# **ISP Medicare Eligible Retiree Premiums**

Effective January 1, 2023\*

## MAPD Premium

(Single or Both Members Enrolled in Medicare)

# MONTHLY RATES - Medical/Rx Only

Category	MAP Medical	Rx Part D	Combined	HRA Contribution	<b>Total Monthly</b>	
	Premium	Premium	Premium	from ISP	Premium Due	
Single Member Only	\$51.43	\$119.81	\$171.24	(-\$51.43)	\$119.81	
Member +1	\$102.86	\$239.62	\$342.48	(-\$102.86)	\$239.62	
(Both on Medicare A&B)	\$102.80	\$239.02	\$342.40	(-\$102.80)	\$237.02	

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	\$51.43	\$119.81	\$27.78	\$199.02	(-\$51.43)	\$147.59
Member +1 (Both on Medicare A&B)	\$102.86	\$239.62	\$57.97	\$400.45	(-\$102.86)	\$297.59

• 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, 2023. Rates are subject to change.

# **ISP Medicare Eligible Retiree Premiums**

Effective January 1, 2023\*

#### **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)	\$102.86	\$239.62	\$23.04	\$365.52	(-\$102.86)	\$262.66
Member +1 (only one on Medicare A&B)	\$51.43	\$119.81	\$266.91	\$438.15	(-\$51.43)	\$386.72
Member + Multiple (only one on Medicare A&B)	\$51.43	\$119.81	\$307.87	\$479.11	(-\$51.43)	\$427.68

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)	\$102.86	\$239.62	\$23.04	\$58.12	\$423.64	(-\$102.86)	\$320.78
Member +1 (only one on Medicare A&B)	\$51.43	\$119.81	\$266.91	\$83.23	\$521.38	(-\$51.43)	\$469.95
Member + Multiple (only one on Medicare A&B)	\$51.43	\$119.81	\$307.87	\$134.53	\$613.64	(-\$51.43)	\$562.21

• 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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