

X Retirement System
2024 ORSC Health Care Report
(For period January 1, 2024-December 31, 2024)
(Submitted to ORSC xx/xx/2025)

Year in Review-2024

[This section is for a general overview of your health care program in 2024. Limit to 2 pages.]

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[Excel "Financial Summary"]

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Average Cost Per Participant Paid by X Retirement System

| Non-Medicare Recipients | Re-employed non-Medicare Recipients | Medicare Recipients |
|-------------------------|-------------------------------------|---------------------|
| \$-- | \$-- | \$-- |

Non-Medicare Recipients includes [please provide a very general description of the group]

Re-employed non-Medicare Recipients includes [please provide a very general description of the group]

Medicare Recipients includes [please provide a very general description of the group]

Population of Recipients

| Age and Service | Disability | All Others (Survivors, Beneficiaries, etc.) | Total Recipients | Percent Medicare |
|-----------------|------------|---|------------------|------------------|
| | | | | |

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[“Health Care Plan 1” name]

| | In-Network | Out-of-Network | Out of Area |
|--|------------|----------------|-------------|
| Deductible | | | |
| Out-of-Pocket limit | | | |
| Lifetime Maximum | | | |
| Medical Services (% covered by plan) | | | |
| Outpatient | | | |
| Mental health | | | |
| Surgery | | | |
| Emergency Services | | | |
| Emergency Room | | | |
| Urgent Care | | | |
| Preventative Services | | | |
| Annual physical | | | |
| Flu vaccines | | | |
| EKG, Cholesterol, Blood Sugar, Lipid, Colonoscopy, Sigmoidoscopy, Bone Density Testing | | | |

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[“Health Care Plan 2” name]

| | In-Network | Out-of-Network | Out of Area |
|--|------------|----------------|-------------|
| Deductible | | | |
| Out-of-Pocket limit | | | |
| Lifetime Maximum | | | |
| Medical Services (% covered by plan) | | | |
| Outpatient | | | |
| Mental health | | | |
| Surgery | | | |
| Emergency Services | | | |
| Emergency Room | | | |
| Urgent Care | | | |
| Preventative Services | | | |
| Annual physical | | | |
| Flu vaccines | | | |
| EKG, Cholesterol, Blood Sugar, Lipid, Colonoscopy, Sigmoidoscopy, Bone Density Testing | | | |

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["Prescription Plan" name for Non-Medicare population]

| | Retail Preferred/Home Delivery | Retail/Non-Preferred Network |
|---------------------|--------------------------------|------------------------------|
| Annual deductible | | |
| Generic | | |
| Formulary | | |
| Non-formulary Brand | | |
| Specialty Drugs | | |

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["Prescription Plan" name for Medicare population]

| | Retail Preferred/Home Delivery | Retail/Non-Preferred Network |
|---------------------|--------------------------------|------------------------------|
| Annual deductible | | |
| Generic | | |
| Formulary | | |
| Non-formulary Brand | | |
| Specialty Drugs | | |

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Supplemental Drug List (by request-currently no requests)

| | Drug name | Formulary Y/N | Plan Design | Notes |
|------------------|-----------|---------------|-------------|-------|
| Specialty | | | | |
| | | | | |

| | Drug name | Formulary Y/N | Plan Design | Notes |
|--------------|-----------|---------------|-------------|-------|
| Brand | | | | |
| | | | | |

| | Drug name | Formulary Y/N | Plan Design | Notes |
|----------------|-----------|---------------|-------------|-------|
| Generic | | | | |
| | | | | |

Health Care Future-2024

[This section is for the system's plan to maintain health care coverage going forward and potential changes to the fund going forward. Limit to 2 pages. If the "Year in Review" is backward looking, this section is forward looking]

Supplementary Statutory Requirements

The following is provided in accordance with the requirements of Revised Code section 145.22(E), 742.14(D), 3307.51(E), 3309.21(E), or 5505.12(E)

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

- (2) A summary of coverage for 2024:

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

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

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

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

- (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:

- (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:

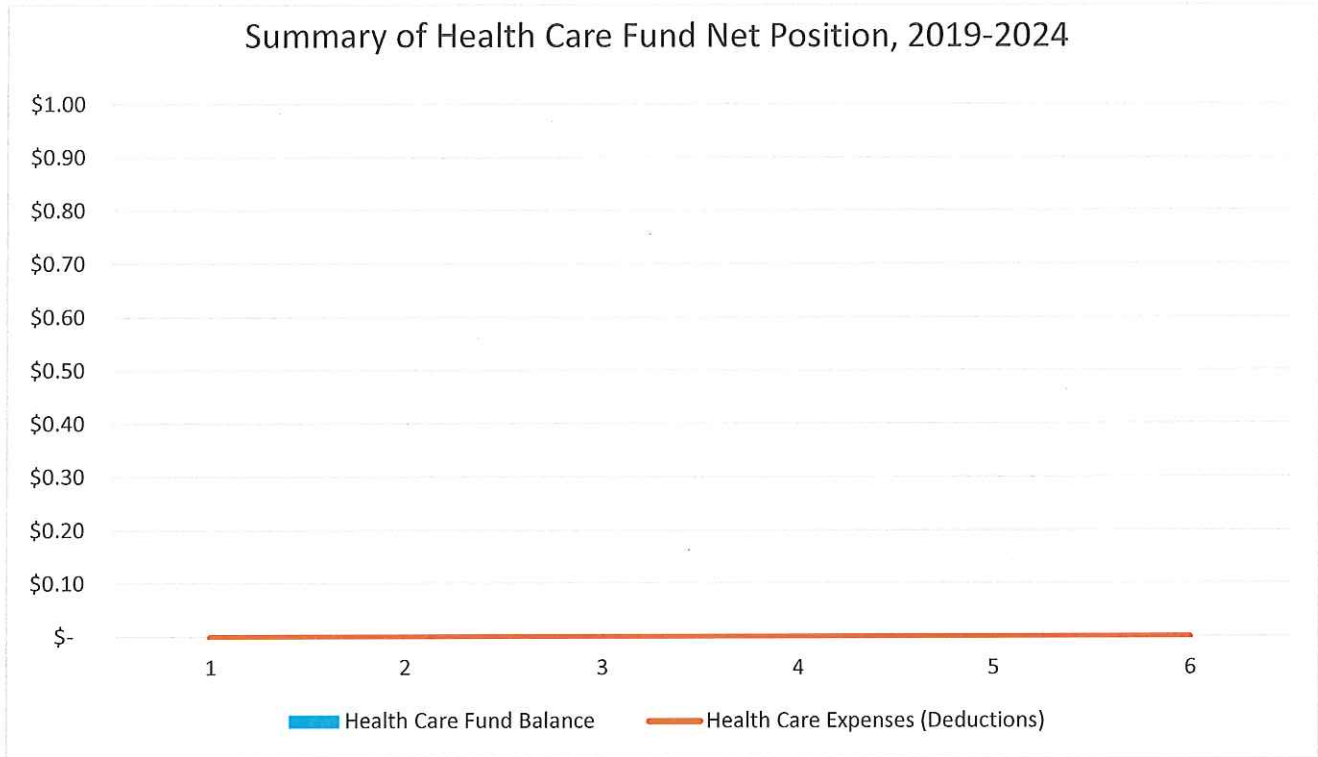
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(9) A description of any significant changes that affect the comparability of the report required under this division:

(10) As applicable, a statement of the amount paid under division (C) of section 145.58 of the Revised Code, division (B) of section 742.45 of the Revised Code, division (B) of section 3307.39 of the Revised Code, division (E) of section 3309.69 of the Revised Code, division (B) of section 5505.28 of the Revised Code:

Financial Information

| Additions | Deductions | Fund Balance | Solvency Period | Employer Allocation |
|-----------|------------|--------------|-----------------|---------------------|
| \$ - | \$ - | \$ - | 0 | 0% |



| Health Care Fund Balance (as graphed above) | | |
|---|--------------------------|-----------------------------------|
| | Health Care Fund Balance | Health Care Expenses (Deductions) |
| 2019 | \$ - | \$ - |
| 2020 | \$ - | \$ - |
| 2021 | \$ - | \$ - |
| 2022 | \$ - | \$ - |
| 2023 | \$ - | \$ - |
| 2024 | \$ - | \$ - |

¹Solvency period based on each system's individual valuation and underlining assumptions.