Guided Practice 17

Group Premium Rate Change Form

November 5, 2018

This guide will walk you through how to complete the Group Premium Rate Change form to either update your current premiums or to setup brand new insurance plans.

This guided practice assumes you already know how to:

Log in to MyTRS

For additional information and troubleshooting please contact <u>insuranceupdates@trb.state.ma.us</u>.



Completing the Group Premium Rate Change Form for Existing Plans

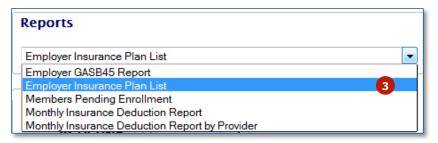
MyTRS allows employers to view retiree insurance plan options and monthly premium costs; however, group premium rate changes and adding new retiree insurance plan options require a Group Premium Rate Change form to be submitted to MTRS.

The Group Premium Rate Change form can be found here on the MTRS website.

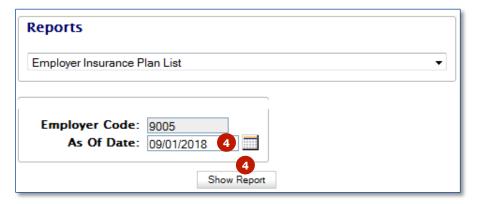
- 1. Log in to MyTRS.
- 2. Select "Insurance Deduction Reports" from the home page or from the "Go To" drop down list at the top of the page.

Retiree Insurance Individual Retiree Insurance Selections View Retiree Insurance Deduction History View Insurance Premium Rates Insurance Deduction Reports 2

3. From the "Reports" drop down list, choose "Employer Insurance Plan List".



4. Enter the report month and year and click **Show Report.**



The report month defaults to the current month. You may need to change this date if this month's retirement warrant hasn't been processed, or if you want to access a report for a prior month.

- 5. Using the exported report as a reference, fill out the Group Premium Rate Change form. Be sure to ONLY list plans and rates that are being updated. If the premium is not changing for a particular plan, please do not include it on the form.
- 6. In the top section of the form you will need to fill out the following information:
 - a. District Name
 - b. Your name
 - c. Your phone number

NATDCA	MTRS Group Rate Premium Change Form						
1VI I I\S	School District:	Gotham Public S	Schools	a			
MASSACHUSETTS TEACHERS'	Completed By:	Jane Smith	b				
RETIREMENT SYSTEM	Phone #:	617-111-2222	C				
SUBMIT your completed form via e-mail ONLY (no faxes), to: insuranceupdates@trb.state.ma.us.							
Insurance Carrier	Plan Type Individual, Family, retiree	Carrier Code	New Premium	Old Premium	Coverage Effective Date mm/dd/yyyy		
	Select						
	Select						

- 7. On the lower half of the form you will need to fill in the plan information for the plans that are subject to the premium rate change.
 - a. Insurance Carrier enter the full name of the insurance provider.
 - b. Plan Type choose the appropriate plan type from the drop down list provided.
 - c. Carrier Code enter the code used to identify the insurance carrier (this is in parenthesis in the Insurance Plan field on the "Employer Insurance Plan List" report that was run in Step 2 above).
 - d. New Premium enter the amount od the new monthly premium for this plan.
 - e. Old Premium enter the amount of the prior monthly premium for this plan (this is on the "Employer Insurance Plan List" report that was run in Step 2 above).
 - f. Coverage Effective Date enter the date on which the new premium takes effect. Be sure to se the MM/DD/YYYY date format in this field.

NATDC	MTRS Group Rate Premium Change Form						
1V1 1 I\S	School District:	Gotham Public Schools					
MASSACHUSETTS TEACHERS!	Completed By:	Jane Smith					
MASSACHUSETTS TEACHERS' RETIREMENT SYSTEM	Phone #:	617-111-2222					
SUBMIT your completed form via e-mail ONLY (no faxes), to: insuranceupdates@trb.state.ma.us.							
Insurance Carrier	Plan Type Individual, Family, retiree	Carrier Code		New emium	Old	Premium	Coverage Effective Date mm/dd/yyyy
Blue Cross Blue Shield	Individual	ВС	\$	265.00	\$	250.00	7/1/2018
Harvard Pilgrim HMO	Family	НРН	\$	505.00	\$	450.00	7/1/2018
MEDEX	Senior(s)	MX	\$	102.50	\$	100.00	7/1/2018
Basic Life	Individual	2000	\$	2.50	\$	2.25	7/1/2018
Altus Dental	Individual	ALT	\$	37.50	\$	30.00	7/1/2018
Altus Dental	Family	ALT	\$	82.50	\$	75.00	7/1/2018
EyeMed Vision Plan	Family	EMD	\$	31.00	\$	28.00	7/1/2018

The form should not include any plans where the premium rate is not changing.

- 8. Email the completed form to insuranceupdates@trb.state.ma.us.
- 9. You will be notified via email when your group premium rate changes have been processed by the MTRS.

Group rate changes are updated overnight, so you will not see the updated rates until the following day.

- 10. Login to MyTRS and review your insurance rates (see <u>GP 15</u> for instructions on how to view your rates in MyTRS). Confirm that the requested changes have been made correctly.
- 11. Contact insuranceupdates@trb.state.ma.us if you notice any issues. The subject of the email should be "RATE ERROR FOUND".

Completing the Group Premium Rate Change Form for New Plans

The Group Premium Rate Change form can be found <u>here</u> on the MTRS website.

- 1. Log in to MyTRS.
- 2. In the top section of the form you will need to fill out the following information:
 - a. District Name
 - b. Your name
 - c. Your phone number

NATDCA	MTRS Group Rate Premium Change Form						
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MASSACHUSETTS TEACHERS'	Completed By:	Jane Smith	Ь				
RETIREMENT SYSTEM	Phone #:	617-111-2222	С				
SUBMIT your completed form via e-mail ONLY (no faxes), to: insuranceupdates@trb.state.ma.us.							
Insurance Carrier	Plan Type Individual, Family, retiree	Carrier Code	New Premium	Old Premium	Coverage Effective Date mm/dd/yyyy		
	Select						
	Select						

- 3. On the lower half of the form you will need to fill in the plan information for the new plans that need to be set up.
 - a. Insurance Carrier enter the full name of the insurance provider.
 - b. Plan Type choose the appropriate plan type from the drop down list provided.
 - c. Carrier Code leave this field blank (MTRS will create the carrier code).
 - d. New Premium enter the amount od the new monthly premium for this plan.
 - e. Old Premium leave this field blank (since this is a brand new plan there is no old premium amount).
 - f. Coverage Effective Date enter the date on which the new premium takes effect. Be sure to se the MM/DD/YYYY date format in this field.

NATDCA	MTRS Group Rate Premium Change Form						
1V1 1 IV3	School District:	Gotham Public S	Schools				
MASSACHUSETTS TEACHERS'	Completed By:	Jane Smith					
RETIREMENT SYSTEM	Phone #:	617-111-2222					
SUBMIT your completed form via e-mail ONLY (no faxes), to: insuranceupdates@trb.state.ma.us.							
Insurance Carrier	Plan Type Individual, Family, retiree	Carrier Code	New Premium	Old Premium	Coverage Effective Date mm/dd/yyyy		
Blue Cross Blue Shield	Individual x2	G	\$ 500.00	е	7/1/2018		
Optional Life	Individual		\$ 15.50		7/1/2018		
Altus Dental	Individual x2		\$ 75.00		7/1/2018		

- 4. Email the completed form to insuranceupdates@trb.state.ma.us.
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- 6. Login to MyTRS and review your insurance rates (see <u>GP 15</u> for instructions on how to view your rates in MyTRS). Confirm that the requested changes have been made correctly.
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