



STATE OF CONNECTICUT  
TEACHERS' RETIREMENT BOARD  
765 ASYLUM AVENUE HARTFORD, CT 06105-2822  
"An Affirmative Action/Equal Opportunity Employer"  
Toll-Free 1-800-504-1102 (860) 241-8400 Fax (860) 525-6018 www.ct.gov/trb

## **HEALTH INSURANCE FREQUENTLY ASKED QUESTIONS**

### **SUBSIDIZED LOCAL SCHOOL DISTRICT COVERAGE**

#### **When I retire, where do I obtain my health insurance coverage?**

If you are not participating in Medicare Part A (Hospital Insurance) and Part B (Medical Insurance), you may elect to continue your health insurance with your last employing school district.

#### **Can my spouse/Civil Union Partner also participate in this plan?**

Yes. If your spouse/Civil Union Partner is not participating in Medicare Part A and Part B, he/she may also continue coverage through your former employer's plan.

#### **Is my former employer required to offer health insurance coverage to me and/or my spouse/Civil Union Partner if we do not have Medicare Part A and Part B?**

Yes. As long as either you and/or your spouse/Civil Union Partner are not participating in Medicare Part A and Part B, state law requires that they make coverage available to you and/or your spouse/Civil Union Partner.

#### **Is there a cost to me and/or my spouse/Civil Union Partner if I remain with my former school district's health insurance plan?**

Your former school district is not obligated to pay for the cost of your health insurance unless required to do so by a collective bargaining agreement or other arrangement. Unless this is the case, you and/or your spouse/Civil Union Partner must pay for the cost of health insurance.

#### **What amount must I pay for my health insurance coverage through my former employer?**

Your employer must charge you the same premium that is assessed by the insurance company for the type of coverage you are receiving. For self-insured plans, your employer must charge you the budgetary premium rate for the form of coverage you are receiving. The cost for health insurance varies from district to district depending on the type of coverage offered. You should contact your payroll or personnel department to find out the cost of health insurance coverage that you are eligible to receive.

#### **If I decide not to stay with my former employer's health insurance plan when I retire can I join again at some later date?**

Yes. As long as you and/or your spouse/Civil Union Partner are not participating in Medicare Part A and Part B, you and/or your spouse/Civil Union Partner may re-enroll in the plan.

#### **If my former employer offers dental coverage, prescription drugs, or eyeglass coverage am I entitled to these benefits?**

Yes. If these types of coverage are available to active members, you have the same rights to receive these benefits.

#### **If I remain with my former employer for my health insurance, will the Retirement System pay a subsidy payment to my former employer?**

Yes. CTRB will issue a subsidy payment on your behalf to your former employer to offset the cost of your health insurance coverage with them. The current subsidy payment is up to \$110.00 monthly for individual coverage and up to \$220.00 monthly for member and spouse/Civil Union Partner.

#### **My former employer pays for part of my health insurance cost and I pay the remaining portion. How will the subsidy payment work in this situation?**

The subsidy must first be used toward the cost of your health insurance coverage. If any balance remains from the subsidy payment, it may be used by the board of education to offset their cost.

**My former employer pays all or part of my health insurance cost but none of the cost for my spouse's/Civil Union Partner's insurance coverage. How will the subsidy payment be distributed?**

The subsidy payment received for your coverage must be used by the school district to offset the cost of your coverage. The subsidy payment payable for your spouse/Civil Union Partner may not exceed \$110.00 and should be applied towards his/her health insurance.

**My spouse/Civil Union Partner is still working and I have my regular health insurance through her health insurance plan. I wish to obtain dental coverage (only) with my former employer. Am I eligible to join their dental plan and will CTRB issue a subsidy payment for this form of coverage?**

Yes. Unless otherwise provided in your local school district's plan, you are eligible for dental coverage from your former employer and entitled to a subsidy for the dental coverage not to exceed the cost of the dental coverage or the subsidy amount, whichever is less.

**I'm retired but my spouse/Civil Union Partner is still working as a teacher for a local school district. I am covered under her plan by the local school district. Is my coverage or her coverage eligible for the subsidy payment?**

No. If you are covered under a plan that originates from an active teacher member's coverage, neither you, your spouse/Civil Union Partner, nor the school district are eligible for the subsidy payment.

**My spouse/Civil Union Partner and I are both retired teachers. Can we get a "double subsidy" both as a retired teacher and as the spouse/Civil Union Partner of a retired teacher?**

No. If you each have your own plan or are covered under a single plan, the maximum subsidy payable per individual is \$110.00 monthly.

**Am I eligible for a subsidy payment if I am not participating in my former employer's health insurance plan?**

No. If you have coverage from a private source or from another group plan other than a Connecticut public school district, a subsidy is not payable on your behalf.

**When I die, is my spouse/Civil Union Partner still eligible for health insurance coverage through my former employer?**

Yes. As a surviving spouse/Civil Union Partner not participating in Medicare Part A and Part B, he/she may continue coverage and continue to receive the subsidy as long as he/she does not remarry or enter into another Civil Union. This is applicable regardless of whether or not your spouse/Civil Union Partner is receiving a monthly beneficiary payment from this system.

**I am not eligible for Social Security Benefits or Medicare Part A and Part B. What do I do for health insurance when I reach age 65?**

If you will not have Medicare Part A and Part B, you may continue your health insurance with your last employer.

**CTRB SPONSORED MEDICARE SUPPLEMENTAL PLANS**

**Do I need Medicare Part A and Part B to participate in CTRB's Sponsored Medicare Supplement with Prescriptions Plan?**

Yes. Participation in Medicare Parts A and Part B is required to participate in the TRB sponsored health plan effective July 1, 2006.

**When I reach age 65, I will participate in Medicare Part A and Part B. Can I stay with my former employer's plan?**

Your former employer is not required by law to offer coverage to a member and/or spouse/Civil Union Partner participating in Medicare Part A and Part B. If your former employer offers you a Supplemental Plan, you may elect to stay with them and the subsidy payment will continue, provided you do not enroll in any CTRB sponsored plan.

**When I reach age 65, I will participate in Medicare Part A and Part B. What are my options through CTRB?**

The following plans are currently available: 1) Medicare Supplement with Prescriptions or 2) Medicare Supplement with Prescriptions and Dental Coverage or 3) Medicare Supplement with Prescriptions and Dental, Vision & Hearing Coverage.

**Is my current coverage through the TRB's prescription plan equivalent to or better than the Medicare Part D prescription coverage?**

Yes. The TRB has determined that the prescription drug coverage offered to you by the TRB's prescription drug plan is "on average", expected to pay out at least as much as the standard Medicare prescription drug coverage will pay. **Because your existing TRB coverage is "on average" as good as standard Medicare Part D prescription coverage, you can stay with your TRB coverage. If you decide later you want to enroll in Medicare Part D prescription coverage and drop the TRB plan, you will NOT incur a permanent lifetime penalty in your Medicare Part D premium, PROVIDED there is no lapse in prescription coverage.**

**What are the consequences if I choose to enroll in the Medicare Part D prescription coverage?**

You will remain in your TRB health coverage but will be dropped from your TRB prescription coverage. There will be no refund or reduction to your TRB premium. You will not be allowed back into the TRB prescription coverage until the next open enrollment period and will need to provide evidence that you have cancelled your Medicare Part D prescription coverage. There is no coordination in benefits between the TRB prescription coverage and the Medicare Part D prescription coverage.

**How will I decide whether to remain in the TRB prescription plan or choose Medicare Part D prescription coverage?**

Medicare Part D prescription coverage is different from the health coverage available under Medicare Parts A and B. To obtain prescription coverage under Medicare Part D, you will have to choose a plan from a private company. While there is standard coverage required by Medicare Part D prescription coverage, each private plan is likely to have unique attributes, including which drugs are covered, the level of co-pays, and which pharmacies you can use. Accordingly, you should compare your current coverage and cost with the coverage and cost of the plans offering Medicare Part D prescription drug coverage in your area.

**Is there a penalty if my TRB coverage lapses and I enroll in the new Medicare Part D Plan late?**

Yes. If you drop or lose your coverage with TRB and do not enroll within 63 days in a Medicare prescription drug plan, you will be subject to a permanent lifetime penalty by enrolling in a Medicare prescription drug plan after the May 15, 2006 (the initial Medicare Plan D enrollment deadline). Your Medicare Part D monthly premium will increase at least 1% per month for every month after May 15, 2006 that you did not have prescription coverage. For example, if you are without prescription coverage for nineteen months, your premium will always be at least 19% higher than normal cost.

**How do I pay the premium for the CTRB sponsored plan coverage?**

Monthly premiums for coverage for member and/or spouse/Civil Union Partner must be deducted from the monthly benefit payment. In the event that upon a member's death, a surviving spouse/Civil Union Partner does not receive monthly benefit payments, CTRB will deduct the monthly premiums for coverage directly out of the surviving spouse/Civil Union Partner's checking account.

**How do I enroll in a CTRB sponsored plan?**

Obtain a Medicare Supplemental Health Insurance Information Packet and a Health & Prescription Drug Benefits Plan Summary from this office. All coverage takes effect on the 1<sup>st</sup> day of the month. Enrollment forms must be received by the 25<sup>th</sup> day of the second month preceding the effective date of coverage. For example, for coverage to become effective as of December 1<sup>st</sup>, CTRB must receive your form no later than October 25<sup>th</sup>. The appropriate premium will be deducted from the benefit payment dated November 30<sup>th</sup>. If you are a new retiree or the spouse/Civil Union Partner of a new retiree, contact this office for a determination of the earliest enrollment effective date available.

When enrolling, please be aware that the \$250 annual prescription deductible is based on the calendar year, January to December, and is not proratable. If you are enrolling in one of our plans at the end of the year, you would be subject to a \$250 deductible for the remainder of that year and a new \$250 deductible would begin in January.

**How often can I make changes?**

Once you enroll in a plan, you may not make any changes until the next open enrollment period. You may cancel at any time provided you notify CTRB in writing by the 25<sup>th</sup> day of the second month preceding the effective date of termination of coverage. For example, to terminate coverage effective as of May 1<sup>st</sup>, CTRB must receive your notice no later than March 25<sup>th</sup>. The premium payment will be cancelled on the benefit payment dated April 30<sup>th</sup>.

**When is the next open enrollment period?**

The next open enrollment period will be held in the fall of 2010. In October of 2010, you will have the opportunity to re-enroll or change your form of coverage to be effective January 1, 2011.

**When I die, is my spouse/Civil Union Partner eligible for health insurance coverage through CTRB?**

A surviving spouse/Civil Union Partner who is participating in Medicare Part A and Part B may participate in a CTRB sponsored plan as long as he/she does not remarry or enter into another Civil Union. This is applicable regardless of whether or not your spouse/Civil Union Partner is receiving a monthly beneficiary payment from this system.

**If I travel outside the United States or live outside the United States, will the CTRB health insurance cover me?**

The Teachers' Retirement health plan will pay for emergency and acute care that occurs while traveling outside of the United States. The plan does not cover routine care or care for chronic conditions while a person lives outside the United States, even if their stay is for less than one half the year. The Out of Country benefit may not be used to obtain care that is not available within the United States.

**For further Information:**

⇒ **Enrollment, Health & Prescription Drug Benefits Plan Summary**

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⇒ CVS Caremark  
⇒ PO Box 94467  
⇒ Palatine, IL 60094-4467  
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⇒ (800) 318-2572      [www.caremark.com](http://www.caremark.com)

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