

Non-Medicare-Eligible Insurance Premiums Effective January 1, 2024 through December 31, 2024

The following rates reflect your monthly premium should you, the retiree, qualify for the 80% subsidy. The subsidy rate is determined by the total years of creditable service the member has at the time of retirement.

Coverage	Comprehensive	JY	Vermont Health Partnership
Single	\$295.43	\$322.94	\$312.19
Double	\$1,772.61	\$1,827.61	\$1,806.12
Family	\$2,813.47	\$2,868.84	\$2,847.73

The following rates reflect your monthly health insurance premium should you, the retiree, and your spouse qualify for the 80% subsidy. The spousal subsidy rate criteria and details can be found here.

Coverage	Comprehensive	JY	Vermont Health Partnership
Double	\$590.87	\$645.87	\$624.38
Family	\$1,631.73	\$1,687.10	\$1,665.99

The following rates reflect the full amount of the monthly health insurance premium prior to the application of any subsidy amount.

Coverage	Comprehensive	JY	Vermont Health Partnership
Single	\$1,477.17	\$1,504.68	\$1,493.93
Double	\$2,954.35	\$3,009.35	\$2,987.86
Family	\$3,995.21	\$4,050.58	\$4,029.47

Please call the Retirement Office for other subsidized rates and questions about eligibility at (802) 828-2305 or toll free in Vermont at 1-(800) 642-3191. Health insurance deductions begin with the pension payment one-month prior to coverage.