



The Connecticut Teachers' Retirement Board

# 2026 Open Enrollment

# Agenda



- Introduction
- TRB Statute
- 2026 Plan Options
- Monthly Rates
- Enrollment
- Changing your election
- Opting-Out



- Aetna Plan Summary
- Aetna Plan Highlights



- Prescription Drug Coverage
- Mail Order and Pharmacy Information



**The Hartford**

- The Hartford Plan Summary
- The Hartford Plan Highlights



- Cigna Dental Coverage

Closing Question and Answer

# Introduction



## **Please treat this as a classroom**

- \* Keep conversation and noise to a minimum
- \* Silence cell phones
- \* Be respectful to your neighbors
- \* Be respectful to your presenters



## **Questions will be possible at the end of the presentation.**

Please write your question on the card provided.



## **Presentation Notes**

A copy of the presentation, as well as a recorded version of the presentation will be made available on the TRB website

# The Statute



**The base plan for 2026 continues to be the Medicare Advantage plan option.**



**The statute governing the TRB maintains that the State and the TRB each contribute 1/3 of the base Plan cost of the retiree medical plan.**



**The TRB statute also requires that the plan will not charge the retiree more than 1/3 of the cost of the base plan.**

# 2026 Plan Options

Aetna Medicare Advantage PPO ESA plan and  
Aetna Medicare Rx® offered by SilverScript®

- Combines Part A + B benefits in *one* plan
- See any doctor at the same in-network cost share, as long as they are eligible to receive payment under Medicare and agree to bill and accept payment from Aetna®
- Hearing benefits
- Vision benefits
- Part D Rx coverage

The Hartford Group Retiree plan and  
Aetna Medicare Rx® offered by SilverScript®

- Reduces out-of-pocket costs after Medicare
- Keep the doctor you have today
- Freedom to go to the doctor of choice anywhere in the country
- Medicare cross-over claims
- Hearing benefits
- Vision benefits
- Part D Rx Coverage





## 2026 Aetna Medicare<sup>SM</sup> Plan (PPO ESA)

	In and out of network		In and out of network
<b>Annual deductible</b>	\$0 deductible	<b>Inpatient Hospital Care</b>	\$200 copay per admission
<b>Annual out-of-pocket maximum</b>	\$2,000 out-of-pocket maximum	<b>Inpatient Mental Health Care</b>	\$200 copay per admission
<b>Outpatient Office Visits</b>	\$10 copay \$0 copay for preventative care	<b>Skilled Nursing Facility</b>	\$0 copay for days 1-100*
<b>Outpatient Diagnostic Tests</b>	\$0 copay*	<b>Home Health Agency Care</b>	\$0 copay*
<b>Durable Medical Equipment</b>	\$0 copay*	<b>Physician and Specialty Office Visits</b>	\$10 copay
<b>Diabetic Supplies</b>	\$0 copay*	<b>Chiropractic Services</b>	\$10 copay*
<b>Inpatient Hospital Care</b>	\$200 copay per admission	<b>Outpatient Substance Use and Mental Health Care</b>	\$10 copay

\*services may require prior authorization



## 2026 Aetna Medicare<sup>SM</sup> Plan (PPO ESA)

	In and out of network		In and out of network
<b>Outpatient Surgery</b>	\$10 copay*	<b>Annual Physical</b>	\$0 copay, 1 exam per calendar year
<b>Outpatient Hospital Services</b>	\$10 copay*	<b>Acupuncture</b>	\$10 copay for Medicare-covered services
<b>Ambulance Services (Provider approval required for non-emergency care)*</b>	\$100 copay	<b>Foreign Travel, emergency</b>	\$100 copay, waived if admitted
<b>Emergency Care</b>	\$100 copay	<b>Routine Vision Services</b>	\$10 copay Eyewear: \$500 maximum benefit every 24 months
<b>Urgent Care</b>	\$10 copay	<b>Routine Hearing Services</b>	\$0 copay for exam Hearing Aids: \$1,500 maximum benefit (in-network only); once every 3 years; includes digital hearing aids
<b>Outpatient Rehabilitation Services</b>	\$10 copay*		

\*services may require prior authorization





DATE JULY 13, 1966



Pay to the Order of  
**HARTFORD HOSPITAL**  
**FIRST MEDICARE BENEFIT**

HARTFORD NATIONAL BANK AND TRUST COMPANY  
Hartford, Connecticut

⑆00111⑆0044⑆ ⑆24⑆0169⑆

*A. J. Moore*  
Authorized Official

Medicare is part  
of our history

In 1966, Aetna® paid the first  
Medicare claim.

# Aetna® Plan Highlights

How the plan supports the whole you



## Wellness

- Healthy Home Visit
- 24-Hour Nurse Line
- Hearing and vision reimbursements
- Healthy Rewards program
- Teladoc Health
- Telehealth
- SilverSneakers® fitness membership
- Non-emergency transportation

## Support

- Resources For Living®
- Chronic health condition support
- Readmission Avoidance program
- Post-discharge meal benefit
- Aetna Compassionate Care<sup>SM</sup>
- Healthy Aging Support program
- Continuity of care
- Healthwise Knowledgebase

## Prevention

- Eye and hearing exams
- Annual physicals
- Flu shots and other vaccines
- Women's annual health reminder
- Cancer screening reminder



## Hearing Benefits

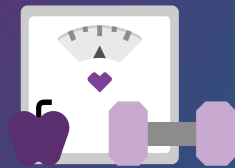
### Enhanced hearing solution

Aetna® is simplifying the process for receiving hearing care. And if necessary, we'll help you select the most comfortable and effective hearing aids for your needs.

#### Program services include:

- Annual hearing test at no additional cost
- Access to a nationwide network of **over 8,000 providers** through NationsHearing®
- Coverage of **\$1,500 every 36 months**

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



## Wellness

### SilverSneakers® fitness benefit

A basic gym membership plus live, on-demand and virtual fitness options all at no added cost.

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. It 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



## Continuity of care

## Changing to Aetna® doesn't mean changing your plans for your medical care.

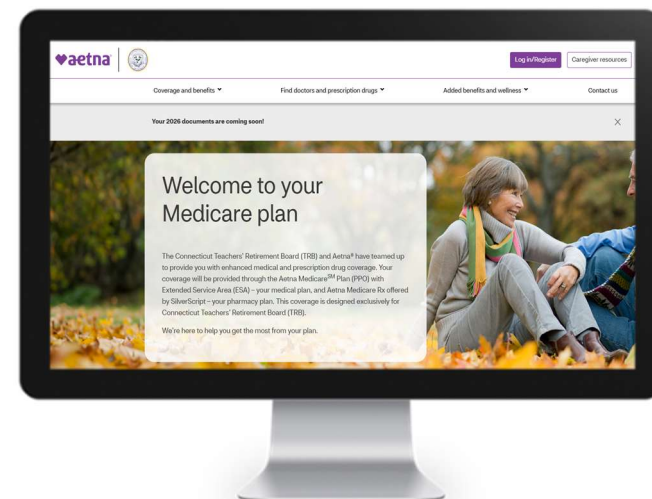
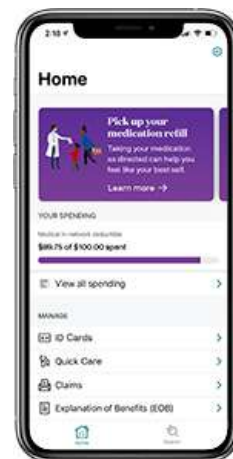
We know how important it is to have:

- No interruption in your ongoing or complex care
- Your current doctors involved, since they know you best
- Support through this plan change

Our nurse care managers are ready to support you to ensure your planned treatment, medications or surgeries are not disrupted.

# Get to know your secure member website

- **Understand and manage your benefits, connect to care, and check coverage and costs**
- Your secure member website includes resources to help you understand your benefits so you can make the most of your plan. Log in anytime to manage your benefits, connect with care, check coverage and costs, and more.
- You'll need to register the first time you visit. After that, you'll see your personalized home page where you can:
  - View and print your Aetna member ID card
  - Review and manage claims
  - See benefits and coverage
  - View discounts
  - Find network providers and options for care



**You can also manage your benefits right from your phone with the Aetna Health<sup>SM</sup> app.**

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area. Every year, Medicare evaluates plans based on a 5-star rating system. For accommodation of persons with special needs at meetings, call 1-866-495-0761 (TTY: 711), Monday through Friday, 8 AM to 9 PM ET. Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

For mail-order, you can get prescription drugs shipped to your home through the network mail-order delivery program. Typically, mail-order drugs arrive within 10 days. You can call 1-866-495-0761 (TTY: 711), Monday through Friday, 8 AM to 9 PM ET if you do not receive your mail-order drugs within this timeframe. Members may have the option to sign-up for automated mail-order delivery. Participating other health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

SilverSneakers is a registered trademark of Tivity Health, Inc. ©2026 Tivity Health, Inc. All rights reserved. Resources For Living is the brand name used for products and services offered through the Aetna group of subsidiary companies. Apple, Apple Fitness+ and iPhone are trademarks of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc.

Medicare rules don't allow earned rewards to be used for Medicare-covered goods or services, including medical or prescription drug out-of-pocket costs. Earned rewards may not be used to pay for medical copays, prescription costs, or any other Medicare covered good or services. Earned rewards may also not be used on alcohol, tobacco or firearms or be converted to cash. Rewards earned may be considered taxable income. Please consult your tax adviser if you have any questions regarding the taxability of rewards.

Aetna is part of the CVS Health® family of companies.

Aetna and CVS Caremark® Mail Service Pharmacy are part of the CVS Health® family of companies.

Aetna and SilverScript® are part of the CVS Health® family of companies.

Aetna Medicare Rx offered by SilverScript is a standalone Prescription Drug Plan offered by SilverScript® Insurance Company, a CVS Health company.

©2025 NationsBenefits, LLC. All rights reserved. NationsHearing is a registered trademark of NationsBenefits, LLC. Other marks are the property of their respective owners.

©2025 Aetna Inc.

Y0001\_GRP\_6214460\_2026\_C





## 2026 The Hartford Group Retiree Plan

<b>Annual deductible</b>	Medicare Part B deductible	<b>Inpatient Mental Health Care</b>	\$250 copay per admission
<b>Annual out-of-pocket maximum</b>	\$2,000 out-of-pocket maximum plus Part B deductible	<b>Skilled Nursing Facility</b>	\$0 copay for days 1-21 \$250 copay for days 21-100
<b>Outpatient Office Visits</b>	\$10 copay \$0 copay for preventative care	<b>Home Health Agency Care</b>	\$0 copay
<b>Outpatient Diagnostic Tests</b>	\$0 copay	<b>Physician and Specialty Office Visits</b>	\$10 copay
<b>Durable Medical Equipment</b>	\$0 copay	<b>Chiropractic Services</b>	\$0 copay for Medicare-covered services \$20 copay for non-Medicare-covered services
<b>Diabetic Supplies</b>	\$0 copay	<b>Outpatient Substance Use and Mental Health Care</b>	\$10 copay
<b>Inpatient Hospital Care</b>	\$250 copay per admission		

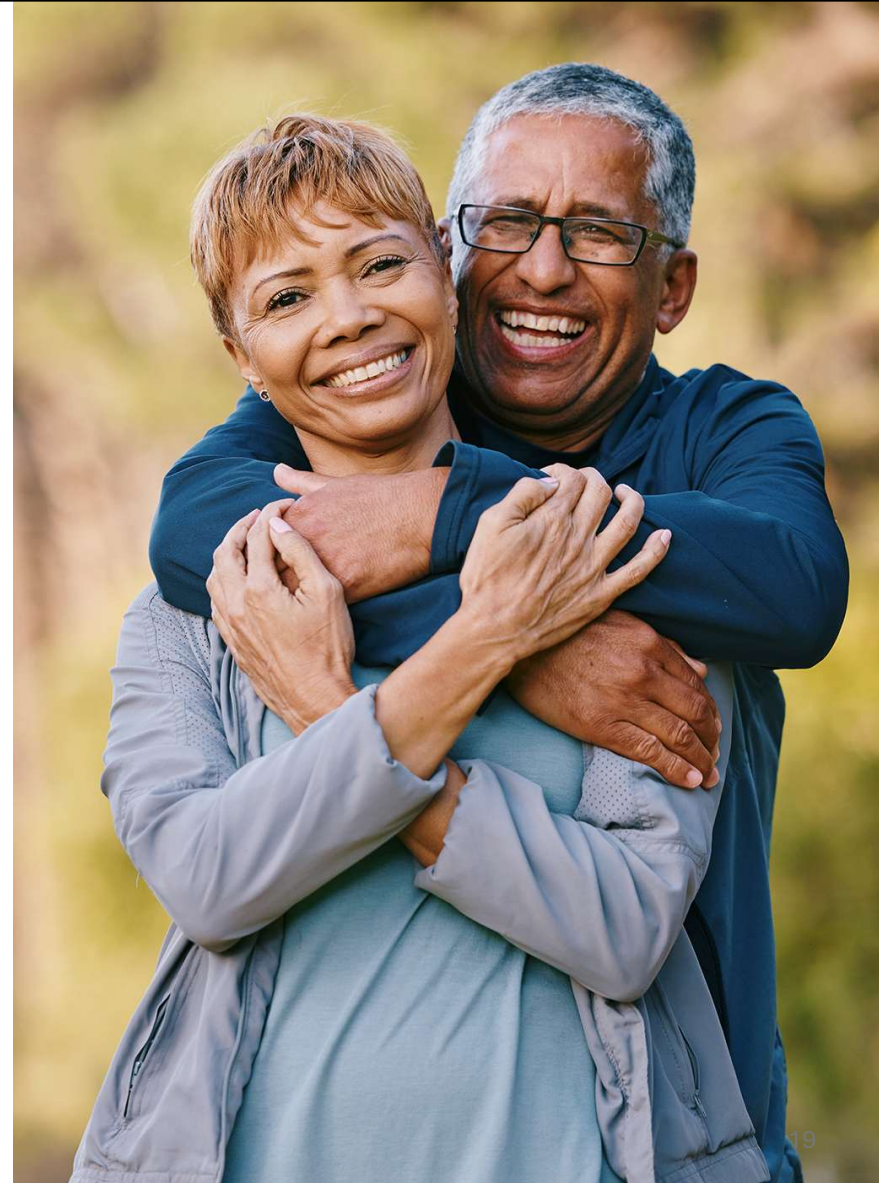
## 2026 The Hartford Group Retiree Plan

<b>Outpatient Surgery</b>	\$0 copay	<b>Annual Physical</b>	\$0 copay, 1 exam per calendar year
<b>Outpatient Hospital Services</b>	\$0 copay	<b>Acupuncture</b>	\$0 copay for Medicare-covered services \$25 copay for non-Medicare-covered services
<b>Ambulance Services (Provider approval required for non-emergency care)*</b>	\$0 copay	<b>Foreign Travel, emergency</b>	\$0 copay up to \$250,000 lifetime coverage maximum
<b>Emergency Care</b>	\$0 copay	<b>Routine Vision Services</b>	\$0 copay Eyewear: \$500 maximum benefit every 12 months
<b>Urgent Care</b>	\$0 copay	<b>Routine Hearing Services</b>	\$0 copay for exam Hearing Aids: \$0 copay, \$5,000 maximum benefit once every 2 years; includes digital hearing aids
<b>Outpatient Rehabilitation Services</b>	\$0 copay		



## The Hartford's Group Retiree Health Plan

- Reduces out-of-pocket costs after Medicare
- Keep the doctor you have today
- Freedom to go to the doctor of choice anywhere in the country
- Medicare cross-over claims
- Hearing benefits
- Vision benefits



# Hearing Discount Program



**Discounts on today's  
latest technology,  
including tinnitus  
options**



**Annual hearing  
consultations**



**Access to a nationwide  
network of 3,000+  
hearing professionals**



**All styles fully  
rechargeable**



**One year of  
free office visits  
(limit of six)**



**60-day  
risk-free trial**



**Free Deluxe Warranty  
Plan, including loss  
and damage**



**Financing plans  
available  
(subject to credit  
approval)**

# Silver & Fit Healthy Aging and Exercise Program



**With the Silver & Fit® program, you can feel supported on your healthy aging journey with:**

- Access to thousands of participating fitness centers or select YMCAs<sup>1</sup>
- Access to the Premium Fitness Network, which includes additional locations like fitness centers, studios, and unique fitness experiences, for a nonrefundable monthly buy-up price<sup>2</sup>
- One home fitness kit per benefit year from the available options<sup>3</sup>
- Workout plans to help you start or continue an exercise routine
- On-demand workout videos for all fitness levels available on the Silver & Fit website
- The Well-Being Club where you can view exclusive articles and videos
- One-on-one one well-being coaching sessions by phone, video, or chat where a trained coach will support you in areas like fitness, healthy eating, stress, and sleep
- FitnessCoach™ live virtual personal training sessions with a certified personal trainer<sup>4</sup>
- And more!

<sup>1</sup>You may need to sign a membership agreement with the fitness center or YMCA, even if you have a current membership agreement or have had one in the past. Fitness center participation may vary by location and is subject to change.

<sup>2</sup>Fees vary by Premium location. Please refer to the fitness center search on the Silver&Fit website.

<sup>3</sup>Home Fitness Kit promo codes cannot be used in combination with any other promotions on third-party vendor websites. Promo codes will expire at the end of the benefit year. Once selected, kits cannot be exchanged. Kits are based on availability and subject to change.

<sup>4</sup>Fees and limitations apply.

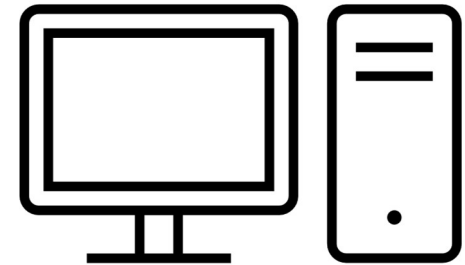
# Changing to The Hartford



- The Hartford's Customer service administrator AmWINS is here to answer all your questions on your Benefits.
- Effective immediately, you may contact CT TRB/AmWins Customer Care Center toll-free at **925.524.6722**, Monday through Friday, 8:00 AM to 8:00 PM (Eastern), to learn more about The Hartford Retiree Medical plan.
- Auto enrollment will be processed by 11/24/25. Members may call CT TRB/AmWins Customer Care Center should they wish to confirm their 1/1/26 coverage .
- The Hartford ID card will be mailed to you the week of 12/1/25. Please contact CT TRB/AmWins Customer Care Center should you need to request replacement. Your Medicare ID number is all you need for your Hartford Insurance.
- Week of 12/15/25 – mailing of The Hartford Welcome Packets to include policy documents.

## The Hartford Online

- Online access to claims through The Hartford's Claims Administrator WebTPA
- Once you receive your ID card you will have access to enroll into the claim's portal.
- Your ID card will list the claims portal address, and the letter will have directions on how to register for the claim's portal.
- CT TRB's website will hold sample certificates and benefits charts **portal.ct.gov/trb**





The Hartford Insurance Group, Inc., (NYSE: HIG) operates through its subsidiaries, including underwriting company Hartford Life and Accident Insurance Company, under the brand name, The Hartford®, and is headquartered at One Hartford Plaza, Hartford, CT 06155. For additional details, please read The Hartford's legal notice at [www.TheHartford.com](http://www.TheHartford.com). All benefits are subject to the terms and conditions of the policy. Policies underwritten by the underwriting company listed above detail exclusions, limitations, reduction of benefits and terms under which the policies may be continued in force or discontinued. © 2025 The Hartford

NOT CONNECTED WITH OR ENDORSED BY THE U.S. GOVERNMENT OR THE FEDERAL MEDICARE PROGRAM.

Limitations & Exclusions: The Hartford's Insurance Plan does not cover any expense that is not a Medicare Eligible Expense or beyond the limits imposed by Medicare for such expenses or excluded by name or specific description by Medicare, except as specifically provided in the policy. The plan does not cover: Any part of a covered expense to the extent paid by Medicare; benefits payable under one benefit of the policy to the extent covered under another benefit of the policy; or expense incurred after coverage terminates, except as stated in any Extension-of-Benefits provision of the policy.

Group Retiree Health Form Series includes GBD-2400, GBD-2500, or state equivalent.

- © 2025 The Hartford. Confidential. No part of this document may be reproduced, published or posted without the permission of The Hartford.





# Prescription Drug Coverage

---

\*All members receive the same prescription coverage regardless of medical plan election



## Terms for understanding prescription drug benefits

### Formulary

A list of drugs covered on your plan.

### Drug tiers

A group of drugs in a formulary.

### Network

Participating pharmacies where you can fill prescription drugs.

### Transition fill

Possible one-time limited fill in the first 90 days of the plan year for drugs that are no longer covered or require additional authorization for coverage.

Drugs on Tier 1 or Tier 2 could save you money. Talk to your doctor.

# Prescription Drug Coverage

2026 Aetna® Medicare Rx offered by SilverScript® Part D plan

Pharmacy network	Preferred Network (P1)
Formulary	Comprehensive Plus (open formulary)
Deductible	\$200
Tier 1 - Generic	4% at Preferred Pharmacies 5% at Standard Pharmacies
Tier 2 – Preferred Brand	20%
Tier 3 – Non-Preferred Brand	30%
Tier 4 - Specialty	30%
Catastrophic phase	Once you reach \$2,100 in out-of-pocket costs for covered Part D drugs, you will pay nothing for covered Part D drugs for the remainder of the year.
Mail-order drugs	Same as retail

## Your plan might have prescription drug coverage rules

### Prior authorization (PA)

Some drugs require that your doctor first show a medical need for you to use the drug before the plan will cover it.

### Quantity limit (QL)

This places a limit on how much of a drug you can get at one time.

### Step therapy (ST)

You must first try another drug on the plan's formulary before you can move to another drug.

Note: The above rules are for safety purposes and to help keep your costs down. They were created with your health in mind.

# CVS Caremark® Mail Service Pharmacy

The prescriptions you fill regularly are conveniently delivered to you within 10 days after processing your order.

## Two easy steps to get started:

1. See if your medication is available through mail order.
  - Check your plan formulary (drug list) or call the number on your member ID card.
2. Choose how to sign up:
  - Visit **Caremark.com** to register online through your member website.
  - Call Member Services at the number on your member ID card.

Due to legislation in Arkansas, effective January 1, 2026, you may not be able to utilize the following services within the state of Arkansas: CVS Retail, CVS Caremark Mail Service, CVS Specialty, and OMNI Care long term pharmacies.



# Get to know your secure member website for prescription coverage



Visit **Caremark.com** or use the CVS Caremark App.



Find your plan materials online at

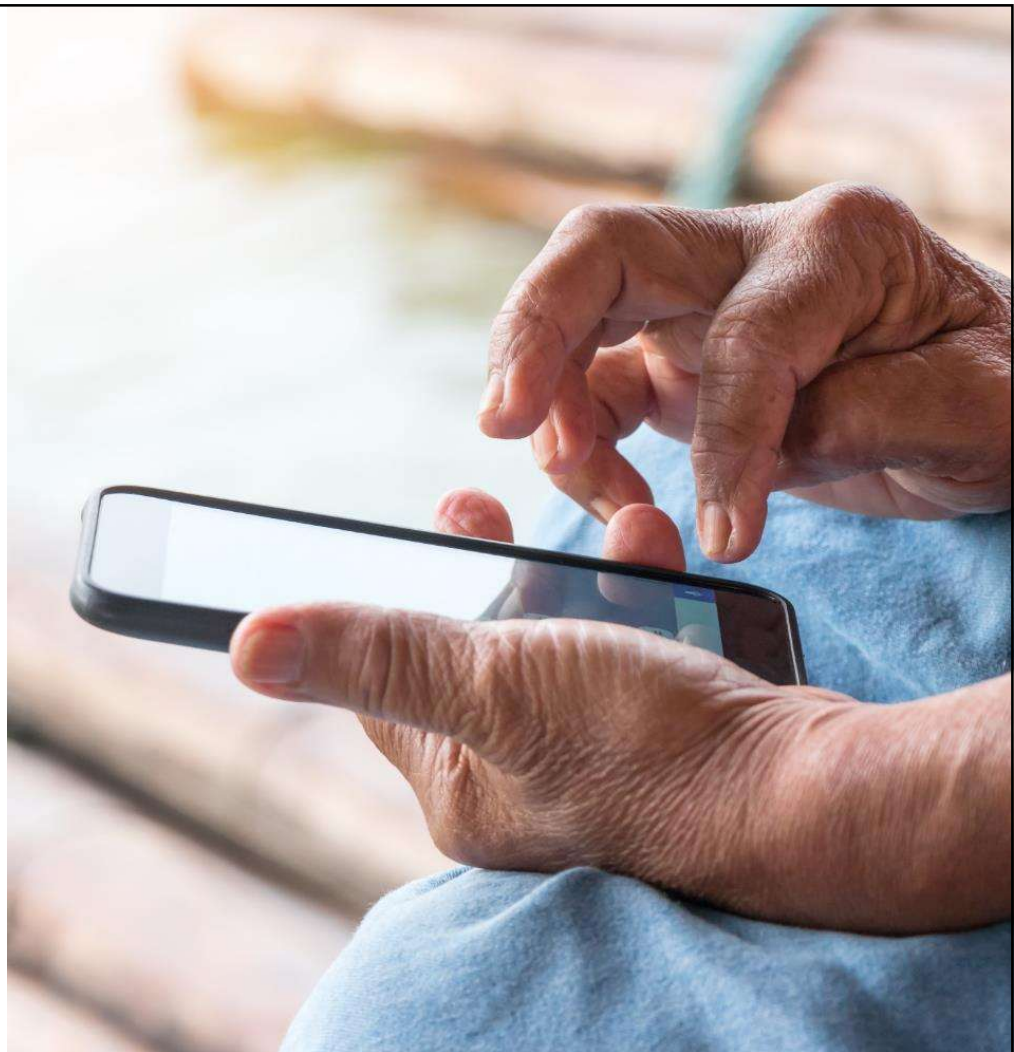
**SilverScriptEmployerPDP.MemberDoc.com**

All you need is your member ID and zip code!

---

Some of the digital tools include:

- Pharmacy Locator tool
- Order tracking for your prescriptions
- Check drug cost
- View documents online or request paper copies





# Dental Plan

Plan year: 01/01/2026-12/31/2026



Offered by Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, or their affiliates.  
In Utah, plans are offered by Cigna Health and Life Insurance Company.

974338b 06/25



# Cigna Dental



With the **Total Cigna DPPO network**, you have a choice of more than 150,000 dentists nationwide.<sup>1</sup>

Network Options	In-Network Cigna DPPO Network		*Non-Network: See Non-Network Reimbursement	
Calendar Year Benefits Maximum	\$2,500		\$2,500	
Calendar Year Deductible Individual	\$50		\$50	
Benefit Highlights	Plan Pays	You Pay	Plan Pays	You Pay
Class I: Diagnostic & Preventive	100% After Deductible	No Charge After Deductible	100% After Deductible	No Charge After Deductible
Class II: Basic Restorative :	80% After Deductible	20% After Deductible	80% After Deductible	20% After Deductible
Class III: Major Restorative	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible



\* Non-network dentist may balance bill up to their usual fees.



# Estimate dental care costs

Cigna Healthcare dental estimator tools<sup>1</sup> are easy to use, and help you avoid unexpected dental care costs. Whether you're choosing a dentist or planning for a procedure, you'll be in the know and ready to make the best decision for you.



## Find care and costs:

- With a few taps of your phone or clicks of your mouse, you'll find dentists in your area
- Search by dentist name and type, even by the treatment you're looking for
- View provider backgrounds, credentials and verified patient reviews



## The tool helps you:

- Find dentists near you
- Plan and budget
- Compare procedure costs, specific to your plan, among different in-network dentists



Ready to start estimating dental care costs? Log on to the **myCigna® App** or **myCigna.com®<sup>2</sup>** > Find Care & Costs

1. The Treatment Cost Estimator is for informational purposes and provides rough calculations only, based on the treatment or procedure you choose. It does NOT guarantee the exact amount of your out-of-pocket costs and it does NOT guarantee coverage for any treatment or procedure or any dental benefit plan payment. Your actual out-of-pocket cost for dental care will depend on the specific terms of your dental benefit plan.

2. App/online store terms and mobile phone carrier/data charges apply.

# Cigna Dental Virtual Care<sup>1</sup>

## Get the dental care you need without leaving home

If you need dental care and are unable to reach your regular provider, you now have the option to consult with a licensed dentist through a video call.

- Available 24 hours a day, seven days a week, 365 days a year
- Helps address urgent dental situations like toothaches, infection, gum inflammation, broken teeth and more
- Identifies whether more involved procedures are needed, and helps guide care
- Medications prescribed with guided follow-up care<sup>2</sup>
- Processed as in-network claim on your plan, with no copay or coinsurance costs (but does apply to your plan's annual maximum, if applicable)
- Can be referred to a network dentist for any additional care required



To access Cigna Dental Virtual Care, just log on to your [myCigna.com](https://myCigna.com)<sup>®</sup> account and follow the prompts to the virtual care portal.

1. Cigna Healthcare provides access to virtual care through national teledental care providers via myCigna.com as part of your plan. Providers are solely responsible for any treatment provided to their patients. Video chat may not be available in all areas or with all providers and is a requirement for this service. See your plan materials for the details of your specific Dental plan. This service is separate from coverage for virtual dental care obtained by your Dental plan's network and may not be available in all areas. A referral is not required for this service. Services may be available on an in-person basis or via telehealth from the enrollee's primary care provider, treating specialist, or from another contracting individual health professional, contracting clinic, or contracting health facility consistent with California law. Enrollees that have coverage for out-of-network benefits may receive services either via telehealth or on an in-person basis using the enrollee's out-of-network benefits. Note: out-of-network benefits, if available, will generally include higher out-of-pocket financial responsibility and no balance-billing protections. Please refer to your benefit plan documents for specific information about your benefit plan and out-of-network benefits.

2. Dentists are unable to prescribe opioid or narcotic medications and are subject to all laws in your residence state regarding the prescribing of medication.

# Cigna Dental Oral Health Integration Program® (OHIP)



## **Save money with better oral care**

For customers with qualifying conditions, OHIP reimburses out-of-pocket costs for certain dental treatments.

Covered procedures may include oral evaluation, cleaning, scaling, fluoride applications, sealants, and periodontal treatment.<sup>1</sup>



## **Qualifying conditions<sup>2</sup> include:**

- Pregnancy
- Heart disease
- Stroke
- Diabetes
- Chronic kidney disease
- Organ transplants
- Rheumatoid arthritis
- Parkinson's disease

1. For customers with qualifying medical conditions, this program provides reimbursement for certain eligible dental procedures. Customers must enroll in the program prior to receiving dental services to be eligible for reimbursement. Reimbursement is applied to and subject to any applicable calendar year maximum. See your plan documents for program details.

2. Not a full list of conditions.

# Cigna Dental SmartScan

**10% to 35% of adults put off dental visits due to fear of going to the dentist\***

SmartScan is an at-home dental screening tool that lets you use your smartphone to take guided dental photos



- Available at no cost



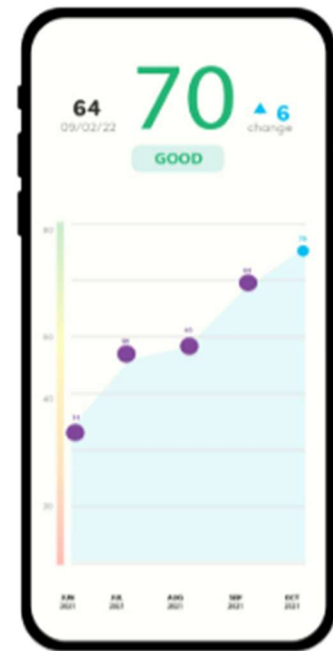
- Takes about 5-10 minutes from start to finish



- Photos are uploaded to Dental.com/Cigna for analysis



- Report provided with an overall rating of green, yellow, or red indicating your oral health status



\* DentalInsurance.com. "Survey: Why Do People Delay Dental Care?" August 23, 2022.

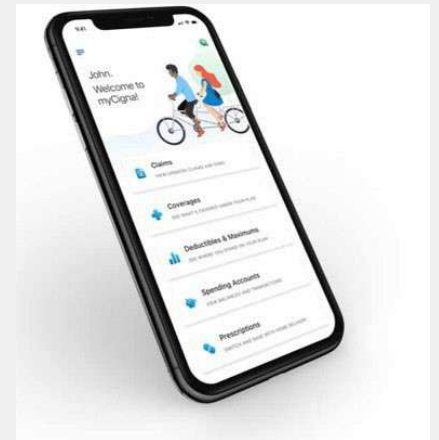
1. For customers with qualifying medical conditions, this program provides reimbursement for certain eligible dental procedures. Customers must enroll in the program prior to receiving dental services to be eligible for reimbursement. Reimbursement is applied to and subject to any applicable calendar year maximum. See your plan documents for program details.
2. Not a full list of conditions.



# myCigna.com<sup>®</sup>

## Your online home for assessment tools, plan management, medical updates and much more:

- Find in-network dentists
- Review your coverage
- Manage and track claims, account balances and deductibles
- Compare cost and quality information for dentists
- View, print and email ID cards
- Access a variety of health and wellness tools and resources
- Receive alerts when new plan documents are available



 Download the **myCigna<sup>®</sup>** app and access your account.<sup>1</sup>

For illustrative purposes only.

1. App/online store terms and mobile phone carrier/data charges apply. Actual myCigna features may vary depending on your plan and individual security profile.

# Important TRB Information




# 2026 Member Monthly Rates

	2026		2025	
	Aetna Medicare Advantage PPO ESA (Base Plan)	The Hartford Group Retiree Supplement	United Healthcare MAPD (Base Plan)	United Healthcare Medicare Supplement
Medical with Vision, Hearing and Prescription Drug	\$101	\$259	\$96	\$269
Dental	\$56	\$56	\$54	\$54
<b>Total</b>	<b>\$157.00</b>	<b>\$315.00</b>	<b>\$148.00</b>	<b>\$323.00</b>

# First Time Enrollment

## Complete the Health Application on the TRB website

 **TEACHERS' RETIREMENT BOARD**  
165 Capitol Avenue  
Hartford, CT 06106-1673  
[HealthInsurance.TRB@ct.gov](http://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 2026**  
**PLEASE READ ALL INFORMATION ON PAGE 2**


Last Name:		First Name:		M.I.	Date of Birth:	Social Security Number:	
Gender	Select One:		Relationship to TRB	Member	Select One:		Disabled/Dependent
	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/>	<input type="checkbox"/> Spouse <input type="checkbox"/>		<input type="checkbox"/>
Street Address:							
Physical Address: <i>Required if above is a PO Box</i>							
City:		State	Zip Code	Phone Number:	Personal Email:		
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.							
Coverage begin date:		All coverage begins on the first of the month		Medicare ID #			
____/01/2026							
Coverage Options: (choose one)						Cost per person per month	
<input type="checkbox"/> Aetna Medicare Advantage Includes: Vision, Hearing, Prescriptions and Cigna Dental						\$157.00	
<input type="checkbox"/> The Hartford Supplement Includes: Vision, Hearing, Aetna SilverScripts Prescriptions and Cigna Dental						\$315.00	
As a new enrollee you have a one time option to waive dental coverage and reduce your plan cost by \$56.00. 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.							
If you have End-Stage Renal Disease (ESRD) please complete the following information:				What is the date you first became eligible for ESRD Medicare?			
Enrollee signature date cannot be more than 90 days prior to the coverage begin date entered above							
Enrollee's Signature		Date:					
Retiree's Signature		Retiree SSN:					

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

## Attach your Proof of Medicare Part A and Part B



**EXAMPLE**

 **Social Security Administration**  
**Benefit Verification Letter**

Date: February 17, 2021  
BNC#: 99X99X REF: A

JOHN L. SMITH  
9999 COUNTRY RD  
HOMETOWN OH 45040

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

**Information About Current Social Security Benefits**  
Beginning March 2021, the full monthly Social Security benefit before any deductions is \$2,474.10.  
We deduct \$148.50 for medical insurance premiums each month.  
The regular monthly Social Security payment is \$2,325.00. (We must round down to the whole dollar.)  
Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)  
Your Social Security benefits are paid on or about the third Wednesday of each month.

**Type of Social Security Benefit Information**  
You are entitled to monthly retirement benefits.

**Date of Birth Information**  
The date of birth shown on our records is January 14, 1955.

**Medicare Information**  
You are entitled to hospital insurance under Medicare beginning June 2020.  
You are entitled to medical insurance under Medicare beginning March 2021.  
Your Medicare number is 1EG4TE5MK72. You may use this number to get medical services while waiting for your Medicare card.

## SUBMIT:

*Please Choose One*

### Mail To

CT Teachers Retirement  
165 Capitol Ave  
Hartford, CT 06106

### Email To

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

### Fax To

(860) 622-2849





TEACHERS' RETIREMENT BOARD  
165 Capitol Avenue  
Hartford, CT 06106-1673

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

## HEALTH INSURANCE CHANGE FORM

You can complete this form online!



Scan the QR code in the top right corner of this page or visit our website at [portal.ct.gov/TRB](http://portal.ct.gov/TRB), and select the Self-Service link. Once there, you'll see our new Open Enrollment Health Change Request option.

Participant's First and Last Name		Social Security # or TRB #	
Address			
City		State	Zip
Email Address			
Signature		Date	

The CTTRB Annual Open Enrollment period is from October 6 to November 21, 2025. Your current enrollment election will continue for January 1, 2026, if you do not wish to make a change. Please only complete this form if you are requesting to make a change to your existing coverage. Plan change elections will be effective January 1, 2026:

I wish to change my enrollment to:		Total Plan Cost (with dental)
<input type="checkbox"/>	Aetna Medicare Advantage ESA PPO	\$157.00
<input type="checkbox"/>	The Hartford Group Retiree Health Plan	\$315.00
<input type="checkbox"/>	Cancel All Coverage	\$0.00

All enrollment changes include vision, hearing, and prescription drug coverage. Cancellation of all coverage will terminate all medical, dental, vision, hearing, and prescription drug coverage affiliated with the Connecticut Teachers' Retirement Board.

Fax to 1-860-622-2849, email to [HealthInsurance.TRB@ct.gov](mailto:HealthInsurance.TRB@ct.gov) or mail completed original form to:  
CT Teachers' Retirement Board  
165 Capitol Avenue  
Hartford, CT 06106-1673

# Changing your plan election

**If you want to keep your current plan election, you do not need to do anything**

- If you wish to make a change to your plan election you have two options
- Please complete the Health Insurance Change Form enclosed in your Open Enrollment Guide or;
- Scan the QR code to complete your request on our Self-Service Center or;
- Obtain a copy of the Health Insurance Change Form on our website at [ct.gov/TRB](http://ct.gov/TRB)



## TEACHERS' RETIREMENT BOARD

165 Capitol Avenue  
Hartford, CT 06106-1673

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

### 2026 Dental Disenrollment Request Form

Member First Name	Member Last Name	Social Security Number
Email	Phone	

\*Please note one form must be completed per participant. Retiree and spouses must submit separate forms if both individuals are disenrolling from the dental plan

By completing this form, you hereby request permanent cancellation of dental coverage through the Connecticut Teachers' Retirement Board. You acknowledge understanding that this decision forfeits any ability to re-enroll in this plan at any future date, unless the Connecticut Teachers' Retirement Board deems otherwise. All remaining Connecticut Teachers' Retirement Board sponsored coverage will remain in effect unless the completion of a Health Insurance Cancellation Form is received.

Dental Included Premium Amounts		
	Aetna Medicare Advantage PPO ESA Plan and Aetna Medicare RX Offered by Silverscript	The Hartford Group Retiree Health Plan and Aetna Medicare RX Offered by SilverScript
Medical, Prescription Drug, and Dental	\$157.00	\$315.00
Medical and Prescription Drug (no dental)	\$101.00	\$259.00

I understand that my signature (or the signature of the person I have authorized to make decisions on my behalf) on this form acknowledges understanding of the above mentioned statements and termination of dental coverage through the Connecticut Teachers' Retirement Board.

Signature	Date
-----------	------

#### Submit Completed Forms by:

Fax: (860) 622-2849

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

Mail: CT Teachers' Retirement Board

165 Capitol Avenue

Hartford, CT 06106-1673

# Dental Disenroll

During this open enrollment period, you have the opportunity to eliminate your dental coverage

- This is a permanent disenrollment from dental coverage
- Termination of dental coverage will occur on 12/31/2025
- Members can complete the dental disenrollment form available on the TRB website at [ct.gov/TRB](http://ct.gov/TRB)

# Coming up



Dec

## Confirmation letter



Aetna Medical Advantage OR  
The Hartford medical ID card

Medical ID  
Card

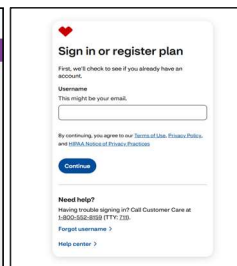
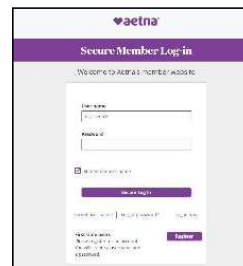
Jan

SilverScript®

A SilverScript Prescription Drug Plan  
Administered by CVS Caremark®  
RXBIN: 004336  
RXPCN: MEDDADV  
RXGRP: RXCVSD  
ISSUER: (80840): 9151014609  
ID: GXCO00003  
NAME: JOHN03 Q SAMPLE03  
S5601 XXX

Aetna Medicare Rx offered by  
SilverScript® prescription  
drug ID card with Welcome  
Kit

Sign up for your  
member websites



Feb

# Question & Answer

- Please provide your question card to an attendant
- Please allow time for the plan representative to answer your question
- Do not disrupt the speaker or shout out questions
- Questions with personal information may be set aside
- Attendants are available to answer additional questions one-on-one



# 2026 Plan Comparison

Covered Service	Aetna Medicare Advantage Plan	The Hartford Group Retiree Plan
	In and out of network	
Annual deductible	\$0 deductible	Medicare Part B deductible
Annual out-of-pocket maximum	\$2,000 out-of-pocket maximum	\$2,000 out-of-pocket maximum plus Part B deductible
Outpatient Office Visits	\$10 copay \$0 copay for preventative care	\$10 copay \$0 copay for preventative care
Outpatient Diagnostic Tests	\$0 copay*	\$0 copay
Durable Medical Equipment	\$0 copay*	\$0 copay
Diabetic Supplies	\$0 copay*	\$0 copay
Inpatient Hospital Care	\$200 copay per admission	\$250 copay per admission

\*services may require prior authorization

# 2026 Plan Comparison

Covered Service	Aetna Medicare Advantage Plan	The Hartford Group Retiree Plan
	In and out of network	
Inpatient Mental Health Care	\$200 copay per admission	\$250 copay per admission
Skilled Nursing Facility	\$200 copay per admission	\$0 copay for days 1-21 \$250 copay for days 21-100
Home Health Agency Care	\$0 copay for days 1-100*	\$0 copay
Chiropractic Services	\$10 copay	\$0 copay for Medicare-covered services \$20 copay for non-Medicare-covered services
Outpatient Substance Use and Mental Health Care	\$10 copay*	\$10 copay

\*services may require prior authorization

# 2026 Plan Comparison

Covered Service	Aetna Medicare Advantage Plan	The Hartford Group Retiree Plan
	In and out of network	
Outpatient Surgery	\$10 copay*	\$0 copay
Outpatient Hospital Services	\$10 copay*	\$0 copay
Ambulance Services (Provider approval required for non-emergency care)*	\$100 copay	\$0 copay
Emergency Care	\$100 copay	\$0 copay
Urgent Care	\$10 copay	\$0 copay
Outpatient Rehabilitation Services	\$10 copay*	\$0 copay

\*services may require prior authorization

# 2026 Plan Comparison

Covered Service	Aetna Medicare Advantage Plan	The Hartford Group Retiree Plan
	<b>In and out of network</b>	
<b>Annual Physical</b>	\$0 copay, 1 exam per calendar year	\$0 copay, 1 exam per calendar year
<b>Acupuncture</b>	\$10 copay for Medicare-covered services	\$0 copay for Medicare-covered services \$25 copay for non-Medicare-covered services
<b>Foreign Travel, emergency</b>	\$100 copay, waived if admitted	\$0 copay up to \$250,000 lifetime coverage maximum
<b>Routine Vision Services</b>	\$10 copay Eyewear: \$500 maximum benefit every 24 months	\$0 copay Eyewear: \$500 maximum benefit every 12 months
<b>Routine Hearing Services</b>	\$0 copay for exam Hearing Aids: \$1,500 maximum benefit (in-network only); once every 3 years; includes digital hearing aids	\$0 copay for exam Hearing Aids:\$0 copay, \$5,000 maximum benefit once every 2 years; includes digital hearing aids

\*services may require prior authorization