

October 1, 2025 – September 30, 2026

RETIREE *Benefits* GUIDE

2025 - 2026



[Click Here to Explore Your Benefits](#)



Welcome

The City of Arlington is pleased to offer a broad range of valuable benefits to our retirees. Please visit the Retirees page of the City's website for a full library of benefit materials. On the City website go to: www.arlingtontx.gov/Retirees.

Retirement

You are eligible to retire if you meet the rules for retirement under the Texas Municipal Retirement System (TMRS):

- ▶ You have 20 years of service.
- ▶ You have 5 years of service and you are age 60 or older.

Retiree Benefits

You are eligible for benefits if you meet the following criteria:

- ▶ You retire under TMRS.
- ▶ You are enrolled in benefits at the time of retirement.
- ▶ Your retiree enrollment is completed by the end of the month in which you retire.

If you have access to group coverage under an employer, you are required to pend your retiree benefits. Your benefits are permanently waived if you enroll in non-group coverage.

Medical Premium Discount

You are eligible for a discount on your medical premium if:

- ▶ You were employed full-time before January 1, 2006 and have been full-time for at least 10 years.
- ▶ You are enrolled in a Medical Plan.
- ▶ You are age 50 or older. See Retiree Directive for exceptions.
- ▶ Years of Service + Age = 70.

If you retire after January 1, 2008, a discount is only applied to you and is not applied to your dependents.

Covering Dependents

Eligible dependents are declared at the time of retirement. New dependents may not be added following retirement. Eligible dependents may be enrolled or pended under the plans you choose for yourself. You may pend coverage for your dependents if they are enrolled in other group employer coverage. If dependents enroll in non-group coverage, they are permanently waived. You must provide documentation proving eligibility of your dependents.

Making Changes

Changes can only be made within 60 days of the loss or gain of other group employer coverage. You must provide documentation of the event. If changes are not submitted on time, you and/or dependent(s) are permanently waived from coverage. Dependent children may not be covered under any plan on their own.

Annual Enrollment

Annual Enrollment is held in August of each year. Changes made during Annual Enrollment are effective October 1 of that year and are in place for one (1) year. Changes can only be made to Plans if there is more than one (1) Plan available. If you waive coverage for any reason other than for another employer group plan, this is considered a permanent waiver.

Required Information—You will be required to enter a Social Security number (SSN) for all covered dependents when you enroll. The Affordable Care Act (ACA) requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

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First Time to Enroll?

Making Enrollment Changes?

Enrollment

Go to:

www.arlingtontx.gov/Retirees

- Complete an Enrollment/Change Form ONLY if you wish to make changes.
- Update your ACH Banking Information ONLY if you have banking changes.
- Read your Benefit Documents
- Review your Annual Notices

...and much more!

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Medical Insurance is administered by BlueCross BlueShield (BCBS). The City offers two plans - a High Deductible Health Plan (HDHP) and a Copay Plan. Both Plans are Exclusive Provider Organizations (EPO), which means out-of-network benefits are not covered under either plan. Both plans provide you with a large network of medical providers throughout the nation. Spouses offered medical coverage through their own employer are not eligible for the City's Medical Plans. Pharmacy benefits are also administered by BCBS through Prime Therapeutics. BCBS provides a large network of pharmacies throughout the nation. 90-Day medications MUST be purchased through their mail-order program Express Scripts or at a retail pharmacy. Please see below for the Medical Plan Summary:

Key Medical Benefits	HDHP (EPO)	Copay Plan (EPO)
Office Visits		
Preventive	\$0	\$0
Primary	10% after deductible	\$30
Specialty	10% after deductible	\$50
Virtual Health	\$0 after deductible	\$30
Other visits		
Lab Services	\$0 after deductible	\$0
Urgent Care	10% after deductible	\$75
Emergency Room	10% after deductible	20% after deductible
Outpatient	10% after deductible	20% after deductible
Inpatient	10% after deductible	20% after deductible
Medical Coinsurance		
% You Pay After Deductible	10%	20%
Medical Deductible		
Single	\$3,300	\$1,750
Family	\$5,000	\$3,500
Medical + Prescription Maximum Out-of-Pocket (MOOP)		
Single	\$6,000	\$6,000
Family	\$12,000	\$12,000
Prescriptions		
Standard Preventive	\$0	\$0
Expanded Preventive	10%; deductible waived	20%, up to \$25
Tier 1 - Generic	10% after deductible	20%, up to \$25
Tier 2 - Brand	10% after deductible	20%, up to \$75
Tier 3 - Non-Preferred Brand	10% after deductible	20%, up to \$200
Tier 4 - Specialty	10% after deductible	20%, up to \$300

Virtual Health MDLIVE

Virtual Health is provided by MD Live under BlueCross BlueShield (BCBS). Virtual visits are available for non-emergency medical care, as well as mental health services, and are available 24/7. Under the High Deductible Health Plan (HDHP), medical visits cost a minimum of \$48 per virtual visit (contracted rate may vary). Mental health visits range in cost but are lower than in-person visits. Once your deductible is met, visits are \$0. Under the Copay Plan, all visits are \$30 per virtual visit.



Medical Age 65+

At age 65, you and your spouse (if applicable) will no longer be eligible for the City’s Medical Plans. Instead you will be offered coverage through United Healthcare’s (UHC) Medicare Plans. You will need to enroll in Medicare Part A and B through the Social Security Administration at least 60 days before you turn 65. You will receive an enrollment kit directly from UHC with your Medicare Plan options. If you are enrolled in the City’s Dental or Vision Plans, you may retain these benefits through the City.

You may choose from Advantage Plans and Supplemental Plans. For more information on how these Plans coordinate with your Medicare Part A and B, please refer to the UHC Medicare Plan flyer on the City’s website. You will also be offered Prescription options. Payment is made directly to UHC. You may make changes to your coverage once each year during Medicare’s Annual Enrollment Period.

Dental Ameritas

Dental Insurance is provided by Ameritas. The City offers two plans - a Base Plan and a Buy Up Plan. Both Plans are Preferred Provider Organizations (PPO) which means you may use out-of-network providers. However, you will not receive Ameritas’ discounted rates when doing so. Both plans provide you with a large network of dental providers throughout the nation. Please see below for the Dental Plan Summary:

Key Dental Benefits	Base Plan (PPO)	Buy-Up Plan (PPO)
Dental Maximums (per member)		
Class A + B + C	\$1,000 per plan year	\$2,500 per plan year
Class D	n/a	\$2,500 per lifetime
Dental Coinsurance		
Class A - Preventive Services	20%	\$0
Class B - Basic Services	40% after deductible	20% after deductible
Class C - Major Services	50% after deductible	50% after deductible
Class D - Orthodontia (Child + Adult)	none	50%
Dental Deductibles (per member)		
Class A - Preventive Services	none	none
Class B - Basic Services	\$50 per lifetime	\$50 per lifetime
Class C - Major Services	\$50 per lifetime	\$50 per lifetime
Class D - Orthodontia	none	none
Waiting Periods		
Class A + B + C + D	none	none

Vision



Vision Insurance is provided by EyeMed. Our Vision Plan is a Preferred Provider Organization (PPO) which means you may use out-of-network providers. However, you will not receive EyeMed's discounted rates when doing so. The plan provides you with a large network of vision providers throughout the nation. Please see below for the Vision Plan Summary:

Key Vision Benefits (once every plan year)	Vision Plan (PPO)
Vision Exam	\$10
Vision Materials	\$25
Standard Frames	\$150 Allowance; 20% off balance over \$150
Contact Lens Fitting	Standard: Up to \$40; Specialty: 10% off retail price
Contact Lenses (in lieu of glasses)	\$150 Allowance; 15% off balance over \$150



Life



The City provides you with a \$7,500 Death Benefit through TMRS. Should you work for another TMRS City following retirement from City of Arlington, the other City will become responsible for your \$7,500 Death Benefit.

Payments

Premium payments must be made through an automatic withdrawal from your bank account. This is also referred to as an ACH. Once you have submitted your initial ACH Form, you do not need to submit another form in subsequent years unless you have a change to your account. You can update your bank account information at anytime.

Payment is auto deducted on the 1st of each month and covers the premium for that current month. If the deduction is unsuccessful, you have until the 25th of the month to update your account and make payment. Payments not received by the 25th of each month will result in a cancellation of your benefits.



Rates

Medical Discount: Retired **After** 2008

Retirees and Dependents Under 65						
Years	30+	29 - 25	24 - 20	19 – 15	14 – 10	9 - 0
	Monthly	Monthly	Monthly	Monthly	Monthly	Monthly
Retiree - Medical + Rx	\$600	\$550	\$500	\$450	\$400	\$0
Retirees and Dependents 65+						
Years	30+	29 - 25	24 - 20	19 – 15	14 – 10	9 - 0
	Monthly	Monthly	Monthly	Monthly	Monthly	Monthly
Retiree - Medical	\$250	\$225	\$200	\$175	\$150	\$0
Retiree - Rx	\$50	\$50	\$50	\$50	\$50	\$0

Medical Discount: Retired **Before** 2008

Retirees and Dependents Under 65						
Years	30+	29 - 25	24 - 20	19 – 15	14 – 10	9 - 0
	Monthly	Monthly	Monthly	Monthly	Monthly	Monthly
Retiree - Medical + Rx	\$600	\$550	\$500	\$450	\$400	\$0
Spouse - Medical + Rx	\$300	\$275	\$250	\$225	\$200	\$0
Retirees and Dependents 65+						
Years	30+	29 - 25	24 - 20	19 – 15	14 – 10	9 - 0
	Monthly	Monthly	Monthly	Monthly	Monthly	Monthly
Retiree - Medical	\$250	\$225	\$200	\$175	\$150	\$0
Retiree - Rx	\$50	\$50	\$50	\$50	\$50	\$0
Spouse - Medical	\$100	\$87.50	\$75	\$62.50	\$50	\$0
Spouse - Rx	\$50	\$50	\$50	\$50	\$50	\$0

Rates

Medical: Retired **After** 2008

Retiree Premiums*						
Years	30+	29 - 25	24 - 20	19 - 15	14 - 10	9 - 0*
HDHP Plan	Monthly	Monthly	Monthly	Monthly	Monthly	Monthly
Retiree Only	\$67.53	\$117.53	\$167.53	\$217.53	\$267.53	\$667.53
Retiree + Children	\$491.70	\$541.70	\$591.70	\$641.70	\$691.70	\$1,091.70
Retiree + Spouse	\$784.36	\$834.36	\$884.36	\$934.36	\$984.36	\$1,384.36
Retiree + Family	\$1,343.99	\$1,393.99	\$1,443.99	\$1,493.99	\$1,543.99	\$1,943.99
Spouse Only	\$716.85	\$716.85	\$716.85	\$716.85	\$716.85	\$716.85
Spouse + Children	\$1,276.46	\$1,276.46	\$1,276.46	\$1,276.46	\$1,276.46	\$1,276.46
Copay Plan	Monthly	Monthly	Monthly	Monthly	Monthly	Monthly
Retiree Only	\$138.52	\$188.52	\$238.52	\$288.52	\$338.52	\$738.52
Retiree + Children	\$613.34	\$663.34	\$713.34	\$763.34	\$813.34	\$1,213.34
Retiree + Spouse	\$938.62	\$988.62	\$1,038.62	\$1,088.62	\$1,138.62	\$1,538.62
Retiree + Family	\$1,560.62	\$1,610.62	\$1,660.62	\$1,710.62	\$1,760.62	\$2,160.62
Spouse Only	\$800.10	\$800.10	\$800.10	\$800.10	\$800.10	\$800.10
Spouse + Children	\$1,422.10	\$1,422.10	\$1,422.10	\$1,422.10	\$1,422.10	\$1,422.10

*Rates subject to change

Rates

Medical: Retired **Before 2008**

Retiree Premiums*						
Years	30+	29 - 25	24 - 20	19 - 15	14 - 10	9 - 0*
HDHP Plan	Monthly	Monthly	Monthly	Monthly	Monthly	Monthly
Retiree Only	\$67.53	\$117.53	\$167.53	\$217.53	\$267.53	\$667.53
Retiree + Children	\$191.70	\$266.70	\$341.70	\$416.70	\$491.70	\$1,091.70
Retiree + Spouse	\$484.36	\$559.36	\$634.36	\$709.36	\$784.36	\$1,384.36
Retiree + Family	\$1,043.99	\$1,118.99	\$1,193.99	\$1,268.99	\$1,343.99	\$1,943.99
Spouse Only	\$416.85	\$441.85	\$466.85	\$491.85	\$516.85	\$716.85
Spouse + Children	\$976.46	\$1,001.46	\$1,026.46	\$1,051.46	\$1,076.46	\$1,276.46
Copay Plan	Monthly	Monthly	Monthly	Monthly	Monthly	Monthly
Retiree Only	\$138.52	\$188.52	\$238.52	\$288.52	\$338.52	\$738.52
Retiree + Children	\$313.34	\$388.34	\$463.34	\$538.34	\$613.34	\$1,213.34
Retiree + Spouse	\$638.62	\$713.62	\$788.62	\$863.62	\$938.62	\$1,538.62
Retiree + Family	\$1,260.62	\$1,335.62	\$1,410.62	\$1,485.62	\$1,560.62	\$2,160.62
Spouse Only	\$500.10	\$525.10	\$550.10	\$575.10	\$600.10	\$800.10
Spouse + Children	\$1,122.10	\$1,147.10	\$1,172.10	\$1,197.10	\$1,222.10	\$1,422.10

*Rates subject to change

Dental

Retiree Premiums		
	Base Plan	Buy-Up Plan
	Monthly	Monthly
Employee Only	\$15.72	\$40.12
Employee + Spouse	\$31.20	\$77.96
Employee + Children	\$37.16	\$97.36
Employee + Family	\$57.68	\$150.04

Vision

Retiree Premiums	
	Monthly
Employee Only	\$4.62
Employee + Spouse	\$9.54
Employee + Children	\$11.28
Employee + Family	\$14.78

Contact Information

Benefit	Carrier	Phone #	Website/Email
Medical (Under 65)	Blue Cross Blue Shield (BCBS)	(844) 657-2549	bcbstx.com
Medical (65+)	United Healthcare (UHC)	(800) 524-1455	myuhcplans.com/cityofarlington
Medical – Virtual	MD Live (BCBS)	(888) 680-8646	MDLIVE.com/bcbstx
Pharmacy	Prime (through BCBS)	(844) 657-2549	myprime.com
Dental	Ameritas	(800) 487-5553	ameritas.com
Vision	EyeMed	(866) 800-5457	eyemed.com

Benefits Information

Visit the Retiree page on the City's website to access your benefit documents:
www.arlingtontx.gov/Retirees

Questions?

Email us: retireebenefits@arlingtontx.gov or call 817-459-6844.

Medicare Plan Questions

Call United Healthcare (UHC) at 800-524-1455.



DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

