



CONNECTICUT TEACHERS' RETIREMENT BOARD

# HEALTH SUBSIDY TRAINING

For TRB Subsidy Eligibility, Enrollment, and Tools

# AGENDA

- ▶ **Definitions**
- ▶ **The TRB Subsidy Statutes**
- ▶ **Eligibility**
- ▶ **Health Subsidy 101**
- ▶ **Board of Education Responsibilities and Expectations**
- ▶ **TRB Responsibilities and Expectations**
- ▶ **The Subsidy Tool**
  - ▶ **Accessing the tool**
  - ▶ **What's included**
  - ▶ **Using the tool**
  - ▶ **Saving, Submitting, and Confirmation of Receipt**
- ▶ **The Dental Subsidy**
- ▶ **Subsidy Schedule**
- ▶ **Q&A**





# DEFINITIONS AND INITIALISMS

- ▶ **TRB** – Teachers’ Retirement Board, sometimes referred to as the Teachers’ Retirement System (TRS)
- ▶ **BOE** – Board of Education
- ▶ **District** – referencing any board of education, college, or TRB eligible system
- ▶ **Subsidy** – in the case of TRB, a benefit payment paid to a Board of Education to reduce the cost of insurance for a TRB retired participant or qualifying spouse/dependent
- ▶ **District Health Subsidy Worksheet (DHS)** – the file the Board of Education will complete and submit to the TRB
- ▶ **Participant** – any retiree or qualifying spouse/dependent who is enrolled in a Board of Education sponsored plan and is receiving the health subsidy from the TRB system
- ▶ **Retiree** – the retired or disabled teacher receiving a pension or disability benefit from the TRB system

# THE TRB SUBSIDY STATUTES

## **Statue 167a sec 10-183t (b) covers the eligibility for Health Insurance Subsidy**

### **The Basics:**

- Specifies eligibility for insurance through the Board of Education for retired teachers and their spouses or disabled dependents
- Mandates the TRB provide subsidy up to \$220 so long as the BOE insurance premium is of equal or greater value
- Identifies when someone becomes ineligible for the TRB Subsidy
- Specifies eligibility for subsidy increase to \$440 under specific circumstance
- Specifies the funds must be used towards the cost of the plan
- Failure to submit a quarterly report shall result in a delay of subsidy payment to the district
  - TRB will only retroactively pay delayed subsidy payments up to 6 months from the first day of the month in the quarter the delayed report was received
  - Participant held harmless if district fails to report subsidy in a timely manner

[Link to: CTTRB Agency Statues and Regulations](#)

# THE TRB SUBSIDY STATUTES – EFFECTIVE JULY 1, 2022

## **Statue 167a sec 10-183t (b) covers the eligibility for Health Insurance Subsidy**

- The monthly subsidy amount for participants is \$220 unless the participant has submitted and been approved for the increased health subsidy indicating they are not eligible for premium free Part A.
- The monthly subsidy amount for participants who have an approved double subsidy app. with TRB is \$440.
- You may now submit additions, terminations, and changes monthly if it is easier for your district. Payments and reports will still be provided quarterly. At least one District Health Subsidy Worksheet is required per quarter from each participating district.
- Any quarterly report received from the district after the due date shall be processed in the following quarter. Failure to timely submit your districts quarterly report will result in a delay of payment and may result in forfeiture of full payment if not received within 6 months.
- TRB will continue to pay retroactive payments for subsidy reports received after the due date. However, retroactive subsidy payments shall be limited to 6 months from the first day of the month in which the untimely report was received.
  - **Participants are held harmless for a districts failure to submit a timely report**
  - Example: District submits report for Quarter 4 (due 8/1) late. Payment will be delayed 1 quarter and not be remitted until Quarter 1 of the following year.
  - Example: District submits report for participant retro to 7/1/2021 on 8/1/2022. TRB will only retroactively pay to 2/1/2022 as no payment will be made greater than 6 months from the submission date.

[Link to: CTRB Agency Statues and Regulations](#)

# ELIGIBILITY

## Who is eligible for insurance through the Board of Education?

- Any retired or disabled teacher is eligible to obtain insurance through their last employing board of education so long as:
  - They are receiving a pension or disability allowance from TRB
  - They are not enrolled in Medicare Part A **and** Part B regardless of age
- Any spouse is eligible to obtain insurance through the retired teachers last employing board of education so long as:
  - The retired or disabled teacher is receiving a pension or disability allowance from TRB
  - The spouse is not enrolled in Medicare Part A **and** Part B regardless of age
- A disabled dependent is eligible to obtain insurance through the retired or disabled teachers last employing board of education so long as:
  - The retired or disabled teacher is receiving a pension or disability allowance from TRB
  - The spouse or ex-spouse is deceased (at least one parent must be deceased)
  - The dependent is not enrolled in Medicare Part A **and** Part B regardless of age

## Who is not eligible for insurance through the Board of Education?

- Retired or disabled teachers or their spouses/disabled dependents if the teacher is not receiving a TRB pension or disability allowance
- Ex-spouses
- Dependents who are not disabled



# HEALTH SUBSIDY 101

- The purpose of the TRB Health Subsidy is to reduce the monthly cost for district insurance for retirees and their spouses/disabled dependents
- Any participant who meets the eligibility requirements may receive the TRB Health Subsidy **Note: There is no age requirement or limitation**
- The subsidy is NOT payable directly to a participant
- The Health Subsidy is up to \$220 for any eligible participant who obtains insurance through the district
- If a participant is not eligible for premium free Medicare Part A, then the participant can apply for a subsidy up to \$440
  - Application for the \$440 health subsidy is available on the TRB website under Health Insurance Forms and must be submitted to TRB
- The Health Subsidy cannot be applied to non-district insurance
- The Health Subsidy can be applied to just dental only if the participant is not enrolled in a medical plan through the district
- The TRB Health Subsidy can be applied to only one Board of Ed per participant
  - For example: If retiree and spouse are both teachers with different BOE, TRB will not send a \$220 subsidy for medical coverage under one BOE and dental coverage another BOE
- If participant enrolls in Medicare Part A and Part B, the BOE is no longer required to continue coverage and participant can seek coverage directly through the TRB's health insurance options
- The BOE may choose to continue participant coverage beyond enrollment in Medicare Part A and Part B, but it is no longer required. The TRB Health Subsidy will continue
- If a participant enrolls in a TRB sponsored health insurance plan the subsidy is termed and adjusted for any credit owed to the TRB
- Each participant is eligible for a subsidy so both retiree and spouses can obtain \$220 each for a total of \$440
- Union Contracts/Collective Bargaining Agreements with your district do not supersede CT TRB Statute. All districts must follow CT TRB Statute as it pertains to the TRB Health Subsidy eligibility and participant cost burden



# BOARDS OF EDUCATION/DISTRICTS

## **Your responsibilities:**

- ▶ TRB requests that changes be entered and submitted through the District Health Subsidy Worksheet (DHS) method and uploaded using the Secure State site
- ▶ New enrollments, terminations, or deaths should be entered quarterly
- ▶ You will now have the option to report monthly if it is easier for your district but at least one submission per quarter is required
- ▶ Notify TRB if any Participant premium drops below \$220 or \$440
- ▶ Premium changes/renewals will be submitted via the Roster File Audit by the district each year beginning June 2022

## **Checks and reports are sent to the BOE at the end of the quarter**

- ▶ The reports will be attached to the District Health Subsidy Worksheet to be used for the next quarter and should be reviewed for accuracy and to ensure all changes were made
- ▶ Notify the TRB if there is a discrepancy with your payment
- ▶ Request a Roster File if your district has contractual changes for multiple members (i.e. annual premium rate changes)



# THE TRB AND WHAT WE DO



## TRB will:

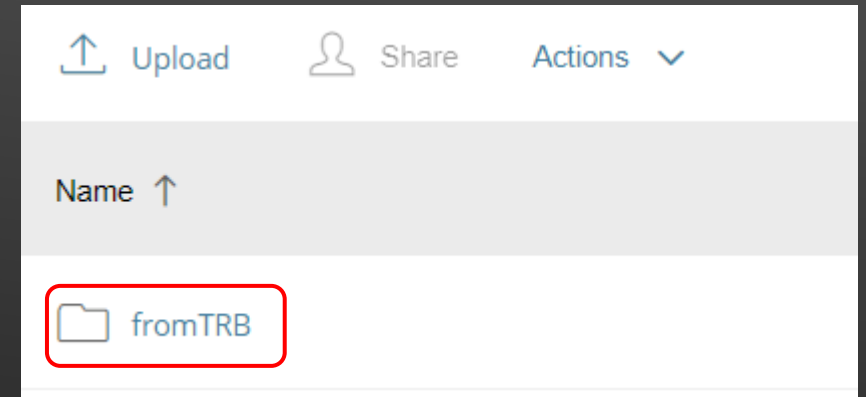
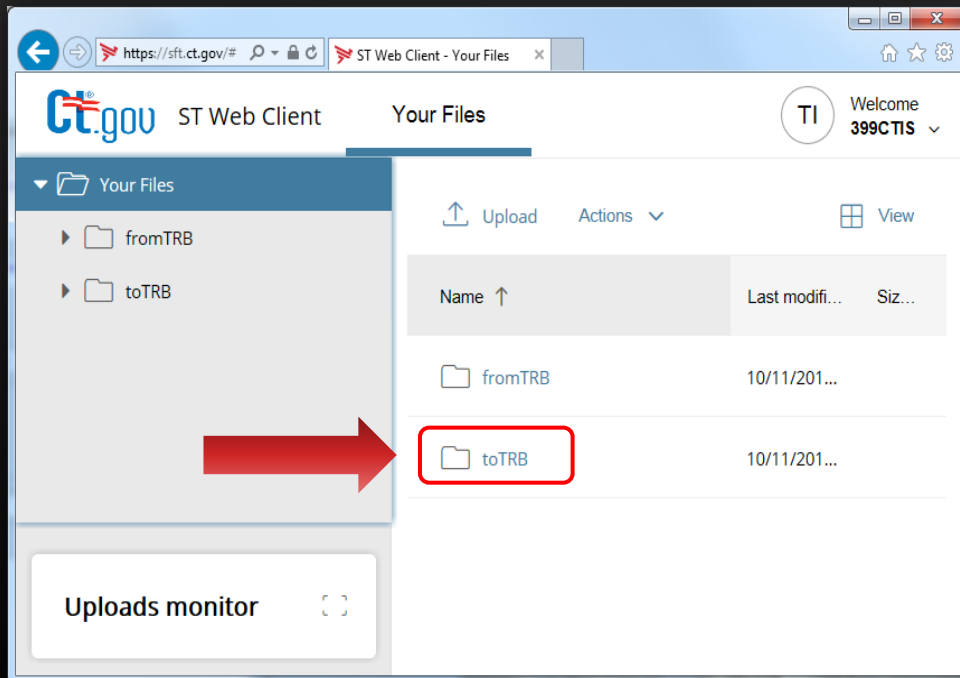
- ▶ Process changes received from DHS Worksheets and adjust accordingly
- ▶ Debit any amount owed to the town as needed
  - ▶ TRB will retro pay the Health Subsidy up to 6 months for missed enrollments
- ▶ Credit any amount owed to TRB
  - ▶ Notification of death after quarter was paid to BOE
  - ▶ Notification of termination after quarter was paid to BOE
  - ▶ Overpayment of premium due to cost of plan being less than maximum subsidy amount
- ▶ Request payment from BOE if amount owed to TRB if no subsidy payment is available to credit from
- ▶ Provide a report to the BOE at the end of the quarter with membership listing included in the District Health Subsidy Worksheet tool
  - ▶ **Note:** Reports are only available for 30 days in the fromTRB folder on the ST Web Client
- ▶ Provide confirmation of receipt of transaction sheet upload within 24 hours
- ▶ Terminate the subsidy for any participants enrolling in the TRB sponsored health insurance plan
- ▶ Provide and review Roster File Audits annual for premium changes and updates



# THE DISTRICT HEALTH SUBSIDY (DHS) WORKSHEET TOOL

# ACCESSING THE TOOL

- Open the CT ST Web Client Secure File Transfer portal at <https://sft.ct.gov>
- Login using your CTIS account login for your district – **if you need login credentials, please contact [TRB.Subsidy@ct.gov](mailto:TRB.Subsidy@ct.gov)**
- Open the FromTRB folder



- Inside the FromTRB folder you will find the new District Health Subsidy Tool
- You will need to download the latest version **each quarter** before you enter your changes – **DO NOT REUSE AN EXISTING FILE**
- You will need to upload the file to the ToTRB folder with your changes before the quarterly deadline

# WHAT'S INCLUDED

- ▶ The purpose of the change to the District Health Subsidy Tool is to keep all information related to your districts participants in one easy to access location.
- ▶ The program will open to a Header page which will include your district name, district TRB ID, and an area you'll need to complete with information on who is completing the form is the contact for TRB if we have questions
- ▶ The next section is your Roster sheet. This will look similar to the Roster File districts were asked to complete during auditing, and will also include information you may recognize from the quarterly payment reports
- ▶ The final section the BOE add/change area. This is where you will enter any updates needed to your districts roster and save the file to be uploaded to TRB



TRB Health Insurance Subsidies for:

## HIGHLIND (399)

July - September 2022

ENTER BOE CONTACT INFORMATION	
Last Name:	test
First Name:	test
Email:	test@ct.gov
Phone:	1345678990

DISTRICT SUBSIDY    SUBSIDY FORM

[«Click here for more information on the District Health Subsidy Worksheet»](#)

**Important:** The DHS Worksheet contains protected areas. TRB has locked and protected areas that should not be altered. The District should only enter or access areas that are open to adjust. Example: The District Subsidy roster sheet is locked for editing as this is paystub equivalent information and cannot be altered by the district. Use the form to enter any changes.

District Health Subsidy Worksheet (as of 06/30/2022)																		
CONTACT PAGE	SUBSIDY FORM	MIDDLE NAME	PARTICIPANT	TRB ID	SSN	DOB	PLAN TYPE	COVERAGE TYPE	PREMIUM AMOUNT	MONTHLY SUBSIDY AMOUNT	QUARTER SUBSIDY AMOUNT	ADJUSTMENT AMOUNT	TOTAL QUARTER SUBSIDY	EFFECTIVE DATE	TERMINATION DATE	ADJUSTMENT TYPE	ADJUSTED FROM PERIOD	ADJUSTED TO PERIOD
TEST	BEATRICE	A	TRB RETIREE	123456	010101010	12/25/1954	RETIRED 65+ MEDICARE	MEDICAL ONLY	485.00	220.00	660.00	660.00	660.00	01/01/2022				
TEST	BERNARD	E	DEPENDENT SPOUSE	123456	020202020	01/01/1952	RETIRED 65+ MEDICARE	MEDICAL ONLY	485.00	220.00	660.00	660.00	660.00	06/01/2022				
FRANKLIN	BENJAMIN		TRB RETIREE	111111	004040004	1/17/1906	RETIRED 65+ BOARD PLAN	MEDICAL + DENTAL	1,585.00	220.00	660.00	110.00	770.00	06/01/2022		DEBIT	06/01/2022	06/30/2022
PARKS	ROSA		TRB RETIREE	121212	999898988	02/04/1943	RETIRED 65+ NON-MEDICARE	MEDICAL + DENTAL	2,120.00	440.00	1,320.00		1,320.00	07/01/2012				
COTTONTAIL	PETER	B	DEPENDENT SPOUSE	99999	999897833	04/04/1971	RETIRED UNDER 65	DENTAL ONLY	56.00	56.00	168.00		168.00	07/01/2022				
DOE	JOHN	M	DEPENDENT SPOUSE	10101	800332322	07/15/1945	RETIRED 65+ BOARD PLAN	MEDICAL + DENTAL	1,585.00	220.00	660.00		660.00	07/01/2022				
	JANE	M	TRB RETIREE	10101	800323333	08/19/1947	RETIRED 65+ BOARD PLAN	MEDICAL + DENTAL	865.00	220.00	660.00		660.00	07/01/2022				

Subsidy Entry Form				RETIREE INFORMATION				TRANSACTION INFORMATION				DEPENDENT INFORMATION			
TRB RETIREE INFORMATION				SSN	Last Name	First Name	DOB	Participant	Transaction	Termination Reason	Term/DOE	SSN	Last Name	First Name	DOB
SSN Last Name First Name Date of Birth															
Participant Transaction Termination Reason Date of Termination/Death															
SSN Last Name First Name Date of Birth															
BOE Plan Type Coverage Plan Type Dental Group # Subsidy Effective Date Member Cost Share District Cost Share Total Plan Premium															
Notes															



# USING THE TOOL - HEADER PAGE AND ROSTER SHEET

On the first page of the District Health Subsidy Tool is the name of your district, the district's TRB ID, and the entry field for contact information

- You must enter all fields on the header page before continuing through the tool!
  - TRB needs this information to know who to contact if there is an issue with the report, so your district is not missing out on important updates or payments

## The next section is the Roster sheet

Each participant is listed with the plan type, coverage type, and premium amount as provided on the roster audit districts completed in June

- Included is the information that was previously reported on your quarterly payment report which outlines the monthly and quarterly subsidy amount for each participant and any adjustments made by the TRB
- You can click "Generate Subsidy Report" to create a separate excel workbook with just the list of participants and payments should you need this for payroll purposes

**HIGHLIND (399)**  
July - September 2022

ENTER BOE CONTACT INFORMATION

Last Name:	test
First Name:	test
Email:	test@ct.gov
Phone:	1345678990

**District Health Subsidy Worksheet (as of 06/30/2023)**

CONTACT PAGE	SUBSIDY FORM	GENERATE SUBSIDY REPORT					
LAST NAME	FIRST NAME	MIDDLE NAME	PARTICIPANT	TRB ID	SSN	DOB	PL

# USING THE TOOL – SUBSIDY FORM

Finally, you'll see your subsidy form - This is where you will enter all additions, terminations, or changes to existing participants

- Each entry will require the retiree information be completed even if the reporting is for the dependent of a retired teacher. This is to ensure the subsidy is linked to the appropriate account in our system.
- Complete the transaction information section to indicate the following:
  - **Participant** = the information you are reporting is for the above TRB participant, the spouse of the above TRB participant, or the disabled dependent of the above TRB participant
    - Selecting a dependent option will open up the Dependent Information fields to be complete ([more on this on the next slide!](#))
  - **Transaction** = the type of transaction you are reporting
    - Add a new participant
    - **Terminate** an existing participant – you'll need to select a termination reason and enter the termination date. If you are unsure of an appropriate reason, select "Other" and add a note in the Notes field
    - **Change** an existing participants demographic or subsidy insurance information

### Subsidy Entry Form

TRB RETIREE INFORMATION	
SSN#	999999999
Last Name	DOE
First Name	JOHN
Date of Birth	1/5/1957

TRANSACTION INFORMATION	
Participant	DEPENDENT SPOUSE
Transaction	TERMINATE
Termination Reason	DEATH
Date of Termination/Death	6/28/2022

# USING THE TOOL – SUBSIDY FORM CONT.

The Dependent Information section opens if you select a dependent option from the Participant field in the Transaction Information box

- You will need to report the demographic information for the dependent who is associated with the above entered TRB Retiree

DEPENDENT INFORMATION	
SSN#	999999998
Last Name	DOE
First Name	JANE
Date of Birth	01/06/1957

The Insurance Information section is where you will enter pertinent Health Subsidy details – **NOTE: this field locks if you are reporting a termination as it is not required**

- **BOE Plan Type** – There are 4 options listed. Refer to the Header Page link for details on which option applies to your entry.
  - **Retired 65+ Non-Medicare** are only selected if the participant is receiving a double (\$440) subsidy approved by TRB
  - **Retired 65+ Medicare** is selected for participants who are on a Medicare plan offered by your district
  - If you are not sure if the participant is eligible for Medicare, they are not receiving a double subsidy and they are over 65 then you would select the **Retired 65+ Board Plan**
  - All participants under 65 select the **Retired Under 65** option

INSURANCE INFORMATION	
BOE Plan Type	<input type="text"/>
Coverage Plan Type	RETIRE 65+ BOARD PLAN
Dental Group #	RETIRE 65+ MEDICARE
Subsidy Effective Date	RETIRE 65+ NON-MEDICARE
	RETIRE UNDER 65

# USING THE TOOL – SUBSIDY FORM CONT.

**Coverage Plan Type** – There are 3 options listed. Refer to the Header Page link for details on which option applies to your entry.

- **Medical + Dental** participants are enrolled in a health insurance package that includes both Medical and Dental
- **Medical Only** participants are enrolled in a health insurance package that does not include dental
- **Dental Only** participants are enrolled in a health insurance package that does not include Medical
- Vision and Hearing may be included in the total cost, but TRB does not subsidize vision and hearing only plans

**Dental Group #** – This is where you would enter the associated group # as provided on your dental rate worksheet

- Existing groups are provided in the drop down. If you do not see the group, you are looking for, or have not provided the group # you can click “Edit” on the right-hand side and the drop down will become a fillable field where you can type in the group ID

INSURANCE INFORMATION	
BOE Plan Type	RETIRE 65+ MEDICARE
Coverage Plan Type	<input type="text"/>
Dental Group #	MEDICAL + DENTAL
Susbdy Effective Date	MEDICAL ONLY
	DENTAL ONLY
BOE Monthly Premium Amount	<input type="text"/>

INSURANCE INFORMATION	
BOE Plan Type	RETIRE 65+ MEDICARE
Coverage Plan Type	DENTAL ONLY
Dental Group #	<input type="text"/>
Susbdy Effective Date	012-DNTL-1P
BOE Monthly Premium Amount	012-DNTL-2P-SPS 012-DNTL_ADM-1P 012-DNTL_ADM-SP

INSURANCE INFORMATION	
BOE Plan Type	RETIRE 65+ MEDICARE
Coverage Plan Type	DENTAL ONLY
Dental Group #	012-DNTL-EXAMPLE
Susbdy Effective Date	<input type="text"/>



# USING THE TOOL - SUBSIDY FORM CONT.

**Subsidy Effective Date** – Enter the effective date the participant enrolled into the plan or became eligible under TRB statute for the health subsidy

For example: If a retiree is continuing coverage with the district upon their retirement effective 7/1/022 enter that date in the Subsidy Effective date

**Cost Sharing** – You'll need to enter three pieces of information. The member portion of the plan premium, the district portion of the plan premium.

$$\text{Member Cost} + \text{District Cost} = \text{Total Plan Premium}$$

For Example: If the cost for the dental package is \$54 you would enter that amount. TRB will subsidy the total participant cost up to the full subsidy amount of \$220.

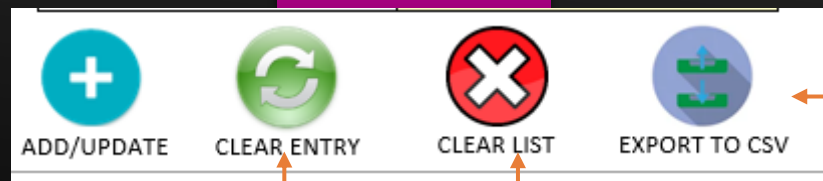
**More on premium reporting after the next slide!**

**Notes** – enter any additional info you would like to report to TRB here

INSURANCE INFORMATION	
BOE Plan Type	RETIRED 65+ MEDICARE
Coverage Plan Type	DENTAL ONLY
Dental Group #	012-DNTL-2P-SPS
Subsidy Effective Date	07/01/2022
BOE Monthly Premium Amount	

Subsidy Effective Date	07/01/2023
Member Cost Share	300.00
District Cost Share	250.00
Total Plan Premium	550.00

## The Buttons



Adds the above entered information to the entry sheet to the right to be reported to TRB

Clears the Subsidy Entry Form so you can start over or cancel an entry

Clears the list of entered changes to the right if you need to start completely over

Exports the entire file to a .CSV format to be saved to your computer and uploaded to TRB

# USING THE TOOL - SUBSIDY FORM CONT.

## Adjusting an entry: (OOPS! I made an error)

- If you identify an error on the list you created using the Subsidy Form you can click the SSN listed in blue in the SSN# column and it will repopulate that entry into the Subsidy form to make corrections. Once complete make sure to click the Add/Update button to update the entry.
- If you need to remove an entry, simply click the Red X to the left of the corresponding line.

HEADER PAGE | ROSTER





Total Participants: 3      Total Retirees: 1      Total Dependents: 2

### Subsidy Entry Form

RETIREE INFORMATION				TRANSACTION INFORMATION			DEPENDENT INFORMATION					
SSN#	Last Name	First Name	DOB	Participant	Transaction	Termination Reason	DOD	SSN#	Last Name	First Name	DOB	BOE P
<a href="#">999999999</a>	DOE	JOHN	01/05/1957	DEPENDENT SPOUSE	ADD			999999998	DOE	JANE	01/06/1957	RETI
<a href="#">001000001</a>	SMITH	JOHN	05/25/1942	TRB RETIREE	ADD							
<a href="#">001000001</a>	SMITH	JOHN	05/25/1942	DEPENDENT SPOUSE	ADD			002000002	BRENDA	SMITH	06/17/1948	RETI

TRB RETIREE INFORMATION	
SSN#	
Last Name	
First Name	
Date of Birth	
TRANSACTION INFORMATION	
Participant	
Transaction	
Termination Reason	
Date of Termination/Death	
DEPENDENT INFORMATION	
SSN#	
Last Name	
First Name	
Date of Birth	
INSURANCE INFORMATION	
BOE Plan Type	
Coverage Plan Type	
Dental Plan #	
Subsidy Effective Date	
BOE Monthly Premium Amount	
Notes	

 ADD/UPDATE   
  CLEAR ENTRY   
  CLEAR LIST   
  EXPORT TO CSV

# USING THE TOOL – PREMIUMS

## BOE Monthly Premium Amount

The premium entered should follow the below rules:

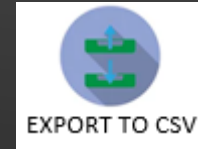
- The premium should not be more than the total plan cost BEFORE subsidy is applied.
- If the plan is bundled and there are multiple participants use the Individual coverage rate for the retiree and the difference between individual coverage and dependent coverage for the dependent
  - For example: The total cost for Retiree and Spouse is \$2,450 but the cost for the same plan with only the retiree enrolled is \$865 you would enter the premium as:
    - Retiree premium amount \$865
    - Spouse premium amount \$1,585
  - Entering the premium as two separate entries allows the district and the retiree to receive a full subsidy for each participant. The retiree will receive \$220, and the spouse will receive \$220 for a total of \$440.
- Dental would follow the same rule to allow for a full reimbursement under each participant
- If a premium amount changes for your district due to annual renewals/changes, contact [TRB.Subsidy@ct.gov](mailto:TRB.Subsidy@ct.gov) to request a Roster Audit Sheet so you can make batch changes to your district's reported rates. You do not need to enter a change request for each individual participant.

# USING THE TOOL – SAVING AND UPLOADING

➤ You will receive a confirmation email within 24 hours

## Saving the District Health Subsidy Worksheet

1. On the Subsidy Form click the EXPORT TO CSV icon at the bottom of the screen
2. A pop up will appear indicating that your file will be named automatically based on TRB naming requirements – click Yes
3. A windows explorer pop-up will appear asking you to select the location on your computer that you would like to save the file. Once you have found a location you can easily remember and reference, click OK



## Uploading the District Health Subsidy Worksheet

1. Open the CT ST Web Client Secure File Transfer portal at <https://sft.ct.gov>
2. Login using your CTIS account login for your district – if you need login credentials, please contact [TRB.Subsidy@ct.gov](mailto:TRB.Subsidy@ct.gov)
3. Open the ToTRB folder
4. Click the Upload icon and select the District Health Subsidy Worksheet you just saved



# USING THE TOOL - VISUAL WALK-THRU

The screenshot displays the ST Web Client interface. At the top, the browser address bar shows the URL <https://sft.ct.gov>. The page header includes the logo 'ct.gov ST Web Client' and navigation tabs for 'Your Files' and 'Mailbox'. A user profile indicator shows '39 Welcome 399CTIS'. The left sidebar shows a tree view under 'Your Files' with folders 'fromTRB' and 'toTRB'. The main content area features an 'Upload' button, a 'Share' icon, and an 'Actions' dropdown menu. A table lists the files:

Name ↑	Last modified	Size
fromTRB	7/13/2022, 10:27:49 AM	
toTRB	7/13/2022, 8:04:09 PM	

An 'Uploads monitor' widget is visible in the bottom left corner. The bottom right corner of the page indicates 'Items: 2'. The Windows taskbar at the bottom shows the system clock as 1:58 PM on 7/15/2022.

# THE DENTAL SUBSIDY

- Adding or Terminating dental subsidy participants is still completed on the TRB District Health Subsidy Worksheet
- Changes to dental premiums are submitted on an Excel spreadsheet that is then uploaded using the ST Web Client
- This allows participants to be grouped based on premium and BOE so we can quickly make changes
- Using this method makes it easier for BOE staff to submit rate changes without having to enter them individually on the software
- It also allows TRB to make changes quickly in our system and adjust rates for large groups all at once

Not all participants receive Medical benefits through their BOE. Some participants receive dental coverage only.

Many of these participants receive a subsidy that is below the standard \$220 because dental coverage only has a cheaper monthly premium.

As a result, rate changes need to be submitted to TRB to ensure we provide reimbursement based on what the participant pays for that plan year.

- Dental Subsidy changes submitted on the Dental Worksheet should be named using the below format:
  - TRB\_Dental\_Only\_Subsidies\_399.xlsx
  - The last 3 digits should represent your BOE/District

# THE DENTAL SUBSIDY

The first tab on the excel spreadsheet is for participants who are receiving only dental benefits from the BOE

Last Name	First Name	Coverage	Retiree or Spouse	Dental Rate Eff Date	Dental Rate Term Date	GROUP#	Monthly Rate	Town Number	BOE Name
DOE	JOHN	CIGNA	REITREE	7/1/2020	6/30/2021	399-Dntl-2P	\$48.00	399	SAMPLE BOARD
DOE	JANE	CIGNA	SPOUSE	7/1/2020	6/30/2021	399-Dntl-2P	\$48.00	399	SAMPLE BOARD
SMITH	MICHAEL	CIGNA	RETIREE	7/1/2020	6/30/2020	399-DNTL-MEM	\$32.00	399	SAMPLE BOARD
SMITH	MARY	CIGNA	SPOUSE	7/1/2020	6/30/2020	399-DNTL-SPOUSE	\$36.00	399	SAMPLE BOARD

The second tab of the Excel spreadsheet is where you will provide the rates for different dental covered recipients under your BOE

Town Number	BOE Name	Group #	Group Description	Monthly Dental Rate	Dental Rate From Date	Dental Rate To Date	Plan Year	Comments
399	SAMPLE BOARD	399-DNTL-2P	Cigna 1 person	\$ 48.00	7/1/2020	6/30/2021	2021	
399	SAMPLE BOARD	399-DNTL-MEM	Cigna member rate	\$ 32.00	7/1/2020	6/30/2021	2021	
399	SAMPLE BOARD	399-DNTL-SPOUSE	Cigna spouse rate	\$ 36.00	7/1/2020	6/30/2021	2021	

TRB asks that you complete the all columns within the spreadsheet  
 \*Note – two additional columns have been added moving forward

Group Examples:

- 399-Dntl-1P
- 399-Dntl-2P
- 399-Dntl\_Mem
- 399-Dntl-Spouse
- 399-Dntl-Teach-1P
- 399-Dntl-Teach-2P
- 399-Dntl-Admin-1P
- 399-Dntl-Admin-2P

# HEALTH SUBSIDY SCHEDULE

- Do not submit duplicate files in the same quarter
  - If you need to submit a corrected file or aren't sure if you have already submitted a file for a specific quarter, please contact TRB at [TRB.Subsidy@ct.gov](mailto:TRB.Subsidy@ct.gov)
  - Duplicate files will not be processed if submitted without contact TRB first
- Do not send participant information through an unsecure email

## TRB Health Subsidy Schedule

<u>Quarter Covered</u>	<u>District Files Available for Download</u>	<u>District Files Due - Upload</u>	<u>Corrected Files Due</u>
January - March	October 1 - 30th	<b>November 1st</b>	November 15th
April - June	January 1 - 30th	<b>February 1st</b>	February 15th
July - September	April 1 - 30th	<b>May 1st</b>	May 15th
October - December	July 1 - 30th	<b>August 1st</b>	August 15th

Failure to submit your file or corrections by the due date may delay your subsidy payment until the next quarter.

Contact us at [TRB.Subsidy@ct.gov](mailto:TRB.Subsidy@ct.gov) with questions or concerns.



# QUESTION AND ANSWER



- Is the disabled dependent subsidy in addition to retiree and spouse?
  - No. The TRB will only cover a disabled dependent in the spouse or ex-spouse is deceased. If the retiree is deceased, then the TRB will cover the spouse and disabled dependent.
- How do I check if a retiree is eligible or what board they last contributed from?
  - You can reach out to the TRB Health Subsidy mailbox at [TRB.Subsidy@ct.gov](mailto:TRB.Subsidy@ct.gov)
- If a retiree is on the medical and receiving dental, do I report them separately?
  - No, you would only report dental separately if they are receiving no other benefits
- I sent a DHS Worksheet but did not get a confirmation, how do I check this?
  - First, check your work. Did you upload outside of the toTRB folder? If so, you will not receive a confirmation email. If you did the steps correctly, email TRB and we will look for the issue.
- Can a retiree stay on the insurance even after 65?
  - Yes! There is no age limit to the subsidy. Eligibility only ends when they enroll in Medicare Part A and B or stop receiving a pension/disability allowance.
- My district did not submit a quarterly DHS Worksheet, can I submit it late?
  - Yes, we will accept delayed reporting but keep in mind there may be a delay or omittance of payment if it is considered untimely.