

Retiree Open Enrollment

April 29 - May 17, 2024



CONTENTS

A Letter from Benefits	2
What Changes Can I Make?	3
Enrollment Guide	4
Life Insurance	5
FY25 Premiums	6
Enrollment Forms	10
Events	12

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](#).

FY25 Highlights

FY25 COST-OF-LIVING ADJUSTMENTS (COLA)

The FY25 cost-of-living adjustment (or COLA) for Chapter 21 retirees is **1.5%**. For Chapter 46 retirees, the COLA is **3.55%**. See [page 5](#) for additional information.

HEALTH AND DENTAL PREMIUMS

Kaiser Permanente HMO and Cigna premiums are increasing. There will be a slight increase in Delta Dental premiums. Review your new rates starting on [page 6](#).

CIGNA VISION NETWORK IS CHANGING

Cigna Vision Network is changing to EyeMed. All members enrolled in a Cigna plan will receive EyeMed Vision ID cards. These will also be available on the Cigna mobile app.

Find a vision provider by visiting www.eyedocator.eyemedvisioncare.com

CIGNA CHOICE DEDUCTIBLES

Cigna Choice deductibles are increasing. members will be mailed new ID cards indicating the new annual deductible.

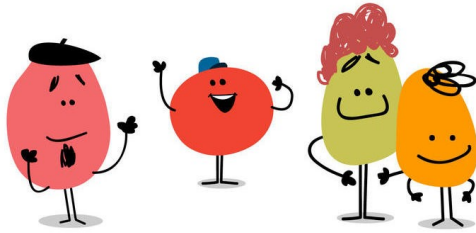
DELTA DENTAL ENHANCED

Your Delta Dental Premium plan is now known as Delta Dental Enhanced. Bringing you the same great plan with the same enhanced benefits. Check your mail for your new ID card!

LIFE INSURANCE CHANGES

On March 1, 2024 new contract changes to retiree life insurance became effective to provide rate stability and coverage for retirees.

New higher coverage for Retiree Basic Life Insurance (paid in full by the County). New options for retiree supplemental life insurance. See [page 5](#) for more information.



A Letter from Your Benefits Team

Open Enrollment is right around the corner!

Your opportunity to make changes starts April 29 and ends May 17.

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 2025. 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 or mail it to us. 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 make sure that person is eligible for our plans.
- Your Open Enrollment elections are effective July 1, 2024. After that, you can only make changes if you have a qualifying life event—like getting married, divorced, or losing your other coverage.
- Retirees must reside in Maryland, Virginia, or D.C. to enroll in Kaiser HMO and Kaiser MAPD plans.
- **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.

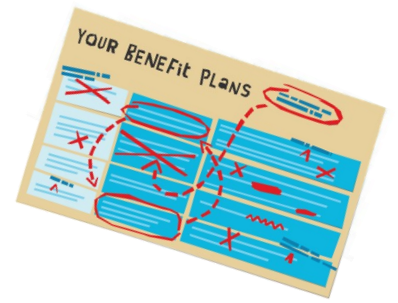
Also important!

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); retirees must reside in Maryland, Virginia, or D.C. to enroll in Kaiser MAPD
- **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 switch dental plan 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 or Cancelling Medicare plans?* Reach out to us—there are special enrollment packets and forms 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 17!

→ *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, 2024. You'll see rate changes with your July 31, 2024 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



FY25 Cost-of-Living Adjustments

The FY25 cost-of-living adjustment (or COLA) are effective July 1, 2024.

- For Chapter 21 retirees, the COLA is 1.5%
- For Chapter 46 retirees, the COLA is 3.55%

COLAs are based on County code and the Consumer Price Index. **The COLA increase will be reflected in your July 31, 2024 ACERS pension payment.** A pay advice will also be mailed to your home address on file.

Life Insurance Changes

Your life insurance coverage and premiums may have changed with your March 2024 pension payment.

- **Basic Life:** Higher coverage began March 1, 2024.
 - ⇒ \$10,000 of coverage for all retirees (regardless of age) who worked 30-40 hours per week when actively employed.
 - ⇒ \$5,000 of coverage for all retirees (regardless of age) who worked 10-29 hours per week when actively employed.

(Reminder: basic life insurance is a free benefit offered to County retirees, there is no cost to you.)

- **Supplemental Life:** New structure with flat rate premiums that are not based on tobacco status.
 - ⇒ Retirees under 65 must select a lump sum amount (\$10,000; \$25,000; \$50,000; \$75,000; \$100,000) that did not exceed previously held coverage.
 - ⇒ Retirees over 65 who were part-time (10-29 hours) while employed: your coverage is \$5,000.
 - ⇒ **Reminder:** Retirees who turn 65 will have supplemental life insurance coverage automatically reduced to \$10,000 (\$5,000 for retirees who were part-time). The premium rate will be updated the month in which the retiree turns 65.

Coming Soon! ACERS Board Alternate Trustee Election

Thank you to Carl Newby for serving as an alternate trustee since 2018 on the ACERS Board. The Board is responsible for the management and oversight of the investment of system assets. If you're interested in having a role on the Board, more details on the nomination process will come in April.

Cigna and Kaiser HMO Monthly Premiums

Retired before January 15, 2012

Rates are effective July 1, 2024 – June 30, 2025

	Coverage Level	Kaiser HMO Copay Plan		Cigna OAP IN Copay Plan		Cigna OAP IN 10% Coinsurance		Cigna Choice High Deductible Health Plan	
		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	Single	\$ 46.97	\$623.34	\$ 200.10	\$ 646.54	\$ 123.16	\$ 646.54	\$ 110.17	\$ 440.67
	2 Adults	\$ 451.52	\$ 960.00	\$ 775.65	\$ 960.00	\$ 617.93	\$ 960.00	\$ 254.47	\$ 902.23
	Adult + Child(ren)	\$ 283.54	\$ 960.00	\$ 521.63	\$ 960.00	\$ 387.03	\$ 960.00	\$ 230.24	\$ 816.30
	Family	\$ 1,085.78	\$ 960.00	\$ 1,579.99	\$ 960.00	\$ 1,349.08	\$ 960.00	\$ 691.96	\$ 960.00
	1 NonMedicare + 1 Medicare	\$ 73.84	\$ 865.22	\$ 219.11	\$ 817.63	\$ 142.17	\$ 817.63	\$ 129.18	\$ 611.76
GROUP 2: Chapter 46 23-24 yrs. svc. Max. Subsidy \$883	Single	\$ 95.65	\$ 574.66	\$ 248.59	\$ 598.05	\$ 171.65	\$ 598.05	\$ 143.22	\$ 407.62
	2 Adults	\$ 528.52	\$ 883.00	\$ 852.65	\$ 883.00	\$ 694.93	\$ 883.00	\$ 323.88	\$ 832.82
	Adult + Child(ren)	\$ 360.54	\$ 883.00	\$ 598.63	\$ 883.00	\$ 464.03	\$ 883.00	\$ 293.03	\$ 753.50
	Family	\$ 1,162.78	\$ 883.00	\$ 1,656.99	\$ 883.00	\$ 1,426.08	\$ 883.00	\$ 768.96	\$ 883.00
	1 NonMedicare + 1 Medicare	\$ 141.88	\$ 797.19	\$ 281.29	\$ 755.45	\$ 204.35	\$ 755.45	\$ 175.91	\$ 565.02
GROUP 3: Chapter 46 20-22 years of service Max. Subsidy \$768	Single	\$ 176.08	\$ 494.23	\$ 329.41	\$ 517.23	\$ 252.47	\$ 517.23	\$ 198.30	\$ 352.54
	2 Adults	\$ 643.52	\$ 768.00	\$ 967.65	\$ 768.00	\$ 809.93	\$ 768.00	\$ 439.55	\$ 717.15
	Adult + Child(ren)	\$ 475.54	\$ 768.00	\$ 713.63	\$ 768.00	\$ 579.03	\$ 768.00	\$ 397.68	\$ 648.85
	Family	\$ 1,277.78	\$ 768.00	\$ 1,771.99	\$ 768.00	\$ 1,541.08	\$ 768.00	\$ 883.96	\$ 768.00
	1 NonMedicare + 1 Medicare	\$ 251.33	\$ 687.73	\$ 382.64	\$ 654.10	\$ 305.70	\$ 654.10	\$ 251.53	\$ 489.41
GROUP 4: Ch 21 & 46 15-19 years of service Max. Subsidy \$576	Single	\$ 296.73	\$ 373.58	\$ 458.72	\$ 387.92	\$ 381.78	\$ 387.92	\$ 286.43	\$ 264.40
	2 Adults	\$ 835.52	\$ 576.00	\$ 1,159.65	\$ 576.00	\$ 1,001.93	\$ 576.00	\$ 613.05	\$ 543.65
	Adult + Child(ren)	\$ 667.54	\$ 576.00	\$ 905.63	\$ 576.00	\$ 771.03	\$ 576.00	\$ 554.66	\$ 491.87
	Family	\$ 1,469.78	\$ 576.00	\$ 1,963.99	\$ 576.00	\$ 1,733.08	\$ 576.00	\$ 1,075.96	\$ 576.00
	1 NonMedicare + 1 Medicare	\$ 420.36	\$ 518.71	\$ 546.16	\$ 490.58	\$ 469.22	\$ 490.58	\$ 373.88	\$ 367.06
GROUP 5: Ch 21 & 46 10-14 years of service Max. Subsidy \$384	Single	\$ 425.84	\$ 244.47	\$ 588.03	\$ 258.61	\$ 511.09	\$ 258.61	\$ 374.57	\$ 176.27
	2 Adults	\$ 1,027.52	\$ 384.00	\$ 1,351.65	\$ 384.00	\$ 1,193.93	\$ 384.00	\$ 798.12	\$ 358.58
	Adult + Child(ren)	\$ 859.54	\$ 384.00	\$ 1,097.63	\$ 384.00	\$ 963.03	\$ 384.00	\$ 722.11	\$ 324.43
	Family	\$ 1,661.78	\$ 384.00	\$ 2,155.99	\$ 384.00	\$ 1,925.08	\$ 384.00	\$ 1,267.96	\$ 384.00
	1 NonMedicare + 1 Medicare	\$ 597.84	\$ 341.22	\$ 709.69	\$ 327.05	\$ 632.75	\$ 327.05	\$ 496.23	\$ 244.70
GROUP 6: Ch 21 & 46 0-9 years of service Max. Subsidy \$192	Single	\$ 548.61	\$ 121.70	\$ 717.33	\$ 129.31	\$ 640.39	\$ 129.31	\$ 462.70	\$ 88.13
	2 Adults	\$ 1,219.52	\$ 192.00	\$ 1,543.65	\$ 192.00	\$ 1,385.93	\$ 192.00	\$ 971.63	\$ 185.07
	Adult + Child(ren)	\$ 1,051.54	\$ 192.00	\$ 1,289.63	\$ 192.00	\$ 1,155.03	\$ 192.00	\$ 879.09	\$ 167.45
	Family	\$ 1,853.78	\$ 192.00	\$ 2,347.99	\$ 192.00	\$ 2,117.08	\$ 192.00	\$ 1,459.96	\$ 192.00
	1 NonMedicare + 1 Medicare	\$ 768.99	\$ 170.08	\$ 873.21	\$ 163.53	\$ 796.27	\$ 163.53	\$ 618.58	\$ 122.35

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

Cigna and Kaiser HMO Monthly Premiums

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

Rates are effective July 1, 2024 – June 30, 2025

	Coverage Level	Kaiser HMO Copay Plan	Cigna OAP IN Copay Plan	Cigna OAP IN 10% Coinsurance	County Share	Cigna Choice High Deductible Plan	
		Retiree Share	Retiree Share	Retiree Share		Retiree Share	County Share
GROUP 1: Chapter 21: 20+ yrs svc; Chapter 46: 25+ yrs svc Max. Subsidy \$600	Single	\$ 70.31	\$ 246.64	\$ 169.70	\$ 600.00	\$ 110.17	\$ 440.67
	2 Adults	\$ 811.52	\$ 1,135.65	\$ 977.93	\$ 600.00	\$ 556.70	\$ 600.00
	Adult + Child(ren)	\$ 643.54	\$ 881.63	\$ 747.03	\$ 600.00	\$ 446.53	\$ 600.00
	Family	\$ 1,445.78	\$ 1,939.99	\$ 1,709.08	\$ 600.00	\$ 1,051.96	\$ 600.00
	1 NonMedicare + 1 Medicare	\$ 339.06	\$ 436.74	\$ 359.80	\$ 600.00	\$ 140.94	\$ 600.00
GROUP 2: Chapter 46 23-24 years of service Max. Subsidy \$552	Single	\$ 118.31	\$ 294.64	\$ 217.70	\$ 552.00	\$ 143.22	\$ 407.62
	2 Adults	\$ 859.52	\$ 1,183.65	\$ 1,025.93	\$ 552.00	\$ 604.70	\$ 552.00
	Adult + Child(ren)	\$ 691.54	\$ 929.63	\$ 795.03	\$ 552.00	\$ 494.53	\$ 552.00
	Family	\$ 1,493.78	\$ 1,987.99	\$ 1,757.08	\$ 552.00	\$ 1,099.96	\$ 552.00
	1 NonMedicare + 1 Medicare	\$ 387.06	\$ 484.74	\$ 407.80	\$ 552.00	\$ 188.94	\$ 552.00
GROUP 3: Chapter 46 20-22 years of service Max. Subsidy \$480	Single	\$ 190.31	\$ 366.64	\$ 289.70	\$ 480.00	\$ 198.30	\$ 352.54
	2 Adults	\$ 931.52	\$ 1,255.65	\$ 1,097.93	\$ 480.00	\$ 676.70	\$ 480.00
	Adult + Child(ren)	\$ 763.54	\$ 1,001.63	\$ 867.03	\$ 480.00	\$ 566.53	\$ 480.00
	Family	\$ 1,565.78	\$ 2,059.99	\$ 1,829.08	\$ 480.00	\$ 1,171.96	\$ 480.00
	1 NonMedicare + 1 Medicare	\$ 459.06	\$ 556.74	\$ 479.80	\$ 480.00	\$ 260.94	\$ 480.00
GROUP 4: Ch 21 & 46 15-19 years of service Max. Subsidy \$360	Single	\$ 310.31	\$ 486.64	\$ 409.70	\$ 360.00	\$ 286.43	\$ 264.40
	2 Adults	\$ 1,051.52	\$ 1,375.65	\$ 1,217.93	\$ 360.00	\$ 796.70	\$ 360.00
	Adult + Child(ren)	\$ 883.54	\$ 1,121.63	\$ 987.03	\$ 360.00	\$ 686.53	\$ 360.00
	Family	\$ 1,685.78	\$ 2,179.99	\$ 1,949.08	\$ 360.00	\$ 1,291.96	\$ 360.00
	1 NonMedicare + 1 Medicare	\$ 579.06	\$ 676.74	\$ 599.80	\$ 360.00	\$ 380.94	\$ 360.00
GROUP 5: Ch 21 & 46 10-14 years of service Max. Subsidy \$240	Single	\$ 430.31	\$ 606.64	\$ 529.70	\$ 240.00	\$ 374.57	\$ 176.27
	2 Adults	\$ 1,171.52	\$ 1,495.65	\$ 1,337.93	\$ 240.00	\$ 916.70	\$ 240.00
	Adult + Child(ren)	\$ 1,003.54	\$ 1,241.63	\$ 1,107.03	\$ 240.00	\$ 806.53	\$ 240.00
	Family	\$ 1,805.78	\$ 2,299.99	\$ 2,069.08	\$ 240.00	\$ 1,411.96	\$ 240.00
	1 NonMedicare + 1 Medicare	\$ 699.06	\$ 796.74	\$ 719.80	\$ 240.00	\$ 500.94	\$ 240.00
GROUP 6: Ch 21 & 46 0-9 years of service Max. Subsidy \$120	Single	\$ 550.31	\$ 726.64	\$ 649.70	\$ 120.00	\$ 462.70	\$ 88.13
	2 Adults	\$ 1,291.52	\$ 1,615.65	\$ 1,457.93	\$ 120.00	\$ 1,036.70	\$ 120.00
	Adult + Child(ren)	\$ 1,123.54	\$ 1,361.63	\$ 1,227.03	\$ 120.00	\$ 926.53	\$ 120.00
	Family	\$ 1,925.78	\$ 2,419.99	\$ 2,189.08	\$ 120.00	\$ 1,531.96	\$ 120.00
	1 NonMedicare + 1 Medicare	\$ 819.06	\$ 916.74	\$ 839.80	\$ 120.00	\$ 620.94	\$ 120.00

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

Cigna and Kaiser HMO Monthly Premiums

Hired on or after July 1, 2008

Rates are effective July 1, 2024 – June 30, 2025

	County Monthly Subsidy	Coverage Level	Kaiser HMO Copay Plan	Cigna OAP IN Copay Plan	Cigna OAP IN 10% 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	\$ 333.38	\$ 546.64	\$ 469.70	\$ 250.84
		2 Adults	\$ 1,033.76	\$ 1,435.65	\$ 1,277.93	\$ 856.70
		Adult + Child(ren)	\$ 875.04	\$ 1,181.63	\$ 1,047.03	\$ 746.53
		Family	\$ 1,633.08	\$ 2,239.99	\$ 2,009.08	\$ 1,351.96
		1 NonMedicare + 1 Medicare	\$ 602.13	\$ 736.74	\$ 659.80	\$ 440.94
GROUP 2: Chapter 46 23-24 years of service	\$276	Single	\$ 357.38	\$ 570.64	\$ 493.70	\$ 274.84
		2 Adults	\$ 1,057.76	\$ 1,459.65	\$ 1,301.93	\$ 880.70
		Adult + Child(ren)	\$ 899.04	\$ 1,205.63	\$ 1,071.03	\$ 770.53
		Family	\$ 1,657.08	\$ 2,263.99	\$ 2,033.08	\$ 1,375.96
		1 NonMedicare +1 Medicare	\$ 626.13	\$ 760.74	\$ 683.80	\$ 464.94
GROUP 3: Chapter 46 20-22 years of service	\$240	Single	\$ 393.38	\$ 606.64	\$ 529.70	\$ 310.84
		2 Adults	\$ 1,093.76	\$ 1,495.65	\$ 1,337.93	\$ 916.70
		Adult + Child(ren)	\$ 935.04	\$ 1,241.63	\$ 1,107.03	\$ 806.53
		Family	\$ 1,693.08	\$ 2,299.99	\$ 2,069.08	\$ 1,411.96
		1 NonMedicare +1 Medicare	\$ 662.13	\$ 796.74	\$ 719.80	\$ 500.94
GROUP 4: Ch 21 & 46 15-19 years of service	\$180	Single	\$ 453.38	\$ 666.64	\$ 589.70	\$ 370.84
		2 Adults	\$ 1,153.76	\$ 1,555.65	\$ 1,397.93	\$ 976.70
		Adult + Child(ren)	\$ 995.04	\$ 1,301.63	\$ 1,167.03	\$ 866.53
		Family	\$ 1,753.08	\$ 2,359.99	\$ 2,129.08	\$ 1,471.96
		1 NonMedicare +1 Medicare	\$ 722.13	\$ 856.74	\$ 779.80	\$ 560.94
GROUP 5: Ch 21 & 46 10-14 years of service	\$120	Single	\$ 513.38	\$ 726.64	\$ 649.70	\$ 430.84
		2 Adults	\$ 1,213.76	\$ 1,615.65	\$ 1,457.93	\$ 1,036.70
		Adult + Child(ren)	\$ 1,055.04	\$ 1,361.63	\$ 1,227.03	\$ 926.53
		Family	\$ 1,813.08	\$ 2,419.99	\$ 2,189.08	\$ 1,531.96
		1 NonMedicare +1 Medicare	\$ 782.13	\$ 916.74	\$ 839.80	\$ 620.94
GROUP 6: Ch 21 & 46 0-9 years of service	\$60	Single	\$ 573.38	\$ 786.64	\$ 709.70	\$ 490.84
		2 Adults	\$ 1,273.76	\$ 1,675.65	\$ 1,517.93	\$ 1,096.70
		Adult + Child(ren)	\$ 1,115.04	\$ 1,421.63	\$ 1,287.03	\$ 986.53
		Family	\$ 1,873.08	\$ 2,479.99	\$ 2,249.08	\$ 1,591.96
		1 NonMedicare +1 Medicare	\$ 842.13	\$ 976.74	\$ 899.80	\$ 680.94

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

Delta Dental Monthly Premiums

Rates are effective July 1, 2024 – June 30, 2025

	Coverage Level	Delta Dental Standard Plan		Delta Dental Enhanced Plan	
		Retiree Share	Standard Full Pay Rate	Retiree Share	Enhanced Full Pay Rate
GROUP 1: Chapter 21: 20+ yrs svc; Chapter 46: 25+ yrs svc	Single	\$ 7.73	\$ 38.65	\$ 32.84	\$ 65.67
	2 Adults	\$ 15.45	\$ 77.24	\$ 65.65	\$ 131.30
	Adult + Child(ren)	\$ 16.82	\$ 84.11	\$ 71.51	\$ 143.01
	Family	\$ 23.56	\$ 117.82	\$ 100.17	\$ 200.33
GROUP 2: Chapter 46 23-24 years of service	Single	\$ 10.05	\$ 38.65	\$ 35.46	\$ 65.67
	2 Adults	\$ 20.08	\$ 77.24	\$ 70.90	\$ 131.30
	Adult + Child(ren)	\$ 21.87	\$ 84.11	\$ 77.23	\$ 143.01
	Family	\$ 30.63	\$ 117.82	\$ 108.18	\$ 200.33
GROUP 3: Chapter 46 20-22 years of service	Single	\$ 13.91	\$ 38.65	\$ 39.40	\$ 65.67
	2 Adults	\$ 27.81	\$ 77.24	\$ 78.78	\$ 131.30
	Adult + Child(ren)	\$ 30.28	\$ 84.11	\$ 85.81	\$ 143.01
	Family	\$ 42.42	\$ 117.82	\$ 120.20	\$ 200.33
GROUP 4: Ch 21 & 46 15-19 years of service	Single	\$ 20.10	\$ 38.65	\$ 45.97	\$ 65.67
	2 Adults	\$ 40.16	\$ 77.24	\$ 91.91	\$ 131.30
	Adult + Child(ren)	\$ 43.74	\$ 84.11	\$ 100.11	\$ 143.01
	Family	\$ 61.27	\$ 117.82	\$ 140.23	\$ 200.33
GROUP 5: Ch 21 & 46 10-14 years of service	Single	\$ 26.28	\$ 38.65	\$ 52.54	\$ 65.67
	2 Adults	\$ 52.52	\$ 77.24	\$ 105.04	\$ 131.30
	Adult + Child(ren)	\$ 57.19	\$ 84.11	\$ 114.41	\$ 143.01
	Family	\$ 80.12	\$ 117.82	\$ 160.26	\$ 200.33
GROUP 6: Ch 21 & 46 0-9 years of service	Single	\$ 32.47	\$ 38.65	\$ 59.10	\$ 65.67
	2 Adults	\$ 64.88	\$ 77.24	\$ 118.17	\$ 131.30
	Adult + Child(ren)	\$ 70.65	\$ 84.11	\$ 128.71	\$ 143.01
	Family	\$ 98.97	\$ 117.82	\$ 180.30	\$ 200.33

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 medical 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.

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



Retiree Health Insurance Enrollment/Change Form

Open Enrollment: April 29 - May 17, 2024 (Changes Effective July 1, 2024)

Return your completed form by May 17, 2024

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 HMO	Level of Coverage: <input type="checkbox"/> Retiree only <input type="checkbox"/> Retiree + Spouse <input type="checkbox"/> Retiree + Child(ren) <input type="checkbox"/> Family
---	---	---

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) 228-3265



Retiree Delta Dental Enrollment/Change Form
Open Enrollment: April 29 - May 17, 2024 (Changes Effective July 1, 2024)

Return your completed form by May 17, 2024

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 Enhanced	Level of Coverage: <input type="checkbox"/> Retiree only <input type="checkbox"/> Retiree + Spouse <input type="checkbox"/> Retiree + Child(ren) <input type="checkbox"/> Family
---	--	---

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

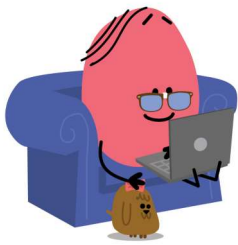
Retiree Certification: *The information provided above is true to the best of my knowledge. I agree to provide required documentation in order to verify my relationship with eligible dependents covered on the insurance plan.*

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) 228-3265



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.

Visit www.arlingtonva.us/oe for online meeting links.

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

<p>UnitedHealthCare Group Medicare Advantage</p>	<p>May 1, 2024 3:00-4:00 PM ET</p>	<p>View Online: uhc.webex.com Call: 1-844-867-6169 Access Code: 9010585# Password: Welcome2024! Event number: 2661 487 1918</p>
<p>Kaiser Permanente Medicare Advantage</p>	<p>Recorded Sessions in English and Spanish</p>	<p>Visit: www.arlingtonva.us/oe</p>

Benefits by the Numbers

See if you can guess some of our retiree statistics!

- 1) _____ the number of emails answered by the Benefits Team in 2023
- 2) _____ the number of ACERS retirees with Dental Coverage
- 3) Our retirees live in almost all 50 states. Guess which states have no ACERS retirees residing.

Alaska Kentucky North Dakota
 Hawaii Rhode Island Wyoming



Answers: 1) 7,164 2) 1,994 3) Alaska, North Dakota, Wyoming