HOUSE BILL No. 4877

May 30, 1989, Introduced by Reps. Kilpatrick, Saunders, DeMars, Hunter, Allen, Sofio, Berman, Johnson, Barns, Bennane, Hood, Harrison, Joe Young, Sr., Watkins, Wallace, Profit and Joe Young, Jr. and referred to the Committee on Senior Citizens and Retirement.

A bill to amend sections 82 and 91 of Act No. 300 of the Public Acts of 1980, entitled

"The public school employees retirement act of 1979," section 91 as amended by Act No. 91 of the Public Acts of 1985, being sections 38.1382 and 38.1391 of the Michigan Compiled Laws.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

- 1 Section 1. Sections 82 and 91 of Act No. 300 of the Public
- 2 Acts of 1980, section 91 as amended by Act No. 91 of the Public
- 3 Acts of 1985, being sections 38.1382 and 38.1391 of the Michigan
- 4 Compiled Laws, are amended to read as follows:
- 5 Sec. 82. (1) A member who terminates reporting unit service
- 6 before 60 years of age for a reason other than the member's
- 7 retirement or death, who does not withdraw accumulated
- 8 contributions standing to the member's credit in the annuity

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- 1 accumulation fund, and who has or maintains in effect 10 or more
- 2 years of credited service shall be entitled to a deferred vested
- 3 service retirement allowance computed pursuant to section 84
- 4 based upon the last year of credited service of the member's
- 5 final average compensation period. Upon or after 60 years of
- 6 age, entitlement of the member's deferred vested service retire-
- 7 ment allowance shall begin the first day of the calendar month
- 8 next following the deferred member's written application filed
- 9 with the retirement board on forms furnished by the RETIREMENT
- 10 board. The deferred member's entitlement to a deferred vested
- 11 service retirement allowance based on prior service or contribu--
- 12 tory membership service, or both, shall be forfeited if the
- 13 deferred member withdraws from the retirement system the member's
- 14 accumulated contributions unless the service is reinstated as
- 15 provided in section 66. A member who meets all of the qualifica-
- 16 tions of this subsection, has 30 or more years of credited serv-
- 17 ice, and leaves service before the member's fifty-fifth birthday
- 18 for a reason other than retirement or death shall be entitled to
- 19 a deferred vested service retirement allowance at 55 years of
- 20 age. A FORMER MEMBER WHO TERMINATED REPORTING UNIT SERVICE
- 21 BEFORE AUGUST 1, 1974, AND WHO OTHERWISE QUALIFIES FOR RECEIPT OF
- 22 A DEFERRED VESTED SERVICE RETIREMENT ALLOWANCE UNDER THIS SUBSEC-
- 23 TION, SHALL BE ENTITLED TO RECEIVE A DEFERRED VESTED SERVICE
- 24 RETIREMENT ALLOWANCE SUBJECT TO THE CONDITIONS DESCRIBED IN THIS
- 25 SUBSECTION. HOWEVER, THAT FORMER MEMBER SHALL NOT BE ENTITLED TO
- 26 RECEIVE THE DEFERRED VESTED SERVICE RETIREMENT ALLOWANCE
- 27 ATTRIBUTABLE TO ANY MONTH BEGINNING BEFORE THE MONTH FOLLOWING

- 1 THE FILING OF THE WRITTEN APPLICATION WITH THE RETIREMENT BOARD
- 2 UNDER THIS SUBSECTION.
- 3 (2) If a member, before terminating reporting unit services,
- 4 selects the option provided in section 85(1)(b), but dies before
- 5 the effective date of the member's deferred vested service
- 6 retirement allowance, the option provided in section 85(1)(b) and
- 7 selected by the deferred member shall be paid to the retirement
- 8 allowance beneficiary, at the time the deceased deferred member
- 9 would have otherwise been eligible to begin receiving the
- 10 deferred vested service retirement allowance.
- 11 Sec. 91. (1) The retirement system shall pay the entire
- 12 monthly premium or membership or subscription fee for hospital,
- 13 medical-surgical, and sick care benefits for the benefit of a
- 14 retirant or retirement allowance beneficiary who elects coverage
- 15 in a group health benefits plan authorized by the retirement
- 16 board and the department. The retirement board and the depart-
- 17 ment shall authorize membership in a health maintenance organi-
- 18 zation licensed under article 17 of the public health code, Act
- 19 No. 368 of the Public Acts of 1978, being sections 333.20101 to
- 20 -333.2218+ 333.22260 of the Michigan Compiled Laws.
- 21 (2) The retirement system shall pay, up to the maximum
- 22 amount payable under subsection (+), the entire monthly premium
- 23 or membership or subscription fee for hospital, medical surgical,
- 24 and sick care benefits for the benefit of a retirant or retire-
- 25 ment allowance beneficiary who elects coverage in an alternative
- 26 group health benefits plan. This subsection shall not apply
- 27 before January 1, 1986, or after December 31, 1988. A retirant

- 1 or retirement allowance beneficiary in receipt of a retirement
- 2 allowance on January 1, 1986, who on December 31, 1985 is covered
- 3 by the group health benefits plan authorized by the retirement
- 4 board and the department under subsection (1), shall not be eli-
- 5 gible to elect coverage in an alternative group health benefits
- 6 plan until the expiration of the contract between the retirement
- 7 system and the entity providing coverage under subsection (+) on
- 8 December 31, 1985.
- 9 (2) -(3) The retirement system may pay up to the maximum of
- 10 the amount payable under subsection (1) toward the monthly pre-
- 11 mium for hospital, medical-surgical, and sick care benefits for
- 12 the benefit of a retirant or retirement allowance beneficiary
- 13 enrolled in a group health insurance or prepaid service plan not
- 14 authorized by the retirement board and the department, if
- 15 enrolled prior to June 1, 1975, for whom the retirement system on
- 16 July 18, 1983 was making a payment towards his or her monthly
- 17 premium.
- 18 (3) (4) A retirant or retirement allowance beneficiary
- 19 receiving health benefits coverage under this section, until eli-
- 20 gible for medicare, shall have an amount equal to the cost
- 21 chargeable to a medicare recipient for part B of medicare
- 22 deducted from his or her retirement allowance.
- 23 (4) -(5)— The retirement system shall pay up to 90% of the
- 24 maximum of the amount payable under subsection (1) toward the
- 25 monthly premium or membership or subscription fee for health ben-
- 26 efits coverage described in subsections (1) to (3) AND (2) for
- 27 each health insurance dependent of a retirant. Payment shall not

- 1 exceed 90% of the actual monthly premium or membership or
- 2 subscription fee. Payment for health benefits coverage for a
- 3 health insurance dependent of a retirant shall not be made after
- 4 the retirant's death, unless the retirant designated a retirement
- 5 allowance beneficiary as provided in section 85 and the dependent
- 6 was covered or eligible for coverage as a health insurance depen-
- 7 dent of the retirant on the retirant's date of death. Payment
- 8 for health benefits coverage shall not be made for a health
- 9 insurance dependent after the later of the retirant's death or
- 10 the retirement allowance beneficiary's death. Payment under this
- 11 subsection and subsection $\frac{-(6)}{}$ (5) shall begin October 1, 1985
- 12 for health insurance dependents who on the effective date of
- 13 this subsection JULY 10, 1985 are covered by the group health
- 14 benefits plan authorized by the retirement board and the
- 15 department. Payment under this subsection and subsection $\frac{-(6)}{-}$
- 16 (5) for other health insurance dependents shall not begin before
- 17 January 1, 1986.
- 18 (5) $\overline{(6)}$ The payment described in subsection $\overline{(5)}$ (4)
- 19 shall also be made for each health insurance dependent of a
- 20 deceased member or deceased duty disability retirant if a retire-
- 21 ment allowance is being paid to a retirement allowance benefi-
- 22 ciary because of the death of the member or duty disability
- 23 retirant as provided in section 43c(c), 89, or 90. Payment for
- 24 -a health benefits coverage for a health insurance dependent
- 25 shall not be made after the retirement allowance beneficiary's
- 26 death.

- 1 (7) The payments provided by this section shall not be made
- 2 on behalf of a retiring section 82 deferred member or health
- 3 insurance dependent of a deferred member having less than 21 full
- 4 years of attained credited service or the retiring deferred
- 5 member's retirement allowance beneficiary, and shall not be made
- 6 on behalf of a retirement allowance beneficiary of a deferred
- 7 member who dies before retiring. The retirement system shall
- 8 pay, on behalf of a retiring section 82 deferred member or health
- 9 insurance dependent of a deferred member or a retirement allow-
- 10 ance beneficiary of a deceased deferred member, either of whose
- 11 allowance is based upon not less than 21 years of attained cred -
- 12 ited service, 10% of the payments provided by this section,
- 13 increased by 10% for each attained full year of credited service
- 14 beyond 21 years, not to exceed 100%. This subsection shall apply
- 15 to any member attaining deferred status under section 82 after
- 16 October 31, 1980.
- 17 (6) -(8) Any retirant or retirement allowance beneficiary
- 18 excluded from payments under this section may participate in a
- 19 group health benefits plan providing health benefits coverage
- 20 described in this section at his or her own cost.
- 21 (7) (9) A group health benefits plan which THAT covers
- 22 retirants, retirement allowance beneficiaries, and health insur-
- 23 ance dependents pursuant to this section shall contain a coordi-
- 24 nation of benefits provision -which THAT provides all of the
- 25 following:
- 26 (a) If the person covered under the group health benefits
- 27 plan is also eligible for medicare or medicaid, or both, then the

- 1 benefits under medicare or medicaid, or both, shall be determined
- 2 before the benefits of the group health benefits plan provided
- 3 pursuant to this section.
- 4 (b) If the person covered under the group health benefits
- 5 plan is also covered under another group health benefits plan
- 6 which THAT contains a coordination of benefits provision, the
- 7 benefits shall be coordinated as provided by the coordination of
- 8 benefits act, Act No. 64 of the Public Acts of 1984, being sec-
- 9 tions 550.251 to 550.255 of the Michigan Compiled Laws.
- (c) If the person covered under the group health benefits
- 11 plan is also covered under another group health benefits plan
- 12 which does not contain a coordination of benefits provision, the
- 13 benefits under the other group health benefits plan shall be
- 14 determined before the benefits of the group health benefits plan
- 15 provided pursuant to this section.
- 16 (10) The retirement board and the department shall design
- 17 nate an open enrollment period, to begin on November 1, 1985 and
- 18 end on November 30, 1985, for the enrollment of health insurance
- 19 dependents in the group health benefits plan covering retirants
- 20 and retirement allowance beneficiaries under subsection (1).
- 21 Coverage for health insurance dependents enrolled during this
- 22 period shall begin January 1, 1986.
- 23 (11) The retirement system shall prepare a report containing
- 24 a statement of and a compilation of information relative to the
- 25 loss experience of group health benefits plans covering retir
- 26 ants, retirement allowance beneficiaries, and health insurance
- 27 dependents after the effective date of this subsection. The

- 1 report shall relate the experience of the covered group as a
- 2 whole and by provider for each year of coverage from October +7
- 3 1985 to October 1, 1987, and shall be submitted to each of the
- 4 following not later than December 31, 1987:
- 5 (a) The director of the department.
- 6 (b) The retirement board.
- 7 (c) The chair of the house committee on senior citizens and
- 8 retirement.
- 9 (d) The chair of the retirement subcommittee of the house
- 10 appropriations committee.
- 11 (e) The chair of the senate committee on appropriations and
- 12 retirement.
- 13 (8) $\frac{-(+2)}{-(+2)}$ For purposes of this section:
- (a) "Alternative group health benefits plan" or
- 15 "alternative plan" means a group health benefits plan covering
- 16 active members on or after the effective date of this amendatory
- 17 act and certified by the retirement board and the department.
- 18 The retirement board and the department shall certify an alterna-
- 19 tive plan if all of the following apply:
- 20 (i) The entity providing coverage under the plan is licensed
- 21 or otherwise authorized to do business in this state as an entity
- 22 described in subdivision (b)((v).
- 23 (ii) The entity agrees to provide coverage identical to cov
- 24 erage provided by the group health benefits plan authorized by
- 25 the retirement board and the department, at no greater cost.
- 26 (iii) The entity agrees to provide the coverage described in
- 27 this section to any retirant, retirement allowance beneficiary,

- 1 or health insurance dependent, upon election by the retirant or
- 2 retirement allowance beneficiary or upon election by a health
- 3 insurance dependent of a deceased retirant or member, at the time
- 4 he or she becomes eligible for coverage, during any subsequent
- 5 open enrollment period, or upon the termination of coverage by
- 6 another entity, except as otherwise provided by this section,
- 7 without exclusion for preexisting conditions.
- 8 (A) -(b) "Group health benefits plan" means a group plan
- 9 -which THAT provides hospital, medical-surgical, and sick care
- 10 benefits to persons entitled to those benefits under this section
- 11 pursuant to a contract between the retirement system and any of
- 12 the following:
- (i) A health care corporation incorporated under the non-
- 14 profit health care corporation reform act, Act No. 350 of the
- 15 Public Acts of 1980, being sections 550.1101 to 550.1704 of the
- 16 Michigan Compiled Laws.
- 17 (ii) A health maintenance organization licensed under arti-
- 18 cle 17 of the public health code, Act No. 368 of the Public Acts
- 19 of 1978, being sections 333.20101 to -333.22181 333.22260 of the
- 20 Michigan Compiled Laws.
- 21 (iii) A hospital service corporation incorporated under Act
- 22 No. 109 of the Public Acts of 1939, being sections 550.501 to
- 23 550.5+7 of the Michigan Compiled Laws.
- 24 (iii) (iv) An insurer as defined in section 106 of the
- 25 insurance code of 1956, Act No. 218 of the Public Acts of 1956,
- 26 being section 500.106 of the Michigan Compiled Laws.

- 1 (v) A medical-care corporation incorporated under Act
- 2 No. 100 of the Public Acts of 1939, being sections 550.301 to
- 3 550.316 of the Michigan Compiled Laws.
- 4 (B) -(c) "Health insurance dependent" means any of the 5 following:
- 6 (i) The spouse of the retirant or the surviving spouse to 7 whom the retirant or deceased member was married at the time of 8 the retirant's or deceased member's death.
- 9 (ii) An unmarried child of the retirant or deceased member,
 10 until December 31 of the calendar year in which the child becomes
 11 19 years of age.
- (iii) An unmarried child of the retirant or deceased member,
 until December 31 of the calendar year in which the child becomes
 years of age, who is enrolled as a full-time student, and who
 is or was at the time of the retirant's or deceased member's
 death a dependent of the retirant or deceased member as defined
 in section 152 of the internal revenue code.
- (iv) An unmarried child of the retirant or deceased member

 19 who is incapable of self-sustaining employment because of mental

 20 or physical handicap, and who is or was at the time of the

 21 retirant's or deceased member's death a dependent of the retirant

 22 or deceased member as defined in section 152 of the internal rev
 23 enue code.
- (v) The parents of the retirant or deceased member, or the 25 parents of his or her spouse, who are residing in the household 26 of the retirant or retirement allowance beneficiary.

- 1 (C) (C) "Medicaid" means benefits under the federal 2 medicaid program established under title XIX of the social 3 security act.
- 4 (D) (e) "Medicare" means benefits under the federal medi-5 care program established under title XVIII of the social security 6 act.