2026
IRMP Medical and Vision Premiums

IRMP Anthem High Deductible Health Plan (HDHP)			
	You Only*, Spouse** Only Child(ren) Only[1]	You + Spouse** You + Child(ren)[1], Spouse**+ Child(ren)[1]	You + Spouse** + Child(ren)[1]
Monthly Premium	**$1,509.76**	**$3,019.52**	**$4,529.28**
Retiree VSP Basic Vision			
	You Only*, Spouse** Only Child(ren) Only[1]	You + Spouse** You + Child(ren)[1], Spouse**+ Child(ren)[1]	You + Spouse** + Child(ren)[1]
Monthly Premium	**$7.04**	**$14.08**	**$15.84**
Retiree VSP Vision Plus			
Monthly Premium	**$16.08**	**$32.16**	**$36.18**

**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	**$236.55 per individual**
IRMP Anthem Medicare Preferred 15P (PPO)	
Monthly Premium	**$425.02 per individual**