

2024 MONTHLY PREMIUMS

| ELIGIBILITY GROUP* (See requirements below) | | Medicare | | Non-Medicare |
|---|--------------------------------|--|---|--|
| | | Aetna Medicare Plan (Medicare Advantage PPO) | Aetna Basic Plan (PPO or Indemnity) | Aetna Basic Plan (PPO or Indemnity) |
| BENEFIT RECIPIENT ELIGIBLE FOR SUBSIDY YEARS OF SERVICE | | MONTHLY PREMIUM | MONTHLY PREMIUM | MONTHLY PREMIUM |
| Retired before 8/1/2023 | Retire on or after 8/1/2023 | Premiums shown below are reduced by a \$30 Medicare Part B credit for benefit recipients enrolled in an STRS Ohio Medicare plan. Enrollment in Medicare Part B is mandatory. | | Medicare Part B credit does not apply. |
| 30+ | 35+ | 25 | 137 | 279 |
| 29 | 34 | 28 | 140 | 307 |
| 28 | 33 | 32 | 144 | 335 |
| 27 | 32 | 35 | 147 | 363 |
| 26 | 31 | 39 | 151 | 391 |
| 25 | 30 | 42 | 154 | 419 |
| 24 | 29 | 46 | 158 | 447 |
| 23 | 28 | 50 | 162 | 475 |
| 22 | 27 | 53 | 165 | 503 |
| 21 | 26 | 57 | 169 | 531 |
| 20 | 25 | 60 | 172 | 558 |
| 19 | 24 | 64 | 176 | 586 |
| 18 | 23 | 67 | 179 | 614 |
| 17 | 22 | 71 | 183 | 642 |
| 16 | 21 | 74 | 186 | 670 |
| 15 | 20 | 78 | 190 | 698 |
| Benefit Recipient Not Eligible for Subsidy | | 131 | 243 | 1,117 |
| Benefit reci | pients enrolled in | the Health Care Assistance Program p | ay a \$0 monthly premium. Eligible dep | endents pay premiums shown below. |
| Spouse | | 161 | 273 | 1,117 |
| Per Child | | 161 | 273 | 296 |
| Disabled Adult Child | | 161 | 273 | 1,117 |

*Eligibility Requirements

• Retire on or after Aug. 1, 2023: At least 20 years of service credit is required to qualify for coverage and a subsidy.

• Retired Jan. 1, 2004–July 1, 2023: At least 15 years of service credit is required to qualify for coverage and a subsidy.

• Retired before Jan. 1, 2004: No minimum years of service credit is required to qualify for coverage; however, at least 15 years of service credit is required to qualify for a subsidy.



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