



EMPLOYER NOTICE

Administrative Rule amendments effective Sept. 1, 2017

WHO SHOULD READ THIS NOTICE

Finance directors, chief administrative officers, human resources and benefits professionals

SITUATION OVERVIEW

H.B. 520 became effective April 6, 2017. OPERS has amended the following rules to confirm with, and implement, the provisions of the bill.

Summary of H.B. 520 Amendments

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| Rule 145-2-22 | Receipt of disability benefits
The amendment to this rule replaces “subsequent” and “annual” with “periodic” when referring to medical examinations. An additional exception to periodic review has been added to paragraph (C). |
| Rule 145-2-33 | Educational benefits
Paragraph (G) was added to clarify educational requirements applied to benefit eligibility in the past does not apply to child survivor benefit eligibility on or after April 6, 2017. |
| Rule 145-2-39,
Rule 145-2-49 | Law enforcement benefits
Statutory cross-reference in the rules were updated to remain consistent with H.B. 520’s amendments in O.R.C. 145.01. |

Amendment 15 to the Combined Plan and Amendment 16 to the Member-Directed Plan

Permits Combined Plan and Member-Directed Plan participants to receive a refund two months after the member’s last date of compensation.

Summary of Other amendments

- Rule 145-4-06 **Eligibility for health care in Traditional Pension and Combined plans**
Paragraph (C) is amended to define the “at any age” eligibility for members retiring under Group B, who can begin retiring in 2018.
- Rule 145-4-09 **Definition of “eligible dependent” for health care**
A clarification is made to paragraph (D) to provide that a dependent includes the child of a disability benefit recipient who qualifies for SSDI prior to Medicare-eligibility based on age.
- Rule 145-4-30,
Rule 145-4-32,
Rule 145-4-38 **Pre-Medicare coverage sponsored by the system**
Effective date of pre-Medicare health care coverage
Pre-Medicare coverage sponsored by the system
Several technical updates are made to these rules to reflect faster processing times for enrollment and disenrollment in health care coverage.
- Rule 145-2-47 **Beneficiary and payment plan changes after retirement**
Paragraph (F) of the rule received technical clarifications on the impact of a deceased or disqualified beneficiary to a retirement annuity both before and after a retirant’s death.
- Rule 145-4-40 **Pre-Medicare health care coverage during public employment**
This rule memorializes that OPERS administers two pre-Medicare plans: a retiree-only plan and a plan for re-employed retirees that is subject to the Affordable Care Act.
- Rule 145-4-60 **Plans offered to Medicare-eligible benefit recipients**
A technical clarification is added in paragraph (D) to indicate the duration of eligibility in OPERS’ group Medicare plan following a Medicare coordination period.

WHAT EMPLOYERS NEED TO DO

The information contained here is a high-level overview to keep employers informed of changes to Administrative Rules pertaining to the organization, operational policies, definitions and administration. Employers are encouraged to be knowledgeable about all aspects of each Administrative Rule change.

Those who want to read the primary documentation for all Administrative Rule changes will find exact information about all Administrative Rules on the Register of Ohio website, <http://www.registerofohio.state.oh.us/>.

Plan documents and information regarding the Combined Plan and Member-Directed Plan can be found on www.opers.org/about/legal/. HRA summary plan description can be found on <https://www.opers.org/healthcare/plan-options/oneexchange/hra.shtml>.

WHOM TO CONTACT FOR MORE INFORMATION

After you review this Employer Notice, contact Employer Services with questions or comments at 888-400-0965, or by e-mail at employeroutreach@opers.org.

For a current listing of OPERS Board members, please visit www.opers.org

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