STATE OF CONNECTICUT
TEACHERS' RETIREMENT BOARD
765 ASYLUM AVENUE HARTFORD, CT 06105-2822
Toll free 1-800-504-1102 (860) 241-8400 Fax (860) 622-2849
"An Affirmative Action/Equal Opportunity Employer", www.ct.gov/trb

October 2011

PREMIUM INCREASE NOTIFICATION AND TRB HEALTH PLAN CHANGE FORM EFFECTIVE JANUARY 1, 2012

Premium Increase Notification

Coverage Type	Monthly, Per Person
Medicare Supplement with Prescriptions*	$124.00
Medicare Supplement with Prescriptions & Dental	$173.00
Medicare Supplement with Prescriptions, Dental, Vision & Hearing	$180.00

*This plan has been designated as the base plan available through the Teachers' Retirement Board. The full premium for the base plan is $372 monthly per person, in 2012. Two-thirds of the premium for this base plan is subsidized on your behalf ($248). The plan participant pays one-third of the premium ($124).

Change in Coverage Form: This is your annual opportunity to add or drop your level of coverage through the Teachers' Retirement Board. If you are going to make a change, you must submit the appropriate change form on or before November 15, 2011. If you are not making a change, you do not have to submit the enclosed form. On January 1, 2012 you are locked into your plan through the end of the year. The 2012 premiums apply to all plan participants. No one is grandfathered into a prior year premium.

DIABETIC SUPPLIES (Test Strips, Lancets, and Monitors) are available through a retail pharmacy or thru 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 purchase prescriptions at a pharmacy we recommend that you shop around.
- To expedite mail order prescriptions, have your physician fax the order directly to Caremark, as it is Caremark's practice to fill orders upon receipt of the request from your physician. Allow up to four weeks for processing should you decide to fax or mail the prescription order form in yourself. If your physician changes your prescription, submit and get confirmation from Caremark that the original prescription will be cancelled.
- 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 advance program or the prescription program of another employer who also receives the federal reimbursement. To find out if another prescription program receives the federal reimbursement you must contact the benefits department of the other employer.
- Your address is submitted to the health plan vendors on the 1st work day of each month. You must submit address changes in writing, including your signature, directly to us at the above address.
- You will get your cards under separate cover shortly before the effective date of your coverage directly from the individual vendors.

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GENERAL PLAN INFORMATION

You should review and understand your benefits, deductibles and co-insurance prior to signing up for this health insurance plan.

The annual prescription deductible of $250 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 $250 deductible in the year they enroll and are also subject to the full $250 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.

The services covered under the Connecticut State Teachers' Retirement Board Health Benefits Plan are described in the Health & Prescription Drug Benefits Plan Summary bulletin available on our website: http://www.ct.gov/trb/lib/trb/formsandpubs/SPD-WEB.pdf.

PLAN SPONSOR INFORMATION

Connecticut State 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

Delta Dental Plan of New Jersey
1639 Route 10 (P.O. Box 222)
Parsippany, NJ 07054-0222
(800) 452-9310 http://www.deltadentalnj.com/

The Delta Dental Benefits Summary which is a general description of your dental care program is available on our website at http://www.ct.gov/trb/lib/trb/formsandpubs/deltadentalbensum.pdf.

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HEALTH INSURANCE CHANGE FORM
RETIREE

This form is to be used by a retiree who is currently enrolled in the Teachers' Retirement Board Health Plan (referred to as Stirling coverage) 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.
- One application is required by November 15, 2011, from each person making a change
- Your change will become effective January 1, 2012.

	Cost per person per month	Check one(x)
Medicare Supplement with Prescriptions	$124.00	☐
Medicare Supplement with Prescriptions and Dental	$173.00	☐
Medicare Supplement with Prescriptions and Dental, Vision & Hearing	$180.00	☐
If you have health insurance in addition to Medicare A & B and Stirling, please check this box	☐	

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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Heath 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.**

- Be sure to include a copy of your Medicare Card if you are making a change to your coverage.
- One application is required by November 15, 2011, from each person making a change to his or her coverage
- Your change will become effective January 1, 2012.

	Cost per person per month	Check one(x)
Medicare Supplement with Prescriptions	$124.00	☐
Medicare Supplement with Prescriptions and Dental	$173.00	☐
Medicare Supplement with Prescriptions and Dental, Vision & Hearing	$180.00	☐
If you have health insurance in addition to Medicare A & B and Stirling, please check this box.	☐	

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