

**The University of Dayton
Monthly Health Care Rates for Grandfathered Retirees After 7/1/94
Effective January 1, 2024**

	<u>Retirees Under 65</u>		<u>Retirees Over 65</u>		<u>All Retirees</u>
	<u>Anthem Core Plan</u>	<u>Anthem Advantage Plan</u>	<u>Medicare Advantage PPO:</u>		<u>Dental</u>
Individual Coverage (Plan premium)	\$1,448.40	\$1,866.75	\$260.32		\$31.58
Less UD Contribution	<u>\$1,356.41</u>	<u>\$1,356.41</u>	<u>\$233.32</u>		<u>\$0.00</u>
Your Monthly Cost	\$91.99	\$510.34	\$27.00		\$31.58
Family Coverage (Plan premium)	\$2,896.80	\$3,733.50	\$520.64		\$91.47
Less UD Contribution	<u>\$2,002.52</u>	<u>\$2,002.52</u>	<u>\$233.32</u>		<u>\$0.00</u>
Your Monthly Cost	\$894.28	\$1,730.98	\$287.32		\$91.47

The following table summarizes the the University's contribution to your plan based upon your years of service and family status:

<u>Years of Service</u>	<u>Retiree Only Under Age 65</u>	<u>Retiree Only 65 or Over</u>	<u>Retiree, Spouse and/or Dependent Under Age 65</u>	<u>One or More Over 65 & One or More Under 65</u>	<u>Retiree & Spouse 65 or Over</u>	<u>Surviving Spouse & Dependent</u>
15 or more	\$1,356.41	\$233.32	\$2,002.52	\$1,444.64	\$233.32	\$0.00

* "Grandfathered retirees" are retirees who were at least 45 years of age with 10 or more years of benefit eligible service and whose age plus years of service were equal to at least 60 as of July 1, 1999.