

# Connecticut Teachers' Retirement Board



## 2025 Enrollment Guide





## Dear Connecticut Teacher member,

Our records indicate you or your spouse may be eligible for Medicare in the next few months. As a TRB member or spouse of a TRB member, you may choose to enroll in one of the Teachers’ Retirement Board Medicare Programs.

**You must be enrolled in Medicare Part A and Part B to participate.**

### TRB Provides Two Medicare Retirement Plans

The Teachers’ Retirement Board provides a choice of two comprehensive Medicare benefit programs.

Both plans include participation in the prescription drug, dental, vision and hearing programs. You may elect to waive dental enrollment. For more information, please refer to the dental benefits section of this document. Enrollment is for all benefits and premium is based on the medical plan selection.

#### **UnitedHealthcare® Medicare Advantage (PPO) Prescription Drug Plan (MAPD)**

This Medicare Advantage PPO plan includes prescription drug coverage and is an alternative to Original Medicare. This plan bundles Part A hospital coverage, Part B doctor and outpatient services, and Part D prescription coverage into one comprehensive plan. In order to be eligible to enroll into a Medicare Advantage plan, you must maintain your enrollment in Original Medicare. The plan will cover services from either in-network or out-of-network providers, as long as the services are covered benefits that are medically necessary and the provider accepts the plan and has not opted out of or been excluded or precluded from the Medicare plan.

#### **UnitedHealthcare® Senior Supplement Plan with UnitedHealthcare® Medicare Rx**

A Medicare Supplement plan is secondary to Medicare. This means your Medicare Part A and Medicare Part B are primary, and the supplement plan pays after Medicare. The plan will pick up cost shares minus applicable plan copays once the Medicare Part B deductible is satisfied for the plan year. You may see any provider who accepts Medicare and or Medicare assignment in the United States. Bundled with this plan is a Prescription Drug Plan (PDP) that works with Original Medicare to cover prescription drugs.

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This Enrollment guide includes information to help you make an informed decision about your plan benefits:

- a comprehensive summary of the medical, prescription drug, dental, vision and hearing programs for 2025
- Enrollment instructions and application
- Instructions to access the TRB Turning Age 65 Webinars

**Note:** If you elect to enroll in coverage with TRB, you will be receiving new ID cards. For those choosing to enroll in the UnitedHealthcare Medicare Advantage plan, you will receive a UnitedHealthcare Welcome Letter with your member ID card. For those choosing to enroll in the UnitedHealthcare Senior Supplement plan with Prescription Drug coverage, you will receive a UnitedHealthcare Quick Start Guide for your Prescription Drug coverage that will include your member ID card. You will also receive a Quick Start Guide for your Senior Supplement coverage and a separate confirmation letter will include your Senior Supplement member ID card.

If you have questions about the UnitedHealthcare plans, please contact them at 1-866-794-3033, TTY 711, 8 a.m.–8 p.m. local time, Monday–Friday.

## Turning Age 65 Webinars

As you are aware, the Teachers' Retirement Board offers a medical, prescription, dental, and ancillary benefit program to those retired teachers and their spouses who may become Medicare eligible at either age 65 or who receive a social security disability benefit.

TRB will conduct Medicare Enrollment Webinars on **the first Friday of every month at 10 a.m.** Dates which coincide with Connecticut State Holidays will be postponed until the following Friday.

### How do I join?

For a full list of webinar meetings go to <https://portal.ct.gov/trb>

Next, click on **“For Health Insurance”**

Look for **“Turning 65 in the next few months? What you should know...”**

Lastly, click on **“Turning Age 65 webinars”**

# Your Benefits

The Connecticut Teachers' Retirement Board (TRB) is proud to offer our eligible participants a generous, comprehensive Medicare health benefits package. This Enrollment Guide provides an overview of your benefits, which include:

- Medical
- Prescription drugs
- Dental (unless waived)
- Vision
- Hearing

# Contact Information

Benefit	Contact	Phone	Website
UnitedHealthcare plans (Medicare Advantage, Senior Supplement, and Prescription Drug)	UnitedHealthcare	1-866-794-3033, TTY 711, 8:00 a.m.– 8:00 p.m. local time, Monday–Friday	<a href="http://retiree.uhc.com/TRB">retiree.uhc.com/TRB</a>
Dental	Cigna Dental	1-800-244-6224 24 hours a day, 7 days a week	<a href="http://cigna.com">cigna.com</a> or <a href="http://mycigna.com">mycigna.com</a>

# 2025 Benefit Plans

UnitedHealthcare® will administer both medical plans as well as prescription drug coverage. Read this Enrollment Guide carefully to understand your new medical plan options.

Medical and Prescription Drugs	<p>Definitions:</p> <ul style="list-style-type: none"> <li>• <b>Medicare Advantage Prescription Drug (MAPD) plan:</b> A type of Medicare Advantage plan that includes prescription drug coverage. This plan provides more coverage than Original Medicare, and you don't need to worry about a separate PDP (see below).</li> <li>• <b>Senior Supplement plan:</b> A medical plan that helps you pay for some or all of the costs Original Medicare does not cover, like copays and deductibles.</li> <li>• <b>Prescription drug plan (PDP):</b> A stand-alone prescription drug plan (Medicare Part D) that works with Original Medicare to cover prescription drugs</li> </ul>
Vision	Routine eye exams are covered with both plans. Vision providers will submit claims for vision services to your medical plan.
Hearing	Routine hearing aid coverage is provided through the UnitedHealthcare Hearing network for both plans.

## Cost of Coverage

In addition to the costs you pay for Medicare Part B, you'll pay a monthly premium for your TRB coverage. The amount you pay depends on the medical plan in which you enroll—the Medicare Advantage plan or the Senior Supplement plan. If you enroll in one of the medical plans, you are enrolled automatically in the prescription drug, dental, vision, and hearing plans. Dental is included unless you elect to waive enrollment. Premium is reduced by the dental cost below when waiving this election.

You'll pay the total amount shown at the bottom of this chart, based on the medical plan you select. The chart below shows the total premium for each plan.

	Medicare Advantage (PPO) Plan	Senior Supplement Plan
Medical and Prescription drug	\$94.00	\$269.00
Dental	\$54.00	\$54.00
<b>Total</b>	<b>\$148.00</b>	<b>\$323.00</b>

# Retiree Health Benefits

## Enrolling In Medicare

You typically become eligible for Medicare when you turn age 65.

If you are enrolling in Medicare because you are turning age 65, your initial eligibility for Medicare starts three months before your 65th birthday.

The effective date of your Medicare coverage is the first of the month of your 65th birthday. If you were born on the first of the month, your effective date is the first of the previous month. To avoid a lapse in coverage you will want to enroll prior to the month of your 65th birthday.

If you or your spouse are receiving Social Security benefits, your Medicare Part B premium will be deducted from your Social Security benefits. If you are not receiving Social Security benefits, you'll be billed quarterly for your Part B premium. You must pay the Part B premium to be eligible for TRB benefits. The Part B premium is not included in TRB premiums and must be paid separately. For more information, visit [medicare.gov](https://www.medicare.gov).

If you or your spouse are actively employed and covered under a group health plan, you may be able to delay enrollment in Medicare Part B.

Contact the Social Security Administration with questions: [ssa.gov](https://www.ssa.gov) or 1-800-772-1213.



## Surviving Spouse

A surviving spouse can enroll in TRB benefits if he or she:

- Has not remarried, and
- Would have been eligible for TRB benefits before your death.

## Eligibility

- **Medicare Part A:** Covers inpatient hospital care, skilled nursing care, home health care, hospice care, and inpatient drugs and therapies
- **Medicare Part B:** Covers doctors' services and outpatient care, preventive services, diagnostic tests and procedures, physical and occupational therapies, durable medical equipment, some outpatient prescription drugs, and some home health care

You must be enrolled in Medicare Part A and Part B to participate in the TRB Medicare health benefit program. Most people will qualify for Medicare Part A at no charge. If you (or your eligible spouse) have at least 40 Social Security wage quarters, have lived in the US at least 5 years and are age 65 (or older) you should qualify for Medicare Part A.

Medicare Part B requires a monthly premium that is income based. Higher income earners are assessed a surcharge referred to as IRMAA (Income Related Monthly Adjustment Amount) determined by the Social Security Administration. For more information, please visit [www.Medicare.gov](http://www.Medicare.gov). IRMAA charges also apply for Medicare Part D premiums.

If you are receiving Social Security benefits, the monthly premium for Part B will be automatically deducted from your Social Security payment. If you are not receiving Social Security benefits, you will be billed quarterly for the Part B premium. This is a separate premium from the premium paid for TRB insurance.

If you fail to pay the Medicare premium, you will no longer be eligible to participate in any of the TRB Medicare Retirement Plans.

The Centers of Medicare and Medicaid (CMS) requires a physical street address, rather than a P.O. box, to approve coverage under the UnitedHealthcare Group Medicare Advantage (PPO) or UnitedHealthcare MedicareRx for Groups (PDP) prescription drug plan. UnitedHealthcare will continue to use your P.O. box address to send you important correspondence.

NOTE: Please contact the TRB to make sure they have your current permanent physical address.

## Dependent Eligibility

If you are receiving a TRB pension or disability benefit, certain dependents are also eligible, including:

- Your spouse, or;
- Your disabled dependent child (if there is no spouse or surviving spouse / surviving ex-spouse)

## Enrolling as a New Member

Once you have completed the Medicare Part A & B enrollment process and have proof of eligibility you can submit the application form included in this enrollment guide to TRB. Spouses are eligible to enroll even if the retiree is not yet eligible. Send us the following documentation:

- **Application.** Complete and fax, mail or email the application included in this Enrollment Guide using the fax number, address, or email provided on the form. If you and your spouse are enrolling you will need to complete an application for each of you.
- **Proof of participation in Medicare Part A and Part B.** This can be a copy of your Medicare card or a letter from Social Security providing your Medicare Beneficiary ID (MBI) number and the effective dates for Medicare Part A and Part B.
- **If you plan to cover your spouse.** A copy of your marriage certificate or marriage license.
- **If you plan to cover a disabled dependent.** A copy of your most recent federal income tax return showing you are claiming a disabled dependent as a tax dependent.

Applications must be received 30 days prior to the requested effective date of coverage to allow time for processing and mailing of ID cards. TRB will accept applications after the 30 day mark but will not approve an application request received after the requested effective date. Example: If you are eligible for Medicare Part A & B effective June 1st your TRB application must be received no later than May 1st to ensure ample turnaround time.

Premiums are deducted from the TRB member's pension benefit. There are no exceptions.

### Waiving Medicare enrollment

If you or your spouse are still actively employed and covered under a group health insurance, you may be able to delay enrollment in Medicare Part B. Please contact Social Security Administration to learn more about your individual circumstances and how delaying enrollment in Medicare Part B will affect you. You can contact the Social Security Administration at [www.ssa.gov](http://www.ssa.gov) or 800-772-1213.

For general questions about your enrollment and eligibility, contact the Connecticut Teachers' Retirement Board:

Email: [HealthInsurance.TRB@ct.gov](mailto:HealthInsurance.TRB@ct.gov)

Phone: 1-800-504-1102

# Medical Benefits

You have two medical coverage options offered exclusively through TRB:

- UnitedHealthcare® Group Medicare Advantage (PPO) plan:** The UnitedHealthcare Group Medicare Advantage (PPO) is a Medicare Advantage PPO plan with a Medicare contract. You can see any provider (in- or out-of-network) at the same cost share, as long as they agree to see you and have not opted out or been excluded or precluded from the Medicare Program.
- UnitedHealthcare® Senior Supplement plan:** Under this plan, UnitedHealthcare coverage supplements your Medicare coverage. Original Medicare (Parts A and B) will pay first. Then, UnitedHealthcare will pay for any remaining covered expenses, minus copays or cost shares, once you pay your annual deductible. You can see any provider in the United States who accepts Medicare or Medicare assignment.

## Medical Plan Comparison

	UnitedHealthcare Medicare Advantage Plan	UnitedHealthcare Senior Supplement Plan
<b>AMOUNTS ARE WHAT YOU PAY</b>		
<b>Medicare Part A</b>		
Inpatient hospital	\$200 copay per admission	\$250 copay per admission
<b>Medicare Part B</b>		
Annual deductibles	\$0	Medicare Part B deductible
Annual out-of-pocket maximum	\$2,000; excludes routine vision and hearing, foreign travel emergency	\$2,000 (plus Medicare Part B deductible); excludes routine vision and foreign travel emergency copays or coinsurance amounts
Outpatient services: office visits	\$10 copay for Medicare-covered services	\$10 copay after deductible for Medicare-covered services
Outpatient: diagnostic tests (including radiation therapy, X-ray, PET, CT, SPECT, MRI scans)	\$0 copay; may require prior authorization	\$0 copay after deductible
Durable medical equipment	\$10 copay; may require prior authorization	\$0 copay after deductible



# Overview of Medical Coverage

Covered Service	UnitedHealthcare Medicare Advantage Plan	UnitedHealthcare Senior Supplement Plan
<b>AMOUNTS ARE WHAT YOU PAY</b>		
Preventive care, including recommended immunizations and screenings	\$0 copay for Medicare-covered services, including pneumonia, influenza, hepatitis B, or other Medicare-covered vaccines when you are at risk and meet Medicare Part B rules	\$0 copay for Medicare-covered services, including pneumonia, influenza, hepatitis B, or other Medicare-covered vaccines when you are at risk and meet Medicare Part B rules
Outpatient diagnostic tests and therapeutic services and supplies	\$0 copay for each Medicare-covered test*	\$0 copay for each Medicare-covered test, after deductible
Diabetic supplies	\$0 copay for diabetic supplies like blood glucose monitors, lancets and test strips*	\$0 copay for diabetic supplies like blood glucose monitors, lancets and test strips
Inpatient hospital care	\$200 copay per admission; \$0 copay for physician services received while an inpatient during a hospital stay*	\$250 copay per admission; \$0 copay for physician services received while an inpatient during a hospital stay
Inpatient mental health care	\$200 copay per admission; \$0 copay for physician services received while an inpatient during a hospital stay	\$250 copay per admission; \$0 copay for physician services received while an inpatient during a hospital stay
Skilled nursing facility	\$0 copay for days 1–100*; you pay all costs after 100 days	\$0 copay for days 1–20; \$250 copay for days 21–100; you pay all costs after 100 days; requires 3 day minimum hospital stay
Home health agency care	\$10 copay*	\$0 copay
Physician office visits	\$10 copay	\$10 copay, after deductible
Chiropractic services	\$10 copay*	\$0 copay per visit, after deductible
Outpatient substance abuse and mental health care, including partial hospitalization services	\$10 copay for each Medicare-covered individual, group, partial hospitalization, and outpatient hospital facility visit	\$10 copay for each Medicare-covered individual, group and outpatient hospital facility visit \$0 copay for partial hospitalization

\* May require prior authorization

Covered Service	UnitedHealthcare Medicare Advantage Plan	UnitedHealthcare Senior Supplement Plan
<b>AMOUNTS ARE WHAT YOU PAY</b>		
Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers	\$10 copay*	\$100 copay per visit, after deductible
Outpatient hospital services, nonsurgical	\$10 copay*	\$0 copay for outpatient hospital services \$0 copay for outpatient tests
Ambulance services Provider approval required for nonemergency ambulance services	\$100 copay*	\$100 copay per ambulance, after deductible
Emergency care	\$100 copay	\$100 copay per visit, after deductible
Urgently needed services	\$10 copay	\$10 copay per visit, after deductible
Outpatient rehabilitation services	\$10 copay*	\$0 copay, after deductible
Routine vision services	Vision exam: \$10 copay; maximum 1 per 12 months Eyewear: \$0 copay, up to \$500 maximum benefit; once every 24 months	Vision exam: \$0 copay; maximum 1 per 12 months Eyewear: \$0 copay, up to \$500 maximum benefit; once every 24 months
Routine hearing services	Exam: Plan covers 100%; once every 12 months Hearing aids: \$1,500 maximum benefit (in-network only); once every 3 years; includes digital hearing aids	Exam: Plan covers 100% once every 12 months Hearing aids: \$5,000 maximum benefit; once every 2 years; includes digital hearing aids

\* May require prior authorization

# Prescription Drugs

Your TRB prescription drug coverage is a Medicare Part D Prescription Drug plan with an employer group wrap administered by UnitedHealthcare in partnership with OptumRx. You have access to more covered prescription drugs than a traditional Medicare Part D Prescription Drug plan.

## Inflation Reduction Act Updates for 2025 and How They Will Impact the Prescription Drug Plan

As part of the Federal changes under the Inflation Reduction Act, the coverage gap will be eliminated; Part D benefits now consists of three stages:

- Annual true out-of-pocket threshold (TrOOP) set at \$2,000;
- Definition for TrOOP accumulation changes to the greater of the member cost share or the defined CMS standard member liability;
- Medicare Prescription Payment Plan (M3P). Please see detailed information below.

Drugs on the bonus drug list will not accumulate toward the \$2,000 TrOOP. This means you will continue to pay the appropriate coinsurance amount through the end of the year even if you have met your \$2,000 TrOOP.

Each calendar year, you will pay the full cost of your drugs until you reach the \$200 deductible. Once the deductible is met, you will pay a percentage of the cost of the drug, depending upon the type of drug you are prescribed, for the remainder of the year:

- 5% for generic medications
- 20% for preferred brand name medications
- 30% for nonpreferred brand name and specialty medications

You continue to pay coinsurance until you meet the \$2,000 true out-of-pocket (TrOOP) per calendar year.

**NOTE:** Certain prescription drugs, including clotting factors, drugs for dialysis, and antigens, are covered under your medical coverage. Contact UnitedHealthcare Customer Service for more information.



## Medicare Enrollment and Prescription Drug Coverage

While you may cancel your enrollment in TRB benefits at any time during the year, you can only enroll in a Medicare plan during certain times or under special circumstances.

If you leave the TRB plan and don't have or don't obtain other Medicare prescription drug coverage that is at least as good as Medicare's, you may pay a late enrollment penalty in addition to your premium for prescription drug coverage in the future.



## Important Message About What You Pay for Part D Insulin

You will pay a maximum of \$25 for a one-month supply of each **Preferred Insulin** product covered by our plan. Coinsurance will not apply.

You will pay a maximum of \$35 for a one-month supply of each **Non-Preferred** and **Specialty Insulin** product covered by our plan. Coinsurance will not apply.

The deductible does not apply to insulin products.

# Medicare Prescription Payment Plan (M3P)

Introduced under the Inflation Reduction Act (IRA) of 2022, M3P is a new payment option to help you manage your prescription drug costs. Beginning January 1, 2025, you can choose to spread out the out-of-pocket costs of your Part D prescription drugs over the course of the calendar year.

All Part D drugs are in scope for the M3P program.

If you opt in to M3P, you will no longer pay the pharmacy when you fill a covered prescription. Instead, you will receive a monthly bill from UnitedHealthcare for your out-of-pocket prescription drug costs, based on a formula set by the IRA.

You can opt in to or out of the program at any time throughout the year. You can opt in to M3P online, over the phone or by mail. Opt in requests will be processed within 24 hours. If you decide to leave the program, your Medicare drug coverage and other Medicare benefits won't be affected, and you will go back to paying the pharmacy directly for your out-of-pocket drug costs.

## Prescription Drug Formulary

The formulary is the list of prescription drugs covered by the plan. If a prescription is not on the formulary, you must pay the full cost. The formulary is available at [retiree.uhc.com/TRB](https://retiree.uhc.com/TRB) or [ct.gov/trb](https://ct.gov/trb).

From time to time, a drug may move to a different coverage tier (e.g., brand to nonpreferred brand). If a drug you are taking is moving to a higher tier, or if the change limits your ability to fill a prescription, OptumRx will notify you before the change.

**Step therapy.** The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.

**Prior authorization.** Your health care provider must get prior authorization from OptumRx for certain drugs. If OptumRx approves your request for an exception, you will pay the nonpreferred-brand cost share for that drug.

## Finding In-Network Retail Pharmacies

Your Medicare Part D prescription drug coverage includes thousands of brand-name and generic prescription drugs. Check your plan's drug list to see if your drugs are covered.

You can choose from thousands of national chain, regional, and independent local retail pharmacies. Call UnitedHealthcare at 1-866-794-3033, TTY 711, 8:00 a.m.–8:00 p.m. local time, Monday–Friday or visit [retiree.uhc.com/TRB](https://retiree.uhc.com/TRB) for more information.



### Important Message About What You Pay for Vaccines

Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your Part D deductible. Call Customer Service for more information.

## Save on Maintenance Medications

If you prefer the convenience of mail order, you could save time and money by receiving your maintenance medications through Optum® Home Delivery. You'll get automatic refill reminders and access to licensed pharmacists if you have questions.

In addition to Optum Home Delivery, most retail pharmacies offer three-month supplies for some prescription drugs.

## Additional Programs

### Virtual Visits

Virtual Doctor Visits will be replacing 24/7 Nurse Support, giving you access to MDs, DOs, NPs and behavioral health specialists using your computer, tablet or smartphone, anytime, day or night. With virtual visits, you are able to live video-chat on your tablet or smartphone, by downloading the Amwell, Doctor on Demand, and Teladoc apps. There is also a telephonic only feature through Teledoc. There is a one-time registration required.

There is no copay, but a \$10 copay may apply if you use a different telehealth service.

#### Virtual Doctor Visits

You can ask questions, get a diagnosis, or even get medication prescribed and have it sent to your pharmacy. All you need is a strong internet connection. Virtual doctor visits are good for minor health concerns like:

- Allergies, bronchitis, cold, or cough
- Fever, seasonal flu, sore throat
- Migraines or headaches, sinus problems, stomachache
- Bladder or urinary tract infections, rashes

#### Virtual Behavioral Health Visits

May be best for:

- Initial evaluation
- Medication management
- Addiction
- Depression
- Trauma and loss
- Stress or anxiety

## UnitedHealthcare Fitness Program

Renew Active™ is the gold standard in Medicare fitness programs for body and mind, available at no additional cost. You'll receive a free gym membership with access to the largest Medicare fitness network of gyms and fitness locations. This includes access to many premium gyms, on-demand digital workout videos and live streaming classes.

## UnitedHealthcare Hearing

Hear the moments that matter most with custom-programmed hearing aids. Get a hearing exam and access to brand-name and private-labeled hearing aids from any of our 7,000+ UnitedHealthcare Hearing providers nationwide. All MAPD enrollees are required to access hearing aids through UnitedHealthcare Hearing.\*

*\*Please refer to your Evidence of Coverage for details on your benefit coverage.*

## Dental Benefits

Dental health is about more than pearly whites and cavity prevention. Routine dental exams can reveal early warning signs of serious conditions like diabetes, osteoporosis, and some cancers.

That's why our dental plans offer routine exams.

## Overview of Dental Coverage

Covered services include:

- Preventive and diagnostic services
- Basic restorative services
- Major restorative services

You can see in-network or out-of-network dentists. However, in-network dentists may save you money, because they participate in our Cigna DPPO network.

If you go out-of-network for care, you may have to pay the full cost at the time of service and then submit a claim form for reimbursement. Also, Cigna's reimbursement for out-of-network care is based on the maximum reasonable charge (MRC). The MRC is determined by Cigna Dental and is based on the range of fees charged by providers in your area with comparable training and experience for the same or similar service. You may be balance billed by your dentist for any amount above the MRC. When you receive in-network care, MRC charges do not apply.

What you pay for covered dental care expenses depends on whether you've met your annual deductible and if you're using a network dentist.



The dental plan covers routine exams in-network at 100% after deductible!

### DISCLAIMER:

New Enrollees have the option to waive dental upon enrollment. Should you elect not to take the dental at the time of your enrollment, you will NOT have the opportunity to elect the dental plan at a later date, unless CTRB deems otherwise.

Here's what you'll pay for covered services:

	In-Network	Out-of-Network*
Network	Total Cigna DPPO network	N/A
Reimbursement levels	Based on contracted fees	Maximum reimbursable charge
Calendar-year benefits maximum	\$2,500 per person	
Calendar-year deductible	\$50 per person	
<b>Benefit Highlights**</b>		
<b>Class I: Diagnostic and preventive</b> Oral evaluations, routine cleanings, X-rays, fluoride application, sealants, space maintainers, emergency care	Plan pays 100%, after deductible	
<b>Class II: Basic restorative</b> Fillings, endodontics, periodontics, oral surgery, anesthesia	You pay 20%, after deductible	
<b>Class III: Major restorative</b> Repairs to bridges, crowns, inlays, dentures; denture relines, rebases, and adjustments; inlays and onlays; prosthesis over implant; crowns; bridges and dentures	You pay 50%, after deductible	

\* Reimbursement is based on the maximum reasonable charge (MRC) as determined by Cigna Dental. You may be balance billed by your dentist for any amount above the MRC.

\*\* Benefit limitations may apply.

## Oral Health Integration Program



The calendar-year dental plan benefit maximum is \$2,500 per person.

Cigna Dental Oral Health Integration Program offers enhanced dental coverage for participants diagnosed with diabetes, heart disease, stroke, chronic kidney disease, or for individuals who have had head and neck cancer radiation, an organ transplant, or who are pregnant.

If you qualify, you'll be reimbursed for the cost of certain dental procedures as well as guidance on behavioral issues related to oral health and discounts on prescription and nonprescription dental products.

Reimbursements are **not** subject to the annual deductible but **will** apply to the annual benefits maximum. For more information, visit [mycigna.com](https://mycigna.com) or call 1-800-CIGNA24.

## Finding In-Network Providers

To find an in-network dental provider, visit [cigna.com](https://cigna.com) and select **Find a Doctor, Dentist or Facility**.

# Key Terms

**Benefit maximums.** Some health care services have a benefit maximum. This is the most your health plan—medical, prescription drug, dental, vision, and/or hearing—will pay in a given calendar year, or lifetime, toward certain covered expenses.

**Brand-name drug.** FDA-approved prescription drugs marketed under a specific brand name by the manufacturer. The FDA is the U.S. Food and Drug Administration.

**Coinsurance.** The percentage of the cost you pay when you receive certain eligible health care services. Generally, you start paying coinsurance after you meet your annual deductible (see “deductible” below).

**Copay.** The flat dollar amount you pay when you receive certain covered health care services.

**Deductible.** The amount you pay for covered services each plan year before the plan pays benefits. Once you’ve met the deductible, you share the cost of covered services with the plan through coinsurance or copays.

**Formulary.** A comprehensive list of prescription drugs that are covered by a prescription drug plan. The formulary is designed to assist physicians in prescribing drugs that are medically necessary and cost effective. Formularies are updated periodically.

**Generic drug.** The FDA-approved therapeutic equivalent to a brand-name prescription drug containing the same active ingredients and costing less than the brand-name drug.

**In-network.** Providers or facilities that contract with a health plan to provide services at pre-negotiated fees. You usually pay less when using an in-network provider.

**Maximum reasonable charge (MRC).** The average fee charged by a particular type of health care practitioner within a geographic area. MRC is often used by medical plans as the most they will pay for a specific test or procedure. If the fees are higher than the approved amount and care is received from a non-network provider, the individual receiving the service is responsible for paying the difference.

**Medicare Prescription Payment Plan (M3P).** Introduced under the Inflation Reduction Act (IRA) of 2022, M3P is a new payment option to manage prescription drug costs. Beginning January 1, 2025, enrollees can choose to spread out the out-of-pocket costs of their Part D prescription drugs over the course of the calendar year.

**Open enrollment.** The time when you can change your health benefit elections for the following calendar year.

**Out-of-network.** Providers or facilities that are not in your health plan’s provider network.

For the medical plans, this is any non-Medicare provider.

**Out-of-pocket costs.** The amount you pay—including premiums, copays, and deductibles—for your health care.

**Premium.** The amount you must pay toward the cost of having health care.

**Prescription drug tiers.** The tier level of a drug determines how much covered medications cost. Generally, the higher the tier number, the more the drug will cost. Drugs can change tiers—or be removed completely from a formulary—during the year; review your plan’s formulary regularly for the most up-to-date information.

**Spouse / disabled dependent.** A family member who meets the eligibility criteria on page 6 for plan enrollment.





**TEACHERS' RETIREMENT BOARD**

165 Capitol Avenue  
 Hartford, CT 06106-1673  
[Healthinsurance.TRB@ct.gov](mailto:Healthinsurance.TRB@ct.gov)

Toll free: 1 (800) 504-1102  
 Website: [www.ct.gov/trb](http://www.ct.gov/trb)  
 Fax #: 860-622-2849

**HEALTH INSURANCE APPLICATION 2025**

**PLEASE READ ALL INFORMATION ON PAGE 2**

<b>Last Name:</b>		<b>First Name:</b>		<b>M.I.</b>	<b>Date of Birth:</b>	<b>Social Security Number:</b>	
<b>Gender</b>	<b>Select One:</b>			<b>Relationship to TRB</b>	<b>Select One:</b>		<b>Disabled Dependent</b>
Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other: <input type="checkbox"/>		Member <input type="checkbox"/>	Spouse <input type="checkbox"/>	Dependent <input type="checkbox"/>	
<b>Street Address:</b>							
<b>Physical Address:</b> Required if above is a PO Box							
<b>City:</b>		<b>State</b>	<b>Zip Code</b>	<b>Phone Number:</b>	<b>Personal Email:</b>		
By providing your phone number, you consent to allowing the insurance providers listed below, and their affiliates, to call the phone number(s) above using an autodialer and/or prerecorded voice technology. You may opt-out of this at any time by contacting the carrier directly.							
<b>Coverage begin date:</b> ____/01/____				All coverage begins on the first of the month			
<b>Coverage Options:</b> (choose one)				<b>Cost per person per month</b>	<b>Select One</b>		
<b>UnitedHealthcare Medicare Advantage</b> Includes: Vision, Hearing, Prescriptions and Cigna Dental				\$148.00	<input type="checkbox"/>		
<b>UnitedHealthcare Senior Supplement</b> Includes: Vision, Hearing, Prescriptions and Cigna Dental				\$323.00	<input type="checkbox"/>		
As a new enrollee you have a one time option to waive dental coverage and reduce your plan cost by \$54.00. If you elect to waive the coverage, you will not have the opportunity to enroll in the dental coverage at a later date unless CTRB deems otherwise. If you wish to waive the dental coverage, please check the box below.							
<input type="checkbox"/> By checking this box I acknowledge I am waiving enrollment into the Cigna dental plan through CTRB and thereby forfeiting any eligibility to enroll in the dental plan offering in the future unless CTRB deems otherwise.							
<b>If you have End-Stage Renal Disease (ESRD) please complete the following information:</b>				What is the date you first became eligible for ESRD Medicare?			
<i>Enrollee signature date cannot be more than 90 days prior to the coverage begin date entered above</i>							
<b>Enrollee's Signature</b>				<b>Date:</b>			
<b>Retiree's Signature</b>				<b>Retiree SSN:</b>			

Please attach all mandatory filing requirements noted on the next page and submit using address, fax or email provided at the top of the form

## Important Information PLEASE READ

### Mandatory Eligibility Requirements

To qualify for the TRB Health Plan of your choosing you must have:

- Enrollment in Medicare Part A and Medicare Part B on or before your requested effective date with TRB
- Currently be a TRB member collecting a retirement benefit or a disability allowance, **or**
  - You are the spouse of a retired member, **or**
  - You are the surviving spouse of a retired member who has not entered into another marriage, **or**
  - You are the disabled dependent of a member collecting a retirement benefit or a disability allowance if there is no spouse or surviving spouse.
- You must be a legal resident of the United States to participate in the TRB health plan.

### Mandatory Filing Requirements

To file your Health Insurance Application for the TRB Health Plan of your choosing you must include with your completed application:

- Proof of participation in Medicare Part A and Medicare Part B (a copy of Medicare Card or a letter from Social Security providing the Medicare I.D. Number and the effective dates for Medicare Part A and Medicare Part B). **Medicare ID Number required before enrollment is processed.** Applications received without Medicare I.D. will be pended.
- If enrollee is the spouse of a TRB member, please provide a copy of a marriage certificate or a marriage license.
- If the application includes coverage for a disabled dependent, a copy of the member's most recent federal income tax return documenting the disabled dependent's status as the member's dependent.
- If more than one enrollee, please provide one form per enrollee.
- Submit application with signature date dated no earlier than 90 days. Submitting application at least 30 days prior to requested coverage begin date is recommended to avoid delay in receiving physical membership cards. A letter will be sent via email once the application is processed.

### Important Information Regarding Our Plan

- Our health care coverage is offered as a package which includes Hospital, Medical, Major Medical, Prescription Drug Benefits and Dental and Vision & Hearing for the price indicated on page 1. You may elect to waive dental at enrollment, but you will not have the option to enroll in the dental plan at a later date. Price breakdowns are available on our website with and without dental coverage.
- All plans are on a calendar year basis. Deductibles renew on January 1 of each calendar year and are not pro-rated based on when you enroll.
- **Some members may be required to pay an extra amount for Part B and Part D because of their yearly income. This is known as the Income-Related Monthly Adjustment Amount (IRMAA) and it is paid directly to the federal government not to the TRB. For more information on IRMAA, you can visit the Medicare website: <http://www.medicare.gov> or call Medicare at 800-633-4227.**
- **Premiums for the TRB Sponsored plan of your choice are deducted from the retiree's pension benefit at the end of the month preceding the covered month.**
- A spouse is not eligible for TRB coverage upon divorce or legal separation. Prompt notification with a copy of legal separation or dissolution of marriage is required.
- A surviving spouse is not eligible upon remarriage. Prompt notification is required.
- The TRB provides address changes to all of our health plan vendors. You must maintain your current address with us at all times to ensure as little disruption as possible in the delivery of services and the processing of claims.
- If a member is reemployed as a public-school teacher following their retirement, the member (and spouse or dependent) can elect to continue their TRB health plan coverage while reemployed, but at no additional charge.

**Detailed Plan Summaries are available online**

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# Statements of Understanding

## By enrolling in this plan, I agree to the following:

- ✓ **For members of the UnitedHealthcare® Group Medicare Advantage (PPO) plan only. This is a Medicare Advantage plan contracted with the federal government. This is not a Medicare Supplement plan.**

I need to keep my Medicare Part A and Part B, and continue to pay my Medicare Part B and, if applicable, Part A premiums, if they are not paid for by Medicaid or a third party. To be eligible for this plan, I must live in the plan's service area and be a United States citizen or be lawfully present in the U.S.

- ✓ **For members of the UnitedHealthcare® MedicareRx for Groups (PDP) only. This is a Medicare Prescription Drug plan and has a contract with the federal government.**

This prescription drug coverage is in addition to my coverage under the Senior Supplement medical plan. I need to keep my Medicare Part A and Part B, and I must continue to pay my Medicare Part B premium if I have one, and if not paid for by Medicaid or a third party. To be eligible for this plan, I must live in the plan's service area and be a United States citizen or be lawfully present in the U.S.

- ✓ **The service area includes the 50 United States, the District of Columbia and all U.S. territories.**

I may not be covered while out of the country, except for limited coverage near the U.S. border. However, under these plans, when I am outside of the U.S. I am covered for emergency or urgently needed care. I understand that I must use network pharmacies except in an emergency when I cannot use the plan's network pharmacies.

- ✓ **I can only have one Medicare Advantage plan or Prescription Drug plan at a time.**

- Enrolling in one of these plans will automatically disenroll me from any other Medicare health plan or Medicare Part D Prescription Drug plan.
- If I enroll in a different Medicare Advantage plan or Medicare Part D Prescription Drug Plan, I will be automatically disenrolled from this plan.
- If I disenroll from the Medicare Advantage plan, I will be automatically transferred to Original Medicare.
- Enrollment in these plans is for the entire plan year. I may leave these plans only at certain times of the year or under special conditions.

- ✓ **My information will be released to Medicare and other plans, only as necessary, for treatment, payment and health care operations.**

Medicare may also release my information for research and other purposes that follow all applicable Federal statutes and regulations.

- ✓ **For members of the Group Medicare Advantage plan.**

I understand that when my coverage begins, I must get all of my medical and prescription drug benefits from the plan. Benefits and services provided by the plan and contained in the Evidence of Coverage (EOC) document will be covered. Neither Medicare nor the plan will pay for benefits or services that are not covered.

- ✓ **For members of the Group Medicare Part D Prescription Drug plan.**

I understand that when my coverage begins, I must get all of my prescription drug benefits from the plan. Benefits and services provided by the plan and contained in the Evidence of Coverage (EOC) document will be covered. Neither Medicare nor the plan will pay for benefits or services that are not covered.

