2025-2026 TEACHERS' RETIREMENT INSURANCE PROGRAM (TRIP) RATES

New this Fiscal Year

As of July 1, all TRIP plan participants will have vision and dental benefits at no additional cost.

Monthly Premium Contributions Effective July 1, 2025 - June 30, 2025

Premiums increased this fiscal year. The Benefit Choice booklet with rates is also available on the MyBenefits website, MyBenefits.illinois.gov.

Type of Plan		Not Medicare Primary Under Age 26	Not Medicare Primary Age 26-64	Not Medicare Primary Age 65 & Older	Medicare Primary* All Ages
Benefit Recipient	**Managed Care Plan (OAP & HMO)**	$121.18	$370.76	$503.81	$149.28
	TCHP (PPO) when a managed care plan is available	$308.40	$857.02	$1,300.03	$346.83
	TCHP (PPO) when a managed care plan is unavailable in your county	$156.11	$431.60	$653.58	$176.03
Dependent Beneficiary	**Managed Care Plan (OAP & HMO)**	$484.89	$1,483.01	$2,015.19	$517.23
	TCHP (PPO) when a managed care plan is available	$624.46	$1,726.40	$2,614.28	$704.09
	TCHP (PPO) when a managed care plan is unavailable in your county	$624.46	$1,726.40	$2,614.28	$533.28

* *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.*

A new retiree will not be listed on the district bill until the retiree's retirement benefit is processed. If school district insurance will cover new retirees during the summer, please check to make sure members have indicated the appropriate TRIP effective date in Section 1 of the TRIP Participation Election Form (see highlighted areas on following page). Numerous new retirees fail to indicate the appropriate TRIP coverage effective date on the form which causes many unnecessary adjustments to district billings.

In addition, districts who contribute funding toward the retiree monthly premium cost for TRIP must fill out Section 3 of the form. Districts who do not contribute funding toward the retiree monthly TRIP premium do not need to fill out Section 3 and should not sign the form.

To update billing information, please send a letter to TRS. If you have any questions, please contact **Lesley Newsome** by email at lnewsome@trsil.org

An example of the TRIP participation election form and further instructions for Section 3 follows.

(more)

1. TRS member information

		Member ID: County of residence: Home telephone number: Gender: Date of birth:
Email address		
Effective date of retirement	Date School District Coverage Ends	Requested Date for Retirement Insurance Coverage to Begin

2. Authorized signature

I agree to abide by all Group Insurance Program rules when I enroll. I authorize the annual established premiums to be deducted from my benefit check. I understand that if the amount of my benefit check is insufficient to cover the premiums, I will be direct billed from TRS. I understand it is my responsibility to review my check and verify the amounts of the insurance deductions are accurate. Falsification of the information contained on this form may result in the Department of Central Management Services (CMS) imposing a financial penalty, including, but not limited to, repayment of all premiums the Program made on behalf of the enrolled individual, as well as expenses incurred by the Program. All information furnished on this election is true and complete to the best of my knowledge. This authorization will remain in effect until further written notice.

By signing, I certify that this information is correct. I am aware that pursuant to the Illinois Pension Code, 40 ILCS 5/1-135, any person who knowingly makes any false statement or falsifies or permits to be falsified any record in an attempt to defraud the Teachers' Retirement System is guilty of a Class 3 felony. Please be advised that if the TRS Board has a reasonable suspicion that a false record has been filed with the System, it is required to report the matter to the appropriate state's attorney for investigation.

Signature (member or legal representative)	Date

3. School district authorization for paying premium. If the school district is paying your portion of the monthly premium or your portion and your dependent's premium, the district representative **must** complete the appropriate information and sign the appropriate line. The district representative must also identify the district name and TRS code.

Are you paying for (select one): ☐ Member ☐ Member and spouse or civil union partner ☐ Member and all dependents

Will you pay (select one): ☐ Managed Care ☐ PPO

Will you pay rate increases? ☐ Yes ☐ No

If one of the above boxes is not selected, please indicate a specified dollar amount or percentage rate:

Monthly dollar amount _____ Percentage rate of total premiums _____

Effective date of paying premium _____ **(required entry)** Termination date of paying premium _____ **(required entry)**

District name and TRS code	District representative's signature	Date

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You may return your completed form in two ways. TRS will acknowledge receipt of this form

1. **Preferred Method**: Sign in to the Member Account Access area on the TRS website and upload the application using the Document Upload Center. See instructions on the reverse side of the Medicare Checklist.

2. United States Postal Service – use this address:
Teachers' Retirement System of the State of Illinois
2815 West Washington
PO Box 19253
Springfield, IL 62794-9253

Instructions for Section 3: School District Authorization for Paying Premium

Districts should only fill out Section 3 of the form if paying a portion or full cost of the monthly TRIP premium.

Are you paying for (select one): *Member, Member/spouse or civil union partner, or Member and all dependents*

This answer is required. The district should only select one box. The district can pay for the member, the member and spouse or civil union partner, or the member and all covered dependents.

Will you pay (select one): *Managed Care or PPO*

- **Do not check either box if the district plans to pay a flat dollar amount or a percentage of the TRIP premium.** See below.
- If the district checks the box for either the Managed Care or the PPO, the entire monthly premium contribution for the Managed Care Plan or the TCHP plan (PPO) will be billed to the district.

Will you pay rate increases? *Yes or No*

- Do not check either box if the district plans to pay a flat dollar amount or a percentage of the TRIP premium.
- The district should only select "Yes" if the district agrees to pay the rate increases. The monthly premium contribution rates are published each year in the TRIP Benefit Choice Booklet and can increase each year up to 5%.
- The district should select "No" if the district does not intend to pay the rate increases. This means the district will only pay the current rate. If the rate increases at the start of the new plan year, the district will not pay any amount over what the current rate is.

  If the district intends to pay a specified dollar amount or percentage rate, the district is required to fill out this part of Section 3. Districts must indicate either a flat dollar amount or a percentage rate of total premiums.

Monthly dollar amount_____

List the flat dollar amount the district will pay each month on the line. This amount will be applied to the member and any dependents (if the district will cover the dependent cost).

Percentage rate of total premiums_____

List the percentage rate the district will pay each month on the line. This amount will be applied to the member and any dependents (if the district will cover the dependent cost).

Effective date of paying premium_____

This answer is required. This is the effective date that the district will begin to pay for TRIP coverage. This must be on the first day of the month.

Termination date of paying premium _____

This answer is required. This is the last date that the district will pay for TRIP coverage. This can only be the last day of the month for premium payments indicated on the form. The premium payment cannot be stopped mid-month.

The district representative must indicate the district name and TRS code on the form. The district representative must also sign and date the form prior to submitting to TRS.

Add your phone number when signing the form.