

## 2018-2019 TEACHERS' RETIREMENT INSURANCE PROGRAM (TRIP) RATES

The Teachers' Retirement Insurance Program (TRIP) rate chart effective July 1, 2018 to June 30, 2019 is printed below. **The premiums increased this fiscal year.** To update billing information, please send a letter to TRS. If you have any questions, please contact Lisa Hanson at 877-927-5877, ext. 2093 or fax the information to (217) 753-0394. The Benefit Choice booklet with rates is also available on the CMS website at: <https://www2.illinois.gov/cms/benefits/Teachers/Documents/FY2019%20BC/TRIP2019.pdf>

A new retiree will not be listed on your district bill until his/her retirement benefit is processed. If school district insurance will cover new retirees during the summer, please check to make sure members have indicated a deferred effective date on the TRIP application or the new online participation election form. Numerous new retirees fail to mark the deferred coverage box on the application every year and this causes many adjustments to the district billings.

The termination date can only be the last day of the month for premium payments indicated on the TRIP application or the election form. The premium payment cannot be stopped mid-month.

### Monthly Premiums Through June 30, 2019

Type of Plan		Not Medicare Primary Under Age 26	Not Medicare Primary Age 26-64	Not Medicare Primary Age 65 & Above	Medicare Primary* All Ages
<b>Benefit Recipient</b>	Managed Care Plan (OAP & HMO)	\$83.40	\$259.09	\$353.00	\$102.39
	TCHP (PPO) when a managed care plan is available	\$216.47	\$610.96	\$918.86	\$242.78
	TCHP (PPO) when a managed care plan is unavailable in your county	\$108.23	\$305.49	\$459.44	\$121.40
<b>Dependent Beneficiary</b>	Managed Care Plan (OAP & HMO)	\$333.75	\$1,036.33	\$1,411.95	\$354.71**
	TCHP (PPO) when a managed care plan is available	\$432.93	\$1,221.94	\$1,837.71	\$485.56
	TCHP (PPO) when a managed care plan is unavailable in your county	\$432.93	\$1,221.94	\$1,837.71	\$364.18**

\* You must enroll in both Medicare Parts A and B to qualify for the lower premiums. Send a copy of your Medicare card to TRS. If you or your dependent is actively working and eligible for Medicare, or you have additional questions about this requirement, contact the CMS Group Insurance Division, Medicare Coordination of Benefits (COB) Unit at 800-442-1300 or 217-782-7007.

\*\* Medicare Primary dependent beneficiaries enrolled in a managed care plan, or in TCHP when no managed care plan is available, receive a premium subsidy.

