



# 2020 Health Care Plan Rate Information

# Monthly Premiums for 2020 — Without Medicare

You may be eligible for these plans if you are not yet eligible for Medicare. Contact STRS Ohio for your personalized list of plan options.

ELIGIBILITY GROUP* (See requirements below)	Medical Mutual Basic (Indemnity or PPO) Aetna Basic (Indemnity or PPO) <b>TOTAL COST: \$986</b>		AultCare (PPO) <b>TOTAL COST: \$894</b>		Paramount Health Care (HMO) <b>TOTAL COST: \$936</b>	
	Medical Mutual: Available in any location in Ohio Aetna: Available in any 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+	587	399	532	362	557	379
29	567	419	514	380	539	397
28	548	438	497	397	520	416
27	528	458	479	415	501	435
26	509	477	461	433	483	453
25	489	497	443	451	464	472
24	469	517	426	468	446	490
23	450	536	408	486	427	509
22	430	556	390	504	409	527
21	411	575	372	522	390	546
20	391	595	355	539	371	565
19	372	614	337	557	353	583
18	352	634	319	575	334	602
17	333	653	302	592	316	620
16	313	673	284	610	297	639
15	293	693	266	628	279	657
Benefit Recipient Not Eligible For Subsidy	0	986	0	894	0	936
Spouse	0	986	0	894	0	936
Per Child	0	266	0	267	0	279
Disabled Adult Child	0	986	0	894	0	936

## \*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 qualifying service credit to access coverage.

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

# Monthly Premiums for 2020 — With Medicare

You may be eligible for these plans if you are enrolled in Medicare. Contact STRS Ohio for your personalized list of plan options.

ELIGIBILITY GROUP* (See requirements below)	Aetna Medicare Plan (Medicare Advantage PPO)		Medical Mutual Basic (Indemnity or PPO)		AultCare PrimeTime Health Plan (Medicare Advantage HMO-POS for Parts A & B) <b>AultCare</b> (PPO for Part B-only)		Paramount Elite (Medicare Advantage HMO)	
	<b>TOTAL COST: \$340</b>		<b>TOTAL COST: \$320</b>		<b>TOTAL COST: \$368</b>		<b>TOTAL COST: \$364</b>	
	Available in any location in the United States		Available in any 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+	214	126	200	120	214	154	214	150
29	207	133	194	126	207	161	207	157
28	200	140	187	133	200	168	200	164
27	193	147	180	140	193	175	193	171
26	186	154	174	146	186	182	186	178
25	179	161	167	153	179	189	179	185
24	171	169	160	160	171	197	171	193
23	164	176	154	166	164	204	164	200
22	157	183	147	173	157	211	157	207
21	150	190	140	180	150	218	150	214
20	143	197	134	186	143	225	143	221
19	136	204	127	193	136	232	136	228
18	129	211	120	200	129	239	129	235
17	121	219	114	206	121	247	121	243
16	114	226	107	213	114	254	114	250
15	107	233	100	220	107	261	107	257
Benefit Recipient Not Eligible For Subsidy	0	340	0	320	0	368	0	364
Spouse	0	340	0	320	0	368	0	364
Per Child	0	340	0	320	0	368	0	364
Disabled Adult Child	0	340	0	320	0	368	0	364

## \*Eligibility Requirements

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