

Monthly Retiree Health Insurance Rates January 1 through December 31, 2024



Retiree Under 65 (non Medicare eligible): CareFirst HMO

	2024 Monthly Retiree Rate	2024 Monthly Dependent Rate	2024 TOTAL Monthly Retiree and Dependent	2024 Monthly Contribution	2024 Total APS Monthly Rate**	2023 TOTAL Monthly Retiree and Dependent Rate
Retiree under 65						
Retiree enrolled with CareFirst HMO						
20+ Years	\$150.94	n/a	\$150.94	\$535.14	\$686.07	\$158.90
15 - 19 Years	\$343.03	n/a	\$343.03	\$343.04	\$686.07	\$361.12
10 - 14 Years	\$480.25	n/a	\$480.25	\$205.82	\$686.07	\$505.57
5 - 9 Years	\$617.46	n/a	\$617.46	\$68.61	\$686.07	\$650.02
Retiree under 65, Spouse under 65						
Retiree & Spouse enrolled with CareFirst HMO						
20+ Years	\$499.32	n/a	\$499.32	\$907.22	\$1,406.54	\$525.62
15 - 19 Years	\$773.60	n/a	\$773.60	\$632.94	\$1,406.54	\$814.34
10 - 14 Years	\$1,054.91	n/a	\$1,054.91	\$351.64	\$1,406.54	\$1,110.46
5 - 9 Years	\$1,265.89	n/a	\$1,265.89	\$140.65	\$1,406.54	\$1,332.55
Retiree under 65, and Child(ren)						
Retiree and Child(ren) enrolled with Carefirst HMO						
20+ Years	\$450.60	n/a	\$450.60	\$818.70	\$1,269.31	\$474.34
15 - 19 Years	\$698.12	n/a	\$698.12	\$571.19	\$1,269.31	\$734.89
10 - 14 Years	\$951.98	n/a	\$951.90	\$317.33	\$1,269.31	\$1,002.12
5 - 9 Years	\$1,142.37	n/a	\$1,142.37	\$126.93	\$1,269.31	\$1,202.54
Retiree under 65, Spouse under 65, and Child(ren)						
Retiree, Spouse, and Child(ren) enrolled with CareFirst HMO						
20+ Years	\$817.18	n/a	\$817.18	\$1,241.20	\$2,058.38	\$860.20
15 - 19 Years	\$1,235.03	n/a	\$1,235.03	\$823.35	\$2,058.38	\$1,300.04
10 - 14 Years	\$1,646.70	n/a	\$1,646.70	\$411.68	\$2,058.38	\$1,733.39
5 - 9 Years	\$1,852.53	n/a	\$1,852.53	\$205.84	\$2,058.38	\$1,950.06
Retiree under 65, Spouse 65+						
Retiree enrolled with CareFirst HMO, Spouse enrolled with Kaiser Medicare Advantage						
20+ Years	\$150.94	\$149.12	\$300.06	\$684.26	\$984.31	\$299.05
15 - 19 Years	\$343.04	\$178.94	\$521.98	\$462.32	\$984.31	\$529.30
10 - 14 Years	\$480.25	\$238.58	\$718.83	\$265.47	\$984.31	\$729.80
5 - 9 Years	\$617.46	\$268.41	\$885.87	\$98.43	\$984.31	\$902.28
Retiree under 65, and Child(ren), Spouse 65+						
Retiree and Child(ren) enrolled with CareFirst HMO, Spouse enrolled with Kaiser Medicare Advantage						
20+ Years	\$279.25	\$149.12	\$428.37	\$1,139.17	\$1,567.53	\$665.77
15 - 19 Years	\$634.65	\$178.94	\$813.59	\$753.94	\$1,567.53	\$982.51
10 - 14 Years	\$888.51	\$235.58	\$1,127.09	\$440.44	\$1,567.53	\$1,334.69
5 - 9 Years	\$1,142.37	\$268.41	\$1,410.78	\$156.75	\$1,567.53	\$1,584.81

**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, 2024



Retiree Under 65 (non Medicare eligible): CareFirst HMO

	2024 Monthly Retiree Rate	2024 Monthly Dependent Rate	2024 TOTAL Monthly Retiree and Dependent	2024 Monthly Contribution	2024 Total APS Monthly Rate **	2023 TOTAL Monthly Retiree and Dependent Rate
Retiree under 65						
Retiree enrolled with CareFirst HMO						
20+ Years	\$150.94	n/a	\$150.94	\$535.14	\$686.07	\$158.90
15 - 19 Years	\$343.03	n/a	\$343.03	\$343.04	\$686.07	\$361.12
10 - 14 Years	\$480.25	n/a	\$480.25	\$205.82	\$686.07	\$505.57
5 - 9 Years	\$617.46	n/a	\$617.46	\$68.61	\$686.07	\$650.02
Retiree under 65, Spouse under 65						
Retiree & Spouse enrolled with CareFirst HMO						
20+ Years	\$499.32	n/a	\$499.32	\$907.22	\$1,406.54	\$525.62
15 - 19 Years	\$773.60	n/a	\$773.60	\$632.94	\$1,406.54	\$814.34
10 - 14 Years	\$1,054.91	n/a	\$1,054.91	\$351.64	\$1,406.54	\$1,110.46
5 - 9 Years	\$1,265.89	n/a	\$1,265.89	\$140.65	\$1,406.54	\$1,332.55
Retiree under 65, and Child(ren)						
Retiree and Child(ren) enrolled with Carefirst HMO						
20+ Years	\$450.60	n/a	\$450.60	\$818.70	\$1,269.31	\$474.34
15 - 19 Years	\$698.12	n/a	\$698.12	\$571.19	\$1,269.31	\$734.89
10 - 14 Years	\$951.98	n/a	\$951.90	\$317.33	\$1,269.31	\$1,002.12
5 - 9 Years	\$1,142.37	n/a	\$1,142.37	\$126.93	\$1,269.31	\$1,202.54
Retiree under 65, Spouse under 65, and Child(ren)						
Retiree, Spouse, and Child(ren) enrolled with CareFirst HMO						
20+ Years	\$817.18	n/a	\$817.18	\$1,241.20	\$2,058.38	\$860.20
15 - 19 Years	\$1,235.03	n/a	\$1,235.03	\$823.35	\$2,058.38	\$1,300.04
10 - 14 Years	\$1,646.70	n/a	\$1,646.70	\$411.68	\$2,058.38	\$1,733.39
5 - 9 Years	\$1,852.53	n/a	\$1,852.53	\$205.84	\$2,058.38	\$1,950.06
Retiree under 65, Spouse 65+						
Retiree enrolled with CareFirst HMO, Spouse enrolled with United Health Care Medicare Advantage						
20+ Years	\$150.94	\$74.50	\$225.44	\$609.64	\$835.08	\$299.05
15 - 19 Years	\$343.40	\$89.40	\$432.44	\$402.63	\$835.08	\$529.30
10 - 14 Years	\$480.25	\$119.20	\$599.45	\$264.38	\$835.08	\$729.80
5 - 9 Years	\$617.46	\$134.10	\$751.56	\$83.51	\$835.08	\$902.28
Retiree under 65, and Child(ren), Spouse 65+						
Retiree and Child(ren) enrolled with CareFirst HMO, Spouse enrolled with United Health Care Medicare Advantage						
20+ Years	\$450.60	\$74.50	\$525.10	\$893.20	\$1,418.30	\$665.77
15 - 19 Years	\$698.12	\$89.40	\$787.52	\$630.79	\$1,418.30	\$982.51
10 - 14 Years	\$951.98	\$119.20	\$1,071.18	\$347.13	\$1,418.30	\$1,334.69
5 - 9 Years	\$1,142.37	\$134.10	\$1,276.47	\$141.83	\$1,418.30	\$1,584.81

**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, 2024



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

	2024 Monthly Retiree Rate	2024 Monthly Dependent Rate	2024 TOTAL Monthly Retiree and Dependent Rate	2024 Monthly APS Contribution	2024 Total Monthly Rate**	2023 TOTAL Monthly Retiree and Dependent Rate
Retiree under 65						
Retiree enrolled with CareFirst Low						
20+ Years	\$156.98	n/a	\$156.98	\$446.78	\$603.76	\$165.26
15 - 19 Years	\$301.88	n/a	\$301.88	\$301.88	\$603.76	\$317.80
10 - 14 Years	\$422.63	n/a	\$422.63	\$181.13	\$603.76	\$444.92
5 - 9 Years	\$543.38	n/a	\$543.38	\$60.38	\$603.76	\$572.04
Retiree under 65, Spouse under 65						
Retiree & Spouse enrolled with CareFirst Low						
20+ Years	\$494.52	n/a	\$494.52	\$773.48	\$1,268.00	\$520.56
15 - 19 Years	\$697.40	n/a	\$697.40	\$570.60	\$1,268.00	\$734.12
10 - 14 Years	\$951.00	n/a	\$951.00	\$317.00	\$1,268.00	\$1,001.07
5 - 9 Years	\$1,141.20	n/a	\$1,141.20	\$126.80	\$1,268.00	\$1,207.28
Retiree under 65, and Child(ren)						
Retiree and Child(ren) enrolled with CareFirst Low						
20+ Years	\$447.41	n/a	\$447.41	\$699.79	\$1,147.20	\$470.98
15 - 19 Years	\$630.96	n/a	\$630.96	\$516.24	\$1,147.20	\$664.20
10 - 14 Years	\$860.40	n/a	\$860.40	\$286.80	\$1,147.20	\$905.73
5 - 9 Years	\$1,032.48	n/a	\$1,032.48	\$114.72	\$1,147.20	\$1,086.88
Retiree under 65, Spouse under 65, and Child(ren)						
Retiree, Spouse, and Child(ren) enrolled with CareFirst Low						
20+ Years	\$760.80	n/a	\$760.80	\$1,050.62	\$1,811.42	\$800.86
15 - 19 Years	\$1,086.85	n/a	\$1,086.85	\$724.57	\$1,811.42	\$1,144.08
10 - 14 Years	\$1,449.14	n/a	\$1,449.14	\$362.28	\$1,811.42	\$1,525.44
5 - 9 Years	\$1,630.28	n/a	\$1,630.28	\$181.14	\$1,811.42	\$1,716.12
Retiree under 65, Spouse 65+						
Retiree enrolled with CareFirst Low, Spouse enrolled with United Healthcare						
20+ Years	\$156.98	\$74.50	\$231.48	\$521.28	\$752.76	\$239.76
15 - 19 Years	\$301.88	\$89.40	\$391.28	\$361.48	\$752.76	\$5407.20
10 - 14 Years	\$422.63	\$119.20	\$541.83	\$210.93	\$752.76	\$564.12
5 - 9 Years	\$543.38	\$134.10	\$677.48	\$75.28	\$752.76	\$706.14
Retiree under 65, and Child(ren), Spouse 65+						
Retiree and Child(ren) enrolled with CareFirst Low, Spouse enrolled with United Healthcare						
20+ Years	\$447.41	\$74.50	\$521.91	\$774.29	\$1,296.20	\$595.06
15 - 19 Years	\$630.96	\$89.40	\$720.36	\$575.84	\$1,296.20	\$823.52
10 - 14 Years	\$860.40	\$119.20	\$979.60	\$316.60	\$1,296.20	\$1,120.27
5 - 9 Years	\$1,032.48	\$134.10	\$1,166.58	\$129.62	\$1,296.20	\$1,335.38

**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.

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	2024 Monthly Retiree Rate	2024 Monthly Dependent Rate	2024 TOTAL Monthly Retiree and Dependent Rate	2024 Monthly APS Contribution	2024 Total Monthly Rate**	2023 TOTAL Monthly Retiree and Dependent Rate
Retiree under 65						
Retiree enrolled with CareFirst Low						
20+ Years	\$156.98	n/a	\$156.98	\$446.78	\$603.76	\$165.26
15 - 19 Years	\$301.88	n/a	\$301.88	\$301.88	\$603.76	\$317.80
10 - 14 Years	\$422.63	n/a	\$422.63	\$181.13	\$603.76	\$444.92
5 - 9 Years	\$543.38	n/a	\$543.38	\$60.38	\$603.76	\$572.04
Retiree under 65, Spouse under 65						
Retiree & Spouse enrolled with CareFirst Low						
20+ Years	\$494.52	n/a	\$494.52	\$773.48	\$1,268.00	\$520.56
15 - 19 Years	\$697.40	n/a	\$697.40	\$570.60	\$1,268.00	\$734.12
10 - 14 Years	\$951.00	n/a	\$951.00	\$317.00	\$1,268.00	\$1,001.07
5 - 9 Years	\$1,141.20	n/a	\$1,141.20	\$126.80	\$1,268.00	\$1,207.28
Retiree under 65, and Child(ren)						
Retiree and Child(ren) enrolled with CareFirst Low						
20+ Years	\$447.41	n/a	\$447.41	\$699.79	\$1,147.20	\$470.98
15 - 19 Years	\$630.96	n/a	\$630.96	\$516.24	\$1,147.20	\$664.20
10 - 14 Years	\$860.40	n/a	\$860.40	\$286.80	\$1,147.20	\$905.73
5 - 9 Years	\$1,032.48	n/a	\$1,032.48	\$114.72	\$1,147.20	\$1,086.88
Retiree under 65, Spouse under 65, and Child(ren)						
Retiree, Spouse, and Child(ren) enrolled with CareFirst Low						
20+ Years	\$760.80	n/a	\$760.80	\$1,050.62	\$1,811.42	\$800.86
15 - 19 Years	\$1,086.85	n/a	\$1,086.85	\$724.57	\$1,811.42	\$1,144.08
10 - 14 Years	\$1,449.14	n/a	\$1,449.14	\$362.28	\$1,811.42	\$1,525.44
5 - 9 Years	\$1,630.28	n/a	\$1,630.28	\$181.14	\$1,811.42	\$1,716.12
Retiree under 65, Spouse 65+						
Retiree enrolled with CareFirst Low, Spouse enrolled with Kaiser Medicare Advantage Healthcare						
20+ Years	\$156.98	\$149.12	\$306.10	\$595.90	\$752.76	\$239.76
15 - 19 Years	\$301.88	\$178.94	\$480.82	\$421.17	\$752.76	\$5407.20
10 - 14 Years	\$422.63	\$238.58	\$691.40	\$240.78	\$752.76	\$564.12
5 - 9 Years	\$543.38	\$268.41	\$811.79	\$90.20	\$752.76	\$706.14
Retiree under 65, and Child(ren), Spouse 65+						
Retiree and Child(ren) enrolled with CareFirst Low, Spouse enrolled with Kaiser Medicare Advantage Healthcare						
20+ Years	\$447.41	\$149.12	\$596.53	\$814.50	\$1,445.43	\$595.06
15 - 19 Years	\$630.96	\$178.94	\$809.90	\$578.17	\$1,445.43	\$823.52
10 - 14 Years	\$860.40	\$238.58	\$1,098.98	\$289.09	\$1,445.43	\$1,120.27
5 - 9 Years	\$1,032.48	\$268.41	\$1,300.89	\$144.54	\$1,445.43	\$1,335.38

**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, 2024



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

	2024 Monthly Retiree Rate	2024 Monthly Dependent Rate	2024 TOTAL Monthly Retiree and Dependent Rate	2024 Monthly APS Contribution	2024 Total Monthly Rate**	2023 TOTAL Monthly Retiree and Dependent Rate
Retiree under 65						
Retiree enrolled with CareFirst HIGH						
20+ Years	\$254.70	n/a	\$254.70	\$541.24	\$795.94	\$268.11
15 - 19 Years	\$397.96	n/a	\$397.96	\$397.97	\$795.93	\$418.95
10 - 14 Years	\$557.16	n/a	\$557.16	\$238.78	\$795.94	\$586.50
5 - 9 Years	\$716.35	n/a	\$716.35	\$79.59	\$795.94	\$754.06
Retiree under 65, Spouse under 65						
Retiree & Spouse enrolled with CareFirst High						
20+ Years	\$685.32	n/a	\$685.32	\$986.19	\$1,671.51	\$721.39
15 - 19 Years	\$919.33	n/a	\$919.33	\$752.18	\$1,671.51	\$967.71
10 - 14 Years	\$1,253.63	n/a	\$1,253.63	\$417.88	\$1,671.51	\$1,319.61
5 - 9 Years	\$1,504.35	n/a	\$1,504.35	\$167.15	\$1,671.50	\$1,583.53
Retiree under 65, and Child(ren)						
Retiree and Child(ren) enrolled with CareFirst High						
20+ Years	\$620.02	n/a	\$620.02	\$892.25	\$1,512.27	\$652.67
15 - 19 Years	\$831.74	n/a	\$831.74	\$680.53	\$1,512.27	\$875.54
10 - 14 Years	\$1,134.20	n/a	\$1,134.20	\$378.07	\$1,512.27	\$1,193.92
5 - 9 Years	\$1,361.05	n/a	\$1,361.05	\$151.23	\$1,512.28	\$1,432.72
Retiree under 65, Spouse under 65, and Child(ren)						
Retiree, Spouse, and Child(ren) enrolled with CareFirst High						
20+ Years	\$1,050.66	n/a	\$1,050.66	\$1,337.20	\$2,387.86	\$1,105.96
15 - 19 Years	\$1,432.72	n/a	\$1,432.72	\$995.14	\$2,387.86	\$1,441.80
10 - 14 Years	\$1,910.29	n/a	\$1,910.29	\$477.57	\$2,387.86	\$1,922.40
5 - 9 Years	\$2,149.07	n/a	\$2,149.07	\$238.79	\$2,387.86	\$2,162.70
Retiree under 65, Spouse 65+						
Retiree enrolled with CareFirst High, Spouse enrolled with United Healthcare						
20+ Years	\$254.70	\$74.50	\$329.20	\$615.74	\$944.94	\$342.61
15 - 19 Years	\$397.96	\$89.40	\$487.36	\$457.57	\$944.94	\$508.32
10 - 14 Years	\$557.16	\$119.20	\$676.36	\$268.58	\$944.94	\$705.70
5 - 9 Years	\$716.35	\$134.10	\$850.45	\$94.49	\$944.94	\$888.17
Retiree under 65, and Child(ren), Spouse 65+						
Retiree and Child(ren) enrolled with CareFirst High, Spouse enrolled with United Healthcare						
20+ Years	\$620.02	\$74.50	\$694.52	\$921.38	\$1,661.27	\$727.17
15 - 19 Years	\$831.74	\$89.40	\$921.14	\$664.51	\$1,661.27	\$964.94
10 - 14 Years	\$1,134.20	\$119.20	\$1,253.40	\$332.26	\$1,661.27	\$1,313.12
5 - 9 Years	\$1,361.05	\$134.10	\$1,495.15	\$166.13	\$1,661.27	\$1,566.82

**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.

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	2024 Monthly Retiree Rate	2024 Monthly Dependent Rate	2024 TOTAL Monthly Retiree and Dependent Rate	2024 Monthly APS Contribution	2024 Total Monthly Rate**	2023 TOTAL Monthly Retiree and Dependent Rate
Retiree under 65						
Retiree enrolled with CareFirst High						
20+ Years	\$254.70	n/a	\$254.70	\$541.24	\$795.94	\$268.11
15 - 19 Years	\$397.96	n/a	\$397.96	\$397.97	\$795.93	\$418.95
10 - 14 Years	\$557.16	n/a	\$557.16	\$238.78	\$795.94	\$586.50
5 - 9 Years	\$716.35	n/a	\$716.35	\$79.59	\$795.94	\$754.06
Retiree under 65, Spouse under 65						
Retiree & Spouse enrolled with CareFirst High						
20+ Years	\$685.32	n/a	\$685.32	\$986.19	\$1,671.51	\$721.39
15 - 19 Years	\$919.33	n/a	\$919.33	\$752.18	\$1,671.51	\$967.71
10 - 14 Years	\$1,253.63	n/a	\$1,253.63	\$417.88	\$1,671.51	\$1,319.61
5 - 9 Years	\$1,504.35	n/a	\$1,504.35	\$167.15	\$1,671.50	\$1,583.53
Retiree under 65, and Child(ren)						
Retiree and Child(ren) enrolled with CareFirst High						
20+ Years	\$620.02	n/a	\$620.02	\$892.25	\$1,512.27	\$652.67
15 - 19 Years	\$831.74	n/a	\$831.74	\$680.53	\$1,512.27	\$875.54
10 - 14 Years	\$1,134.20	n/a	\$1,134.20	\$378.07	\$1,512.27	\$1,193.92
5 - 9 Years	\$1,361.05	n/a	\$1,361.05	\$151.23	\$1,512.28	\$1,432.72
Retiree under 65, Spouse under 65, and Child(ren)						
Retiree, Spouse, and Child(ren) enrolled with CareFirst High						
20+ Years	\$1,050.66	n/a	\$1,050.66	\$1,337.20	\$2,387.86	\$1,105.96
15 - 19 Years	\$1,432.72	n/a	\$1,432.72	\$995.14	\$2,387.86	\$1,441.80
10 - 14 Years	\$1,910.29	n/a	\$1,910.29	\$477.57	\$2,387.86	\$1,922.40
5 - 9 Years	\$2,149.07	n/a	\$2,149.07	\$238.79	\$2,387.86	\$2,162.70
Retiree under 65, Spouse 65+						
Retiree enrolled with CareFirst High, Spouse enrolled with Kaiser Medicare Advantage Healthcare						
20+ Years	\$254.70	\$149.12	\$403.82	\$690.36	\$1,094.17	\$342.61
15 - 19 Years	\$397.96	\$178.94	\$576.90	\$517.26	\$1,094.17	\$508.32
10 - 14 Years	\$557.16	\$238.58	\$795.74	\$298.43	\$1,094.17	\$705.70
5 - 9 Years	\$716.35	\$268.41	\$984.76	\$109.41	\$1,094.17	\$888.17
Retiree under 65, and Child(ren), Spouse 65+						
Retiree and Child(ren) enrolled with CareFirst High, Spouse enrolled with Kaiser Medicare Advantage Healthcare						
20+ Years	\$665.39	\$149.12	\$769.14	\$1,041.37	\$1,810.50	\$727.17
15 - 19 Years	\$907.36	\$178.94	\$1,010.68	\$799.82	\$1,810.50	\$964.94
10 - 14 Years	\$1,209.81	\$238.58	\$1,372.78	\$437.72	\$1,810.50	\$1,313.12
5 - 9 Years	\$1,361.05	\$268.41	\$1,629.46	\$181.05	\$1,810.50	\$1,566.82

**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.