



### CT TEACHERS' RETIREMENT BOARD

765 ASYLUM AVENUE HARTFORD, CT 06105-2822

Toll free 1-800-504-1102 X8411 or X 8432 (860) 241-8411 or (860) 241-8432 Fax (860) 622-2849

*"An Affirmative Action/Equal Opportunity Employer"*

[www.ct.gov/trb](http://www.ct.gov/trb)

### 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, 2017.
- Your change will become effective January 1, 2018.
- 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	\$156	<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
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**October 2017  
Health Insurance Premium Notification  
Effective January 1, 2018**

**Premium Change Notification**

**Monthly Premium Per Person**

<u>Coverage Type</u>	<u>2017</u>	<u>2018</u>
Medicare Supplement with Prescriptions	\$92	\$101
Medicare Supplement with Prescriptions & Dental	\$136	\$151
Medicare Supplement with Prescriptions, Dental, Vision & Hearing	\$141	\$156

**Prescription Plan Changes:** Effective January 1, 2018, the prescription plan deductible is \$405. The total out of pocket maximum for brand name drugs is \$800. After the \$405 deductible has been met, generic drugs will bear a 5% copay.

**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, 2017. If you are not making a change, you do not need to submit a form. On January 1, 2018 you are locked into your plan through December 31, 2018, unless you cancel all coverage.

Our health care coverage is only offered as a single package which will cost \$156 per member per month for the Calendar year 2018. 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.

- 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 no additional charge.

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](http://www.express-scripts.com)

**DENTAL CLAIMS ADMINISTRATOR**

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](http://mycigna.com)