



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 2016
Premium Notification and TRB Health Insurance Change Form
Effective January 1, 2017**

Premium Change Notification

Monthly Premium Per Person

<u>Coverage Type</u>	<u>2016</u>	<u>2017</u>
Medicare Supplement with Prescriptions	\$95	\$92
Medicare Supplement with Prescriptions & Dental	\$143	\$136
Medicare Supplement with Prescriptions, Dental, Vision & Hearing	\$148	\$141

Prescription Plan Deductible: The prescription drug program per person per calendar year deductible is \$400. Last year it was \$360.

Change in Coverage Form: This is your annual opportunity to add coverage. To make a change, you must submit this form on or before November 10, 2016. If you are not making a change, you do not need to submit a form. On January 1, 2017 you are locked into your plan through December 31, 2017, unless you cancel all coverage.

Our health care coverage is only offered as a single package which will cost \$141 per member per month for the calendar year 2017. Existing members who are grandfathered into their current coverage can opt out of all coverage or add dental, vision and hearing. However, if you opt out of all coverage, reenrollment will be subject to a two year exclusion period.

Effective January 1, 2017, Cigna will be your new Dental Claims Administrator. You will be mailed a welcome package which will include a toll-free telephone number and important information before the end of November. Cigna ID cards will be mailed separately also before the end of November. The maximum per member annual dental limit is \$2,500.

- You must legally reside in the United States to participate in the TRB health plans.
- The federal government will only subsidize one prescription plan for you at a time. Inasmuch as the TRB plan receives federal funding you are not allowed to participate in another Medicare D prescription program, a Medicare advantage program, or the prescription program of another plan sponsor who receives the federal reimbursement while enrolled in the TRB plan. If we are notified that you are participating in one of these plans, your TRB health coverage will be cancelled, including your Medicare supplemental health plans or any other coverage you may have with us.
- 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 required.

- The TRB provides address changes to all of our health plan vendors. You must maintain your current address with us at all times to ensure as little disruption as possible in the delivery of services and the processing of claims.
- Post Retirement Reemployment (PRR) - If a member is reemployed as a public school teacher following their retirement, the member (and spouse or dependent) can elect to continue their TRB health plan coverage while reemployed, but at full cost, currently \$325 per person per month.

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

Express Scripts
One Express Way
St. Louis, MO 63121
(844) 433-4883 www.express-scripts.com

DENTAL CLAIMS ADMINISTRATOR (Effective January 1, 2017)

Cigna Dental
P.O. Box 188037
Chattanooga, TN 37422-8037
Telephone number to be provided with the welcome package.
<http://www.cigna.com> or mycigna.com



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Health Insurance Change Form

This form is to be used by members, spouses or surviving spouses who are currently enrolled in the Teachers' Retirement Board Health Plan. This form is for adding the dental, vision and hearing coverage.

Only submit this health insurance change form if you are electing to add dental, vision and hearing coverage. Disregard this form if you are not making a change in your coverage.

- Due Date for those making changes is November 10, 2016.
- Your change will become effective January 1, 2017.
- Surviving spouses become ineligible upon remarriage.
- Spouses are ineligible for coverage upon divorce or legal separation.

	Cost per person per month	Check Box
Medicare Supplement with Prescriptions and Dental, Vision & Hearing	\$141	<input type="checkbox"/>

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Enrollee's Last Name First Name Initial			Home Phone	
Street Address City State Zip Code			Email Address	
			Gender <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
Social Security #		Medicare #		Date of Birth
Enrollee's Signature			Date	

IF YOU ARE THE SPOUSE OF A RETIRED/DECEASED TEACHER, PLEASE FURNISH THE FOLLOWING:

Retired Teacher's Name	Retired Teacher's Social Security #	Retiree's Signature