



CT TEACHERS' RETIREMENT BOARD
765 ASYLUM AVENUE HARTFORD, CT 06105-2822
Toll free 1-800-504-1102 X8411 or X8432 (860) 241-8411 or (860) 241-8432 Fax (860) 622-2849
"An Affirmative Action/Equal Opportunity Employer"
www.ct.gov/trb

**October 2013
Premium Notification and TRB Health Insurance Change Form
Effective January 1, 2014**

Premium Change Notification

Monthly Premium Per Person

<u>Coverage Type</u>	<u>2013</u>	<u>2014</u>
Medicare Supplement with Prescriptions*	\$117.00	\$97.00
Medicare Supplement with Prescriptions & Dental	\$160.00	\$141.00
Medicare Supplement with Prescriptions, Dental, Vision & Hearing	\$165.00	\$146.00

*This plan is the base plan available through the Teachers' Retirement Board. The full cost for the base plan in 2014 is \$291 monthly per person. Two-thirds of the base plan cost is subsidized on your behalf (\$194). The plan participant pays one-third of the premium (\$97).

Change in Coverage Form: This is your annual opportunity to modify your coverage selection. To make a change, you must submit the appropriate change form on or before November 15, 2013. If you are not making a change, do not submit the enclosed form(s). On January 1, 2014 you are locked into your plan through December 31, 2014, unless you cancel all coverage.

Important Mail Order Early Refill Rule Change:

Effective January 1, 2014, mail order drugs can be refilled 72 days after the last refill of your 90 day supply was mailed. Previously this could be done at 60 days after the last refill was mailed.

Diabetic Supplies (Test Strips, Lancets, and Monitors) are available through a retail pharmacy or through a diabetic supply company. Claims should be submitted through both Medicare and Stirling Benefits, as these items are not covered under your pharmacy benefits program.

- The cost of prescriptions varies from one pharmacy to another, therefore, if you use a retail pharmacy we encourage you to shop around.
- Caremark fills mail order prescriptions received directly from your physician when they receive the script, regardless of whether you are aware of or have approved the order. Allow up to four weeks for processing when you submit the initial order yourself. If your physician changes your prescription, you should obtain confirmation from Caremark that the original prescription will be cancelled. A change in dosage does constitute a prescription change.
- We receive a federal reimbursement for sponsoring a prescription program for retirees who are enrolled in Medicare. **We do not allow participation in our prescription program if you are participating in a Medicare D prescription program, a Medicare advantage program, or the prescription program of another plan sponsor who receives the federal reimbursement.** To find out if another prescription program receives the federal reimbursement contact the benefits department of the other plan sponsor. In the event we learn that you are participating in a federally subsidized program apart from this one while enrolled in this one, we will cancel your prescription plan from this system and provide you with notification. You will remain in your TRB health

coverage but will be dropped from your TRB prescription coverage. There will be no refund or reduction to your TRB premium.

- A spouse is not eligible for TRB coverage upon divorce or legal separation. In the event a former spouse is participating in the TRB sponsored health insurance plan, the member must inform TRB and provide a copy of the legal separation or dissolution of marriage as soon as possible.
- A surviving spouse is not eligible upon remarriage. Prompt notification is necessary to avoid running into a reimbursement of paid claims situation after eligibility ends.
- TRB changes addresses on the 1st working day of each month. Therefore, you must submit address changes in writing including your signature directly to TRB at the above address prior to the 1st working day of each month to ensure as little disruption as possible in the delivery of service and claim processing.
- ID cards are mailed shortly before the effective date of your coverage directly from the individual vendors.
- New Medicare Card with New Medicare Number: If for any reason you are issued a Medicare card with a new Medicare number, make a copy of that card and mail to the above address with a notation "New Medicare Number". Often, the only difference is the letter at the end of the Medicare number. Failure to furnish your new card could result in a disruption of benefits or claims processing.

The Health & Prescription Drug Benefits Plan Summary is available on our website at:
<http://www.ct.gov/trb/lib/trb/formsandpubs/SPD-WEB.pdf>.

PLAN SPONSOR INFORMATION

Connecticut Teachers' Retirement Board
765 Asylum Avenue
Hartford, Connecticut 06105-2822
Direct-Dial (860) 241-8411
Toll-Free (800) 504-1102 <http://www.ct.gov/trb>

MEDICAL CLAIMS ADMINISTRATOR

Stirling Benefits, Inc.
20 Armory Lane
Milford, Connecticut 06460-3361
(800) 447-6689 <http://www.stirlingbenefits.com/>

PRESCRIPTION DRUG SERVICES

CVS Caremark
PO Box 94467
Palatine, IL 60094-4467
e-mail customerservice@caremark.com
(877) 906-3802 <https://www.caremark.com>

DENTAL CLAIMS ADMINISTRATOR

Aetna Dental PPO II
151 Farmington Avenue
Hartford CT 06156
(855) 394-3874 <http://www.aetna.com>



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Health Insurance Change Form Member

This form is to be used by a member who is currently enrolled in the Teachers' Retirement Board Health Plan who is either adding or dropping the dental or vision and hearing coverage. **Do not submit an application if you are not changing your coverage.**

- Submit a copy of your Medicare Card if you are making a change to your coverage.
- Due Date for those making changes is November 15, 2013.
- Your change will become effective January 1, 2014.

	Cost per person per month	Check one(x)
Medicare Supplement with Prescriptions	\$97.00	<input type="checkbox"/>
Medicare Supplement with Prescriptions and Dental	\$141.00	<input type="checkbox"/>
Medicare Supplement with Prescriptions and Dental, Vision & Hearing	\$146.00	<input type="checkbox"/>

ALL ENROLLEES MUST PROVIDE THE FOLLOWING INFORMATION:

Enrollee's Last Name First Name Initial			Home Phone	
Street Address City State Zip Code			Email Address	
Social Security #		Medicare Number		Date of Birth
Enrollee's Signature			Date	



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**Health Insurance Change Form
 For Spouse, Surviving Spouse or Civil Union Partner**

This form is to be used by the spouse, surviving spouse or civil union partner of a retiree who is currently enrolled in the Teachers' Retirement Board Health Plan who is either adding or dropping the dental or vision and hearing coverage. Do not submit an application if you are not changing coverage.

- Submit a copy of your Medicare Card if you are making a change to your coverage.
- Due Date for those making changes is November 15, 2013.
- Surviving spouses become ineligible upon remarriage
- Spouses are ineligible for coverage upon divorce or legal separation.
- Your change will become effective January 1, 2014.

	Cost per person per month	Check one(x)
Medicare Supplement with Prescriptions	\$97.00	<input type="checkbox"/>
Medicare Supplement with Prescriptions and Dental	\$141.00	<input type="checkbox"/>
Medicare Supplement with Prescriptions and Dental, Vision & Hearing	\$146.00	<input type="checkbox"/>

ALL ENROLLEES MUST PROVIDE THE FOLLOWING INFORMATION:

Enrollee's Last Name First Name Initial			Home Phone		
Street Address City State Zip Code				Email Address	
Social Security #		Medicare Number		Date of Birth	
Enrollee's Signature			Date		

Also please furnish the following:

Retired Teacher's Name	Retired Teacher's Social Security #	Retiree's Signature
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NOTICE OF CREDITABLE COVERAGE Effective October 2013

Please read this notice carefully and keep it with your permanent records.

Effective January 1, 2006, Medicare Part D prescription coverage became available to participants in Medicare A (Hospitalization coverage) and Medicare B (Medical coverage). Medicare prescription drug plans all provide a minimum level of coverage. Plans may offer more coverage for a higher premium. With the passage of the Health Reform bill, there are several modifications that will effect the benefits. The regulations are still being developed and a detailed description will follow when the process is complete.

Is my current coverage through the TRB's prescription plan equivalent to or better than the Medicare Part D prescription coverage?

Yes. The TRB prescription drug coverage offered to you is "on average" expected to pay out at least as much as the standard Medicare prescription drug coverage. **Because your existing TRB coverage is "on average" as good as standard Medicare Part D prescription coverage, you can stay with your TRB coverage. If you decide later you want to enroll in Medicare Part D prescription coverage and drop the TRB plan, you will NOT incur a penalty to your Medicare Part D premium PROVIDED there is no lapse in prescription coverage.**

What are the consequences if I choose to enroll in the Medicare Part D prescription coverage?

You will remain in your TRB health coverage but will be dropped from your TRB prescription coverage. There will be no reduction or refund to your TRB premium. You would only be allowed back into the TRB prescription coverage during the next open enrollment period, provided you submit evidence that you have cancelled your Medicare Part D prescription coverage.

How will I decide whether to remain in the TRB prescription plan or choose Medicare Part D prescription coverage?

Medicare Part D prescription coverage is different from the health coverage available under Medicare Parts A and B. To obtain prescription coverage under Medicare Part D, you will have to choose a plan from a private company. While there is standard coverage required by Medicare Part D prescription coverage, each private plan is likely to have unique attributes, including which drugs are covered, the level of co pays, and which pharmacies you can use. Accordingly, you should compare your current coverage and cost with the coverage and cost of the plans offering Medicare Part D prescription drug coverage in your area.

ATTN LOW INCOME HEALTH PLAN MEMBERS: If you are a single individual with income of \$13,300 or less per year or a married couple with joint income of \$26,580 or less per year, extra help is available for paying for a Medicare prescription drug plan. For more information about this extra help, please visit SSA online at www.ssa.gov/pubs/EN-05-10508.pdf or call them at 1-800-772-1213 (TTY 1-800-325-0778). If you qualify for this extra help and would like to cancel your TRB prescription plan, contact us for the necessary paperwork at: TRB, 765 Asylum Avenue, Hartford, CT 06105 or 1-800-504-1102 x 8411 or 860-241-8411.

The basic components of the TRB prescription plan:

TRB Prescription Plan

1. Deductible: \$250 per year.
2. **Mail Order:** Co-Insurance: Individual pays 5% of the cost for generic drugs, 20% of the cost for preferred drugs, and 30% of the cost for non-preferred drugs. **Local Pharmacy:** Co-Insurance (non-maintenance drugs): Individual pays 10% of the cost for generic drugs, 25% of the cost for preferred drugs, and 35% of the cost for non-preferred drugs.
3. Coverage Gap: None.
4. Catastrophic Coverage: After the individual pays \$1,000 (including the deductible of \$250) out of pocket, individual pays nothing for the remainder of the year.

For individuals who use generic drugs, the TRB coverage will generally be less costly to the individual. For non-preferred drugs, the relative costs will depend on the volume low volume users of non-preferred drugs may have a lower cost under Medicare Part D, whereas those with high volume users will often pay more under Medicare Part D. **If you enroll in Medicare Part D prescription coverage, you will lose access to your TRB prescription plan and will still be required to pay the full premium for the health and prescription plans.**

Is there a penalty if my TRB coverage lapses and I enroll in the new Medicare Part D Plan late?

Yes. If you drop or lose your coverage with TRB and do not enroll within 63 days in a Medicare prescription drug plan, you will be subject to a permanent lifetime penalty of at least 1% per month for every month you did not have prescription coverage. For example, if you are without prescription coverage for nineteen months, your premium will always be at least 19% higher than normal cost for the Medicare prescription plan.

How can I get more information about my options under Medicare prescription drug coverage?

More detailed information about Medicare plans that offer prescription drug coverage is available now in the "Medicare & You" handbook. <http://www.medicare.gov> or Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.