



Ohio Administrative Code

Rule 5505-7-04 Health care.

Effective: February 19, 2024

(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 (D) of this rule. Benefit recipient does not include a member participating in the "Deferred Retirement Option Plan."

(3) "Dependent" shall mean a spouse as defined in this rule.

(4) "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.

(5) "Eligible dependent" shall mean a dependent that qualifies for health care coverage pursuant to paragraph (F) of this rule.

(6) "Health care 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;

(c) Credit granted under section 5505.201 of the Revised Code; and

(d) Years of participation in the deferred retirement option plan pursuant to section 5505.51 of the



Revised Code.

(7) "Health reimbursement arrangement plan" or "HRA" shall mean the HPRS Amended and Restated Health Reimbursement Arrangement Plan, effective November 1, 2023, from which the reimbursement of qualifying medical expenses may be made. The HRA may have component plans as determined by the HPRS board. The text of the HPRS health reimbursement arrangement plan shall not be incorporated into this or any other rule of the Administrative Code.

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

(9) "Monthly health care allowance" or "monthly allowance" shall mean the monthly amount that is allocated to each individual enrolled in the health reimbursement arrangement plan. The monthly allowance shall be determined by the board and offered in the form of a notional credit to the health reimbursement arrangement consistent with the provisions of the plan.

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

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

(B) Except as provided in this rule, the rights of an individual participating in the 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 health reimbursement arrangement plan.

(1) All provisions of this rule are subject to current health care contracts and amendments.

(2) The board may implement cost control measures as it deems necessary.

(C) 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 coverage.



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

(1) Except as provided in paragraph (D)(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 deferred retirement under section 5505.16 of the Revised Code, or elected to participate in the deferred retirement option plan pursuant to section 5505.51 of the Revised Code before November 1, 2023;

(2) Except as provided in paragraph (D)(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 elected to participate in the deferred retirement option plan pursuant to section 5505.51 of the Revised Code on or after November 1, 2023 shall be eligible for health care coverage only if he or she has twenty or more years of health care service credit;

(3) A benefit recipient granted a disability pursuant to section 5505.18 of the Revised Code.

(E) 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.

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

(1)

(a) If the retirant or member was or was eligible to be a benefit recipient, and was eligible for health care coverage under paragraph (D) of this rule, at the time of death; or

(b) If the retirant or member was not eligible to be a benefit recipient at the time of death, the dependent becomes eligible the date on which the member would have been eligible to enroll pursuant to paragraph (D) of this rule.

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

(H) Any person eligible to receive a monthly allowance or reimbursement under the 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 health reimbursement arrangement plan.