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 2012
Premium Notification and TRB Health Insurance Change Form
Effective January 1, 2013

Premium Change Notification	**Monthly Premium Per Person**	
Coverage Type	2012	2013
Medicare Supplement with Prescriptions*	$124.00	$117.00
Medicare Supplement with Prescriptions & Dental	$173.00	$160.00
Medicare Supplement with Prescriptions, Dental, Vision & Hearing	$180.00	$165.00

*This plan has been designated as the base plan available through the Teachers' Retirement Board. The full premium for the base plan in 2013 is $350 monthly per person. Two-thirds of the premium for this base plan is subsidized on your behalf ($233). The plan participant pays one-third of the premium ($117).

Change in Coverage Form: This is your annual opportunity to add, drop or change your 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 16, 2012. If you are not making a change, do not submit the enclosed form(s). On January 1, 2013 you are locked into your plan through December 31, 2013, unless you cancel all coverage. The 2013 premiums apply to all plan participants.

Important Information Regarding Our Plan For 2013

Plan members who receive the **Shingles Vaccine** on or after January 1, 2013 may receive partial reimbursement under the medical plan administered by Stirling Benefits, Inc. Contact Stirling Benefits to obtain claim forms. Vaccinations received prior to January 1, 2013 are not subject to this provision.

Aetna Dental Plan Effective January 1, 2013, Aetna will administer our dental plan benefits and will issue new cards for all members enrolled in the dental plan. If you receive a dental card and cancel your dental coverage effective January 1, 2013, you will not have access to the dental plan benefits. To confirm if your dentist is in the Aetna Dental PPO II network you may call Aetna Member Services toll-free at 1-855-394-3874.

Aetna Discount Programs will be offered to all members enrolled in our Aetna Dental plan. Discounts include certain gym memberships, weight loss programs, hearing devices, massage and acupuncture, LASIK surgery, Chiropractic visits, vitamins, herbal and nutritional supplements and natural products. However, discount programs are not available to members living in California. To learn more about these discount programs you can call Aetna member services toll-free at 1-855-394-3874.

Diabetic Supplies (Test Strips, Lancets, and Monitors) are available through a retail pharmacy or through 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 retail pharmacy we suggest that you shop around.

- Caremark fills mail order prescriptions received directly from your physician upon receipt, regardless of whether or not you are aware of or have approved the order. Allow up to four weeks for processing when you submit the order yourself. If your physician changes your prescription, you should obtain **confirmation** from Caremark that the original prescription will be cancelled. A change in dosage constitutes a prescription change.

- 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 advantage program, or the prescription program of another plan sponsor who receives the federal reimbursement**. To find out if another prescription program receives the federal reimbursement contact the benefits department of the other plan sponsor.

- A spouse becomes ineligible for subsidized 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 by December 16, 2012, to avoid reimbursement of paid claims for the ineligible spouse.

- A surviving spouse becomes ineligible upon remarriage. Prompt notification is necessary to avoid reimbursement of paid claims after eligibility ends.

- TRB submits current addresses to our health plan vendors on the 1st working day of each month. Therefore, you must submit address changes in writing including your signature directly to TRB at the above address prior to the 1st working day of each month to ensure as little disruption as possible in the delivery of service and claim processing.

- ID cards are mailed under separate cover shortly before the effective date of your coverage directly from the individual vendors.

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

CVS Caremark
PO Box 94467
Palatine, IL 60094-4467
e-mail customerservice@caremark.com
(877) 906-3802 https://www.caremark.com

DENTAL CLAIMS ADMINISTRATOR

Aetna Dental PPO II
151 Farmington Avenue
Hartford CT 06156
(855) 394-3874 http://www.aetna.com

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Health Insurance Change Form
Member

This form is to be used by a member 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.
- Due Date for those making changes is November 16, 2012.
- Your change will become effective January 1, 2013.

	Cost per person per month	Check one(x)
Medicare Supplement with Prescriptions	$117.00	☐
Medicare Supplement with Prescriptions and Dental	$160.00	☐
Medicare Supplement with Prescriptions and Dental, Vision & Hearing	$165.00	☐

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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Health 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.

- Submit a copy of your Medicare Card if you are making a change to your coverage.
- Due Date for those making changes is November 16, 2012.
- Surviving spouses become ineligible upon remarriage
- Spouses are ineligible for coverage upon divorce or legal separation.
- Your change will become effective January 1, 2013.

	Cost per person per month	Check one(x)
Medicare Supplement with Prescriptions	$117.00	☐
Medicare Supplement with Prescriptions and Dental	$160.00	☐
Medicare Supplement with Prescriptions and Dental, Vision & Hearing	$165.00	☐

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