

2024 Endowed Retiree Health Plan Rates

The charts below show monthly premiums to be paid by the retiree, covered dependents, or an individual who is eligible for survivor dependent coverage.

Retir	ee	Covered depend	ents	
IF YOU ENROLL IN Medicare Advantage Plan	YOUR MONTHLY PREMIUM IS \$29.05	IF YOUR DEPENDENT ENROLLS IN	THEIR MONTHLY PREMIUM IS	TOTAL MONTHLY PREMIUM
		Medicare Advantage Plan	\$116.21	\$145.26
		Retiree 80/20 Plan	\$154.84	\$183.89
		Retiree Pre-Medicare Health Plan	\$291.56	\$320.61

IF YOU ENROLL IN Retiree 80/20 Plan	YOUR MONTHLY PREMIUM IS \$45.51	IF YOUR DEPENDENT ENROLLS IN	THEIR MONTHLY PREMIUM IS	TOTAL MONTHLY PREMIUM
		Medicare Advantage Plan	\$140.90	\$186.41
		Retiree 80/20 Plan	\$164.36	\$209.87
	Retire	ee Pre-Medicare Health Plan	\$325.89	\$371.40

IF YOU ENROLL IN Retiree Pre-Medicare Health Plan	YOUR MONTHLY PREMIUM IS \$95.94	IF YOUR DEPENDENT ENROLLS IN	THEIR MONTHLY Premium Is	TOTAL MONTHLY PREMIUM
		Medicare Advantage Plan	\$194.16	\$290.10
		Retiree 80/20 Plan	\$227.86	\$323.80
	Re	etiree Pre-Medicare Health Plan	\$383.43	\$479.37

Individual decedent spouse (prior to 7/1/93)		Individual decedent spouse (after 7/1/93)		
IF YOU ENROLL IN	YOUR MONTHLY PREMIUM IS	IF YOU ENROLL IN	YOUR MONTHLY PREMIUM IS	
Medicare Advantage Plan	\$29.05	Medicare Advantage Plan	\$72.63	
Retiree 80/20 Plan	\$45.51	Retiree 80/20 Plan	\$113.79	
Retiree Pre-Medicare Health Plan	\$95.94	Retiree Pre-Medicare Health Plan	\$239.69	

The plan premium does not include any applicable sick leave. It will be reflected in your billing statement, but due to timing issues, it may not appear on the initial bill.

If you have questions about the health plan premiums, please call the Aetna Retiree Service Center at 1-800-338-4533 (TTY:711).

While every attempt has been made to ensure the accuracy of this document, in the event of any discrepancy the Summary Plan Description and Plan Document will prevail.

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