



CT TEACHERS' RETIREMENT BOARD
765 ASYLUM AVENUE 2ND FLOOR 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

HEALTH INSURANCE APPLICATION EFFECTIVE JANUARY 1, 2019

Mandatory Eligibility Requirements

- Participation in Medicare Part A and Medicare Part B
- A member collecting a retirement benefit or a disability allowance, or
- A spouse of a retired member, or
- A surviving spouse who has not entered into another marriage, or
- A disabled dependent of a member collecting a retirement benefit or a disability allowance, if there is no spouse or surviving spouse.
- You must be a legal resident of the United States to participate in the TRB health plan.

Mandatory Filing Requirements

- Proof of participation in Medicare Part A and Medicare Part B (a copy of Medicare Card or a letter from Social Security providing the Medicare I.D. Number and the effective dates for Medicare Part A and Medicare Part B)
- Copy of a marriage certificate or a marriage license from spouse, if enrolling
- If the application includes coverage for a disabled dependent, a copy of the member's most recent federal income tax return documenting the disabled dependent's status as the member's dependent
- One form per enrollee must be received by the 25th of the 2nd month preceding the effective date of coverage. We will send an acknowledgement letter of the receipt of your application.

Cancelling Your TRB Coverage

- You may cancel all coverage at any time; however, you will not be able to reenroll for two years.

Important Information Regarding Our Plan

- Our health care coverage is offered as a single package which includes Hospital, Medical, Major Medical, Prescription Drug Benefits (administered by Express Scripts) and Dental (administered by Cigna), and Vision & Hearing (administered by the Medical Provider that you select).
- The Teachers' Retirement Board implemented a Medicare Advantage (MA) Plan in July 1, 2018. Beginning July 1, 2018, the Anthem MA plan is the default plan. Stirling Benefits remains as a "buy-up" option.
- 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. (This does not apply to members on Veterans Affairs Prescriptions.)
- The cost of prescription drugs varies from one pharmacy to another, therefore, if you use a retail pharmacy we encourage you to shop around.
- Effective January 1, 2019, the prescription plan deductible is \$415, then 5%, generic, 20% brand, 30% non-preferred brand cost share to a \$3,500 out of pocket maximum. Members who reach the annual true out of pocket Federal maximum of \$5,100 otherwise known as (TROOP) are subject to a cost share of 5% subject to the plan maximum out of pocket (MOOP).
- The annual prescription deductible begins on January 1st and is not prorated when you participate for a portion of the year. Members enrolling late in the year are subject to the full deductible in the year they

enroll and are also subject to the full deductible in the new year which begins the following January. For example, if joining the plan on December 1st, there is a deductible that would apply for December that would be renewed for January 1st, since these two months fall in different calendar years.

- Some members may be required to pay an extra amount for Part D because of their yearly income. This is known as the Part D Income-Related Monthly Adjustment Amount or Part D-IRMAA and it is paid directly to the federal government not to the TRB. For more information on Part D-IRMAA you can visit the Medicare website: <http://www.medicare.gov> or call Medicare at 800-633-4227.
- 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 www.ct.gov/trb.

MEDICAL CLAIMS ADMINISTRATORS

Anthem Medicare Advantage

If you have any questions, please contact Anthem's First Impressions Welcome Center at (833) 607-6517. Monday through Friday 8 a.m. to 9 p.m. ET, except holidays.
TTY users should call 711.

Stirling Benefits, Inc.

20 Armory Lane

Milford, CT 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

Cigna Dental

PO Box 188037

Chattanooga, TN 37422-8037

(800) 244-6224 <http://www.cigna.com> or mycigna.com

PLAN SPONSOR INFORMATION

Connecticut Teachers' Retirement Board

765 Asylum Avenue

Hartford, CT 06105-2822

Toll-Free (800) 504-1102 <http://www.ct.gov/trb>

Retain This Important Document for Future Reference



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**Member
 Health Insurance Application Effective January 1, 2019**

- A photocopy of your Medicare Card, or a letter from Social Security providing your Medicare membership number and effective date of your coverage under Medicare Part A and Medicare Part B, must be submitted with this application.
- We must receive your application by the 25th of the 2nd month preceding the effective date of coverage. (e.g., by February 25th for coverage to be effective April 1st)
- You may cancel all coverage at any time; reenrollment will be subject to all plan coverage, including dental, vision and hearing.
- The annual prescription deductible is on a calendar year basis, from January to December. Members enrolling during the year are subject to the full deductible for the year in which they enroll; a new deductible would begin the following January.
- Premiums are deducted monthly from your retirement benefit.

I elect to have the following coverage become effective _____ /01/ _____

	Cost per person per month	Check One
Anthem Medicare Advantage (PPO) Plan with Prescriptions and Dental, Vision & Hearing	\$130.00	<input type="checkbox"/>
Stirling Benefits Medicare Supplement with Prescriptions and Dental, Vision & Hearing	\$238.00	<input type="checkbox"/>

Enrollee's Last Name, First Name, Initial		Home Phone		Gender	
				Male	Female
		<input type="checkbox"/>	<input type="checkbox"/>		
Street Address		City	State	Zip Code	
Social Security Number	Date of Birth	Email Address			
Enrollee's Signature			Date		



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**Spouse, Surviving Spouse or Disabled Dependent
 Health Insurance Application Effective January 1, 2019**

- A photocopy of your Medicare Card, or a letter from Social Security providing your Medicare membership number and effective date of your coverage under Medicare Part A and Medicare Part B, must be submitted with this application.
- A photocopy of a marriage license or a marriage certificate.
- A spouse becomes ineligible upon legal separation or divorce.
- A surviving spouse becomes ineligible upon remarriage.
- If the application includes coverage for a disabled dependent, a copy of the member's most recent federal income tax return documenting the disabled dependent's status as the member's dependent is required.
- We must receive your application by the 25th of the 2nd month preceding the effective date of coverage. (e.g., by February 25th for coverage to be effective April 1st)
- You may cancel all coverage at any time; reenrollment will be subject to all plan coverage, including dental, and hearing.
- The annual prescription deductible is on a calendar year basis, from January to December. Members enrolling during the year are subject to the full deductible for the year in which they enroll; a new deductible would begin the following January.

I elect to have the following coverage become effective _____ /01/ _____

	Cost per person per month	Check One
Anthem Medicare Advantage Plan with Prescriptions and Dental, Vision & Hearing	\$130.00	<input type="checkbox"/>
Stirling Benefits Medicare Supplement with Prescriptions and Dental, Vision & Hearing	\$238.00	<input type="checkbox"/>
Enrollee's Last Name, First Name, Initial		Home Phone
		Gender
		Male Female
<input type="checkbox"/>		<input type="checkbox"/>
Street Address	City	State Zip Code
Social Security Number	Date of Birth	Email Address
Enrollee's Signature	Date	

If you are enrolling as the spouse or the disabled dependent of a retired teacher, please have the retiree sign below:

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