



CT TEACHERS' RETIREMENT BOARD
765 ASYLUM AVENUE 2ND FLOOR HARTFORD, CT 06105-2822
Toll free 1-800-504-1102 (860) 241-8400 Fax (860) 241-9295
"An Affirmative Action/Equal Opportunity Employer"
www.ct.gov/trb

2019 TRB Medical Plans

Listed below for review are the 2019 plan rates and overview of the benefit plan options. The rate table indicates the actual member cost (not total plan cost) for the 2019 plan year.

Premium Comparison

	2019 Anthem Medicare Advantage Plan (Base Plan)	2019 Stirling Medicare Supplement	2018 Anthem Medicare Advantage Plan (Base Plan)	2018 Stirling Medicare Supplement
Medical	\$14	\$122	\$12	\$137
Drug	\$51	\$51	\$62	\$62
VH	\$7	\$7	\$5	\$5
Dental	\$58	\$58	\$55	\$55
Total	\$130	\$238	\$134	\$259



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High Level Summary of Plan Differences

Medical Plan Comparison	Anthem	Stirling
Network Services	All Medicare participating providers	All Medicare participating providers
Medicare Part A Inpatient hospital	\$200 copay per admission	\$250 copay per admission, limited to a maximum of four copays a year
Medicare Part B Outpatient Services-Office visits Preventive Care	\$5.00 copay \$0.00 copay	\$0 copay, after* the following deductibles and copays have been satisfied: Part B deductible \$185.00. Plan deductible \$500, and 10% cost share up to a \$1,000 out of pocket annual plan maximum.
Part B Outpatient Services diagnostic tests and therapeutic services, diabetic and DME supplies Including but not limited to radiation therapy, X-ray PET, CT, SPECT, MRI scans etc.	\$0.00 for well care services and \$5.00 copay for sick medical services. Services may require a Prior Authorization	\$0 copay, after* the following deductibles and copays have been satisfied: Part B deductible \$185.00. Plan deductible \$500, and 10% cost share up to a \$1,000 of pocket annual plan maximum No prior authorization required for services under traditional Medicare Supplement plan rules

* Medicare Part B deductible subject to change per CMS



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Changes in Plans for 2019

(full plan description will be available on the TRB website)

- Stirling:** \$250 per admission Inpatient Hospital Copay, limited to a maximum of four copays a year;
\$185 Part B deductible*;
\$500 plan deductible;
10% member cost share after Part B deductible and \$500 Plan deductible up to a plan year maximum of \$1,000.
- Anthem:** Members will have access to all Providers who accept Medicare including assignment.
- CIGNA:** No plan change in covered services or copay
- Vision & Hearing:** Beginning Jan 1, 2019 vision and hearing claims should be submitted to the medical provider that you select.
- Express Scripts:** \$415 plan deductible, 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).