Retiree Health Insurance Monthly Premiums
For Retirees *Retired Before January 15, 2012*

ARLINGTON VIRGINIA

PRE-MEDICARE PLANS & RATES
Rates Effective: January 1, 2027 - June 30, 2027

			Kaiser HMO Copay Plan		Cigna OAP IN Copay Plan		Cigna OAP IN 20% Coinsurance		Cigna Choice High Deductible Health Plan	
	Employer Subsidy Monthly Cap	Coverage Level	Retiree Share	County Share	Retiree Share	County Share	Retiree Share	County Share	Retiree Share	County Share
GROUP 1: Chapter 21 20+ yrs svc; Chapter 46 25+ yrs svc Max. Subsidy $960	$960	Single	$51.78	$687.24	$ 236.62	$ 764.53	$ 145.64	$ 764.53	$ 130.27	$ 521.09
		2 Adults	$ 596.21	$ 960.00	$ 1,092.40	$ 960.00	$ 905.90	$ 960.00	$ 407.80	$ 960.00
		Adult + Child(ren)	$ 411.01	$ 960.00	$ 792.03	$ 960.00	$ 632.87	$ 960.00	$ 277.52	$ 960.00
		Family	$ 1,295.51	$ 960.00	$ 2,043.54	$ 960.00	$ 1,770.49	$ 960.00	$ 993.45	$ 960.00
		1 NonMedicare + 1 Medicare	$81.66	$956.21	$ 571.75	$ 960.00	$ 480.77	$ 960.00	$ 221.96	$ 960.00
GROUP 2: Chapter 46 23-24 yrs. svc. Max. Subsidy $883	$883	Single	$ 105.46	$ 633.56	$ 293.96	$ 707.19	$ 202.98	$ 707.19	$ 169.35	$ 482.01
		2 Adults	$ 673.21	$ 883.00	$ 1,169.40	$ 883.00	$ 982.90	$ 883.00	$ 484.80	$ 883.00
		Adult + Child(ren)	$ 488.01	$ 883.00	$ 869.03	$ 883.00	$ 709.87	$ 883.00	$ 354.52	$ 883.00
		Family	$ 1,372.51	$ 883.00	$ 2,120.54	$ 883.00	$ 1,847.49	$ 883.00	$ 1,070.45	$ 883.00
		1 NonMedicare + 1 Medicare	$ 156.86	$ 881.01	$ 648.75	$ 883.00	$ 557.77	$ 883.00	$ 298.96	$ 883.00
GROUP 3: Chapter 46 20-22 years of service Max. Subsidy $768	$768	Single	$ 194.13	$ 544.89	$ 389.53	$ 611.62	$ 298.55	$ 611.62	$ 234.49	$ 416.87
		2 Adults	$ 788.21	$ 768.00	$ 1,284.40	$ 768.00	$ 1,097.90	$ 768.00	$ 599.80	$ 768.00
		Adult + Child(ren)	$ 603.01	$ 768.00	$ 984.03	$ 768.00	$ 824.87	$ 768.00	$ 470.26	$ 767.27
		Family	$ 1,487.51	$ 768.00	$ 2,235.54	$ 768.00	$ 1,962.49	$ 768.00	$ 1,185.45	$ 768.00
		1 NonMedicare + 1 Medicare	$ 277.81	$ 760.06	$ 763.75	$ 768.00	$ 672.77	$ 768.00	$ 413.96	$ 768.00
GROUP 4: Ch 21 & 46 15-19 years of service Max. Subsidy $576	$576	Single	$ 327.15	$ 411.87	$ 542.43	$ 458.72	$ 451.45	$ 458.72	$ 338.71	$ 312.65
		2 Adults	$ 980.21	$ 576.00	$ 1,476.40	$ 576.00	$ 1,289.90	$ 576.00	$ 791.80	$ 576.00
		Adult + Child(ren)	$ 795.01	$ 576.00	$ 1,176.03	$ 576.00	$ 1,016.87	$ 576.00	$ 661.52	$ 576.00
		Family	$ 1,679.51	$ 576.00	$ 2,427.54	$ 576.00	$ 2,154.49	$ 576.00	$ 1,377.45	$ 576.00
		1 NonMedicare + 1 Medicare	$ 464.62	$ 573.25	$ 955.75	$ 576.00	$ 864.77	$ 576.00	$ 605.96	$ 576.00
GROUP 5: Ch 21 & 46 10-14 years of service Max. Subsidy $384	$384	Single	$ 469.50	$ 269.52	$ 695.34	$ 305.81	$ 604.36	$ 305.81	$ 442.93	$ 208.44
		2 Adults	$ 1,172.21	$ 384.00	$ 1,668.40	$ 384.00	$ 1,481.90	$ 384.00	$ 983.80	$ 384.00
		Adult + Child(ren)	$ 987.01	$ 384.00	$ 1,368.03	$ 384.00	$ 1,208.87	$ 384.00	$ 853.89	$ 383.63
		Family	$ 1,871.51	$ 384.00	$ 2,619.54	$ 384.00	$ 2,346.49	$ 384.00	$ 1,569.45	$ 384.00
		1 NonMedicare + 1 Medicare	$ 660.76	$ 377.11	$ 1,147.75	$ 384.00	$ 1,056.77	$ 384.00	$ 797.96	$ 384.00
GROUP 6: Ch 21 & 46 0-9 years of service Max. Subsidy $192	$192	Single	$ 604.84	$ 134.18	$ 848.24	$ 152.91	$ 757.26	$ 152.91	$ 547.15	$ 104.22
		2 Adults	$ 1,364.21	$ 192.00	$ 1,860.40	$ 192.00	$ 1,673.90	$ 192.00	$ 1,175.80	$ 192.00
		Adult + Child(ren)	$ 1,179.01	$ 192.00	$ 1,560.03	$ 192.00	$ 1,400.87	$ 192.00	$ 1,045.52	$ 192.00
		Family	$ 2,063.51	$ 192.00	$ 2,811.54	$ 192.00	$ 2,538.49	$ 192.00	$ 1,761.45	$ 192.00
		1 NonMedicare + 1 Medicare	$ 849.90	$ 187.97	$ 1,339.75	$ 192.00	$ 1,248.77	$ 192.00	$ 989.96	$ 192.00

PLEASE TURN OVER FOR THE MEDICARE & DENTAL PLAN RATES

Retiree Health Insurance Monthly Premiums
For Retirees *Retired Before January 15, 2012*

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	$960	1 on Medicare	$ 29.89	$ 268.97	$ 53.06	$ 477.54
		2 on Medicare	$ 59.77	$ 537.93	$ 106.12	$ 955.08
GROUP 2: Chapter 46 23-24 years of service	$883	1 on Medicare	$ 51.40	$ 247.45	$ 91.26	$ 439.34
		2 on Medicare	$ 102.80	$ 494.90	$ 182.53	$ 878.67
GROUP 3: Chapter 46 20-22 years of service	$768	1 on Medicare	$ 83.68	$ 215.17	$ 148.57	$ 382.03
		2 on Medicare	$ 167.36	$ 430.34	$ 297.14	$ 764.06
GROUP 4: Ch 21 & 46 15-19 years of service	$576	1 on Medicare	$ 137.47	$ 161.38	$ 244.08	$ 286.52
		2 on Medicare	$ 274.94	$ 322.76	$ 488.15	$ 573.05
GROUP 5: Ch 21 & 46 10-14 years of service	$384	1 on Medicare	$ 191.26	$ 107.59	$ 339.58	$ 191.02
		2 on Medicare	$ 382.53	$ 215.17	$ 679.17	$ 382.03
GROUP 6: Ch 21 & 46 0-9 years of service	$192	1 on Medicare	$ 245.06	$ 53.79	$ 435.09	$ 95.51
		2 on Medicare	$ 490.11	$ 107.59	$ 870.18	$ 191.02

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	County Share	Standard Full Pay Rate	Retiree Share	County Share	Enhanced Full Pay Rate
GROUP 1: Chapter 21: 20+ yrs svc; Chapter 46: 25+ yrs svc	$960	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	$883	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	$768	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	$576	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	$384	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	$192	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