# **ISP Medicare Eligible Retiree Premiums**

Effective January 1, 2022\*

### **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	\$57.22	\$119.81	\$177.03	(-\$57.22)	\$119.81
Member +1	\$114.44	\$239.62	\$354.06	(-\$114.44)	\$239.62
(Both on Medicare A&B)	φ114.44	\$239.02	\$334.00	(-\$114.44)	\$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	\$57.22	\$119.81	\$27.78	\$204.81	(-\$57.22)	\$147.59
Member +1 (Both on Medicare A&B)	\$114.44	\$239.62	\$57.97	\$412.03	(-\$114.44)	\$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.

<sup>\*</sup>These are the approved rates effective January 1, 2022. Rates are subject to change.

# **ISP Medicare Eligible Retiree Premiums**

Effective January 1, 2022\*

## **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)	\$114.44	\$239.62	\$23.04	\$377.10	(-\$114.44)	\$262.66
Member +1 (only one on Medicare A&B)	\$57.22	\$119.81	\$266.91	\$443.94	(-\$57.22)	\$386.72
Member + Multiple (only one on Medicare A&B)	\$57.22	\$119.81	\$307.87	\$484.90	(-\$57.22)	\$427.68

## 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	Premium Due
Member + Multiple	\$114.44	\$239.62	\$23.04	\$58.12	\$435.22	(-\$114.44)	\$320.78
(two Members on Medicare A&B)	φ11 <del>4.44</del>	\$239.02	\$23.04	\$30.12	Φ <del>4</del> 33.22	(-\$114.44)	\$320.76
Member +1	\$57.22	\$119.81	\$266.91	\$83.23	\$527.17	(-\$57.22)	\$469.95
(only one on Medicare A&B)	\$31.22	\$119.01	\$200.91	\$65.25	\$327.17	(-\$37.22)	\$ <del>4</del> 09.93
Member + Multiple	\$57.22	\$119.81	\$307.87	\$134.53	\$619.43	(-\$57.22)	\$562.21
(only one on Medicare A&B)	Ψ57.22	Ψ117.01	Ψ307.07	Ψ154.55	ψ017.43	( ψ3 / .22)	ΨΟ Ο Ζ. Ζ. Ι

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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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