b>	<b>109,683,436</b>	<b>99,453,109</b>	<b>100,240,793</b>
Prepaid Expense	-	-	-	-	1,400	1,417
Property and Equipment, Net	-	-	1,131	7,781	8,283	11,321
Net OPEB Asset	85,656	-	-	-	-	-
<b>Total Assets</b>	<b>131,418,573</b>	<b>119,811,571</b>	<b>112,481,443</b>	<b>112,613,264</b>	<b>102,669,325</b>	<b>102,342,867</b>
<b>Liabilities</b>						
Accrued Health Care Liabilities	998,281	446,046	808,109	683,429	181,201	806,306
Accounts Payable	40,635	61,379	70,717	96,310	85,141	87,642
Accrued Payroll Liabilities	32,175	29,033	40,207	34,649	30,885	29,192
Net OPEB Liability	-	667,427	617,465.00	-	-	-
<b>Total Liabilities</b>	<b>1,071,091</b>	<b>1,203,885</b>	<b>1,536,498</b>	<b>814,388</b>	<b>297,227</b>	<b>923,140</b>
Deferred Outflows of Resources - GASB 75	45,656	113,744	48,815.00	-	-	-
Deferred Inflows of Resources - GASB 75	264,408	98,537	7,382.00	-	-	-
<b>Net Position - Restricted for Post-Employment Health Care Benefits</b>	<b>\$ 130,128,730</b>	<b>\$ 118,622,893</b>	<b>\$ 110,986,378</b>	<b>\$ 111,798,876</b>	<b>\$ 102,372,098</b>	<b>\$ 101,419,727</b>



**Highway Patrol Retirement System**  
**Statement of Changes in Fiduciary Net Position**  
**Health Care**  
**2016-2021**

	2021	2020	2019	2018	2017	2016
<b>Additions</b>						
Contributions:						
Employer	\$ -	\$ -	\$ -	\$ 4,623,201	\$ 4,640,177	\$ 4,511,127
Member	-	-	-	-	-	-
Transfer from Other Systems	-	-	-	-	-	-
Other Income	10,019,749	7,422,942	6,990,639	7,223,962	6,023,242	4,352,022
<b>Total Contributions</b>	<b>10,019,749</b>	<b>7,422,942</b>	<b>6,990,639</b>	<b>11,847,163</b>	<b>10,663,419</b>	<b>8,863,149</b>
Investment income:						
Net Appreciation in Fair Value of Investments	14,807,458	15,159,724	16,855,493	(6,588,526)	13,068,917	5,810,217
Interest & Dividend Income	4,015,470	1,993,333	2,119,472	2,200,723	2,150,188	1,826,380
Real Estate Operating Income, Net	45	2	113	185	114	(4,517)
	18,822,973	17,153,059	18,975,078	(4,387,618)	15,219,219	7,632,080
Less Investment Expense	(1,029,458)	(1,012,538)	(968,525)	(978,829)	(794,730)	(754,473)
<b>Net Investment Income</b>	<b>17,793,515</b>	<b>16,140,521</b>	<b>18,006,553</b>	<b>(5,366,447)</b>	<b>14,424,489</b>	<b>6,877,607</b>
<b>Total Additions</b>	<b>27,813,264</b>	<b>23,563,463</b>	<b>24,997,192</b>	<b>6,480,716</b>	<b>25,087,908</b>	<b>15,740,756</b>
<b>Deductions</b>						
Benefits Paid Directly to Participants	16,181,130	15,725,987	15,609,344	15,762,478	15,456,987	14,594,984
Refunds of Employee Contributions	-	-	-	-	-	-
Administrative Expenses	126,296	200,961	229,044	203,812	204,143	193,401
Transfers to Other Systems	-	-	-	-	-	-
<b>Total Deductions</b>	<b>16,307,426</b>	<b>15,926,948</b>	<b>15,838,388</b>	<b>15,966,290</b>	<b>15,661,130</b>	<b>14,788,385</b>
<b>Net Increase</b>	<b>11,505,838</b>	<b>7,636,515</b>	<b>9,158,804</b>	<b>(9,485,574)</b>	<b>9,426,778</b>	<b>952,371</b>
Restatement - GASB 75	-	-	-	-	(485,728)	-
<b>Balance at End of Year</b>	<b>130,128,731</b>	<b>118,622,893</b>	<b>110,986,378</b>	<b>101,827,574</b>	<b>111,313,148</b>	<b>102,372,098</b>



## Ohio Revised Code Section 5505.28 Health insurance.

Effective: January 7, 2013

Legislation: Senate Bill 345 - 129th General Assembly

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(A) The state highway patrol retirement board may enter into an agreement with insurance companies, health insuring corporations, 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 combination thereof, for those persons receiving pensions and subscribing to the plan.

Notwithstanding any other provision of this chapter, the policy or contract may also include coverage for any eligible individual's spouse and dependent children and for any of the individual's sponsored dependents as the board considers appropriate.

If all or any portion of the policy or contract premium is to be paid by any individual receiving a service, disability, or survivor pension or benefit, the individual shall, by written authorization, instruct the board to deduct from the individual's pension or benefit the premium agreed to be paid by the individual to the company, corporation, or agency.

The board may contract for coverage on the basis of part or all of the cost of the coverage to be paid from appropriate funds of the state highway patrol retirement system. The cost paid from the funds of the system shall be included in the employer's contribution rate as provided by section 5505.15 of the Revised Code.

(B) The board shall, beginning the month following receipt of satisfactory evidence of the payment for coverage, pay monthly to each recipient of a pension under the state highway patrol retirement system who is eligible for coverage under part B of the medicare program established under Title XVIII of "The Social Security Amendments of 1965," 79 Stat. 301 (1965), 42 U.S.C.A. 1395j, as amended, an amount established by board rule not exceeding the basic premium for such coverage.

(C) The board shall establish by rule requirements for the coordination of any coverage, payment, or benefit provided under this section with any similar coverage, payment, or benefit made available to the same individual by the public employees retirement system, Ohio police and fire pension fund, state teachers retirement system, or school employees retirement system.



(D) The board shall make all other necessary rules pursuant to the purpose and intent of this section.



## Ohio Administrative Code

### Rule 5505-7-04 Health care.

Effective: January 18, 2018

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(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 (C) 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) "Member" shall have the same meaning as division (J) of section 5505.01 of the Revised Code.

(8) "Retirant" shall mean an age and service retirant or disability retirant.

(9) "Spouse" shall mean a wife or husband of a retirant or member as set forth in a statutorily-valid



certificate.

(10) "Eligible Plan" shall mean:

(a) For a benefit recipient or eligible dependent that is enrolled in medicare part A and medicare part B, a medicare advantage plan.

(b) For those benefit recipients or eligible dependents other than those described in paragraphs (A)(10)(a) and (A)(10)(c) of this rule, any medical or prescription drug plan, other than a medicare advantage plan, offered pursuant to section 5505.28 of the Revised Code.

(c) Eligible plan does not include any dental or vision plan.

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

(1) The 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 benefit recipients and eligible dependents who are enrolled under state highway patrol



retirement system medical coverage are eligible for prescription drug coverage.

(5) 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.

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

(1) Except as provided in paragraph (C)(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 (C)(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) The dependents of a benefit recipient are eligible for health care, subject to the following conditions:

(1) The benefit recipient is enrolled in the HPRS medical and prescription plans.

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

(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 (C) of this rule; and

(c) the dependent is eligible to enroll pursuant to paragraph (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 (C) 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 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 (C)(2) of this rule do not apply to the



dependent of a member killed in the line of duty.

(F) Open enrollment for all health care options will be November first through November thirtieth each year.

(1) 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 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 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 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 (E)(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) 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 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.



(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.
- (f) A 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 insurance, and
- (e) Any other information that the board deems relevant.

(1) A 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 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) 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 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) 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) To the extent an individual becomes eligible for medicare part B, from that date forward, the individual must purchase medicare part B. An individual that fails to enroll in 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 part B coverage in order to qualify for full benefits.

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

(L) Anyone who is eligible for a benefit based only on (1) an election in accordance with section 5505.162 of the Revised Code, (2) divisions (A)(2) to (A)(9) 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 part B reimbursement.

(M) 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) 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.