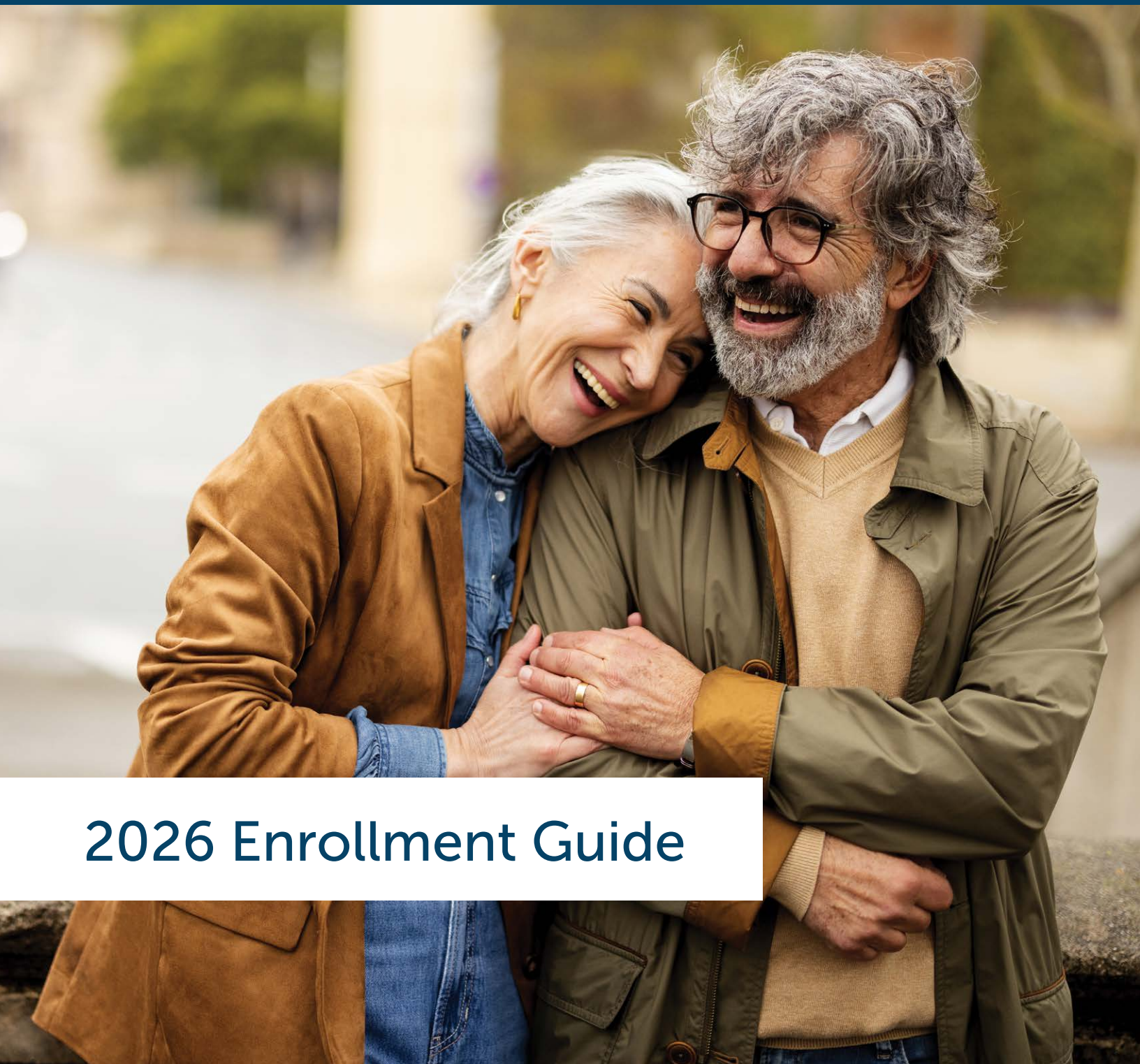
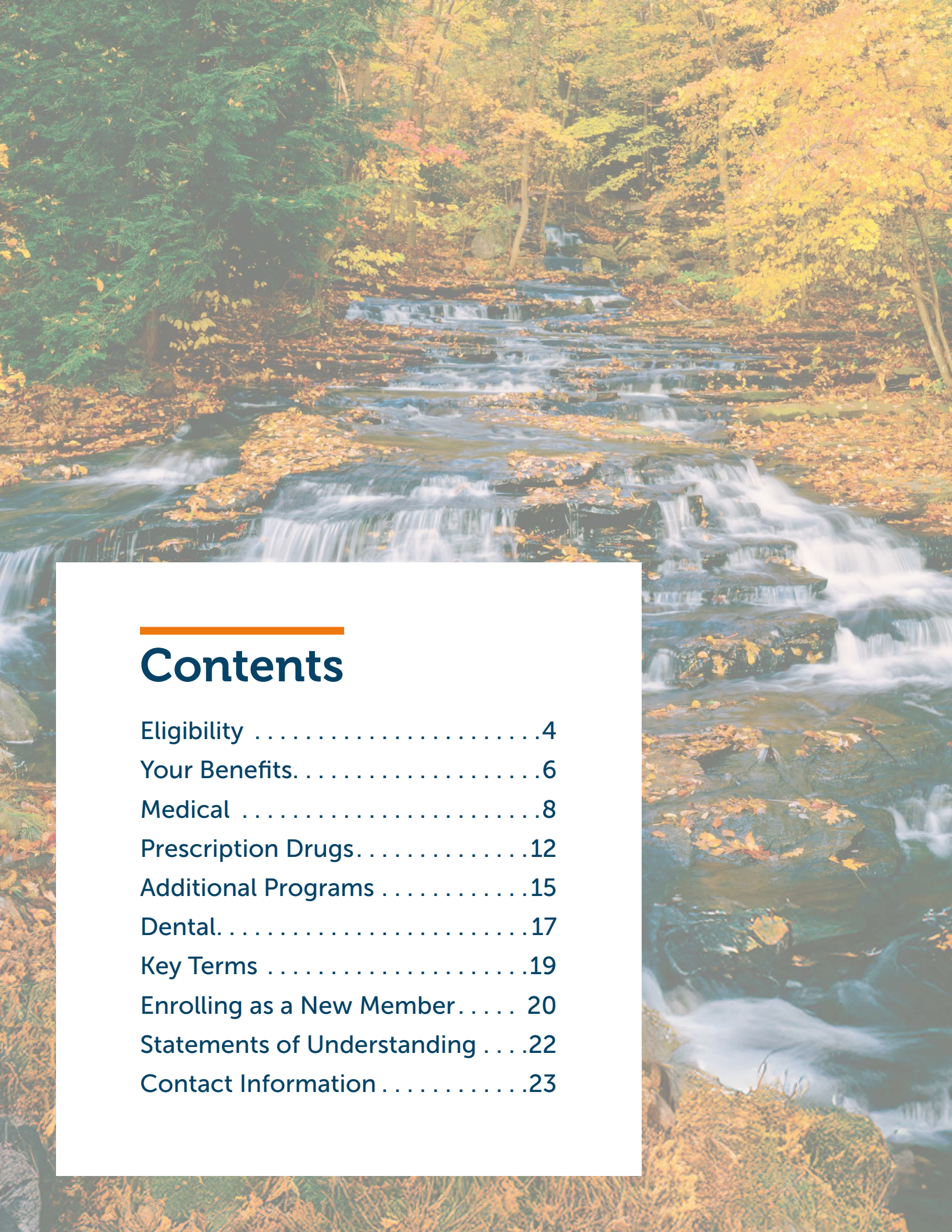
Connecticut Teachers' Retirement Board



2026 Enrollment Guide



Contents

Dear Connecticut Teacher member,

Our records indicate that 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.

The Teachers' Retirement Board provides a choice of two comprehensive Medicare benefit programs. Both plans include prescription drug, dental, vision, and hearing programs. You may elect to waive dental enrollment.

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

- Comprehensive summary of the medical, prescription drug, dental, vision, and hearing programs
- Enrollment instructions and application (pages 20 and 23)
- Instructions to access the TRB Turning Age 65 recorded meeting

If you elect to enroll in TRB coverage, you will receive new ID cards.

- **If you enroll in the Aetna Medicare Advantage plan and Aetna Medicare Rx® offered by SilverScript® plan,** you will receive **two** new ID cards (one for medical and one for prescription drug). You should bring both of your ID cards with you when you need care. **The two ID cards will come separately in the mail.**
- **If you enroll in The Hartford Group Retiree Health plan,** you will receive **two** new ID cards (one for medical and one for prescription drug). You will also receive a Quick Start Guide.

Use the contact information on page 25 to reach out with any questions about these TRB benefits.

Turning Age 65 Recorded Meeting

TRB has created a Turning Age 65 recorded meeting with an overview of your benefits. To find the recording, go to **portal.ct.gov/trb** > For Health Insurance > Turning 65 in the next few months? What you should know….

Eligibility

Contact the TRB to make sure they have your current permanent physical address.

To be eligible for benefits, you must be receiving a pension benefit from the TRB, and you must be enrolled in Medicare Part A and Part B:

- **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

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 United States at least five years, and are age 65 (or older), you should qualify for Medicare Part A.

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.**

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 **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 for Medicare & Medicaid Services requires a physical street address, rather than a P.O. box, to approve coverage under the Aetna Medicare Advantage plan. Aetna will continue to use your P.O. box address to send you important correspondence.

Dependent Eligibility

If you are eligible for TRB benefits, certain dependents are also eligible, including your spouse or your disabled dependent child (if there is no spouse or surviving spouse / surviving ex-spouse).

Your spouse or eligible dependent must also be enrolled in Medicare Parts A and B.

Surviving Spouse

A surviving spouse can enroll in TRB benefits if they have not remarried and would have been eligible for TRB benefits before your death.

Your Benefits

The Connecticut Teachers' Retirement Board (TRB) is proud to offer our enrollees a generous, comprehensive health benefits package.

This Enrollment Guide provides an overview of your benefits, which include:

- Medical
- Dental
- Hearing
- Prescription drugs
- Vision

The TRB provides you with two medical plan options:

- **Aetna Medicare Advantage PPO ESA plan (Aetna Medicare Advantage plan) and Aetna Medicare Rx® offered by SilverScript®.*** Medicare Advantage (Medicare Part C) is an alternative to Original Medicare. The Aetna Medicare Advantage plan is 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). You continue to pay your Medicare Part B premium and income-related monthly adjustment amount.
- **The Hartford Group Retiree Health plan and Aetna Medicare Rx® offered by SilverScript®.*** A medical plan that helps you pay for some or all of the costs of the deductibles and coinsurance with Original Medicare.

* The plan is offered by SilverScript Insurance Company, which is affiliated with CVS Caremark. Although this plan is separate, it is offered together with your medical plan.

In addition to medical and prescription drug coverage, TRB offers:

- **Vision coverage.** Routine eye exams are covered with both medical plans. Vision providers will submit claims for vision services to your medical plan.
- **Hearing coverage**
  - **Aetna Medicare Advantage plan:** Routine hearing aid coverage is provided through Aetna's preferred hearing vendor, NationsHearing.
  - **The Hartford Group Retiree Health plan:** Covered services include diagnostic hearing exams, hearing aids, and fittings for hearing aids.

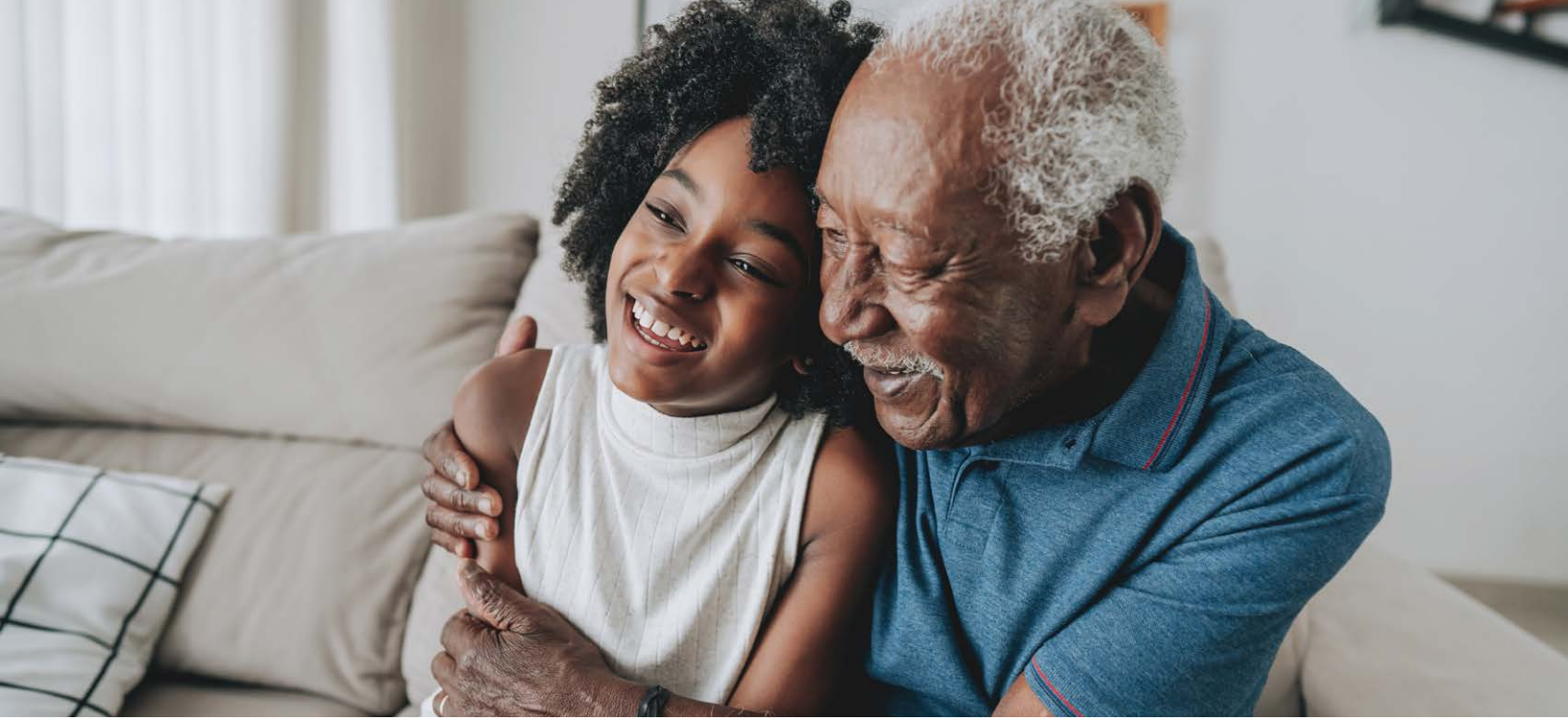
Prescription Drug Plan (PDP)

A stand-alone prescription drug plan (Medicare Part D) that works with Original Medicare to cover prescription drugs.

Moved Recently?

Make sure the TRB has your most recent contact information on file.

To find **Address/Name Change forms**: Go to **portal.ct.gov/trb** > For Retired Teachers > Download Forms > **Address/Name Change Form**. The form will be at the very top of the list.



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 you choose—the Aetna Medicare Advantage plan or The Hartford Group Retiree Health plan.

If you enroll in one of the medical plans, you are enrolled automatically in the prescription drug, dental, vision, and hearing plans. If you waive dental enrollment, your premium is adjusted accordingly.

You'll pay the total amount shown below, based on the medical plan you select.

Coverage	Aetna Medicare Advantage Plan and Aetna Medicare Rx Offered by SilverScript	The Hartford Group Retiree Health Plan and Aetna Medicare Rx Offered by SilverScript
Medical and prescription drug	$101.00	$259.00
Dental	$56.00	$56.00
Total	**$157.00**	**$315.00**

Cost of Medicare

If you are at least age 65 and you or your spouse worked and paid Medicare taxes for at least 10 years, you pay nothing for Medicare Part A. You'll pay a monthly premium for Medicare Part B, based on your income. The standard Part B premium is $185.00 for 2025 (pending Medicare 2026 rates).

Medical

You have two medical coverage options offered exclusively through TRB:

Aetna Medicare Advantage Plan

The Aetna Medicare Advantage plan is a Medicare Advantage 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.

The Hartford Group Retiree Health Plan

Under this plan, The Hartford Group Retiree Health plan supplements your Medicare coverage. Original Medicare (Parts A and B) will pay first. Then, this plan 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

When choosing between the medical plans, it's important to keep the major differences in mind. The amounts listed below are what **you** pay under each plan when you receive covered services.

Medicare Part A

Coverage	Aetna Medicare Advantage Plan	The Hartford Group Retiree Health Plan
Inpatient hospital	$200 copay per admission	$250 copay per admission

Medicare Part B

Coverage	Aetna Medicare Advantage Plan	The Hartford Group Retiree Health Plan
Annual deductible	$0	Medicare Part B deductible: $257 in 2025
Annual out-of-pocket maximum	$2,000 Excludes routine vision and hearing, and foreign travel emergency	$2,000 (plus Medicare Part B deductible) Excludes routine vision and hearing, and foreign travel emergency copays or coinsurance amounts
Outpatient office visits	$10 copay for Medicare-covered services	$10 copay per visit after Part B 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 Part B deductible
Durable medical equipment	$0 copay; may require prior authorization	$0 copay after Part B deductible

Medical Coverage Overview

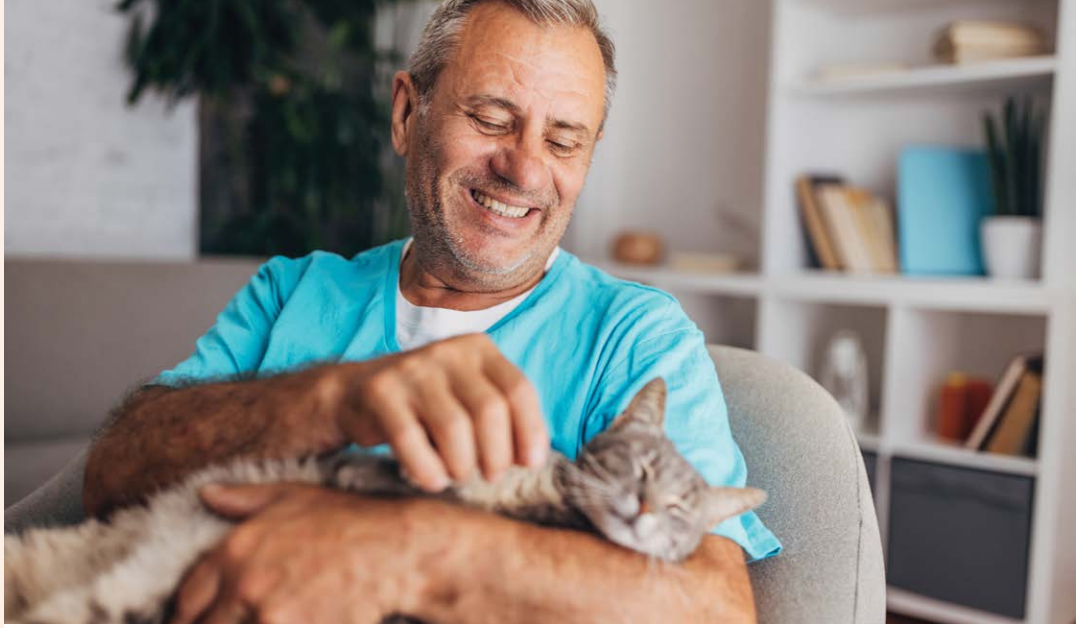
The amounts listed below are what **you** pay under each plan when you receive covered services.

Covered Service	Aetna Medicare Advantage Plan	The Hartford Group Retiree Health Plan
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
Outpatient diagnostic tests and therapeutic services and supplies	$0 copay for each Medicare-covered test*	$0 copay for each Medicare-covered test, after Part B 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
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
Skilled nursing facility Copay amounts are per stay (not per day).	$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	$0 copay*	$0 copay
Physician and specialty office visits	$10 copay	$10 copay per visit, after Part B deductible for Medicare-covered services
Chiropractic services	$10 copay*	$0 copay per visit, after Part B deductible for Medicare-covered services $20 copay per visit for non-Medicare-covered services
Outpatient substance use 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 after Part B deductible
Outpatient surgery including services provided at hospital outpatient facilities and ambulatory surgical centers	$10 copay*	$0 copay per visit, after Part B deductible

* May require prior authorization

Covered Service	Aetna Medicare Advantage Plan	The Hartford Group Retiree Health Plan
Outpatient hospital services, nonsurgical	$10 copay*	$0 copay for outpatient hospital services after Part B deductible $0 copay for outpatient tests after Part B deductible
Ambulance services Provider approval required for nonemergency ambulance services	$100 copay*	$0 copay per Medicare-approved ambulance, after Part B deductible
Emergency care	$100 copay	$0 copay per visit, after Part B deductible
Urgent care	$10 copay	$0 copay per visit, after Part B deductible
Outpatient rehabilitation services	$10 copay*	$0 copay, after Part B deductible
Annual physical	$0 copay, 1 exam per calendar year	$0 copay per exam per calendar year
Acupuncture	$10 for Medicare-covered services	$0 for Medicare-covered services $25 copay per visit for non-Medicare-covered services up to a $500 calendar-year benefit maximum
Foreign travel, emergency Must incur expense within the first 60 days of travel	$100 copay, waived if admitted	$0 copay 100% coverage up to a $250,000 lifetime maximum
Routine vision services Includes refraction	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 12 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 per year; new hearing aids every 2 years; includes digital hearing aids No network requirements Discount program available

* May require prior authorization



Prescription Drugs

Your TRB prescription drug coverage will be provided by Aetna Medicare Rx offered by SilverScript. With Aetna Medicare Rx offered by SilverScript, you have access to more covered prescription drugs than a traditional Medicare Part D Prescription Drug plan.

Using Your Prescription Drug Benefits

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

- Generic medications at preferred pharmacies: 4% coinsurance
- Generic medications at standard pharmacies: 5% coinsurance
- Preferred brand-name medications: 20% coinsurance
- Nonpreferred brand-name and specialty medications: 30% coinsurance

Preferred pharmacies offer the lowest out-of-pocket costs for prescriptions because Aetna Medicare Rx offered by SilverScript has negotiated lower prices. You continue to pay coinsurance until you meet the $2,100 true out-of-pocket (TrOOP) cost per calendar year.

NOTE: Certain prescription drugs, including clotting factors, drugs for dialysis, and antigens, are covered under your medical coverage. Contact Customer Care at the number on the back of your Member ID card for more information.

Multiple Prescription Drug Plans

If you are currently enrolled in another Medicare Prescription Drug plan or a Medicare Advantage plan that offers prescription drug coverage (MAPD) and you enroll in TRB benefits, your other coverage will be cancelled automatically.

If you enroll in another Medicare Prescription Drug plan or Medicare Advantage plan that offers prescription drug coverage (MAPD) outside of TRB, your coverage with TRB will be cancelled.

TRB Rx Coverage and Medicare Part D

Your TRB prescription drug coverage is, on average, expected to pay out at least as much as standard Medicare Prescription Drug coverage. This means if you end TRB coverage and enroll in a new Medicare Part D plan, you will not incur a late enrollment penalty, provided there is no lapse in coverage.

Prescription Drug Formulary

The formulary is the list of prescription drugs covered by the plan. The formulary is available at **CTTRB.aetnamedicare.com** or **ct.gov/trb**.

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.

From time to time, a drug may move to a different coverage tier (e.g., brand to nonpreferred brand). Most changes in drug coverage happen on January 1, but we may add or remove drugs on the formulary during the year, move them to different cost-sharing tiers, or add new restrictions. We must follow Medicare rules in making these changes. Generally, if you are taking a drug on the 2026 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2026 coverage. If changes are made that will affect you, Aetna Medicare Rx offered by SilverScript will provide notification as required.

Your prescription drug may be subject to a limitation, which will be indicated in the formulary:

- **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.** Prior authorization (PA) is also known as precertification, prior notification, or prior approval. No matter what it is called, PA is a way to ensure medication safety and help guide appropriate use of certain drugs.

  A drug might require prior authorization if it is:

  – A brand-name drug that has a generic equivalent
  – More costly than other drugs within the same category or class
  – Used for cosmetic reasons only

Finding In-Network Retail Pharmacies

You can choose from thousands of national chain, regional, and independent local retail pharmacies. Call Customer Care at 1-866-495-0761 (TTY: 711), Monday–Friday, 8:00 a.m.–9:00 p.m. ET, or visit **CTTRB.AetnaMedicare.com** for more information.

Part D Insulin

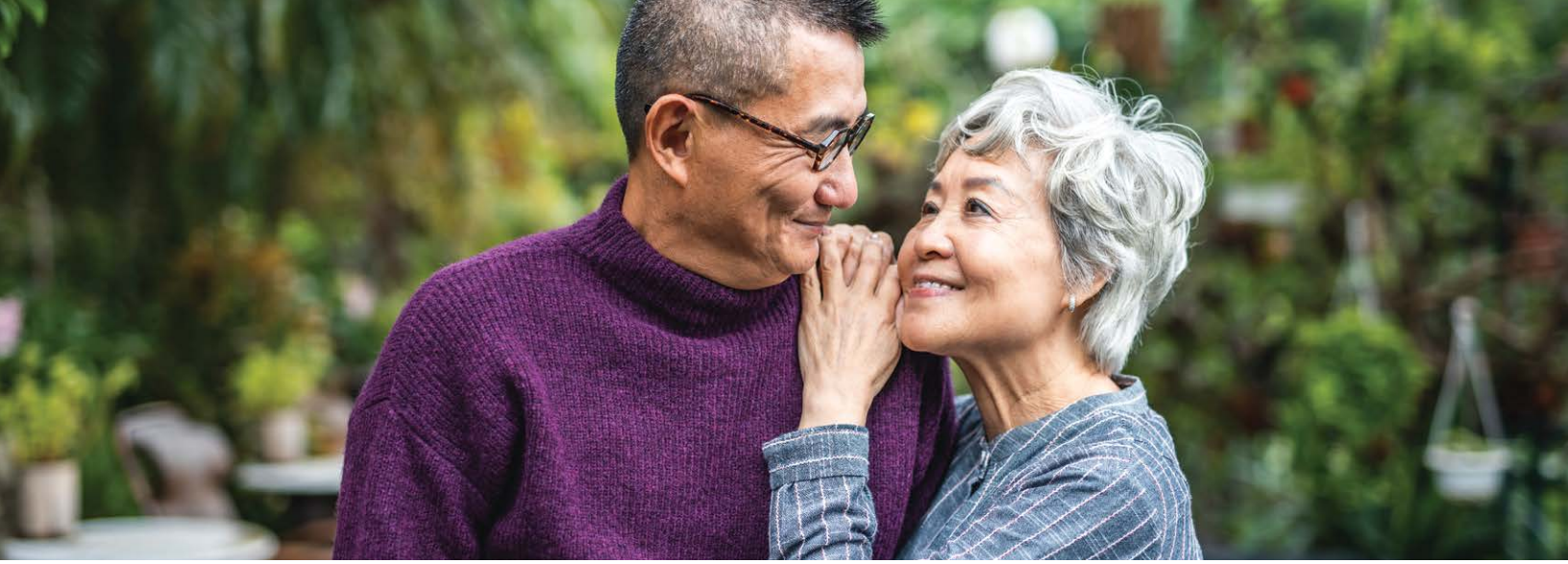
The deductible does not apply to covered insulin products.

You will pay $20 for up to a 90-day supply of each covered insulin product on the preferred brand tier or not more than $35 for a one-month supply or $105 for a 90-day supply of each covered nonpreferred insulin product. Coinsurance will **not** apply.

You will pay a maximum of $35 for a one-month supply of each nonpreferred and specialty insulin product covered by the plan. Coinsurance will **not** apply.

Prescriptions at Long-Term Care Facilities

If you live in a long-term care facility, you'll pay the same amount that you would at a standard network pharmacy for your covered prescription drugs. Brand-name drugs must be dispensed in a 14-day supply or less; generic drugs must be dispensed in a 30-day supply or less.



Save on Maintenance Medications

If you prefer the convenience of mail order, you could save time and money by receiving your maintenance medications through CVS Caremark Mail Service Pharmacy. You'll get automatic refill reminders and access to licensed pharmacists if you have questions.

In addition to the CVS Caremark Mail Service Pharmacy, most retail pharmacies offer three-month supplies for some prescription drugs.

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.

Medicare Prescription Payment Plan

You can use the payment options under the Medicare Prescription Payment Plan to spread the out-of-pocket costs of your prescription drugs over the course of the calendar year. This plan is only applicable to covered Part D drugs and may be helpful if you have expensive prescriptions. This payment option might help you manage expenses, but it doesn't save you money or lower your drug costs.

If you opt in to the plan, you will not pay the pharmacy when you fill a covered prescription. Instead, you will receive a monthly bill for your out-of-pocket prescription drug costs, based on a formula set by the Inflation Reduction Act.

You can opt in to or out of the program at any time throughout the year. You can opt in online, over the phone, or by mail. Contact Aetna Medicare Rx offered by SilverScript for more information (see page 25).

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.

Additional Programs

With the Aetna Medicare Advantage Plan

Virtual Care

Telehealth: You can get care from any provider that offers telehealth services. You'll pay the same amount as an in-person visit. Contact your doctor to learn more.

Teladoc Health: Connect with a Teladoc Health primary care provider by web, phone, or mobile app from anywhere for nonemergency medical needs.

Whether you choose telehealth or Teladoc Health, you're covered for many nonemergency medical needs, such as cold and flu symptoms, allergies, skin problems, and prescription refills.

SilverSneakers Fitness Benefit

Exercise and physical activity can help you maintain and improve your health. As an Aetna Medicare Advantage member, you get a basic fitness membership through SilverSneakers. With this benefit, you can improve your health, build confidence, and connect with your community. It's included with your plan at no added cost.

Your membership may include:

- Classes at all fitness levels led by trained instructors
- Access to thousands of participating locations
- At-home virtual workouts
- A variety of online classes in cooking, nutrition, brain health, and more

Hearing Benefit

You have access to hearing services, including:

- An annual routine hearing exam and a hearing aid evaluation and fitting for a $0 copay
- Concierge services by dedicated NationsHearing Member Experience Advisors
- Access to a nationwide network of thousands of licensed hearing care providers*
- Coverage of $1,500 every 36 months. This amount is used to cover hearing aids at the time of purchase.

To learn more, visit **NationsHearing.com/Aetna** or call NationsHearing at 1-877-225-0137 (TTY: 711), Monday through Friday, 8:00 a.m. to 8:00 p.m. local time, to speak with a Member Experience Advisor. They can help schedule your hearing exam with a local network provider.

* Visit **NationsHearing.com/ProviderListAetna** to find a provider.

With The Hartford Group Retiree Health Plan

Telehealth

You can get care from any provider that offers telehealth services. You'll pay the same amount as an in-person visit. Contact your doctor to learn more.

Silver&Fit Fitness Program

The Silver&Fit Healthy Aging and Exercise program offers flexible fitness options that support physical activity, well-being, community building, and healthy aging.

Start Hearing

Discover a world of enhanced hearing with our comprehensive hearing care program, designed to support your hearing health every step of the way. We provide significant savings on all hearing aid models, including rechargeable and Bluetooth-compatible options, through Start Hearing. Benefits include a 60-day risk-free trial period, a three-year deluxe warranty, and one year of free aftercare* through our network of 3,000 hearing care professionals.

* Aftercare visits are a limit of six. The Bluetooth word mark and logos are registered trademarks owned by Bluetooth SIG, Inc., and any use of such marks is under license. Start Hearing is a discount program and does not provide insurance coverage for hearing aids. Please refer to your health insurance coverage information for insured benefits.

Dental

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.

Important: You have the option to waive dental during your initial enrollment. If you elect not to enroll in dental coverage, you will NOT have the opportunity to elect the dental plan at a later date, unless the TRB deems otherwise.

Dental coverage is administered by Cigna Dental. Covered dental services include:

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

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

You will receive a separate ID card for dental coverage.

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

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

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

Covered Service	Dental Benefit (In-Network or Out-of-Network)*
Calendar-year benefits maximum	$2,500 per person
Calendar-year deductible	$50 per person
Class I: Diagnostic and preventive Oral evaluations, routine cleanings, X-rays, fluoride application, sealants, space maintainers, emergency care	Plan pays 100%, after deductible
Class II: Basic restorative Fillings, endodontics, periodontics, oral surgery, anesthesia	You pay 20%, after deductible
Class III: Major restorative 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

* Out-of-network 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.

Oral Health Integration Program

The Cigna Dental Oral Health Integration Program offers enhanced dental coverage for participants diagnosed with diabetes, heart disease, stroke, or 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 deductible but will apply to the benefits maximum. For more information, visit **mycigna.com** or call 1-800-CIGNA24.

Finding In-Network Providers

To find an in-network dental provider, visit **cigna.com** and select Find a Doctor.

Balance Billing

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.

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 may 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. This does not apply to The Hartford Group Retiree Health plan.

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. This does not apply to The Hartford Group Retiree Health plan.

Medicare Prescription Payment Plan. Introduced under the Inflation Reduction Act (IRA) of 2022, the Medicare Prescription Payment Plan is a payment option to manage prescription drug costs. Enrollees in the plan can choose to spread 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.

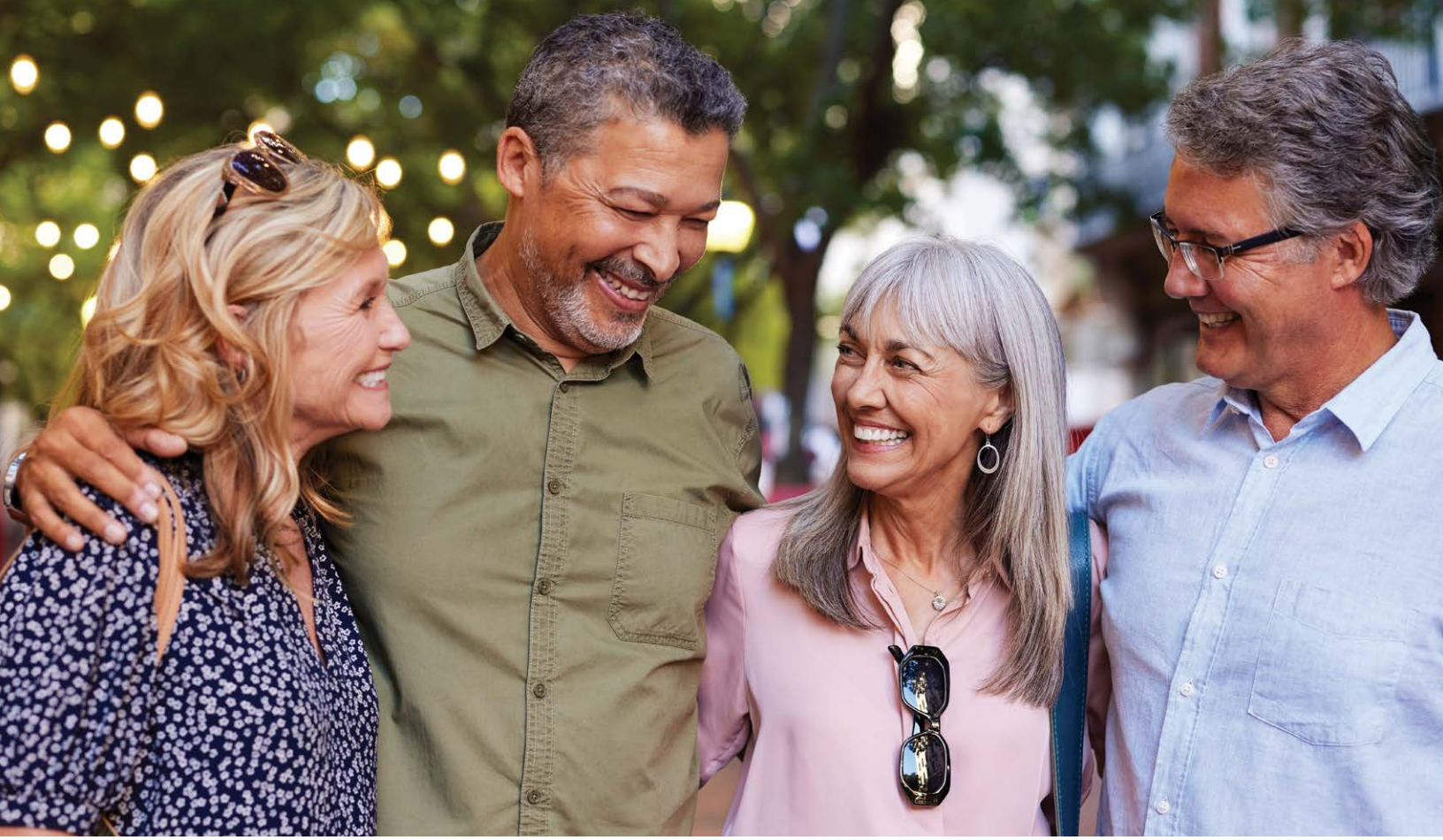
Out-of-network. Providers or facilities that are not in your health plan's provider network. For the TRB medical plans, this is any non-Medicare provider. This does not apply to The Hartford Group Retiree Health plan.

Out-of-pocket costs. The amount you pay—copays, coinsurance, 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 4 for plan enrollment.



Enrolling as a New Member

Once you have completed the Medicare Part A and Part B enrollment process and have proof of eligibility, you can submit the application form to TRB (see page 23). Spouses are eligible to enroll even if the retiree is not yet eligible.

Please 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 and Part B effective June 1, your TRB application must be received no later than May 1 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 the 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 **ssa.gov** or 1-800-772-1213.

Changing Your Coverage

You can change your coverage election each year during open enrollment, which takes place in the fall. Coverage is effective the following January 1.

You may cancel your coverage at any time. However, if you do, you cannot reenroll for two years without a qualifying event. To cancel all coverage, you must submit a cancellation form, available on the TRB website or by contacting the TRB for a hard copy. You must submit the cancellation form 30 days before the month you want coverage to be cancelled.

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

Email
HealthInsurance.TRB@ct.gov

Phone
1-800-504-1102

Statements of Understanding

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

For members of the Aetna Medicare Advantage 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 United States.

For members of the Aetna Medicare Rx offered by SilverScript plan 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 Hartford Group Retiree Health 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 United States.

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 United States border. However, under these plans, when I am outside of the United States, I am covered for emergency or urgently needed care. Prescription drugs are not covered outside of the United States or its territories (even if it's an emergency or urgently needed care).

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 TRB coverage.
- 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.

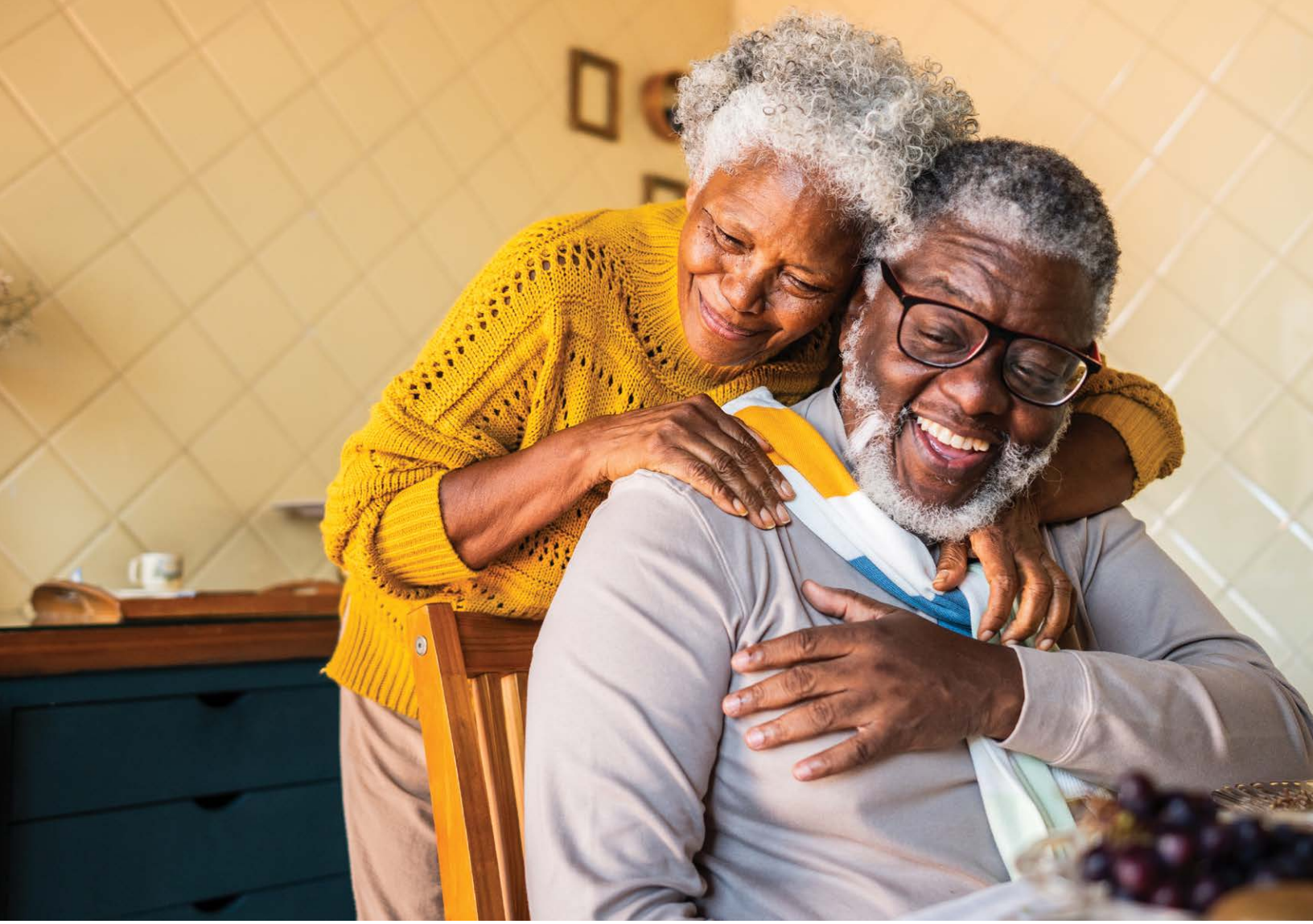
Medicare may also release my information for research and other purposes that follow all applicable federal statutes and regulations.

For members of the Aetna Medicare Advantage plan.

I understand that when my coverage begins, I must get all of my medical 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 Aetna Medicare Rx offered by SilverScript 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.



Contact Information

Benefit	Contact	Phone	Website
Aetna Medicare Advantage plan	Aetna Member Services	Medical: 1-866-495-0761 (TTY: 711) Monday–Friday 8:00 a.m.–9:00 p.m. ET	**CTTRB.aetnamedicare.com**
Aetna Prescription Drug coverage	Aetna Member Services	Prescription drug: 1-866-495-0761 (TTY: 711) 24 hours a day, 7 days a week	**CTTRB.aetnamedicare.com**
The Hartford Group Retiree Health plan	The Hartford	Toll Free: 1-925-524-6722 Monday–Friday 8:00 a.m.–8:00 p.m. ET	
Dental	Cigna Dental	1-800-244-6224 24 hours a day, 7 days a week	**cigna.com** or **mycigna.com**

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