



Teachers' Retirement Board

# Welcome to Medicare

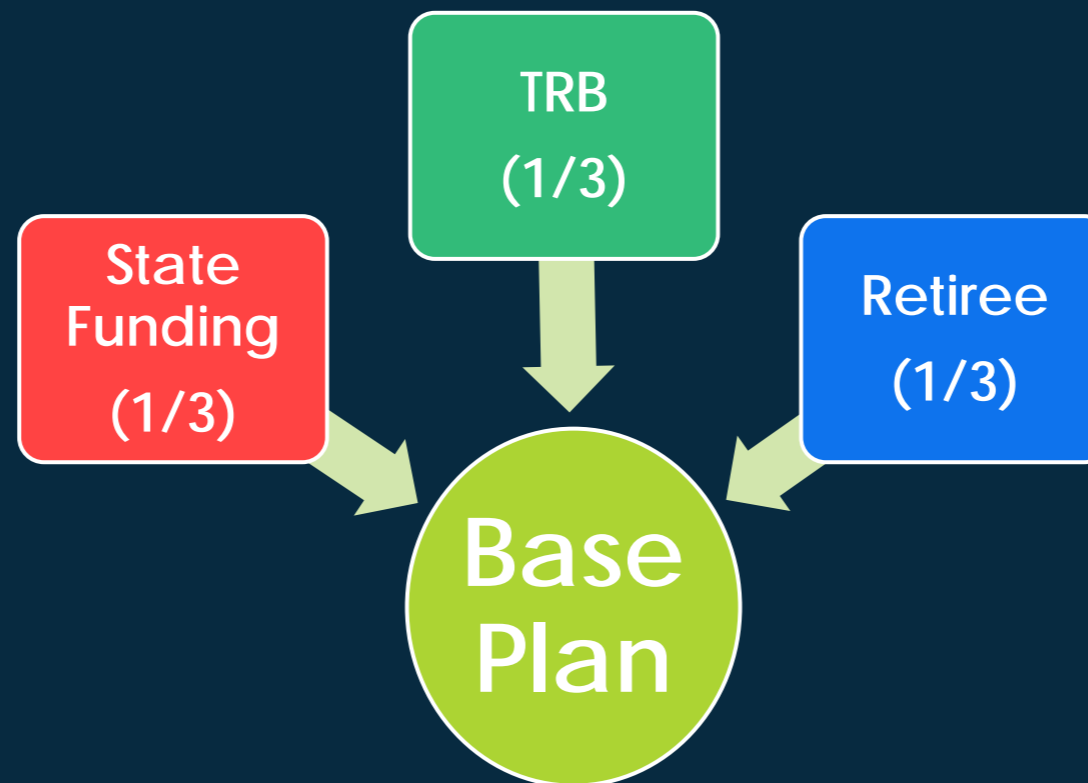


# Agenda

- The CT TRB Statute
- Medicare Eligibility & Enrollment
- Medicare Basics
- TRB Medical Plan Options
- Prescription Plan
- Dental Plan
- Vision & Hearing Plan
- Premiums
- Program Assistance

# The CTRB Statute

- The statute governing the TRB maintains that the State to contribute 1/3 of the "Base Plan" cost of the retiree medical plan Medicare Eligibility & Enrollment.



- The TRB statute also requires the plan not charge the retiree more than 1/3 of plan costs. The Board has adopted less costly plans to ensure the Health Fund remains sustainable.

# Medicare Eligibility Guidelines

## **You are typically eligible for Medicare at age 65 if:**

- You receive or are eligible to receive Social Security
- Your living, deceased or divorced spouse is at least age 62 and is eligible to receive Social Security\*
- Contact Social Security for more information regarding divorce spouse

## **Before age 65, you are eligible if:**

- You have been entitled to Social Security disability benefits for 24 months
- You have Lou Gehrig's disease or ESRD

# Health Savings Account & Medicare

If you have an HSA and you will soon be eligible for Medicare, it is important to plan ahead and understand how enrolling in Medicare will affect your HSA.

- You cannot continue to contribute to an HSA once you enroll into Medicare Part A and/or B.
- If you retire after age 65, Medicare will retro your effect date by six months. In order to avoid a penalty you should stop HSA contributions a minimum of six months prior to your retirement. Failure to do so can result in a tax penalty.

# Initial Enrollment Period

- The Initial Enrollment Period begins three months prior to your 65th birthday, includes the month you turn 65 and ends three months after your 65th birthday.
- TRB requires that your application be received by the 25th of the 2<sup>nd</sup> month prior to your turning 65.
- For example if your benefit begins June 1st, the application should be sent to TRB by the 25th of April.

| Enrollment months IEP | Medicare coverage starts      |
|-----------------------|-------------------------------|
| 1                     | Month eligible for Medicare   |
| 2                     | Month eligible for Medicare   |
| 3                     | Month eligible for Medicare   |
| 4                     | One month after enrollment    |
| 5                     | Two months after enrollment   |
| 6                     | Three months after enrollment |
| 7                     | Three months after enrollment |

# Medicare Part B & IRMMA

| Income<br>(Adjusted Gross Income plus tax-exempt interest income) |                        | Monthly Part B Premium<br>(per person)                           | Monthly Part D Premium<br>(per person) |
|---|------------------------|--|--|
| Single Tax Return   | Married Filing Jointly |  |  |
| \$88,000 or less  | \$176,000 or less      | \$148.50 (may be less if covered by the hold-harmless provision) | \$0.00                                 |
| \$88,001 to \$111,000   | \$176,001 to \$222,000 | \$207.90   | \$12.30                                |
| \$111,001 to \$138,000  | \$222,001 to \$276,000 | \$297.00   | \$31.80                                |
| \$138,001 to \$165,000  | \$276,001 to \$330,000 | \$386.10   | \$51.20                                |
| \$165,001 to \$499,999  | \$330,001 to \$749,999 | \$475.20   | \$70.70                                |
| \$500,000 or more   | \$750,000 or more      | \$504.90   | \$77.10                                |

- Social Security Medicare Income-Related Adjustment Amount- Life Changing Event Form:  
<https://www.ssa.gov/forms/ssa-44-ext.pdf>

# Medicare Basics

## Part A & B

|  | Premium   | Coverage   |
|--|---|--|
| <b>Medicare Part A<br/>In patient<br/>Hospital<br/>Insurance</b> | Premium Free or no cost to those who paid Medicare taxes while working for at least 40 quarters or eligible for Medicare through a living, deceased or divorced spouse. | <ul style="list-style-type: none"> <li>• Inpatient hospital care</li> <li>• Skilled nursing care</li> <li>• Home health care</li> <li>• Hospice care</li> <li>• Inpatient drugs &amp; therapies</li> </ul>   |
| <b>Medicare Part B<br/>Outpatient<br/>Medical<br/>Insurance</b>  | <p>Part B premiums are based on income</p> <p>2021 standard Part B premium is \$148.50</p>  | <ul style="list-style-type: none"> <li>• Doctors' services &amp; outpatient care</li> <li>• Preventive services</li> <li>• Diagnostic tests and procedures</li> <li>• Physical and occupational therapies</li> <li>• Durable medical equipment</li> <li>• Some outpatient prescription drugs</li> <li>• Some home health care</li> </ul> |

**Note: Medicare premiums are separate from TRB premiums**



# 2021 Overview of Benefits

| Plan Coverage                                 | Anthem Medicare Advantage PPO | Anthem Medicare Supplement   |
|---|-------------------------------|--|
| Deductible                                    | \$0                           | Part B Annual Deductible<br>\$203 per year                             |
| Maximum OOP                                   | \$2,000                       | \$2,203 (\$2000 + Part B deductible)                                   |
| Doctor Visits                                 | \$10                          | \$10   |
| Inpatient Hospital Coverage (Medicare Part A) | \$200 copay per admission     | \$250 copay per admission  |
| Out-of-Country Care (non-routine)             | Covered at UC after copays    | Covered at UC after copays   |
| Prescription Wigs                             | Not a covered benefit         | After chemotherapy covered with no dollar limit. One wig every 1 year* |
| Preventative Services                         | \$0                           | \$0*   |

Services covered by the TRB with no Medicare base coverage will remain as is other than applicable copays.

\* Benefit enhanced as required by CT state mandate

# 2021 Overview of Benefits Cont.

| Plan Coverage  | Anthem Medicare Advantage  | Anthem Medicare Supplement  |
|--|--|---|
| Network Services   | All Medicare participating providers   | All Medicare participating providers  |
| Emergency Care   | \$100 copay  | \$100 copay   |
| Ambulance  | \$100  | \$100   |
| Part B Outpatient Services<br>diagnostic tests and<br>therapeutic services, diabetic<br>and DME supplies<br>Including but not limited to<br>radiation therapy, X-ray PET,<br>CT, SPECT, MRI scans etc. | <ul style="list-style-type: none"> <li>▪ \$0 for well care services</li> <li>▪ \$10 copay for sick medical services</li> <li>▪ Services may require a Prior Authorization</li> <li>▪ Acupuncture is now an added benefit!</li> </ul> | <ul style="list-style-type: none"> <li>▪ \$0 copay after Part B deductible</li> <li>▪ Acupuncture is now an added benefit!</li> </ul> |
| Silver Sneakers  | All enrollees are eligible   | All enrollees are eligible  |

# Benefit Plan Differences

## What are the differences between a Medicare Advantage Plan (MAPD) and Original Medicare with a Supplement otherwise referred to as the Anthem Supplement Plan?

- MAPD- Contracted by Medicare - Anthem becomes primary, you Medicare covers all Part A and part B
- Medicare Supplement (Anthem) - Original Medicare primary, Supplement Secondary

***\*Benefit for each plan depends on individual need and service utilization. One plan is not more beneficial than another based on premium.***

***\*Both plans must cover Medicare Part A and B Services***

# What is MOOP & TROOP?

## Maximum Out of Pocket (MOOP) Cost for 2021 = \$3,500

MOOP is the Part D and non Part-D drug costs that a member pays.

Includes:

- The \$200 Deductible

## True Out of Pocket (TROOP) Cost for 2021 = \$6,550

TROOP applies to Part D spend ONLY.

Includes:

- What you pay for prescription Part D drugs when you fill a medication
- Payment made for your drugs by any of the following programs or organizations:
  - “Extra Help” from Medicare
  - Coverage Gap Discount from Manufactures
  - Indian Health Service
  - AIDS Drug Assistance Programs
  - Most charities
  - State Pharmaceutical Assistance Programs (SPAPs)

# 2021 Express Scripts Prescription Drug Program

## STAGE 1

**Initial Coverage Limit  
\$200 Deductible**

You pay \$200 deductible. Once the deductible is met, you'll pay a coinsurance of 5% generic, 20% brand or 30% non-preferred brand.

## STAGE 2

**Coverage Gap  
\$4,130 - \$6,550**

As a TRB member, you will continue to pay the cost share of 5% generic, 20% brand or 30% non-preferred through the coverage gap until you reach \$3,500 MOOP.

## STAGE 3

**Catastrophic Coverage  
\$6,550**

Should your True Out-of-Pocket cost (TROOP) reach \$6,550, you'll be responsible for up to 5% of the cost, \$3.70 for generics, \$9.20 for brands or whichever is greater until you reach \$3,500 MOOP for drugs.

# Cigna PPO Dental Plan

| Network Options  | In-Network<br>Cigna DPPO Network |                               | *Non-Network:               |                               |
|--|----------------------------------|-------------------------------|-----------------------------|-------------------------------|
| Reimbursement Levels   | Based on Contracted Fees         |                               | Maximum Reimbursable Charge |                               |
| Calendar Year Benefits Maximum<br>Applies to: Class I, II & III expenses   | \$2,500                          |                               | \$2,500                     |                               |
| Calendar Year Deductible Individual  | \$50                             |                               | \$50                        |                               |
| Benefit Highlights   | Plan Pays                        | You Pay                       | Plan Pays                   | You Pay                       |
| Class I: Diagnostic & Preventive<br>Oral Evaluations<br>Prophylaxis: routine cleanings X-rays: routine<br>X-rays: non-routine Fluoride Application Sealants: per tooth<br>Space Maintainers: non-orthodontic Emergency Care  | 100%<br>After Deductible         | No Charge After<br>Deductible | 100%<br>After Deductible    | No Charge After<br>Deductible |
| Class II: Basic Restorative : fillings Endodontic:<br>minor and major Periodontics: minor and major<br>Oral Surgery: minor and major<br>Anesthesia: general and IV sedation  | 80%<br>After Deductible          | 20%<br>After Deductible       | 80%<br>After Deductible     | 20%<br>After Deductible       |
| Class III: Major Restorative Repairs: Bridges,<br>Crowns and Inlays Repairs: Dentures<br>Denture Relines, Rebases and Adjustments Inlays<br>and Onlays<br>Prosthesis Over Implant<br>Crowns: prefabricated stainless steel / resin<br>Crowns: permanent cast and porcelain Bridges and<br>Dentures | 50%<br>After Deductible          | 50%<br>After Deductible       | 50%<br>After Deductible     | 50%<br>After Deductible       |

**\* Non-network providers may balance bill for services.**

# Vision and Hearing Benefits

Vision and hearing benefits are administered by the retiree medical plan. For example: Anthem members vision and hearing will be covered under Anthem.

## Vision Benefits

### Anthem Medicare Advantage

- Exam including refraction \$70 allowance every 12 months;
- \$240 reimbursement for lenses, frames and contacts

### Anthem Medicare Supplement

- Exam including refraction covered at 100% every 12 months\*
- \$240 reimbursement for lenses, frames and contacts

## Hearing Benefit

### Anthem Medicare Advantage

\$1,500 allowance every 36 months

### Anthem Medicare Supplement

1 hearing aid per ear every 24 months covered at 100%\*

\* Benefit enhanced as required by CT state mandate

# 2020 Monthly Rates for Members

|              | 2021 Anthem Base Plan | 2021 Anthem Medicare Supplement |  | 2020 Anthem Base Plan | 2020 Anthem Medicare Supplement |
|--------------|-----------------------|---------------------------------|--|-----------------------|---------------------------------|
| Medical      | \$18                  | \$121                           |  | \$14                  | \$126                           |
| Drug         | \$46                  | \$46                            |  | \$53                  | \$53                            |
| VH           | \$8                   | \$8                             |  | \$8                   | \$8                             |
| Dental       | \$53                  | \$53                            |  | \$52                  | \$52                            |
| <b>Total</b> | <b>\$125</b>          | <b>\$228</b>                    |  | <b>\$127</b>          | <b>\$239</b>                    |

The Medicare Supplement plan will cost the member \$103 more per month (\$1,236 annually) than the Anthem base plan.



# Program Assistance

## Low Income Subsidy Program

Eligible beneficiaries who have limited income may qualify for a government program that helps pay for Medicare Part D prescription drug cost.

## Medicare Savings Program

The State of Connecticut offers financial assistance to eligible Medicare enrollees through our 'Medicare Savings Programs'. These programs may help pay Medicare Part B premiums, deductibles, and co-insurance.

<https://portal.ct.gov/DSS/Health-And-Home-Care/Medicare-Savings-Program>

## PAN Foundation

The Patient Access Network (PAN) Foundation is an independent, national 501(c)(3) organization dedicated to helping federally and commercially insured people living with life-threatening, chronic and rare diseases with the out-of-pocket costs for their prescribed medications.

## Provider/Manufacturer Assistance

Reach out to your provider regarding assistance programs

# CONTACT US

## TRB HEALTH INSURANCE TEAM:

- Enrollment questions
- Eligibility questions
- High level coverage questions

Phone : 1-800-504-1102 or (959)867-6333 **New Number!**

Email : [healthinsurance.trb@ct.gov](mailto:healthinsurance.trb@ct.gov)

[www.ct.gov/trb](http://www.ct.gov/trb)

Anthem Medicare Advantage: 1 – 833 – 607 – 6517

Anthem Medicare Supplement: 1 – 800 – 633 – 6673

Express Scripts: 1 – 844 – 433 – 4883

Cigna: 1 – 800 – 564 – 7642

**We Have Moved to:**

165 Capitol Avenue

Hartford, CT 06106



# QUESTIONS