# **ISP Medicare Eligible Retiree Premiums**

Effective January 1, 2020\*

## 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	\$74.92	\$127.15	\$202.07	(-\$74.92)	\$127.15
Member +1	\$149.84	\$254.30	\$404.14	(-\$149.84)	\$254.30
(Both on Medicare A&B)	φ119.01	<i>\$25</i> 1.50	ψιστιτ	(	$\psi = 0$ 1.00

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	\$74.92	\$127.15	\$27.78	\$229.85	(-\$74.92)	\$154.93
Member +1 (Both on Medicare A&B)	\$149.84	\$254.30	\$57.97	\$462.11	(-\$149.84)	\$312.27

• 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, 2020. Rates are subject to change.

## **ISP Medicare Eligible Retiree Premiums**

Effective January 1, 2020\*

#### **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)	\$149.84	\$254.30	\$23.04	\$427.18	(-\$149.84)	\$277.34
Member +1 (only one on Medicare A&B)	\$74.92	\$127.15	\$266.91	\$468.98	(-\$74.92)	\$394.06
Member + Multiple (only one on Medicare A&B)	\$74.92	\$127.15	\$307.87	\$509.94	(-\$74.92)	\$435.02

MONTHLY RATES - Medical/Rx, Dental, Vision

	MAP Medical	Rx Part D	ISP Health	ISP Plan	Combined	HRA	Total
Category	Premium	Premium	Plan Premium	Dental/Vision	Premium	Contribution	Monthly
				Premium		from ISP	<b>Premium Due</b>
Member + Multiple	\$149.84	\$254.30	\$23.04	\$58.12	\$485.30	(-\$149.84)	\$335.46
(two Members on Medicare A&B)	φ119.01	\$ <b>2</b> 5 1.50	¢23.01	\$ <b>5</b> 0.1 <b>2</b>	\$102.20	(0119.01)	\$223.10
Member +1	\$74.92	\$127.15	\$266.91	\$83.23	\$552.21	(-\$74.92)	\$477.29
(only one on Medicare A&B)	\$74.92	\$127.13	\$200.91	\$63.23	\$332.21	(-\$/4.92)	\$4// <b>.</b> 29
Member + Multiple	\$74.92	\$127.15	\$307.87	\$134.53	\$644.47	(-\$74.92)	\$569.55
(only one on Medicare A&B)	\$74.92	\$127.13	\$307.87	\$154.55	\$044.47	(-\$/4.92)	\$307.33

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- 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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