Retiree Health Insurance Monthly Premiums

For Retirees *Hired Before July 1, 2008 and Retired On or After January 15, 2012*

ARLINGTON VIRGINIA

PRE-MEDICARE PLANS & RATES

Rates Effective January 1, 2027 - June 30, 2027

	Employer Subsidy Monthly Cap	Coverage Level	Kaiser HMO Copay Plan Retiree Share	Cigna OAP IN Copay Plan Retiree Share	Cigna OAP IN 20% Coinsurance Retiree Share	Cigna Choice High Deductible Plan Retiree Share
GROUP 1: Chapter 21: 20+ yrs svc; Chapter 46: 25+ yrs svc Max. Subsidy $600	$600	Single	$ 139.02	$ 401.15	$ 310.17	$ 130.27
		2 Adults	$ 956.21	$ 1,452.40	$ 1,265.90	$ 767.80
		Adult + Child(ren)	$ 771.01	$ 1,152.03	$ 992.87	$ 637.52
		Family	$ 1,655.51	$ 2,403.54	$ 2,130.49	$ 1,353.45
		1 NonMedicare + 1 Medicare	$ 437.87	$ 931.75	$ 840.77	$ 581.96
GROUP 2: Chapter 46 23-24 years of service Max. Subsidy $552	$552	Single	$ 187.02	$ 449.15	$ 358.17	$ 169.35
		2 Adults	$ 1,004.21	$ 1,500.40	$ 1,313.90	$ 815.80
		Adult + Child(ren)	$ 819.01	$ 1,200.03	$ 1,040.87	$ 685.52
		Family	$ 1,703.51	$ 2,451.54	$ 2,178.49	$ 1,401.45
		1 NonMedicare + 1 Medicare	$ 485.87	$ 979.75	$ 888.77	$ 629.96
GROUP 3: Chapter 46 20-22 years of service Max. Subsidy $480	$480	Single	$ 259.02	$ 521.15	$ 430.17	$ 234.49
		2 Adults	$ 1,076.21	$ 1,572.40	$ 1,385.90	$ 887.80
		Adult + Child(ren)	$ 891.01	$ 1,272.03	$ 1,112.87	$ 757.52
		Family	$ 1,775.51	$ 2,523.54	$ 2,250.49	$ 1,473.45
		1 NonMedicare + 1 Medicare	$ 557.87	$ 1,051.75	$ 960.77	$ 701.96
GROUP 4: Ch 21 & 46 15-19 years of service Max. Subsidy $360	$360	Single	$ 379.02	$ 641.15	$ 550.17	$ 338.71
		2 Adults	$ 1,196.21	$ 1,692.40	$ 1,505.90	$ 1,007.80
		Adult + Child(ren)	$ 1,011.01	$ 1,392.03	$ 1,232.87	$ 877.52
		Family	$ 1,895.51	$ 2,643.54	$ 2,370.49	$ 1,593.45
		1 NonMedicare + 1 Medicare	$ 677.87	$ 1,171.75	$ 1,080.77	$ 821.96
GROUP 5: Ch 21 & 46 10-14 years of service Max. Subsidy $240	$240	Single	$ 499.02	$ 761.15	$ 670.17	$ 442.93
		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 6: Ch 21 & 46 0-9 years of service Max. Subsidy $120	$120	Single	$ 619.02	$ 881.15	$ 790.17	$ 547.15
		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

PLEASE TURN OVER FOR THE MEDICARE & DENTAL PLAN RATES

ARLINGTON VIRGINIA

Retiree Health Insurance Monthly Premiums

For Retirees *Hired Before July 1, 2008 and Retired On or After January 15, 2012*

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	$600	1 on Medicare	$ 29.56	$ 268.97	$ 53.06	$ 477.54
		2 on Medicare	$ 59.77	$ 537.93	$ 461.20	$ 600.00
GROUP 2: Chapter 46 23-24 years of service	$552	1 on Medicare	$ 51.40	$ 247.45	$ 91.26	$ 439.34
		2 on Medicare	$ 102.80	$ 494.90	$ 509.20	$ 552.00
GROUP 3: Chapter 46 20-22 years of service	$480	1 on Medicare	$ 83.68	$ 215.17	$ 148.57	$ 382.03
		2 on Medicare	$ 167.36	$ 430.34	$ 581.20	$ 480.00
GROUP 4: Ch 21 & 46 15-19 years of service	$360	1 on Medicare	$ 137.47	$ 161.38	$ 244.08	$ 286.52
		2 on Medicare	$ 274.94	$ 322.76	$ 701.20	$ 360.00
GROUP 5: Ch 21 & 46 10-14 years of service	$240	1 on Medicare	$ 191.26	$ 107.59	$ 339.58	$ 191.02
		2 on Medicare	$ 382.53	$ 215.17	$ 821.20	$ 240.00
GROUP 6: Ch 21 & 46 0-9 years of service	$120	1 on Medicare	$ 245.06	$ 53.79	$ 435.09	$ 95.51
		2 on Medicare	$ 490.11	$ 107.59	$ 941.20	$ 120.00

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	$600	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	$552	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	$480	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	$360	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	$240	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	$120	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