

Monthly Retiree Health Insurance Rates January 1 through December 31, 2021



Retiree Under 65 (non Medicare eligible): Kaiser Permanente HMO

	2021 Monthly Retiree Rate	2021 Monthly Dependent Rate	2021 TOTAL Monthly Retiree and Dependent Rate	2021 Monthly APS Contribution	2021 Total Monthly Rate**	2020 TOTAL Monthly Retiree and Dependent Rate
Retiree under 65						
Retiree enrolled with Kaiser HMO						
20+ Years	\$147.12	n/a	\$147.12	\$498.93	\$639.66	\$140.73
15 - 19 Years	\$319.82	n/a	\$319.82	\$319.83	\$639.66	\$319.83
10 - 14 Years	\$447.75	n/a	\$447.75	\$191.90	\$639.66	\$447.76
5 - 9 Years	\$575.68	n/a	\$575.68	\$63.97	\$639.66	\$575.69
Retiree under 65, Spouse under 65						
Retiree & Spouse enrolled with Kaiser HMO						
20+ Years	\$478.62	n/a	\$478.62	\$832.67	\$1,311.29	\$465.51
15 - 19 Years	\$721.21	n/a	\$721.21	\$590.08	\$1,311.29	\$721.21
10 - 14 Years	\$983.47	n/a	\$983.47	\$327.82	\$1,311.29	\$983.47
5 - 9 Years	\$1180.16	n/a	\$1,180.16	\$131.13	\$1,311.29	\$1,180.16
Retiree under 65, and Child(ren)						
Retiree and Child(ren) enrolled with Kaiser HMO						
20+ Years	\$431.93	n/a	\$431.93	\$751.43	\$1,183.36	\$420.09
15 - 19 Years	\$650.85	n/a	\$650.85	\$532.51	\$1,183.36	\$650.85
10 - 14 Years	\$887.52	n/a	\$887.52	\$295.84	\$1,183.36	\$946.69
5 - 9 Years	\$1,065.02	n/a	\$1,065.02	\$118.34	\$1,183.36	\$1,065.02
Retiree under 65, Spouse under 65, and Child(ren)						
Retiree, Spouse, and Child(ren) enrolled with Kaiser HMO						
20+ Years	\$781.02	n/a	\$781.02	\$1,137.95	\$1,918.97	\$761.83
15 - 19 Years	\$1,151.38	n/a	\$1,151.38	\$767.59	\$1,918.97	\$1,151.02
10 - 14 Years	\$1,535.18	n/a	\$1,535.18	\$383.79	\$1,918.97	\$1,343.28
5 - 9 Years	\$1,727.06	n/a	\$1,727.07	\$191.90	\$1,918.97	\$1,727.07
Retiree under 65, Spouse 65+						
Retiree enrolled with Kaiser HMO, Spouse enrolled with Kaiser Medicare Advantage						
20+ Years	\$147.12	\$148.64	\$295.76	\$641.18	\$905.87	\$285.55
15 - 19 Years	\$319.82	\$178.37	\$498.17	\$438.73	\$905.87	\$483.75
10 - 14 Years	\$447.75	\$237.82	\$685.57	\$251.36	\$905.87	\$664.92
5 - 9 Years	\$575.68	\$267.55	\$843.23	\$93.70	\$905.87	\$815.28
Retiree under 65, and Child(ren), Spouse 65+						
Retiree and Child(ren) enrolled with Kaiser HMO, Spouse enrolled with Kaiser Medicare Advantage						
20+ Years	\$431.93	\$148.64	\$580.57	\$900.07	\$1,414.00	\$546.64
15 - 19 Years	\$650.85	\$178.37	\$829.22	\$651.42	\$1,414.00	\$793.11
10 - 14 Years	\$887.52	\$237.82	\$1,125.34	\$355.30	\$1,414.00	\$1,075.90
5 - 9 Years	\$1,065.02	\$267.55	\$1,332.57	\$148.07	\$1,414.00	\$1,272.60

**If a covered retiree dies, the surviving spouse and/or dependent children may continue coverage by paying the full cost of the premium by personal check. If the surviving spouse also is a retiree of Arlington Public Schools, he or she may elect to continue coverage with the School Board's contribution computed based on the surviving spouse's service.

Monthly Retiree Health Insurance Rates January 1 through December 31, 2021



Retiree 65+ (and Medicare eligible): Kaiser Permanente Medicare Advantage
Spouse and/or Dependent Children: Kaiser Permanente HMO

	2021 Monthly Retiree Rate	2021 Monthly Dependent Rate	2021 TOTAL Monthly Retiree and Dependent Rate	2021 Monthly APS Contribution	2021 Total Monthly Rate **	2020 TOTAL Monthly Retiree and Dependent Rate
Retiree 65+						
<i>Retiree enrolled with Kaiser Medicare Advantage</i>						
20+ Years	\$68.37	n/a	\$68.37	\$231.88	\$297.28	\$67.77
15 - 19 Years	\$148.64	n/a	\$148.64	\$148.64	\$297.28	\$154.03
10 - 14 Years	\$208.10	n/a	\$208.10	\$89.18	\$297.28	\$215.64
5 - 9 Years	\$267.55	n/a	\$267.55	\$29.73	\$297.28	\$277.25
Retiree 65+ and Spouse under 65						
<i>Retiree enrolled with Kaiser Medicare Advantage, Spouse enrolled with Kaiser HMO</i>						
20+ Years	\$68.37	\$319.83	\$388.20	\$551.70	\$936.94	\$366.67
15 - 19 Years	\$148.64	\$383.80	\$532.44	\$404.50	\$936.94	\$512.72
10 - 14 Years	\$208.10	\$511.73	\$719.83	\$217.11	\$936.94	\$693.89
5 - 9 Years	\$267.55	\$575.69	\$843.24	\$93.70	\$936.94	\$815.28
Retiree 65+ and 1 Child						
<i>Retiree enrolled with Kaiser Medicare Advantage, Child enrolled with Kaiser HMO</i>						
20+ Years	\$68.37	\$319.83	\$388.20	\$551.70	\$936.94	\$366.67
15 - 19 Years	\$148.64	\$383.80	\$532.44	\$404.50	\$936.94	\$512.72
10 - 14 Years	\$208.10	\$511.73	\$719.83	\$217.11	\$936.94	\$693.89
5 - 9 Years	\$267.55	\$575.69	\$843.24	\$93.70	\$936.94	\$815.28
Retiree 65+ and 2 or more Children						
<i>Retiree enrolled with Kaiser Medicare Advantage, Children enrolled with Kaiser HMO</i>						
20+ Years	\$68.37	\$591.68	\$660.05	\$823.56	\$1,576.27	\$620.74
15 - 19 Years	\$148.64	\$710.02	\$858.66	\$621.98	\$1,576.27	\$817.59
10 - 14 Years	\$208.10	\$946.69	\$1,154.79	\$325.85	\$1,576.27	\$1,100.39
5 - 9 Years	\$267.55	\$1,065.02	\$1,332.57	\$148.70	\$1,576.27	\$1,272.60
Retiree 65+, Spouse under 65, and Child(ren)						
<i>Retiree enrolled w/ Kaiser Medicare Advantage, Spouse enrolled w/ Kaiser HMO, Child(ren) enrolled w/ Kaiser HMO</i>						
20+ Years	\$68.37	\$591.68	\$660.05	\$823.56	\$1,480.64	\$572.49
15 - 19 Years	\$148.64	\$710.02	\$858.66	\$621.98	\$1,480.64	\$758.05
10 - 14 Years	\$208.10	\$946.69	\$1,154.79	\$325.85	\$1,480.64	\$1,020.77
5 - 9 Years	\$267.55	\$1,065.02	\$1,332.57	\$148.70	\$1,480.64	\$1,182.25
Retiree 65+ and Spouse 65+						
<i>Retiree enrolled with Kaiser Medicare Advantage, Spouse enrolled with Kaiser Medicare Advantage</i>						
20+ Years	\$68.37	\$148.64	\$217.01	\$377.55	\$594.56	\$221.80
15 - 19 Years	\$148.64	\$178.37	\$327.01	\$267.55	\$594.56	\$338.87
10 - 14 Years	\$208.10	\$237.82	\$445.92	\$148.64	\$594.56	\$462.09
5 - 9 Years	\$267.55	\$267.55	\$535.10	\$59.46	\$594.56	\$554.50
Retiree 65+, Spouse 65+, and 1 Child						
<i>Retiree enrolled w/ Kaiser Medicare Advantage, Spouse enrolled w/ Kaiser Medicare Advantage, 1 Child enrolled w/ Kaiser HMO</i>						
20+ Years	\$68.37	\$468.46	\$536.83	\$697.92	\$1,234.22	\$520.70
15 - 19 Years	\$148.64	\$562.16	\$710.80	\$523.42	\$1,234.22	\$697.55
10 - 14 Years	\$208.10	\$749.55	\$957.65	\$276.57	\$1,234.22	\$940.34
5 - 9 Years	\$267.55	\$843.25	\$1,110.80	\$123.42	\$1,234.22	\$1,092.53
Retiree 65+, Spouse 65+, and 2 or more Children						
<i>Retiree enrolled w/ Kaiser Medicare Advantage, Spouse enrolled w/ Kaiser Medicare Advantage, Children enrolled w/ Kaiser HMO</i>						
20+ Years	\$68.37	\$788.29	\$856.66	\$1,017.22	\$1,873.88	\$774.77
15 - 19 Years	\$148.64	\$945.96	\$1,094.60	\$779.28	\$1,873.88	\$523.70
10 - 14 Years	\$208.10	\$1,261.28	\$1,469.38	\$404.50	\$1,873.88	\$1,346.84
5 - 9 Years	\$267.55	\$1,418.94	\$1,686.49	\$187.39	\$1,873.88	\$1,555.39
Retiree 65+, Spouse 65+, and 1 Medicare-Eligible Child						
<i>Retiree enrolled w/ Kaiser Medicare Advantage, Spouse enrolled w/ Kaiser Medicare Advantage, and Child enrolled w/ Kaiser Medicare Advantage</i>						
20+ Years	\$68.37	\$297.28	\$365.65	\$526.19	\$891.84	\$375.83
15 - 19 Years	\$148.64	\$356.74	\$505.38	\$386.46	\$891.84	\$523.70
10 - 14 Years	\$208.10	\$475.65	\$708.54	\$208.09	\$891.84	\$708.54
5 - 9 Years	\$267.55	\$535.10	\$742.20	\$89.29	\$891.84	\$831.76

**If a covered retiree dies, the surviving spouse and/or dependent children may continue coverage by paying the full cost of the premium by personal check. If the surviving spouse also is a retiree of Arlington Public Schools, he or she may elect to continue coverage with the School Board's contribution computed based on the surviving spouse's service.

Monthly Retiree Health Insurance Rates January 1 through December 31, 2021



Retiree Under 65 (non Medicare eligible): Cigna Low Option

	2021 Monthly Retiree Rate	2021 Monthly Dependent Rate	2021 TOTAL Monthly Retiree and Dependent Rate	2021 Monthly APS Contribution	2021 Total Monthly Rate**	2020 TOTAL Monthly Retiree and Dependent Rate
Retiree under 65						
Retiree enrolled with Cigna LOW						
20+ Years	\$161.09	n/a	\$161.09	\$414.23	\$575.32	\$151.40
15 - 19 Years	\$287.66	n/a	\$287.66	\$287.66	\$575.32	\$291.15
10 - 14 Years	\$402.72	n/a	\$402.72	\$172.60	\$575.32	\$407.62
5 - 9 Years	\$517.79	n/a	\$517.79	\$57.53	\$575.32	\$524.08
Retiree under 65, Spouse under 65						
Retiree & Spouse enrolled with Cigna LOW						
20+ Years	\$471.19	n/a	\$471.19	\$736.98	\$1,208.17	\$476.91
15 - 19 Years	\$664.49	n/a	\$664.49	\$543.68	\$1,208.17	\$672.56
10 - 14 Years	\$906.13	n/a	\$906.13	\$302.04	\$1,208.17	\$917.13
5 - 9 Years	\$1,087.35	n/a	\$1,087.35	\$120.82	\$1,208.17	\$1,100.56
Retiree under 65, and Child(ren)						
Retiree and Child(ren) enrolled with Cigna LOW						
20+ Years	\$426.31	n/a	\$426.31	\$666.80	\$1,093.11	\$431.49
15 - 19 Years	\$601.21	n/a	\$601.21	\$491.90	\$1,093.11	\$608.51
10 - 14 Years	\$874.49	n/a	\$874.49	\$218.62	\$1,093.11	\$829.79
5 - 9 Years	\$983.80	n/a	\$983.80	\$109.31	\$1,093.11	\$995.75
Retiree under 65, Spouse under 65, and Child(ren)						
Retiree, Spouse, and Child(ren) enrolled with Cigna LOW						
20+ Years	\$724.90	n/a	\$724.90	\$1,001.06	\$1,725.96	\$733.71
15 - 19 Years	\$1,035.58	n/a	\$1,035.58	\$690.38	\$1,725.96	\$1,048.15
10 - 14 Years	\$1,380.77	n/a	\$1,380.77	\$345.19	\$1,725.96	\$1,397.54
5 - 9 Years	\$1,553.36	n/a	\$1,553.36	\$172.60	\$1,725.96	\$1,580.25
Retiree under 65, Spouse 65+						
Retiree enrolled with Cigna LOW, Spouse enrolled with United Healthcare						
20+ Years	\$161.09	\$215.98	\$377.07	\$630.21	\$1,007.28	\$361.09
15 - 19 Years	\$287.66	\$259.18	\$546.84	\$460.44	\$1,007.28	\$542.78
10 - 14 Years	\$402.72	\$345.57	\$748.29	\$258.99	\$1,007.28	\$743.12
5 - 9 Years	\$517.79	\$388.76	\$906.55	\$100.73	\$1,007.28	\$901.52
Retiree under 65, and Child(ren), Spouse 65+						
Retiree and Child(ren) enrolled with Cigna LOW, Spouse enrolled with United Healthcare						
20+ Years	\$426.31	\$215.98	\$642.29	\$882.78	\$1,677.57	\$641.18
15 - 19 Years	\$601.21	\$259.18	\$860.39	\$664.68	\$1,677.57	\$860.14
10 - 14 Years	\$819.83	\$345.57	\$1,165.40	\$359.67	\$1,677.57	\$1,165.29
5 - 9 Years	\$983.80	\$388.76	\$1,372.56	\$152.51	\$1,677.57	\$1,373.19

**If a covered retiree dies, the surviving spouse and/or dependent children may continue coverage by paying the full cost of the premium by personal check. If the surviving spouse also is a retiree of Arlington Public Schools, he or she may elect to continue coverage with the School Board's contribution computed based on the surviving spouse's service.

Monthly Retiree Health Insurance Rates January 1 through December 31, 2021



Retiree 65+ (and Medicare eligible): United Healthcare Senior Supplement with Prescription Drug Plan
Spouse and/or Dependent Children: Cigna Low Option

	2021 Monthly Retiree Rate	2021 Monthly Dependent Rate	2021 TOTAL Monthly Retiree and Dependent Rate	2021 Monthly APS Contribution	2021 Total Monthly Rate**	2020 TOTAL Monthly Retiree and Dependent Rate
Retiree 65+						
<i>Retiree enrolled with United Healthcare</i>						
20+ Years	\$120.95	n/a	\$120.95	\$311.01	\$431.96	\$117.43
15 - 19 Years	\$215.98	n/a	\$215.98	\$215.98	\$431.96	\$209.69
10 - 14 Years	\$302.37	n/a	\$302.37	\$129.59	\$431.96	\$293.57
5 - 9 Years	\$388.76	n/a	\$388.76	\$43.20	\$431.96	\$377.44
Retiree 65+ and Spouse under 65						
<i>Retiree enrolled with United Healthcare, Spouse enrolled with Cigna LOW</i>						
20+ Years	\$120.95	\$287.66	\$408.61	\$598.67	\$1,007.28	\$408.58
15 - 19 Years	\$215.98	\$345.19	\$561.17	\$446.11	\$1,007.28	\$559.08
10 - 14 Years	\$302.37	\$460.26	\$762.63	\$244.65	\$1,007.28	\$759.42
5 - 9 Years	\$388.76	\$517.90	\$906.66	\$100.73	\$1,007.28	\$901.52
Retiree 65+ and 1 Child						
<i>Retiree enrolled with United Healthcare, Child enrolled with Cigna LOW</i>						
20+ Years	\$120.95	\$287.66	\$408.61	\$598.67	\$1,007.28	\$408.58
15 - 19 Years	\$215.98	\$345.19	\$561.17	\$446.11	\$1,007.28	\$559.08
10 - 14 Years	\$302.37	\$460.26	\$762.63	\$244.65	\$1,007.28	\$759.42
5 - 9 Years	\$388.76	\$517.90	\$906.66	\$100.73	\$1,007.28	\$901.52
Retiree 65+ and 2 or more Children						
<i>Retiree enrolled with United Healthcare, Children enrolled with Cigna LOW</i>						
20+ Years	\$120.95	\$546.55	\$667.50	\$857.55	\$1,525.07	\$670.63
15 - 19 Years	\$215.98	\$655.87	\$871.85	\$652.25	\$1,525.07	\$873.52
10 - 14 Years	\$302.37	\$874.49	\$1,176.86	\$348.21	\$1,525.07	\$1,178.68
5 - 9 Years	\$388.76	\$983.80	\$1,372.56	\$152.51	\$1,525.07	\$1,373.19
Retiree 65+, Spouse under 65, and Child(ren)						
<i>Retiree enrolled with United Healthcare, Spouse enrolled with Cigna LOW, Child(ren) enrolled with Cigna LOW</i>						
20+ Years	\$120.95	\$546.55	\$667.50	\$857.55	\$1,525.07	\$670.63
15 - 19 Years	\$215.98	\$655.87	\$871.85	\$652.25	\$1,525.07	\$873.52
10 - 14 Years	\$302.37	\$874.49	\$1,176.86	\$348.21	\$1,525.07	\$1,178.68
5 - 9 Years	\$388.76	\$983.80	\$1,372.56	\$152.51	\$1,525.07	\$1,373.19
Retiree 65+ and Spouse 65+						
<i>Retiree enrolled with United Healthcare, Spouse enrolled with United Healthcare</i>						
20+ Years	\$120.95	\$215.98	\$336.93	\$526.99	\$863.92	\$327.12
15 - 19 Years	\$215.98	\$259.18	\$475.16	\$388.76	\$863.92	\$461.32
10 - 14 Years	\$302.37	\$345.57	\$647.94	\$215.98	\$863.92	\$629.07
5 - 9 Years	\$388.76	\$388.76	\$777.52	\$86.40	\$863.92	\$754.88
Retiree 65+, Spouse 65+, and 1 Child						
<i>Retiree enrolled with United Healthcare, Spouse enrolled with United Healthcare, 1 Child enrolled with Cigna LOW</i>						
20+ Years	\$120.95	\$503.64	\$710.98	\$814.65	\$1,439.24	\$618.27
15 - 19 Years	\$215.98	\$604.37	\$820.35	\$618.89	\$1,439.24	\$810.70
10 - 14 Years	\$302.37	\$805.82	\$1,108.19	\$331.05	\$1,439.24	\$1,094.92
5 - 9 Years	\$388.76	\$906.55	\$1,295.31	\$143.93	\$1,439.24	\$1,278.96
Retiree 65+, Spouse 65+, and 2 or more Children						
<i>Retiree enrolled with United Healthcare, Spouse enrolled with United Healthcare, Children enrolled with Cigna LOW</i>						
20+ Years	\$120.95	\$791.30	\$912.25	\$1,102.31	\$2,014.56	\$880.31
15 - 19 Years	\$215.98	\$949.56	\$1,165.54	\$849.02	\$2,014.56	\$1,125.15
10 - 14 Years	\$302.37	\$1,266.08	\$1,568.45	\$446.11	\$2,014.56	\$1,514.19
5 - 9 Years	\$388.76	\$1,424.34	\$1,813.10	\$201.46	\$2,014.56	\$1,778.48
Retiree 65+, Spouse 65+, and 1 Medicare-Eligible Child						
<i>Retiree enrolled with United Healthcare, Spouse enrolled with United Healthcare, Child enrolled with United Healthcare</i>						
20+ Years	\$120.95	\$431.96	\$624.59	\$742.97	\$1,295.88	\$536.81
15 - 19 Years	\$215.98	\$518.35	\$820.35	\$561.55	\$1,295.88	\$712.95
10 - 14 Years	\$302.37	\$691.14	\$1,108.19	\$302.37	\$1,295.88	\$964.58
5 - 9 Years	\$388.76	\$777.53	\$1,295.31	\$129.59	\$1,295.88	\$1,132.32

**If a covered retiree dies, the surviving spouse and/or dependent children may continue coverage by paying the full cost of the premium by personal check. If the surviving spouse also is a retiree of Arlington Public Schools, he or she may elect to continue coverage with the School Board's contribution computed based on the surviving spouse's service.

Monthly Retiree Health Insurance Rates January 1 through December 31, 2021



Retiree Under 65 (non Medicare eligible): Cigna High Option

	2021 Monthly Retiree Rate	2021 Monthly Dependent Rate	2021 TOTAL Monthly Retiree and Dependent Rate	2021 Monthly APS Contribution	2021 Total Monthly Rate**	2020 TOTAL Monthly Retiree and Dependent Rate
Retiree under 65						
Retiree enrolled with Cigna HIGH						
20+ Years	\$269.78	n/a	\$269.78	\$573.28	\$843.06	\$273.06
15 - 19 Years	\$421.53	n/a	\$421.53	\$421.53	\$843.06	\$426.65
10 - 14 Years	\$590.14	n/a	\$590.14	\$252.92	\$843.06	\$597.31
5 - 9 Years	\$758.75	n/a	\$758.75	\$84.31	\$843.06	\$767.97
Retiree under 65, Spouse under 65						
Retiree & Spouse enrolled with Cigna HIGH						
20+ Years	\$725.86	n/a	\$725.86	\$1,044.54	\$1,770.40	\$734.68
15 - 19 Years	\$973.72	n/a	\$973.72	\$796.68	\$1,770.40	\$985.54
10 - 14 Years	\$1,327.80	n/a	\$1,327.80	\$442.60	\$1,770.40	\$1,343.92
5 - 9 Years	\$1,593.36	n/a	\$1,593.36	\$177.04	\$1,770.40	\$1,625.23
Retiree under 65, and Child(ren)						
Retiree and Child(ren) enrolled with Cigna HIGH						
20+ Years	\$656.74	n/a	\$656.74	\$945.07	\$1,601.81	\$664.72
15 - 19 Years	\$881.00	n/a	\$881.00	\$720.81	\$1,601.81	\$891.70
10 - 14 Years	\$1,201.35	n/a	\$1,201.35	\$400.45	\$1,601.81	\$1,215.95
5 - 9 Years	\$1,441.63	n/a	\$1,441.63	\$160.18	\$1,601.81	\$1,459.14
Retiree under 65, Spouse under 65, and Child(ren)						
Retiree, Spouse, and Child(ren) enrolled with Cigna HIGH						
20+ Years	\$1,112.83	n/a	\$1,112.83	\$1,416.33	\$2,529.16	\$1,359.88
15 - 19 Years	\$1,517.50	n/a	\$1,517.50	\$1,011.66	\$2,529.16	\$1,726.55
10 - 14 Years	\$2,023.33	n/a	\$2,023.33	\$505.83	\$2,529.16	\$2,059.88
5 - 9 Years	\$2,276.24	n/a	\$2,276.24	\$252.92	\$2,529.16	\$2,393.21
Retiree under 65, Spouse 65+						
Retiree enrolled with Cigna HIGH, Spouse enrolled with United Healthcare						
20+ Years	\$269.78	\$215.98	\$485.76	\$789.26	\$1,275.02	\$482.75
15 - 19 Years	\$421.52	\$259.18	\$680.70	\$594.31	\$1,275.02	\$678.28
10 - 14 Years	\$590.14	\$345.57	\$935.71	\$339.31	\$1,275.02	\$932.81
5 - 9 Years	\$758.75	\$388.76	\$1,147.51	\$127.51	\$1,275.02	\$1,145.41
Retiree under 65, and Child(ren), Spouse 65+						
Retiree and Child(ren) enrolled with Cigna HIGH, Spouse enrolled with United Healthcare						
20+ Years	\$656.73	\$215.98	\$872.71	\$1,161.05	\$2,033.76	\$874.41
15 - 19 Years	\$880.99	\$259.18	\$1,140.17	\$893.59	\$2,033.76	\$1,207.32
10 - 14 Years	\$1,201.35	\$345.57	\$1,546.92	\$486.84	\$2,033.76	\$1,551.45
5 - 9 Years	\$1,441.63	\$388.76	\$1,830.39	\$203.38	\$2,033.76	\$1,873.98

**If a covered retiree dies, the surviving spouse and/or dependent children may continue coverage by paying the full cost of the premium by personal check. If the surviving spouse also is a retiree of Arlington Public Schools, he or she may elect to continue coverage with the School Board's contribution computed based on the surviving spouse's service.

Monthly Retiree Health Insurance Rates January 1 through December 31, 2021



**Retiree 65+ (and Medicare eligible): United Healthcare Senior Supplement with Prescription Drug Plan
Spouse and/or Dependent Children: Cigna High Option**

	2021 Monthly Retiree Rate	2021 Monthly Dependent Rate	2021 TOTAL Monthly Retiree and Dependent Rate	2021 Monthly APS Contribution	2021 Total Monthly Rate**	2020 TOTAL Monthly Retiree and Dependent Rate
Retiree 65+						
<i>Retiree enrolled with United Healthcare</i>						
20+ Years	\$120.95	n/a	\$120.95	\$311.01	\$431.96	\$117.43
15 - 19 Years	\$215.98	n/a	\$215.98	\$215.98	\$431.96	\$209.69
10 - 14 Years	\$302.37	n/a	\$302.37	\$129.59	\$431.96	\$293.57
5 - 9 Years	\$388.76	n/a	\$388.76	\$43.20	\$431.96	\$377.44
Retiree 65+ and Spouse under 65						
<i>Retiree enrolled with United Healthcare, Spouse enrolled with Cigna HIGH</i>						
20+ Years	\$120.95	\$421.52	\$431.96	\$732.55	\$1,275.02	\$544.08
15 - 19 Years	\$215.98	\$505.84	\$431.96	\$553.20	\$1,275.02	\$721.67
10 - 14 Years	\$302.37	\$674.45	\$431.96	\$298.20	\$1,275.02	\$976.21
5 - 9 Years	\$388.76	\$758.75	\$431.96	\$127.51	\$1,275.02	\$1,145.41
Retiree 65+ and 1 Child						
<i>Retiree enrolled with United Healthcare, Child enrolled with Cigna HIGH</i>						
20+ Years	\$120.95	\$421.52	\$542.47	\$732.55	\$1,275.02	\$544.08
15 - 19 Years	\$215.98	\$505.84	\$721.82	\$553.20	\$1,275.02	\$721.67
10 - 14 Years	\$302.37	\$674.45	\$976.82	\$298.20	\$1,275.02	\$976.21
5 - 9 Years	\$388.76	\$758.75	\$1,147.51	\$127.51	\$1,275.02	\$1,145.41
Retiree 65+ and 2 or more Children						
<i>Retiree enrolled with United Healthcare, Children enrolled with Cigna HIGH</i>						
20+ Years	\$120.95	\$800.91	\$921.86	\$1,111.91	\$2,033.77	\$928.06
15 - 19 Years	\$215.98	\$961.09	\$1,177.07	\$856.70	\$2,033.77	\$1,207.32
10 - 14 Years	\$302.37	\$1,281.45	\$1,583.82	\$449.95	\$2,033.77	\$1,590.59
5 - 9 Years	\$388.76	\$1,441.63	\$1,830.39	\$203.38	\$2,033.77	\$1,873.98
Retiree 65+, Spouse under 65, and Child(ren)						
<i>Retiree enrolled with United Healthcare, Spouse enrolled with Cigna HIGH, Child(ren) enrolled with Cigna HIGH</i>						
20+ Years	\$120.95	\$800.91	\$921.86	\$1,111.91	\$2,033.77	\$928.06
15 - 19 Years	\$215.98	\$961.09	\$1,177.07	\$856.70	\$2,033.77	\$1,207.32
10 - 14 Years	\$302.37	\$1,281.45	\$1,583.82	\$449.95	\$2,033.77	\$1,590.59
5 - 9 Years	\$388.76	\$1,441.63	\$1,830.39	\$203.38	\$2,033.77	\$1,873.98
Retiree 65+ and Spouse 65+						
<i>Retiree enrolled with United Healthcare, Spouse enrolled with United Healthcare</i>						
20+ Years	\$120.95	\$215.98	\$336.93	\$526.99	\$863.92	\$327.12
15 - 19 Years	\$215.98	\$259.18	\$475.16	\$388.76	\$863.92	\$461.32
10 - 14 Years	\$302.37	\$345.57	\$647.94	\$215.98	\$863.92	\$629.07
5 - 9 Years	\$388.76	\$388.76	\$777.52	\$86.40	\$863.92	\$754.88
Retiree 65+, Spouse 65+, and 1 Child						
<i>Retiree enrolled with United Healthcare, Spouse enrolled with United Healthcare, 1 Child enrolled with Cigna HIGH</i>						
20+ Years	\$120.95	\$637.50	\$758.45	\$948.52	\$1,706.98	\$753.77
15 - 19 Years	\$215.98	\$765.01	\$980.99	\$725.99	\$1,706.98	\$973.30
10 - 14 Years	\$302.37	\$1,020.02	\$1,322.39	\$384.59	\$1,706.98	\$1,311.71
5 - 9 Years	\$388.76	\$1,147.51	\$1,536.27	\$170.70	\$1,706.98	\$1,525.39
Retiree 65+, Spouse 65+, and 2 or more Children						
<i>Retiree enrolled with United Healthcare, Spouse enrolled with United Healthcare, Children enrolled with Cigna HIGH</i>						
20+ Years	\$120.95	\$1,059.03	\$1,179.99	\$1,370.05	\$2,550.03	\$1,260.03
15 - 19 Years	\$215.98	\$1,270.85	\$1,486.83	\$1,063.21	\$2,550.03	\$1,626.70
10 - 14 Years	\$302.37	\$1,694.46	\$1,996.83	\$553.21	\$2,550.03	\$1,960.03
5 - 9 Years	\$388.76	\$1,906.26	\$2,295.02	\$255.01	\$2,550.03	\$2,293.36
Retiree 65+, Spouse 65+, and 1 Medicare-Eligible Child						
<i>Retiree enrolled with United Healthcare, Spouse enrolled with United Healthcare, Child enrolled with United Healthcare</i>						
20+ Years	\$120.95	\$431.96	\$552.91	\$742.96	\$1,295.88	\$536.81
15 - 19 Years	\$215.98	\$518.35	\$734.33	\$561.55	\$1,295.88	\$712.95
10 - 14 Years	\$302.37	\$691.14	\$993.51	\$302.37	\$1,295.88	\$964.58
5 - 9 Years	\$388.76	\$777.53	\$1,166.29	\$129.59	\$1,295.88	\$1,132.32

**If a covered retiree dies, the surviving spouse and/or dependent children may continue coverage by paying the full cost of the premium by personal check. If the surviving spouse also is a retiree of Arlington Public Schools, he or she may elect to continue coverage with the School Board's contribution computed based on the surviving spouse's service.

Monthly Retiree Dental Insurance Rates January 1 through December 31, 2021

All Retirees: Delta Dental of Virginia



	2021 Monthly Retiree Rate	2020 Monthly Retiree Rate
Individual		
20+ Years	\$55.74	\$54.84
15 - 19 Years	\$55.74	\$54.84
10 - 14 Years	\$55.74	\$54.84
5 - 9 Years	\$55.74	\$54.84
Individual + Spouse		
20+ Years	\$108.46	\$106.72
15 - 19 Years	\$108.46	\$106.72
10 - 14 Years	\$108.46	\$106.72
5 - 9 Years	\$108.46	\$106.72
Individual + Child(ren)		
20+ Years	\$111.92	\$110.12
15 - 19 Years	\$111.92	\$110.12
10 - 14 Years	\$111.92	\$110.12
5 - 9 Years	\$111.92	\$110.12
Family		
20+ Years	\$162.14	\$159.54
15 - 19 Years	\$162.14	\$159.54
10 - 14 Years	\$162.14	\$159.54
5 - 9 Years	\$162.14	\$159.54