

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



Retiree Under 65 (non Medicare eligible): CareFirst HMO

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
						\$525.62
						\$814.34
						\$1,110.46
						\$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
						\$860.20
						\$1,300.04
						\$1,733.39
						\$1,950.06
						\$299.05
						\$529.30
						\$729.80
						\$902.28
						\$665.77
						\$982.51
						\$1,334.69
						\$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](#)
