

# 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

**1989**

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

**1986**

Required 10 years of qualified service for new service retirees

**1989**

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

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Required Medicare age to qualify for subsidy for newly contributing retirees (rescinded 1999)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

**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

**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

Fund Size  
(in millions)

