Who is considered an OPERS re-employed retiree?
A re-employed retiree is defined as someone who retired from an OPERS-covered position and returns to any OPERS-covered position after retirement. This includes re-employment in a full-time, part-time or seasonal/occasional OPERS position. It also includes a surviving spouse who is employed in an OPERS-covered position and receives a survivor benefit payment from OPERS. Classification of a re-employed retiree is not dependent upon contribution or earnings.

Who is NOT considered an OPERS re-employed retiree?
Retirees receiving an OPERS pension while employed by a private employer, a public employer that does not participate in OPERS, independent contractors, election workers earning less than $600 per calendar year and retirees of another Ohio retirement system.

If you return to work in an OPERS-covered position, your employer is required to immediately submit the Notice of Re-employment or Contract Services of an OPERS or Other System Benefit Recipient (SR-6) or Notice of Re-employment of Retired Elected Official or Appointed Official to an Elected Position (SR-6E) form. If OPERS does not receive this information your OPERS health care coverage will terminate.

Special Information for Pre–Medicare Retirees
OPERS employers are required to provide primary health care coverage to OPERS retirees if it is provided to other employees performing comparable work or in a comparable position. If an OPERS re-employed retiree fails to enroll in their employer’s health care coverage, they will not be eligible for OPERS health care coverage while re-employed. However, if the OPERS re-employed retiree enrolls in comparable health care coverage elsewhere, eligibility for OPERS health care coverage remains.

My employer offers health care coverage, but I want coverage under the OPERS-sponsored plan. Do I have a choice?
If your employer offers coverage and you choose NOT to enroll, you will NOT be eligible for OPERS health care coverage (unless enrolled in comparable coverage elsewhere).

Once enrolled in your employers’ (or other) coverage, you may enroll in OPERS health care coverage as secondary coverage. If you are currently enrolled in the OPERS Retiree Health Plan you must provide OPERS with proof of creditable coverage within 60 days of your re-employment start date to maintain enrollment. Your secondary OPERS coverage will be provided through the Pre-Medicare Re-employed Plan.

If you are not currently enrolled in the OPERS Retiree Health Plan you must apply for coverage by submitting the Health Care Coverage Application (HC-1G). The application must be received within 60 days of your re-employment start date along with proof of creditable coverage and any other required documentation noted on the application.

If you participate in your employer’s High Deductible Health Plan/Health Savings Account during re-employment, federal eligibility rules prohibit you from enrolling in OPERS coverage as secondary coverage. See IRS Publication 969 at irs.gov.

What are my options if my employer does not offer health care?
If you have coverage options through your spouse or another source, you’ll want to review that coverage and the monthly cost in order to make the best decision for you and your family.

If you are currently enrolled in the OPERS Retiree Health Plan you have the option to keep your health care coverage through OPERS. If you choose to keep your health care coverage, you will automatically be enrolled in the Pre-Medicare Re-employed Plan.

If you are not currently enrolled, or would like to enroll any eligible dependents, you may submit the Health Care Coverage Application (HC-1G) at this time. The application must be received within 60 days of your re-employment start date along with any other required documentation noted on the application.

What happens when my re-employment ends?
If you are enrolled in OPERS-sponsored coverage upon notification from your employer that your re-employment has ended, your coverage under the Pre-Medicare Re-employed Plan will automatically be moved to the OPERS Retiree Health Plan. If you are not enrolled in OPERS coverage, you may enroll when your re-employment and employer-sponsored coverage terminate.
Special Information for Medicare-eligible Retirees

OPERS employers are required to provide primary health care coverage to OPERS retirees if it is provided to other employees performing comparable work or in a comparable position. If an OPERS re-employed retiree fails to enroll in their employer’s health care coverage, they will not be eligible for OPERS health care coverage while re-employed. However, if the OPERS re-employed retiree enrolls in comparable health care coverage elsewhere, eligibility for OPERS health care coverage remains. Comparable coverage does not include Medicare.

My employer offers health care coverage, but I want coverage under the OPERS-sponsored plan. Do I have a choice?

If your employer offers health care coverage and you choose NOT to enroll, you will NOT be eligible for OPERS health care coverage (unless enrolled in comparable coverage elsewhere).

Once enrolled in your employer’s (or other) coverage, your Medicare becomes secondary and your OPERS health care coverage is tertiary (last order of payment) if you enroll. Your Health Care Coverage Application (HC-1G) must be received within 60 days of your re-employment start date along with proof of creditable coverage, proof of enrollment in Medicare Parts A and B, and other supporting documentation as noted on the application.

If you participate in your employer’s High Deductible Health Plan/Health Savings Account during re-employment, federal eligibility rules prohibit you from enrolling in OPERS coverage as secondary coverage. Medicare enrollment also impacts eligibility for an HSA. You should discuss this matter with your employer and refer to IRS Publication 969 at irs.gov.

What are my options if my employer does not offer health care?

The OPERS Medicare Connector, administered by OneExchange. During re-employment, a Medicare-eligible retiree can choose or remain enrolled in an individual Medicare plan through the OPERS Medicare Connector, administered by OneExchange. However, while reemployed, you will not be eligible for the monthly Health Reimbursement Arrangement deposits, and you will not be able to request reimbursement for premiums or eligible out-of-pocket expenses incurred during re-employment. Federal regulations provide that a HRA is insufficient coverage for an individual defined as an employee.

The Medicare Re-employed Plan. As an alternative to selecting an individual Medicare plan through the Connector, you may enroll in the OPERS-sponsored Medicare Re-employed Plan (as long as your employer does not offer coverage or you have enrolled in your employer’s available coverage). Your Health Care Coverage Application (HC-1G) for this plan must be received within 60 days of your re-employment start date along with other supporting documentation as noted on the application. You must be enrolled in the OPERS Medicare Re-employed Plan for an eligible spouse or any eligible dependents to be enrolled in OPERS coverage.

What happens when my re-employment ends?

If you are enrolled in the OPERS Medicare Re-employed Plan, your coverage will terminate upon OPERS receiving employer notification that your re-employment has ended. If you are already enrolled in an individual Medicare plan through the Connector, you will begin to receive your HRA allowance again. If you are not enrolled, you must enroll in an individual Medicare plan through the Connector to be eligible to receive an HRA allowance.

What happens if I become re-employed multiple times during the same calendar year?

If you become re-employed two or more times in the same calendar year, your HRA will be frozen for the remainder of the plan year or the duration of re-employment, whichever time period is longest. You may remain enrolled in your employer’s coverage, an individual Medicare plan (without the HRA) or the OPERS Medicare Re-employed Plan.