

HEALTH CARE HISTORY TIMELINE

Financial Sustainability

Health Care Eligibility

Health Care Subsidy

1970

1962-1973

Benefit recipients paid the entire premium amount

1974

Authorized SERS to pay the full single premium for benefit recipients with 5 YOS, and 50% for spouses

1977

Added HC eligibility for dependents (50%)

1980

1986

Required 10 years of qualified service for new service retirees

1989

Established irrevocable waiver of coverage excepting for age 65 and group terms

1989

Implemented employer surcharge for employees receiving less than actuarially-determined minimum salary

1986

Established 70% premium for spouse and dependents phased in over 5 years

1989

Required 15-75% premium for new service retirees with <25 YOS

1989

25+ YOS, disability recipients, and surviving spouses continued with no premium

1990

1994

Established HC Reserve Account funding target as 125% of HC annual expenditures

1997

Established funding goal as at least 150% of the next fiscal year's claims

1998

Confirmed 150% of claims as adequate reserve (re-affirmed 12/98 and 4/2000).

1993

Required Medicare age to qualify for subsidy for newly eligible retirees (rescinded 1999)

2000

2008

Established funding goal as a 20-year solvency period

2008

Allowed one-time option for waived eligibility for Medicare to enroll in the Medicare Advantage plan

2003

Established premium for those without Med A >25 YOS same as AB

2004

Increased zero premium categories to 15% premium

2005

Established 25% premium discount program for benefit recipients at or below 125% of FPL

2006

Increased lowest premium categories from 15% to 17.5%

2008

Required 20 YOS for subsidy for new service retirees 25 YOS for subsidy for spouses

2008

Required eligibility for school employer HC at separation requirement for subsidy

2010

2010

Amended the Funding Policy to require "pay as you go" funding when the fund does not achieve 20 years solvency

2015

Adopted current funding policy requiring 70% pension valuation before discretionary HC allocation

2011

Collapsed prior categories to create current subsidy structure. Added a \$35.00 surcharge (current) and a per-plan upward adjustment factor (eliminated 2014)

2012

Added 3 of 5 years of eligibility for employer HC at separation for subsidy

2014

Authorized dependent enrollment to age 26 to comply with the ACA

2014

Allowed one-time enrollment for waived members who were enrolled in ORS

2016

Eliminated eligibility for members re-employed with access to employer insurance and no Medicare B enrollment

2017

Required disability beneficiaries requesting health care to apply for early Medicare

Fund Size
(in millions)

