

2024

IRMP Medical and Vision Premiums

IRMP Anthem High Deductible Health Plan (HDHP)			
	You Only*, Spouse** Only Child(ren) Only¹	You + Spouse** You + Child(ren)¹, Spouse**+ Child(ren)¹	You + Spouse** + Child(ren)¹
Monthly Premium	\$1,260	\$2,520	\$3,780
Retiree VSP Basic Vision			
	You Only*, Spouse** Only Child(ren) Only¹	You + Spouse** You + Child(ren)¹, Spouse**+ Child(ren)¹	You + Spouse** + Child(ren)¹
Monthly Premium	\$6.15	\$12.30	\$13.84
Retiree VSP Vision Plus			
Monthly Premium	\$15.05	\$30.10	\$33.86

*You only = Individual coverage of any eligible retiree, spouse or same sex domestic partner, or child.

**Any reference to spouse includes domestic partner

¹ Same price for one child or multiple children

IRMP Anthem Medicare Preferred 25P (PPO)	
Monthly Premium	\$199.68 per individual
IRMP Anthem Medicare Preferred 15P (PPO)	
Monthly Premium	\$372.97 per individual