

Retiree Open Enrollment

May 1 - 19, 2023



CONTENTS

A Letter from Benefits	2
What Changes Can I Make?	3
Enrollment Guide	4
Life Insurance	5
FY24 Premiums	6
Enrollment Forms	10
Events	12

Highlights

FY24 COST-OF-LIVING ADJUSTMENTS (COLA)

The FY24 cost-of-living adjustment (or COLA) for Chapter 21 retirees is **1.5%**. For Chapter 46 retirees, the COLA is **5.5%**. See [page 5](#) for additional information.

CIGNA AND KAISER PERMANENTE HMO PREMIUMS

Kaiser Permanente HMO and Cigna premiums are increasing. Delta Dental premiums will stay the same. Review your new rates starting on [page 6](#).

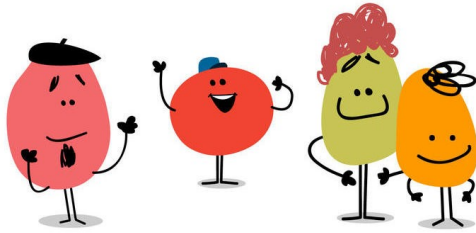
LIFE INSURANCE CHANGES

If you turned 65 in 2022, your life insurance coverage amounts and monthly costs may have changed. See [page 5](#) for more information.

Get in Touch with Us

- The Open Enrollment page at www.arlingtonva.us/oe has lots of great resources to help you make the choices that work best for you.
- Need to talk (or type) to a real person? Send us an email at benefits@arlingtonva.us or give us a call at 703-228-3500 or 1-800-818-4910 from 10 AM to 4 PM ET, Monday through Friday.
- Sending in your Open Enrollment changes? You can email, fax, or mail them in. See instructions on [page 4](#).





A Letter from Your Benefits Team

Open Enrollment is right around the corner!

Your opportunity to make changes starts May 1 and ends May 19.

It's the most magical time of year—to us at least. It's the time you can make changes to your medical and dental insurance plans!

A couple important things to keep in mind:

Important!

- **Medicare rates stay the same until January 2024. There are no changes to these plans at this time.** Keep an eye out for our winter newsletter for any changes to our Medicare plans.
- Open Enrollment events will be virtual so you can join whenever and wherever you are. We're always available via email or phone if you have questions or if you need help.
- To enroll or make changes, fill out an enrollment form and email, fax, or mail it in. You can find pre-Medicare medical and dental enrollment forms at the end of this newsletter. Copies of all enrollment forms are also online at www.arlingtonva.us/oe
- If you add anyone to your health insurance plans or make any changes to your plans with dependents, you'll be asked to provide documents to prove that person is eligible for our plans. This may include federal tax filing information, marriage certificates, and birth certificates.
- Your Open Enrollment elections are effective July 1, 2023. After that, you can only make changes if you have a qualifying life event—like getting married, divorced, or losing your other coverage.
- **Remember you can only participate in Open Enrollment if...**
 - You're a retiree and/or dependent who is currently enrolled in Cigna, Kaiser, or Delta Dental; *or*
 - You're a retiree and/or dependent who is currently enrolled in UnitedHealthCare or Kaiser Medicare Advantage; *or*
 - You're a retiree who retired after 6/30/2008, who is not currently enrolled in a County plan, but who can demonstrate continuous coverage in another plan.

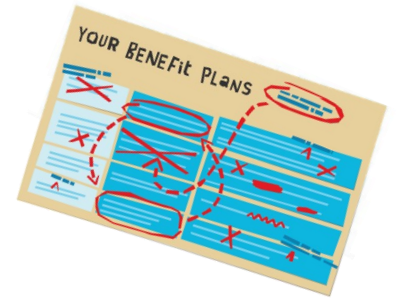
Also important!

No changes to make? Sit back and relax!

You'll automatically stay in the same medical and dental plans you currently have.

Remember we're always here if you have any questions or if you just want to make sure you're making the best choice for you.

What Changes Can I Make During Open Enrollment?



IF YOU'RE A PRE-MEDICARE RETIREE, YOU MAY:

- **Switch plans** (from Cigna to Kaiser or changing the type of Cigna plan you're enrolled in)
- **Add or drop eligible dependents**
- **Enroll in a medical plan** if you're not already enrolled (so long as you retired *after 7/1/2008* and you can show continuous medical coverage)
- **Cancel medical coverage**
- **Enroll in or cancel dental coverage or switch dental plan options** (enrollment in a dental plan is subject to eligibility requirements)

IF YOU'RE A RETIREE WITH MEDICARE, YOU MAY:

- **Switch Medicare Advantage plans only** (from UnitedHealthCare to Kaiser Medicare Advantage or vice versa)
- **Cancel enrollment** in a County Medicare Advantage plan
- **Add or drop eligible dependents**
- **Enroll in a UnitedHealthCare or Kaiser Medicare Advantage plan** if you're not already enrolled (so long as you retired *after 7/1/2008* and you can show continuous medical coverage)
- **Enroll in or cancel dental coverage or dental plan switch options** (enrollment in a dental plan is subject to eligibility requirements)

THE DETAILS:

- Your changes are subject to eligibility requirements—if you're not eligible for the change you're trying to make, we'll let you know.
- If you're adding anyone to your plan or making a change to a plan that has dependents enrolled, we'll ask you for documents—like a marriage certificate, tax return, or birth certificate—to make sure this person is eligible to join our plan.
- You are eligible to make changes to your dental coverage at Open Enrollment if you're already enrolled in a County dental plan or you retired after 7/1/2008 and were eligible for retiree healthcare benefits when you retired (or you're a surviving annuitant of the retiree). If you retired prior to 7/1/2008 and you did not elect dental benefits at your retirement, you're ineligible to enroll in dental coverage.





I'm Ready to Make My Changes! What Do I Do?

Follow this handy checklist to guide you through making changes during this Open Enrollment.

1) Complete your medical and/or dental enrollment form(s).

We've added them to this newsletter for your convenience. Made a mistake and need a new form? No problem—forms are also available at www.arlingtonva.us/oe

⇒ Switching Medicare plans? Reach out to us—there are special enrollment packets that need to be filled out.

Important! **2) Adding a dependent to your plan? Gather your supporting documents.**

For spouses, we'll need a copy of your most recent tax return (be sure to black out things like monetary amounts and bank account numbers). For children, we'll ask for a birth certificate.

3) Send in your forms and documents. Forms and documents must be received by Friday, May 19!

→ *Preferred:* Email your enrollment forms and documents to benefits@arlingtonva.us

→ Fax your forms and documents to: 703-228-3775

→ If you're unable to email or fax your forms and documents, you may mail them to:

*Arlington County Human Resources, Attn: Benefits
2100 Clarendon Blvd—Suite 511
Arlington, VA 22201*

Remember any changes you make during Open Enrollment are effective July 1, 2023. You'll see rate changes with your July 31, 2023 pension payment. Pay advices will be mailed to your address on file.

Who Can I Add to My Plans?

You can only add certain people to your plan like your spouse, children, and stepchildren of your current marriage. **For anyone you add to a medical or dental plan, you'll be asked to send in documentation** like a marriage certificate, tax form, or birth certificate, even if this person was under your plans previously. By making sure we're only adding eligible dependents to our benefit plans, we can help keep costs down for everyone.



Remember to send in copies only (no originals—we won't send them back) and to black out monetary amounts and bank account numbers, if any, on all documents.

You can see the list of dependents you can add and the required documents at www.arlingtonva.us/oe



FY24 Cost-of-Living Adjustments

The FY24 cost-of-living adjustment (or COLA) are effective July 1, 2023.

- For Chapter 21 retirees, the COLA is 1.5%
- For Chapter 46 retirees, the COLA is 5.5%

COLAs are based on County code and the Consumer Price Index. **The COLA increase will be reflected in your July 31, 2023 ACERS pension payment.** A pay advice will also be mailed to your home address on file.

Life Insurance Premium Changes

Your life insurance coverage and premiums may have changed with your April 2023 pension payment.

- **Basic Life:** If you turned 65 after April 1, 2022, your basic life insurance coverage reduces from \$10,000 to \$8,000. (Reminder: basic life insurance is a free benefit offered to County retirees, there is no cost to you.)
- **Supplemental Life:** If you turned 65 after April 1, 2022, your supplemental life insurance coverage reduces to \$10,000, and your premiums reflect this reduction in coverage.
- **Supplemental Life Insurance Age Bands:** Please remember supplemental life insurance premiums are based on your age and the amount of coverage you have. Rates are divided into 5-year age bands until you reach age 75. If you have changed age bands since April 1, 2022 (i.e. age 59 to age 60), your supplemental life insurance premium will be impacted.

Have you updated your beneficiaries recently? Life can change quickly but your beneficiary forms stay the same until you update them. Making sure you have the right beneficiaries on file ensures your money will go where you want. This simple move can save your loved ones time—and money.

Find a copy of our life insurance beneficiary form online at www.arlingtonva.us/retirement. Your completed form should be returned back to the County so we can add it to your retiree file. Be sure to keep a copy for your own records, too.

Going out to Bid: Life Insurance Vendor

This year we'll be going out to bid for a life insurance vendor for our basic and supplemental life insurance plans. Our current contract with The Hartford expires on December 31, 2023.



We'll announce changes, if any, as they become available and once a selection has been made.

Cigna and Kaiser HMO Monthly Premiums

Retired before January 15, 2012

Rates are effective July 1, 2023 – June 30, 2024

	Coverage Level	Kaiser HMO Copay Plan		Cigna OAP IN Copay Plan	Cigna OAP IN 10% Coinsurance	County Share	Cigna Choice High Deductible Health Plan	County Share
		Retiree Share	County Share	Retiree Share	Retiree Share		Retiree Share	
GROUP 1: Chapter 21 20+ yrs svc; Chapter 46 25+ yrs svc Max. Subsidy \$960	Single	\$ 44.38	\$589.00	\$ 187.01	\$ 115.11	\$ 604.24	\$ 102.96	\$ 411.84
	2 Adults	\$ 373.76	\$ 960.00	\$ 662.10	\$ 514.70	\$ 960.00	\$ 237.83	\$ 843.20
	Adult + Child(ren)	\$ 215.04	\$ 960.00	\$ 424.70	\$ 298.91	\$ 960.00	\$ 215.17	\$ 762.89
	Family	\$ 973.08	\$ 960.00	\$ 1,413.82	\$ 1,198.02	\$ 960.00	\$ 583.89	\$ 960.00
	1 NonMedicare + 1 Medicare	\$ 69.68	\$ 816.68	\$ 206.02	\$ 134.12	\$ 775.33	\$ 121.97	\$ 582.93
GROUP 2: Chapter 46 23-24 yrs. svc. Max. Subsidy \$883	Single	\$ 90.38	\$ 543.00	\$ 232.33	\$ 160.43	\$ 558.92	\$ 133.85	\$ 380.95
	2 Adults	\$ 450.76	\$ 883.00	\$ 739.10	\$ 591.70	\$ 883.00	\$ 302.69	\$ 778.34
	Adult + Child(ren)	\$ 292.04	\$ 883.00	\$ 501.70	\$ 375.91	\$ 883.00	\$ 273.86	\$ 704.21
	Family	\$ 1,050.08	\$ 883.00	\$ 1,490.82	\$ 1,275.02	\$ 883.00	\$ 660.89	\$ 883.00
	1 NonMedicare + 1 Medicare	\$ 133.89	\$ 752.47	\$ 265.03	\$ 193.13	\$ 716.32	\$ 166.55	\$ 538.35
GROUP 3: Chapter 46 20-22 years of service Max. Subsidy \$768	Single	\$ 166.38	\$ 467.00	\$ 307.86	\$ 235.96	\$ 483.39	\$ 185.33	\$ 329.47
	2 Adults	\$ 565.76	\$ 768.00	\$ 854.10	\$ 706.70	\$ 768.00	\$ 410.79	\$ 670.24
	Adult + Child(ren)	\$ 407.04	\$ 768.00	\$ 616.70	\$ 490.91	\$ 768.00	\$ 371.67	\$ 606.40
	Family	\$ 1,165.08	\$ 768.00	\$ 1,605.82	\$ 1,390.02	\$ 768.00	\$ 775.89	\$ 768.00
	1 NonMedicare + 1 Medicare	\$ 237.21	\$ 649.15	\$ 361.09	\$ 289.19	\$ 620.26	\$ 238.56	\$ 466.34
GROUP 4: Ch 21 & 46 15-19 years of service Max. Subsidy \$576	Single	\$ 280.38	\$ 353.00	\$ 428.71	\$ 356.81	\$ 362.54	\$ 267.70	\$ 247.10
	2 Adults	\$ 757.76	\$ 576.00	\$ 1,046.10	\$ 898.70	\$ 576.00	\$ 572.94	\$ 508.08
	Adult + Child(ren)	\$ 599.04	\$ 576.00	\$ 808.70	\$ 682.91	\$ 576.00	\$ 518.38	\$ 459.69
	Family	\$ 1,357.08	\$ 576.00	\$ 1,797.82	\$ 1,582.02	\$ 576.00	\$ 967.89	\$ 576.00
	1 NonMedicare + 1 Medicare	\$ 396.75	\$ 489.61	\$ 516.15	\$ 444.25	\$ 465.20	\$ 355.14	\$ 349.76
GROUP 5: Ch 21 & 46 10-14 years of service Max. Subsidy \$384	Single	\$ 402.38	\$ 231.00	\$ 549.55	\$ 477.65	\$ 241.70	\$ 350.06	\$ 164.74
	2 Adults	\$ 949.76	\$ 384.00	\$ 1,238.10	\$ 1,090.70	\$ 384.00	\$ 745.91	\$ 335.12
	Adult + Child(ren)	\$ 791.04	\$ 384.00	\$ 1,000.70	\$ 874.91	\$ 384.00	\$ 674.87	\$ 303.20
	Family	\$ 1,549.08	\$ 384.00	\$ 1,989.82	\$ 1,774.02	\$ 384.00	\$ 1,159.89	\$ 384.00
	1 NonMedicare + 1 Medicare	\$ 564.29	\$ 322.07	\$ 671.22	\$ 599.32	\$ 310.13	\$ 471.73	\$ 233.17
GROUP 6: Ch 21 & 46 0-9 years of service Max. Subsidy \$192	Single	\$ 518.38	\$ 115.00	\$ 670.40	\$ 598.50	\$ 120.85	\$ 432.43	\$ 82.37
	2 Adults	\$ 1,141.76	\$ 192.00	\$ 1,430.10	\$ 1,282.70	\$ 192.00	\$ 908.06	\$ 172.96
	Adult + Child(ren)	\$ 983.04	\$ 192.00	\$ 1,192.70	\$ 1,066.91	\$ 192.00	\$ 821.58	\$ 156.49
	Family	\$ 1,741.08	\$ 192.00	\$ 2,181.82	\$ 1,966.02	\$ 192.00	\$ 1,351.89	\$ 192.00
	1 NonMedicare + 1 Medicare	\$ 725.82	\$ 160.54	\$ 826.28	\$ 754.38	\$ 155.07	\$ 588.31	\$ 116.59

Wondering where the Medicare rates are? Your rates stay the same until January 2024. Any rate changes for Medicare plans will be in our Winter Newsletter.

You can find full rate charts online at www.arlingtonva.us/oe

Cigna and Kaiser Monthly Premiums

Hired before July 1, 2008 and retired on or after January 15, 2012

Rates are effective July 1, 2023 – June 30, 2024

GROUP 1: Chapter 21: 20+ yrs svc; Chapter 46: 25+ yrs svc Max. Subsidy \$600	Employer Subsidy Monthly Cap	Coverage Level	Kaiser HMO Copoly Plan		Cigna OAP IN Copoly Plan	Cigna OAP IN 10% Coinsurance	Cigna Choice			
			Retiree Share	County Share	Retiree Share	County Share	Retiree Share	County Share	Retiree Share	County Share
GROUP 2: Chapter 46 23-24 years of service Max. Subsidy \$552	\$600	Single	\$ 44.38	\$ 589.00	\$ 191.25	\$ 119.35	\$ 600.00	\$ 102.96	\$ 411.84	
		2 Adults	\$ 733.76	\$ 600.00	\$ 1,022.10	\$ 874.70	\$ 600.00	\$ 481.03	\$ 600.00	
		Adult + Child(ren)	\$ 575.04	\$ 600.00	\$ 784.70	\$ 658.91	\$ 600.00	\$ 378.07	\$ 600.00	
		Family	\$ 1,333.08	\$ 600.00	\$ 1,773.82	\$ 1,558.02	\$ 600.00	\$ 943.89	\$ 600.00	
		1 NonMedicare + 1 Medicare	\$ 286.36	\$ 600.00	\$ 381.35	\$ 309.45	\$ 600.00	\$ 121.97	\$ 582.93	
GROUP 3: Chapter 46 20-22 years of service Max. Subsidy \$480	\$552	Single	\$ 90.38	\$ 543.00	\$ 239.25	\$ 167.35	\$ 552.00	\$ 133.85	\$ 380.95	
		2 Adults	\$ 781.76	\$ 552.00	\$ 1,070.10	\$ 922.70	\$ 552.00	\$ 529.03	\$ 552.00	
		Adult + Child(ren)	\$ 623.04	\$ 552.00	\$ 832.70	\$ 706.91	\$ 552.00	\$ 426.07	\$ 552.00	
		Family	\$ 1,381.08	\$ 552.00	\$ 1,821.82	\$ 1,606.02	\$ 552.00	\$ 991.89	\$ 552.00	
		1 NonMedicare + 1 Medicare	\$ 334.36	\$ 552.00	\$ 429.35	\$ 357.45	\$ 552.00	\$ 166.55	\$ 538.35	
GROUP 4: Ch 21 & 46 15-19 years of service Max. Subsidy \$360	\$480	Single	\$ 166.38	\$ 467.00	\$ 311.25	\$ 239.35	\$ 480.00	\$ 185.33	\$ 329.47	
		2 Adults	\$ 853.76	\$ 480.00	\$ 1,142.10	\$ 994.70	\$ 480.00	\$ 601.03	\$ 480.00	
		Adult + Child(ren)	\$ 695.04	\$ 480.00	\$ 904.70	\$ 778.91	\$ 480.00	\$ 498.07	\$ 480.00	
		Family	\$ 1,453.08	\$ 480.00	\$ 1,893.82	\$ 1,678.02	\$ 480.00	\$ 1,063.89	\$ 480.00	
		1 NonMedicare + 1 Medicare	\$ 406.36	\$ 480.00	\$ 501.35	\$ 429.45	\$ 480.00	\$ 238.56	\$ 466.34	
GROUP 5: Ch 21 & 46 10-14 years of service Max. Subsidy \$240	\$360	Single	\$ 280.38	\$ 353.00	\$ 431.25	\$ 359.35	\$ 360.00	\$ 267.70	\$ 247.10	
		2 Adults	\$ 973.76	\$ 360.00	\$ 1,262.10	\$ 1,114.70	\$ 360.00	\$ 721.03	\$ 360.00	
		Adult + Child(ren)	\$ 815.04	\$ 360.00	\$ 1,024.70	\$ 898.91	\$ 360.00	\$ 618.07	\$ 360.00	
		Family	\$ 1,573.08	\$ 360.00	\$ 2,013.82	\$ 1,798.02	\$ 360.00	\$ 1,183.89	\$ 360.00	
		1 NonMedicare + 1 Medicare	\$ 526.36	\$ 360.00	\$ 621.35	\$ 549.45	\$ 360.00	\$ 355.14	\$ 349.76	
GROUP 6: Ch 21 & 46 0-9 years of service Max. Subsidy \$120	\$240	Single	\$ 402.38	\$ 231.00	\$ 551.25	\$ 479.35	\$ 240.00	\$ 350.06	\$ 164.74	
		2 Adults	\$ 1,093.76	\$ 240.00	\$ 1,382.10	\$ 1,234.70	\$ 240.00	\$ 841.03	\$ 240.00	
		Adult + Child(ren)	\$ 935.04	\$ 240.00	\$ 1,144.70	\$ 1,018.91	\$ 240.00	\$ 738.07	\$ 240.00	
		Family	\$ 1,693.08	\$ 240.00	\$ 2,133.82	\$ 1,918.02	\$ 240.00	\$ 1,303.89	\$ 240.00	
		1 NonMedicare + 1 Medicare	\$ 646.36	\$ 240.00	\$ 741.35	\$ 669.45	\$ 240.00	\$ 471.73	\$ 233.17	

Wondering where the Medicare rates are? Your rates stay the same until January 2024. Any rate changes for Medicare plans will be in our Winter Newsletter.

You can find full rate charts online at www.arlingtonva.us/oe

Cigna and Kaiser Monthly Premiums

Hired on or after July 1, 2008

Rates are effective July 1, 2023 – June 30, 2024

	Employer Monthly Subsidy	Coverage Level	Kaiser HMO Copay Plan	Cigna OAP IN Copay Plan	Cigna OAP IN 10% Coinsurance	Cigna Choice
			Retiree Share	Retiree Share	Retiree Share	Retiree Share
GROUP 1: Chapter 21 20+ yrs svc; Chapter 46 25+ yrs svc	\$300	Single	\$ 333.38	\$ 491.25	\$ 419.35	\$ 214.80
		2 Adults	\$ 1,033.76	\$ 1,322.10	\$ 1,174.70	\$ 781.03
		Adult + Child(ren)	\$ 875.04	\$ 1,084.70	\$ 958.91	\$ 678.07
		Family	\$ 1,633.08	\$ 2,073.82	\$ 1,858.02	\$ 1,243.89
		1 NonMedicare + 1 Medicare	\$ 586.36	\$ 681.35	\$ 609.45	\$ 404.90
GROUP 2: Chapter 46 23-24 years of service	\$276	Single	\$ 357.38	\$ 515.25	\$ 443.35	\$ 238.80
		2 Adults	\$ 1,057.76	\$ 1,346.10	\$ 1,198.70	\$ 805.03
		Adult + Child(ren)	\$ 899.04	\$ 1,108.70	\$ 982.91	\$ 702.07
		Family	\$ 1,657.08	\$ 2,097.82	\$ 1,882.02	\$ 1,267.89
		1 NonMedicare +1 Medicare	\$ 610.36	\$ 705.35	\$633.45	\$ 428.90
GROUP 3: Chapter 46 20-22 years of service	\$240	Single	\$ 393.38	\$ 551.25	\$ 479.35	\$ 274.80
		2 Adults	\$ 1,093.76	\$ 1,382.10	\$ 1,234.70	\$ 841.03
		Adult + Child(ren)	\$ 935.04	\$ 1,144.70	\$ 1,018.91	\$ 738.07
		Family	\$ 1,693.08	\$ 2,133.82	\$ 1,918.02	\$ 1,303.89
		1 NonMedicare +1 Medicare	\$ 646.36	\$ 741.35	\$ 669.45	\$ 464.90
GROUP 4: Ch 21 & 46 15-19 years of service	\$180	Single	\$ 453.38	\$ 611.25	\$ 539.35	\$ 334.80
		2 Adults	\$ 1,153.76	\$ 1,442.10	\$ 1,294.70	\$ 901.03
		Adult + Child(ren)	\$ 995.04	\$ 1,204.70	\$ 1,078.91	\$ 798.07
		Family	\$ 1,753.08	\$2,193.82	\$ 1,978.02	\$ 1,363.89
		1 NonMedicare +1 Medicare	\$ 706.36	\$801.35	\$ 729.45	\$ 524.90
GROUP 5: Ch 21 & 46 10-14 years of service	\$120	Single	\$ 513.38	\$ 671.25	\$ 599.35	\$ 394.80
		2 Adults	\$ 1,213.76	\$ 1,502.10	\$ 1,354.70	\$ 961.03
		Adult + Child(ren)	\$ 1,055.04	\$ 1,264.70	\$ 1,138.91	\$ 858.07
		Family	\$ 1,813.08	\$ 2,253.82	\$ 2,038.02	\$ 1,423.89
		1 NonMedicare +1 Medicare	\$ 766.36	\$ 861.35	\$ 789.45	\$ 584.90
GROUP 6: Ch 21 & 46 0-9 years of service	\$60	Single	\$ 573.38	\$ 731.25	\$ 659.35	\$ 454.80
		2 Adults	\$ 1,273.76	\$ 1,562.10	\$ 1,414.70	\$ 1,021.03
		Adult + Child(ren)	\$ 1,115.04	\$ 1,324.70	\$ 1,198.91	\$ 918.07
		Family	\$ 1,873.08	\$ 2,313.82	\$ 2,098.02	\$ 1,483.89
		1 NonMedicare +1 Medicare	\$ 826.36	\$ 921.35	\$ 849.45	\$644.90

Wondering where the Medicare rates are? Your rates stay the same until January 2024. Any rate changes for Medicare plans will be in our Winter Newsletter.

You can find full rate charts online at www.arlingtonva.us/oe

Delta Dental Monthly Premiums

Rates are effective July 1, 2023 – June 30, 2024

	Coverage Level	Delta Dental Standard Plan		Delta Dental Premium Plan	
		Retiree Share (subsidized)	Full Pay Rate	Retiree Share (subsidized)	Full Pay Rate
GROUP 1: Chapter 21: 20+ yrs svc; Chapter 46: 25+ yrs svc	Single	\$ 7.36	\$ 36.81	\$ 31.27	\$ 62.54
	2 Adults	\$ 14.71	\$ 73.56	\$ 62.53	\$ 125.05
	Adult + Child(ren)	\$ 16.02	\$ 80.10	\$ 68.10	\$ 136.20
	Family	\$ 22.44	\$ 112.21	\$ 95.40	\$ 190.79
GROUP 2: Chapter 46 23-24 years of service	Single	\$ 9.57	\$ 36.81	\$ 33.77	\$ 62.54
	2 Adults	\$ 19.13	\$ 73.56	\$ 67.53	\$ 125.05
	Adult + Child(ren)	\$ 20.83	\$ 80.10	\$ 73.55	\$ 136.20
	Family	\$ 29.17	\$ 112.21	\$ 103.03	\$ 190.79
GROUP 3: Chapter 46 20-22 years of service	Single	\$ 13.25	\$ 36.81	\$ 37.52	\$ 62.54
	2 Adults	\$ 26.48	\$ 73.56	\$ 75.03	\$ 125.05
	Adult + Child(ren)	\$ 28.84	\$ 80.10	\$ 81.72	\$ 136.20
	Family	\$ 40.40	\$ 112.21	\$ 114.47	\$ 190.79
GROUP 4: Ch 21 & 46 15-19 years of service	Single	\$ 19.14	\$ 36.81	\$ 43.78	\$ 62.54
	2 Adults	\$ 38.25	\$ 73.56	\$ 87.54	\$ 125.05
	Adult + Child(ren)	\$ 41.65	\$ 80.10	\$ 95.34	\$ 136.20
	Family	\$ 58.35	\$ 112.21	\$ 133.55	\$ 190.79
GROUP 5: Ch 21 & 46 10-14 years of service	Single	\$ 25.03	\$ 36.81	\$ 50.03	\$ 62.54
	2 Adults	\$ 50.02	\$ 73.56	\$ 100.04	\$ 125.05
	Adult + Child(ren)	\$ 54.47	\$ 80.10	\$ 108.96	\$ 136.20
	Family	\$ 76.30	\$ 112.21	\$ 152.63	\$ 190.79
GROUP 6: Ch 21 & 46 0-9 years of service	Single	\$ 30.92	\$ 36.81	\$ 56.29	\$ 62.54
	2 Adults	\$ 61.79	\$ 73.56	\$ 112.55	\$ 125.05
	Adult + Child(ren)	\$ 67.28	\$ 80.10	\$ 122.58	\$ 136.20
	Family	\$ 94.26	\$ 112.21	\$ 171.71	\$ 190.79

Note: The maximum County Share for medical and dental may be \$960, \$600, or \$300 per month depending on when you were hired and when you retired from service (pro-rated for Groups 2-6). If your elections total a County Share amount greater than your maximum subsidy, your dental cost will be the Dental Full Pay Rate or a Partial Pay Rate (not shown). You must pay all remaining premium amounts once the County's Subsidy is reached.



Retiree Health Insurance Enrollment/Change Form

Open Enrollment: May 1-19, 2023 (Changes Effective July 1, 2023)

Instructions: Complete this form if you are making changes to your medical coverage for a **Pre-Medicare plan only**. If you are not making any changes, do not complete this form as no action is required.

Retiree Name:	SSN Last 4:	Date of Birth (MM/DD/YY):
Mailing Address:	City:	State, Zip:
Main Phone:	Email Address:	

Type of Change: <input type="checkbox"/> Enroll in Coverage / Change Plans <input type="checkbox"/> Add Dependents <input type="checkbox"/> Remove Dependents <input type="checkbox"/> Cancel Coverage	Plan Selection: <input type="checkbox"/> Cigna OAP-In Copay <input type="checkbox"/> Cigna OAP-In Coinsurance <input type="checkbox"/> Cigna Choice <input type="checkbox"/> Kaiser Permanente	Level of Coverage: <input type="checkbox"/> Retiree only <input type="checkbox"/> Retiree + Spouse <input type="checkbox"/> Retiree + Child(ren) <input type="checkbox"/> Family
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Please indicate any changes impacting your eligible dependents below:

<input type="checkbox"/> Add <input type="checkbox"/> Remain <input type="checkbox"/> Remove	Spouse Name:	SSN:	Date of Birth (MM/DD/YY)	<input type="checkbox"/> Male <input type="checkbox"/> Female	
<input type="checkbox"/> Add <input type="checkbox"/> Remain <input type="checkbox"/> Remove	Dependent Name:	Relationship to Retiree:	SSN:	Date of Birth (MM/DD/YY)	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Add <input type="checkbox"/> Remain <input type="checkbox"/> Remove	Dependent Name:	Relationship to Retiree:	SSN:	Date of Birth (MM/DD/YY)	<input type="checkbox"/> Male <input type="checkbox"/> Female

Other Health Insurance Coverage:

Do you or your dependents have other medical insurance under a group plan, Medicare, or Medicaid? Yes No

If yes, please provide the following:

Name of Person Covered:	Additional Coverage:	Effective Date:
	<input type="checkbox"/> Other Medical Plan _____ <input type="checkbox"/> Medicare Part A ID# _____ <input type="checkbox"/> Medicare Part B ID# _____ <input type="checkbox"/> Medicaid	

Required Documentation:

For any dependents being added to a medical plan, please return documentation of relationship status with your enrollment form. Please note, this is not a complete list. You can view the entire list by going to arlingtonva.us/retirement

Dependent:	Required Documentation:
Spouse (Note: common law spouses and domestic partners are ineligible)	<ul style="list-style-type: none"> • First and last page of most recent federal tax return if filing <u>jointly</u> OR • First and last page of most recent federal tax return if filing <u>separately</u> AND government-issued marriage certificate
Child under age 26	<ul style="list-style-type: none"> • Government-issued birth certificate OR • Hospital-issued birth certificate/letter (for child up to two months old)
Stepchild of your current marriage	<ul style="list-style-type: none"> • Government-issued birth certificate AND • Most recent federal tax return if filing <u>jointly</u> OR • Most recent federal tax return if filing <u>separately</u> AND government-issued marriage certificate

Retiree Certification: *The information provided above is true to the best of my knowledge. I agree to provide required documentation in order to verify my relationship with eligible dependents covered on the insurance plan.*

Retiree's Signature: _____

Date: _____

RETURN COMPLETED FORM TO

Email: benefits@arlingtonva.us / Address: HR-Benefits, 2100 Clarendon Blvd, Suite 511, Arlington, VA 22201 / Fax: (703) 228-3775



Retiree Delta Dental Enrollment/Change Form

Open Enrollment: May 1-19, 2023 (Changes Effective July 1, 2023)

Instructions: Complete this form if you are making changes to your dental coverage for Open Enrollment. If you are not making any changes, do not complete this form as no action is required.

Retiree Name:	SSN Last 4:	Date of Birth (MM/DD/YY):
Mailing Address:	City:	State, Zip:
Main Phone:	Email Address:	

Type of Change: <input type="checkbox"/> Enroll in Coverage / Change Plans <input type="checkbox"/> Add Dependents <input type="checkbox"/> Remove Dependents <input type="checkbox"/> Cancel Coverage	Plan Selection: <input type="checkbox"/> Delta Dental Standard <input type="checkbox"/> Delta Dental Premium	Level of Coverage: <input type="checkbox"/> Retiree only <input type="checkbox"/> Retiree + Spouse <input type="checkbox"/> Retiree + Child(ren) <input type="checkbox"/> Family
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Please indicate any changes impacting your eligible dependents below:

<input type="checkbox"/> Add <input type="checkbox"/> Remain <input type="checkbox"/> Remove	Spouse Name:	SSN:	Date of Birth (MM/DD/YY)	<input type="checkbox"/> Male <input type="checkbox"/> Female	
<input type="checkbox"/> Add <input type="checkbox"/> Remain <input type="checkbox"/> Remove	Dependent Name:	Relationship to Retiree:	SSN:	Date of Birth (MM/DD/YY)	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> Add <input type="checkbox"/> Remain <input type="checkbox"/> Remove	Dependent Name:	Relationship to Retiree:	SSN:	Date of Birth (MM/DD/YY)	<input type="checkbox"/> Male <input type="checkbox"/> Female

Required Documentation:

For any dependents being added to a dental plan, please return documentation of relationship status with your enrollment form. Please note, this is not a complete list. You can view the entire list by going to arlingtonva.us/retirement

Dependent:	Required Documentation:
Spouse (Note: common law spouses and domestic partners are ineligible)	<ul style="list-style-type: none"> First and last page of most recent federal tax return if filing <u>jointly</u> OR First and last page of most recent federal tax return if filing <u>separately</u> AND government-issued marriage certificate
Child under age 26	<ul style="list-style-type: none"> Government-issued birth certificate OR Hospital-issued birth certificate/letter (for child up to two months old)
Stepchild of your current marriage	<ul style="list-style-type: none"> Government-issued birth certificate AND Most recent federal tax return if filing <u>jointly</u> OR Most recent federal tax return if filing <u>separately</u> AND government-issued marriage certificate

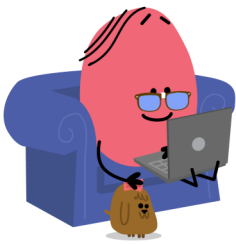
Retiree Certification: *The information provided above is true to the best of my knowledge. I agree to provide required documentation in order to verify my relationship with eligible dependents covered on the insurance plan.*

Retiree's Signature: _____

Date: _____

RETURN COMPLETED FORM TO

Email: benefits@arlingtonva.us / Address: HR-Benefits, 2100 Clarendon Blvd, Suite 511, Arlington, VA 22201 / Fax: (703) 228-3775



Events

ON DEMAND:

Visit www.arlingtonva.us/oe for convenient Cigna, Kaiser, and Delta Dental on-demand webinars available at your fingertips from the comfort of wherever you may be.

LIVE EVENTS:

Whether you need a plan refresher or you're coming up on Medicare enrollment, join us for information sessions offered by UnitedHealthCare and Kaiser Medicare Advantage.

Visit www.arlingtonva.us/oe for online meeting links to view the video portion.

Can't join us online? Find call-in information below to join by phone.

<p>UnitedHealthCare Group Medicare Advantage</p>	<p>May 8, 2023 3:30-5:00 PM ET</p>	<p>Call: 844-867-6169 Access Code: 7138417 Password: Welcome2023! Event number: 2694 063 6683</p>
<p>Kaiser Permanente Medicare Advantage</p>	<p>May 11, 2023 3:00-4:30 PM ET</p>	<p>Call: 213-533-9530 Conference ID: 274 125 737#</p>

Benefits by the Numbers

See if you can guess some of our retiree statistics!

- 1) _____ the number of phone calls answered by the Benefits Team in 2022
- 2) _____ the number of ACERS retirees living internationally
- 3) Our retirees live in almost all 50 states. Guess the two states where we have no ACERS retirees residing.



Answers: 1) 5,226 2) 12 3) Alaska, Kansas