

Monthly Premiums for 2021

WITHOUT MEDICARE

You may be eligible for these plans if you are not yet eligible for Medicare.

| ELIGIBILITY GROUP* (See requirements below) | Medical Mutual Basic (Indemnity or PPO) Aetna Basic (Indemnity or PPO) TOTAL COST: \$1,071 | | AultCare (PPO) TOTAL COST: \$928 | | Paramount Health Care (HMO) TOTAL COST: \$922 | |
|---|---|---------|--|---------|--|---------|
| | Medical Mutual: Available in any location in Ohio Aetna: Available in any U.S. location except Ohio | | Available in select northeastern Ohio area ZIP codes | | Available in select northwestern Ohio and southern Michigan area ZIP codes | |
| BENEFIT RECIPIENT ELIGIBLE FOR SUBSIDY YEARS OF SERVICE | STRS OHIO PAYS | YOU PAY | STRS OHIO PAYS | YOU PAY | STRS OHIO PAYS | YOU PAY |
| 30+ | 660 | 411 | 572 | 356 | 568 | 354 |
| 29 | 638 | 433 | 553 | 375 | 549 | 373 |
| 28 | 616 | 455 | 534 | 394 | 531 | 391 |
| 27 | 594 | 477 | 515 | 413 | 512 | 410 |
| 26 | 572 | 499 | 496 | 432 | 493 | 429 |
| 25 | 550 | 521 | 477 | 451 | 474 | 448 |
| 24 | 528 | 543 | 458 | 470 | 455 | 467 |
| 23 | 506 | 565 | 439 | 489 | 436 | 486 |
| 22 | 484 | 587 | 420 | 508 | 417 | 505 |
| 21 | 462 | 609 | 400 | 528 | 398 | 524 |
| 20 | 440 | 631 | 381 | 547 | 379 | 543 |
| 19 | 418 | 653 | 362 | 566 | 360 | 562 |
| 18 | 396 | 675 | 343 | 585 | 341 | 581 |
| 17 | 374 | 697 | 324 | 604 | 322 | 600 |
| 16 | 352 | 719 | 305 | 623 | 303 | 619 |
| 15 | 330 | 741 | 286 | 642 | 284 | 638 |
| Benefit Recipient Not Eligible for Subsidy | 0 | 1,071 | 0 | 928 | 0 | 922 |
| Spouse | 0 | 1,071 | 0 | 928 | 0 | 922 |
| Per Child | 0 | 267 | 0 | 260 | 0 | 258 |
| Disabled Adult Child | 0 | 1,071 | 0 | 928 | 0 | 922 |

*Eligibility Requirements

- Members who retired before Jan. 1, 2004, with less than 15 years of service credit have access to coverage but pay the full cost of their premium.
- Members who retire on or after Jan. 1, 2004, and before Aug. 1, 2023, must have at least 15 years of total service credit to access coverage.

IMPORTANT: Members who retire on or after Aug. 1, 2023, must have at least 20 years of total service credit to access coverage.

Monthly Premiums for 2021

WITH MEDICARE

You may be eligible for these plans if you are enrolled in Medicare.

| ELIGIBILITY GROUP* (See requirements below) | Aetna Medicare Plan (Medicare Advantage PPO) TOTAL COST: \$343 | | Medical Mutual Basic (Indemnity or PPO) TOTAL COST: \$341 | | AultCare PrimeTime Health Plan (Medicare Advantage HMO-POS) TOTAL COST: \$390 | | Paramount Elite (Medicare Advantage HMO) TOTAL COST: \$389 | |
|---|---|---------|--|---------|--|---------|--|---------|
| | Available in any U.S. location | | Available in any U.S. location | | Available in select northeastern Ohio area ZIP codes | | Available in select northwestern Ohio and southern Michigan area ZIP codes | |
| BENEFIT RECIPIENT ELIGIBLE FOR SUBSIDY YEARS OF SERVICE | STRS OHIO PAYS | YOU PAY | STRS OHIO PAYS | YOU PAY | STRS OHIO PAYS | YOU PAY | STRS OHIO PAYS | YOU PAY |
| 30+ | 216 | 127 | 215 | 126 | 216 | 174 | 216 | 173 |
| 29 | 209 | 134 | 208 | 133 | 209 | 181 | 209 | 180 |
| 28 | 202 | 141 | 201 | 140 | 202 | 188 | 202 | 187 |
| 27 | 194 | 149 | 193 | 148 | 194 | 196 | 194 | 195 |
| 26 | 187 | 156 | 186 | 155 | 187 | 203 | 187 | 202 |
| 25 | 180 | 163 | 179 | 162 | 180 | 210 | 180 | 209 |
| 24 | 173 | 170 | 172 | 169 | 173 | 217 | 173 | 216 |
| 23 | 166 | 177 | 165 | 176 | 166 | 224 | 166 | 223 |
| 22 | 158 | 185 | 158 | 183 | 158 | 232 | 158 | 231 |
| 21 | 151 | 192 | 150 | 191 | 151 | 239 | 151 | 238 |
| 20 | 144 | 199 | 143 | 198 | 144 | 246 | 144 | 245 |
| 19 | 137 | 206 | 136 | 205 | 137 | 253 | 137 | 252 |
| 18 | 130 | 213 | 129 | 212 | 130 | 260 | 130 | 259 |
| 17 | 122 | 221 | 122 | 219 | 122 | 268 | 122 | 267 |
| 16 | 115 | 228 | 115 | 226 | 115 | 275 | 115 | 274 |
| 15 | 108 | 235 | 107 | 234 | 108 | 282 | 108 | 281 |
| Benefit Recipient Not Eligible for Subsidy | 0 | 343 | 0 | 341 | 0 | 390 | 0 | 389 |
| Spouse | 0 | 343 | 0 | 341 | 0 | 390 | 0 | 389 |
| Per Child | 0 | 343 | 0 | 341 | 0 | 390 | 0 | 389 |
| Disabled Adult Child | 0 | 343 | 0 | 341 | 0 | 390 | 0 | 389 |

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