



Ohio Administrative Code

Rule 145-4-27 Health reimbursement arrangement.

Effective: January 1, 2022

(A) As used in this rule:

(1) "Health reimbursement arrangement" or "HRA" means the public employees retirement system of Ohio health reimbursement arrangement plan, effective November 1, 2021, funded by the 115 trust or such other funding vehicle or mechanism established by the retirement system, from which the reimbursement of qualifying medical expenses may be made. The HRA may have component plans as determined by the public employees retirement board. The text of the public employees retirement system of Ohio health reimbursement arrangement plan shall not be incorporated into this or any other rule of the Administrative Code. The current version is available at www.opers.org.

(2) "Pre-Medicare health reimbursement arrangement" or "PMCR" means the public employees retirement system of Ohio pre-medicare health reimbursement arrangement plan, a component plan of the HRA, effective November 1, 2021, funded by the 115 trust or such other funding vehicle or mechanism established by the retirement system, from which the reimbursement of qualifying medical expenses may be made. The text of the public employees retirement system of Ohio pre-medicare health reimbursement arrangement plan shall not be incorporated into this or any other rule of the Administrative Code. The current version is available at www.opers.org.

(3) "Medicare health reimbursement arrangement" or "MCR" means the public employees retirement system of Ohio medicare health reimbursement arrangement plan, a component plan of the HRA, effective October 1, 2015, and restated January 1, 2022, funded by the 115 trust or such other funding vehicle or mechanism established by the retirement system, from which the reimbursement of qualifying medical expenses may be made. The text of the public employees retirement system of Ohio medicare health reimbursement arrangement plan shall not be incorporated into this or any other rule of the Administrative Code. The current version is available at www.opers.org.

(4) "Monthly health care allowance" or "monthly allowance" means the monthly amount that is allocated to each individual enrolled in the HRA. 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 that plan.

(5) "Qualified years of employer contributions" shall mean years of employer contributions and the years purchased or transferred under section 145.295, 145.2911, or 145.37 of the Revised Code that, if earned or obtained in the public employees retirement system, would be the equivalent of the years of employer contributions. Qualified years of employer contributions do not include the contributions that are the basis of a lump sum pursuant to division (I)(2)(b) or (I)(3)(b) of section 145.332 of the Revised Code, unless the lump sum is issued pursuant to division (N)(3) of section 145.332 of the Revised Code.

(6) "Years of employer contributions" means the years or portions of a year for which the member's employer contributed to the public employees retirement system under section 145.302, 145.48, or 145.483 of the Revised Code, section 3.02 of the combined plan document, or article VI of the combined or member-directed plan document. Beginning January 1, 2014, "years of employer contributions" means the years or portions of a year described in this paragraph for which the member's monthly earnable salary on and after January 1, 2014, is one thousand dollars or greater.

(B) Except as provided in this rule, the rights of an individual participating in the PMCR or MCR to a monthly allowance or to reimbursement under the PMCR or MCR, including eligibility to participate and coordination of coverage, shall be governed exclusively by the provisions of the health reimbursement arrangement plans described in paragraphs (A)(2) or (3) of this rule.

(1) Eligibility to participate shall be set by the board and described in the PMCR and MCR and shall be based upon qualified years of employer contributions, age, and medicare eligibility. The board shall set the minimum required qualified years of employer contributions subject to the following:

(a) Except as provided in paragraph (B)(1)(c) of this rule, the board shall require at least ten years of service credit, as described in paragraph (A)(1) of former rule 145-4-06 of the Administrative Code, for individuals with a benefit effective date prior to January 1, 2015.

(b) Except as provided in paragraph (B)(1)(c) of this rule, the board shall not set the minimum required qualified years of employer contributions below twenty years of qualified years of employer



contributions for individuals with a benefit effective date on or after January 1, 2015.

(c) The following individuals shall not be subject to the requirements of (B)(1)(a) and (b) of this rule:

(i) A disability benefit recipient with a benefit effective date prior to January 1, 2014;

(ii) A disability benefit recipient with a benefit effective date on or after January 1, 2014, who has been receiving disability benefits for less than five years;

(iii) A disability benefit recipient that is eligible for medicare prior to age 65 on the basis of disability.

(C) For purposes of determining eligibility, the retirement system shall aggregate years of employer contributions earned and purchased in both the traditional pension plan and the combined plan if both of the following apply:

(1) The member is eligible to retire independently from both the traditional pension plan and the combined plan;

(2) The member applies for retirement under both the traditional pension plan and the combined plan with the same effective date of benefits under both plans.

(D) Any person eligible to receive a monthly allowance or reimbursement under the PMCR or MCR 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 plans described in paragraphs (A)(2) or (3) of this rule.