

Teachers' Retirement Insurance Program Benefits Handbook Amendment (Amendment IV)

This document is an amendment to the TRIP Benefits Handbook released in October 2011. An amendment adds, modifies, deletes or otherwise changes a benefit listed in the Benefits Handbook. As changes occur, the online handbook will be modified to reflect the changes. Those updates and changes will be included in this amendment document as they occur. If you have a printed copy of the online handbook, you should refer to this amendment to ensure you have the most up-to-date information.

TEACHERS' RETIREMENT INSURANCE PROGRAM AMENDMENT – 07/01/2013

The following amends the Benefits Handbook:

1. The term 'usual and customary (U&C)' was replaced with 'allowable charges' throughout the handbook.
2. A new section Teachers' Choice Health Plan (TCHP) Summary of Benefits and Exclusions) was added behind the 'Health Plan Options' section of the handbook. The addition of these pages have caused the remaining pages to be renumbered beginning with page 28. The index has been updated to reflect the page number changes.
3. On page 23, under 'Health Plan Options', the 'Open Access Plan (OAP)' section was expanded to give more information regarding how an OAP works.
4. After page 27, a section that lists the benefits covered under the TCHP, as well as the plan's exclusions, was added.
5. On page 28 (new page 38), in the 'Prescription Coverage' section, the following changes were made to the headings and to the text throughout those sections:
 - 'Managed Care Plans (Fully-Insured)' was changed to a more accurate description of 'Health Maintenance Organizations (HMOs)'
 - 'Self-Insured Managed Care Plans and the change to Teachers' Choice Health Plan (TCHP) in both places
6. On pages 34 through 36 (new pages 44-46), the 'Medicare' section was updated to indicate that beginning July 1, 2013, members who are enrolled in the Teachers' Choice Health Plan (TCHP) and who have Medicare as their primary insurance must satisfy the annual plan year deductible before the TCHP will pay the standard benefits.

The 'Medicare' section was also updated to clarify that members enrolled in TCHP who have Medicare as their primary insurance must utilize TCHP network providers in order to receive the in-network benefit level after Medicare pays its portion. Members who use providers who are not in the TCHP network will have benefits paid at the out-of-network benefit level after Medicare pays their portion.
7. On pages 40 and 41 (new pages 50-51), in the 'Claims Appeal Process' section, the option for a second level of internal appeals was removed in order to bring the appeal process in line with industry standards and mirror PPACA, NCQA and URAC guidelines.
8. On page 44 (new page 54), the term 'allowable charges' was added to the glossary with the following definition:

"The maximum amount the plan will pay an out-of-network healthcare professional for billed services."
9. On pages 48 and 49 (new pages 58-59), the page numbers associated with the terms listed in the index were updated since additional pages were added to the 'Health Plan Options' section.