Retiree Health Insurance Monthly Premiums
For Retirees *Hired On or After July 1, 2008*

ARLINGTON VIRGINIA

PRE-MEDICARE PLANS & RATES

Rates Effective January 1, 2027 - June 30, 2027

Note: The maximum County contribution toward monthly insurance premiums is $300/month (pro-rated for Groups 2-6). Retirees electing medical and dental coverage will pay the full cost for the dental coverage.

	Employer Subsidy Monthly Cap	Coverage Level	Kaiser HMO Copay Plan	Cigna OAP IN Copay Plan	Cigna OAP IN 20% Coinsurance	Cigna Choice High Deductible Plan
			Retiree Share	Retiree Share	Retiree Share	Retiree Share
GROUP 1: Chapter 21 20+ yrs svc; Chapter 46 25+ yrs svc	$300	Single	$ 439.02	$ 701.15	$ 610.17	$ 351.36
		2 Adults	$ 1,256.21	$ 1,752.40	$ 1,565.90	$ 1,067.80
		Adult + Child(ren)	$ 1,071.01	$ 1,452.03	$ 1,292.87	$ 937.52
		Family	$ 1,955.51	$ 2,703.54	$ 2,430.49	$ 1,653.45
		1 NonMedicare + 1 Medicare	$ 737.87	$ 1,231.75	$ 1,140.77	$ 881.96
GROUP 2: Chapter 46 23-24 years of service	$276	Single	$ 463.02	$ 725.15	$ 634.17	$ 375.36
		2 Adults	$ 1,280.21	$ 1,776.40	$ 1,589.90	$ 1,091.80
		Adult + Child(ren)	$ 1,095.01	$ 1,476.03	$ 1,316.87	$ 961.52
		Family	$ 1,979.51	$ 2,727.54	$ 2,454.49	$ 1,677.45
		1 NonMedicare +1 Medicare	$ 761.87	$ 1,255.75	$1,164.77	$ 905.96
GROUP 3: Chapter 46 20-22 years of service	$240	Single	$ 499.02	$ 761.15	$ 670.17	$ 411.36
		2 Adults	$ 1,316.21	$ 1,812.40	$ 1,625.90	$ 1,127.80
		Adult + Child(ren)	$ 1,131.01	$ 1,512.03	$ 1,352.87	$ 997.52
		Family	$ 2,015.51	$ 2,763.54	$ 2,490.49	$ 1,713.45
		1 NonMedicare +1 Medicare	$ 797.87	$ 1,291.75	$ 1,200.77	$ 941.96
GROUP 4: Ch 21 & 46 15-19 years of service	$180	Single	$ 559.02	$ 821.15	$ 730.17	$ 471.36
		2 Adults	$ 1,376.21	$ 1,872.40	$ 1,685.90	$ 1,187.80
		Adult + Child(ren)	$ 1,191.01	$ 1,572.03	$ 1,412.87	$ 1,057.52
		Family	$ 2,075.51	$2,823.54	$ 2,550.49	$ 1,773.45
		1 NonMedicare +1 Medicare	$ 857.87	$1,351.75	$ 1,260.77	$ 1,001.96
GROUP 5: Ch 21 & 46 10-14 years of service	$120	Single	$ 619.02	$ 881.15	$ 790.17	$ 531.36
		2 Adults	$ 1,436.21	$ 1,932.40	$ 1,745.90	$ 1,247.80
		Adult + Child(ren)	$ 1,251.01	$ 1,632.03	$ 1,472.87	$ 1,117.52
		Family	$ 2,135.51	$ 2,883.54	$ 2,610.49	$ 1,833.45
		1 NonMedicare +1 Medicare	$ 917.87	$ 1,411.75	$ 1,320.77	$ 1,061.96
GROUP 6: Ch 21 & 46 0-9 years of service	$60	Single	$ 679.02	$ 941.15	$ 850.17	$ 591.36
		2 Adults	$ 1,496.21	$ 1,992.40	$ 1,805.90	$ 1,307.80
		Adult + Child(ren)	$ 1,311.01	$ 1,692.03	$ 1,532.87	$ 1,177.52
		Family	$ 2,195.51	$ 2,943.54	$ 2,670.49	$ 1,893.45
		1 NonMedicare +1 Medicare	$ 977.87	$ 1,471.75	$ 1,380.77	$1,121.96

PLEASE TURN OVER FOR THE MEDICARE & DENTAL PLAN RATES

Retiree Health Insurance Monthly Premiums
For Retirees *Hired On or After July 1, 2008*

ARLINGTON VIRGINIA

MEDICARE ADVANTAGE PLUS PART D PLANS & RATES
Rates Effective January 1, 2027 - December 31, 2027

	Employer Subsidy Monthly Cap	Coverage Level	Kaiser Permanente Group MAPD		UnitedHealthcare Group MAPD	
			Retiree Share	County Share	Retiree Share	County Share
GROUP 1: Chapter 21: 20+ yrs svc; Chapter 46: 25+ yrs svc	$300	1 on Medicare	$ 29.89	$ 268.97	$ 230.60	$ 300.00
		2 on Medicare	$ 297.70	$ 300.00	$ 761.20	$ 300.00
GROUP 2: Chapter 46 23-24 years of service	$276	1 on Medicare	$ 51.40	$ 247.45	$ 254.60	$ 276.00
		2 on Medicare	$ 321.70	$ 276.00	$ 785.20	$ 276.00
GROUP 3: Chapter 46 20-22 years of service	$240	1 on Medicare	$ 83.68	$ 215.17	$ 290.60	$ 240.00
		2 on Medicare	$ 357.70	$ 240.00	$ 821.20	$ 240.00
GROUP 4: Ch 21 & 46 15-19 years of service	$180	1 on Medicare	$ 137.47	$ 161.38	$ 350.60	$ 180.00
		2 on Medicare	$ 417.70	$ 180.00	$ 881.20	$ 180.00
GROUP 5: Ch 21 & 46 10-14 years of service	$120	1 on Medicare	$ 191.26	$ 107.59	$ 410.60	$ 120.00
		2 on Medicare	$ 477.70	$ 120.00	$ 941.20	$ 120.00
GROUP 6: Ch 21 & 46 0-9 years of service	$60	1 on Medicare	$ 245.06	$ 53.79	$ 470.60	$ 60.00
		2 on Medicare	$ 537.70	$ 60.00	$ 1,001.20	$ 60.00

DENTAL PLANS & RATES
Rates Effective July 1, 2026 through June 30, 2027

	Employer Subsidy Monthly Cap	Coverage Level	Delta Dental Standard Plan			Delta Dental Enhanced Plan		
			Retiree Share (If waiving medical)	County Share	Standard Full Pay Rate	Retiree Share (If waiving medical)	County Share	Enhanced Full Pay Rate
GROUP 1: Chapter 21: 20+ yrs svc; Chapter 46: 25+ yrs svc	$300	Single	$ 8.12	$ 32.46	$ 40.58	$ 34.48	$ 34.48	$ 68.95
		2 Adults	$ 16.22	$ 64.88	$ 81.10	$ 68.94	$ 68.94	$ 137.87
		Adult + Child(ren)	$ 17.66	$ 70.66	$ 88.32	$ 75.08	$ 75.08	$ 150.16
		Family	$ 24.74	$ 98.97	$ 123.71	$ 105.18	$ 105.18	$ 210.35
GROUP 2: Chapter 46 23-24 years of service	$276	Single	$ 10.55	$ 30.03	$ 40.58	$ 37.23	$ 31.72	$ 68.95
		2 Adults	$ 21.09	$ 60.01	$ 81.10	$ 74.45	$ 63.42	$ 137.87
		Adult + Child(ren)	$ 22.96	$ 65.36	$ 88.32	$ 81.09	$ 69.07	$ 150.16
		Family	$ 32.16	$ 91.55	$ 123.71	$ 113.59	$ 96.76	$ 210.35
GROUP 3: Chapter 46 20-22 years of service	$240	Single	$ 14.61	$ 25.97	$ 40.58	$ 41.37	$ 27.58	$ 68.95
		2 Adults	$ 29.20	$ 51.90	$ 81.10	$ 82.72	$ 55.15	$ 137.87
		Adult + Child(ren)	$ 31.80	$ 56.52	$ 88.32	$ 90.10	$ 60.06	$ 150.16
		Family	$ 44.54	$ 79.17	$ 123.71	$ 126.21	$ 84.14	$ 210.35
GROUP 4: Ch 21 & 46 15-19 years of service	$180	Single	$ 21.10	$ 19.48	$ 40.58	$ 48.27	$ 20.69	$ 68.95
		2 Adults	$ 42.17	$ 38.93	$ 81.10	$ 96.51	$ 41.36	$ 137.87
		Adult + Child(ren)	$ 45.93	$ 42.39	$ 88.32	$ 105.11	$ 45.05	$ 150.16
		Family	$ 64.33	$ 59.38	$ 123.71	$ 147.25	$ 63.11	$ 210.35
GROUP 5: Ch 21 & 46 10-14 years of service	$120	Single	$ 27.59	$ 12.99	$ 40.58	$ 55.16	$ 13.79	$ 68.95
		2 Adults	$ 55.15	$ 25.95	$ 81.10	$ 110.30	$ 27.57	$ 137.87
		Adult + Child(ren)	$ 60.06	$ 28.26	$ 88.32	$ 120.13	$ 30.03	$ 150.16
		Family	$ 84.12	$ 39.59	$ 123.71	$ 168.28	$ 42.07	$ 210.35
GROUP 6: Ch 21 & 46 0-9 years of service	$60	Single	$ 34.09	$ 6.49	$ 40.58	$ 62.06	$ 6.90	$ 68.95
		2 Adults	$ 68.12	$ 12.98	$ 81.10	$ 124.08	$ 13.79	$ 137.87
		Adult + Child(ren)	$ 74.19	$ 14.13	$ 88.32	$ 135.14	$ 15.02	$ 150.16
		Family	$ 103.92	$ 19.79	$ 123.71	$ 189.32	$ 21.04	$ 210.35