

**ISP Medicare Eligible Retiree Premiums**  
*Effective January 1, 2024\**

**MAPD Premium**

(Single or Both Members Enrolled in Medicare)

MONTHLY RATES - Medical/Rx Only

Category	MAP Medical Premium	Rx Part D Premium	Combined Premium	HRA Contribution from ISP	Total Monthly Premium Due
Single Member Only	\$32.81	\$119.81	\$152.62	(-\$32.81)	<b>\$119.81</b>
Member +1 (Both on Medicare A&B)	\$65.62	\$239.62	\$305.24	(-\$65.62)	<b>\$239.62</b>

MONTHLY RATES – Medical/Rx, Dental, Vision

Category	MAP Medical Premium	Rx Part D Premium	ISP Plan Dental/Vision Premium	Combined Premium	HRA Contribution from ISP	Total Monthly Premium Due
Single Member Only	\$32.81	\$119.81	\$27.78	\$180.40	(-\$32.81)	<b>\$147.59</b>
Member +1 (Both on Medicare A&B)	\$65.62	\$239.62	\$57.97	\$363.21	(-\$65.62)	<b>\$297.59</b>

- All Members eligible for Medicare must enroll in Medicare A & B along with the Medicare Advantage Plan Part D (MAPD) as offered by the Indiana State Police.
- This requirement applies to all Members eligible for Medicare based on their own merit or through the eligibility of a spouse.
- Members who are eligible for Medicare but have not enrolled will have their claims processed as if Medicare is primary.

\*These are the approved rates effective January 1, 2024. Rates are subject to change.

**ISP Medicare Eligible Retiree Premiums**  
*Effective January 1, 2024\**

**MAPD and ISP Health Plan Premium**  
 (One or More Members Remaining in the ISP Health Plan)

MONTHLY RATES - Medical/Rx Only

Category	MAP Medical Premium	Rx Part D Premium	ISP Health Plan Premium	Combined Premium	HRA Contribution from ISP	Total Monthly Premium Due
Member + Multiple (two Members on Medicare A&B)	\$65.62	\$239.62	\$23.04	\$328.28	(-\$65.62)	<b>\$262.66</b>
Member +1 (only one on Medicare A&B)	\$32.81	\$119.81	\$266.91	\$419.53	(-\$32.81)	<b>\$386.72</b>
Member + Multiple (only one on Medicare A&B)	\$32.81	\$119.81	\$307.87	\$460.49	(-\$32.81)	<b>\$427.68</b>

MONTHLY RATES – Medical/Rx, Dental, Vision

Category	MAP Medical Premium	Rx Part D Premium	ISP Health Plan Premium	ISP Plan Dental/Vision Premium	Combined Premium	HRA Contribution from ISP	Total Monthly Premium Due
Member + Multiple (two Members on Medicare A&B)	\$65.62	\$239.62	\$23.04	\$58.12	\$386.40	(-\$65.62)	<b>\$320.78</b>
Member +1 (only one on Medicare A&B)	\$32.81	\$119.81	\$266.91	\$83.23	\$502.76	(-\$32.81)	<b>\$469.95</b>
Member + Multiple (only one on Medicare A&B)	\$32.81	\$119.81	\$307.87	\$134.53	\$595.02	(-\$32.81)	<b>\$562.21</b>

- All Members eligible for Medicare must enroll in Medicare A & B along with the Medicare Advantage Plan Part D (MAPD) as offered by the Indiana State Police.
- This requirement applies to all Members eligible for Medicare based on their own merit or through the eligibility of a spouse.
- Members who are eligible for Medicare but have not enrolled will have their claims processed as if Medicare is primary.

Questions Call:  
 Human Resources Division  
 317-232-8275  
 1-800-622-4995

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