



DENTAL AND VISION PREMIUMS 2023–2024

STRS Ohio offers dental and vision coverage at an affordable premium. There is a separate premium for each plan. If you elect coverage, you are responsible for paying the entire premium amount through deductions from your monthly STRS Ohio benefit payments. The enrollment contract period ends on Dec. 31, 2024, regardless of your effective date of coverage.

Once you are enrolled in a dental and/or vision plan, you must remain enrolled through Dec. 31, 2024, and pay monthly premiums even if you no longer need or use the services under the plan. Early contract cancellation is not permitted.

Enrollment in an STRS Ohio medical plan is not required to obtain dental and/or vision coverage. For eligibility and enrollment information, visit the Health Care Section of our website at www.strsoh.org.

Dental Plan Premium Rates

Coverage provided by Delta Dental

- \$30.66/month** Per benefit recipient
- \$40.29/month** Per other adult (includes spouse or disabled adult child)
- \$22.98/month** Children under age 26 (flat rate regardless of the number of children covered)
- Example:** Dental coverage for a benefit recipient, other adult and two children would be \$93.93/month.

Benefit recipient	\$30.66
Other adult	\$40.29
Two children	<u>+\$22.98</u>
	\$93.93

Vision Plan Premium Rates

Coverage provided by Vision Service Plan (VSP)

- \$6.65/month** Benefit recipient only
- \$13.36/month** Benefit recipient and one other adult (includes spouse or disabled adult child)
- \$14.38/month** Benefit recipient and children under age 26
- \$21.08/month** Benefit recipient and all other combinations of enrollees (includes any combination of spouse, disabled adult child and children under age 26)