Frequently Asked Questions about OP&F Health Reimbursement Arrangement

Ohio Police & Fire Pension Fund

Overview

How is my health reimbursement arrangement (HRA) stipend amount determined, and where can I find the HRA stipend chart?

OP&F determines the stipend amount. You can view a chart of all stipend amounts online at https://www.op-f.org/retiredmembers/healthcare.

Can I get reimbursed from the Medicare HRA or Pre-Medicare HRA stipend on a schedule other than monthly?

If you or your dependents are Medicare-eligible: Yes, you can receive premium reimbursements monthly, quarterly or annually, if offered by the plan, and you have selected a payment timeframe.

- If you enrolled in the plan through Alight Retiree Health Solutions, the premium reimbursement will be set up for you automatically.

- If you have enrolled in a plan outside of Alight, you will need to fill out a premium auto-reimbursement form once a year to set up auto-reimbursement for a given timeframe. This can be done on the HRA website or by filling out the form and sending it in online, by fax, or by mail.

If you or your dependents are Pre-Medicare: Premium payments for ACA plans are monthly only.

Is my HRA prorated if I turn 65 mid-year?

Yes, if you are the member, your HRA is prorated if you turn 65 mid-year. If you are a dependent and you turn 65 mid-year, the stipend is not prorated. You will receive a portion of the Pre-Medicare stipend for the months you are Pre-Medicare, and a portion of the Medicare stipend for the months you are Medicare-eligible.

The HRA stipend is not prorated when a dependent turns age 65.

For example, if the member turns 65 in April of 2026, they will receive three months of Pre-Medicare HRA stipend and nine months of Medicare HRA stipend:

- Pre-Medicare annually—$8,220
- Medicare annually—$1,716
- $2,055 (Pre-Medicare 3 months) + $1,287 (Medicare 9 months) = $3,342

What does the Pre-Medicare "open HRA" mean?

An open HRA means that you or your dependents can enroll in a qualified health plan through Alight, healthcare.gov, or a local agent, and still get the stipend if you are eligible for it.

If my spouse is still employed and health insurance is available through their employer, is my spouse eligible for the stipend?

No. If employer coverage is available, that coverage must be selected and is not eligible for the stipend.

If I'm Medicare-eligible, am I required to enroll through Alight to receive the stipend?

Yes, Medicare-eligible members/dependents must enroll in a medical or prescription drug plan through Alight to be eligible for the stipend.

Can I keep my Medigap, prescription plan, or Medicare Advantage plan if I like it?

Yes, as long as the insurance company is offering the plan next year and you are up to date on premium payments, you can keep your plan. You must be enrolled in either a medical or prescription drug plan through Alight in order to be eligible for the stipend.

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Overview, continued

How do I get reimbursed if I am Pre-Medicare and I use a local agent for my qualified health plan enrollment (Pre-Medicare)?

You will need to submit a reimbursement claim form for premiums and out-of-pocket expenses. Refer to the information sent to you about getting reimbursed. If you need additional information or have questions, please contact Alight at 1 (844) 290-3674 (TTY 711), Monday through Friday, 9 a.m. to 9 p.m. ET.

Can I regain stipend eligibility once it is lost?

In some cases, yes. Experiencing a qualified life event, such as turning age 65, may allow you to regain stipend eligibility. Contact OP&F and submit a Health Care Stipend Eligibility form to see if you are eligible.

Are all doctors in a plan's network included in Alight's search tools?

Our search tools are updated using information provided by insurance companies, but provider participation can change. Before enrolling in a plan, we recommend contacting your doctor's office to confirm that they participate in the plan's network. Be sure to provide the specific plan name and plan number, not just the insurance company name.

Why aren't more PPO plans available through the Pre-Medicare marketplace?

The types of plans available in your area, including PPOs and HMOs, are determined by the insurance companies that participate in the marketplace. Insurance carriers decide which plans to offer and where to offer them.

When is annual enrollment?

Annual enrollment dates depend on whether you are Medicare-eligible:

- **Pre-Medicare members and dependents:** Open enrollment is November 1 through January 15. Apply by December 15 for coverage effective January 1.
- **Medicare-eligible members and dependents:** Annual enrollment is October 15 through December 7 for coverage effective January 1 of the following year.

I reside in two different states. How does that work with my Pre-Medicare plan?

Your primary residence determines the network for your plan. HMO plans offer comprehensive and emergency coverage when in-network, and only emergency coverage when out-of-network. PPO plans offer in-network and out-of-network benefits. You pay more when using PPO out-of-network benefits. Contact your insurance company for information on what is considered an emergency if you are traveling and outside the network coverage area.

Are short-term, cost-sharing or associate plans eligible for the Pre-Medicare HRA stipend?

No. Enrollment in a short-term, cost-sharing, or association health plan alone does not qualify you for the Pre-Medicare HRA stipend. To receive the stipend, you must be enrolled in an ACA-compliant health plan. However, if you qualify for the stipend through an ACA-compliant plan, premiums for these types of plans may be eligible for reimbursement under your HRA.

If you choose to enroll in insurance coverage through Alight Health Market Insurance Solutions Inc., (AHMISI), AHMISI earns a commission paid by the insurance company for each policy AHMISI sells. The commission rate varies by policy and may increase as AHMISI sells more policies. In some cases, AHMISI may earn bonus commission amounts based on criteria such as the number of policies sold. Specifics of the compensation program can be accessed on the Carrier's website.

Medicare has neither reviewed nor endorsed this information.

Alight Retiree Health Solutions is available through Alight Health Market Insurance Solutions Inc., a third-party marketing organization (TPMO), retained to promote or sell a plan sponsor's Medicare products on the plan sponsor's behalf who holds the contract with the Federal government. Alight Retiree Health Solutions represents Medicare Advantage (HMO, PPO, PFFS) organizations and stand-alone PDP prescription drug plans. Each of the organizations represented by Alight Retiree Health Solutions has a Medicare contract. Enrollment in any plan depends on contract renewal. Alight Health Market Insurance Solutions Inc. is contracted to represent insurance plans in your state. California Agency License Number: 0E97576, Arkansas Agency License Number: 100102657, DBA in North Dakota: Alight Health Market Insurance Solutions Inc., Fictitious Name in New York: Alight Health Market Insurance Agency.

We do not offer every plan available in your area. Currently, we represent 46 organizations nationally which offer 5,354 products nationally. Please contact Medicare.gov or 1-800-MEDICARE to get information on all of your options.

The number of organizations and products available will vary by ZIP Code area and may be updated periodically. Any information we provide is limited to those plans we do offer in your area.