The Connecticut Teachers' Retirement Board

2027 Open Enrollment

Agenda

- Introduction
- TRB Statute
- 2027 Plan Options

- Aetna Plan Summary
- Aetna Plan Highlights

- Cigna Dental Coverage

- The Hartford Plan Summary
- The Hartford Plan Highlights

- Prescription Drug Coverage
- Mail Order and Pharmacy Information

- Monthly Rates
- Enrollment
- Changing your election
- Opting-Out

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 2027 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.

2027 plan options

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

- 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



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The Hartford

2027 The Hartford Group Retiree Plan

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

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The Hartford

2027 The Hartford Group Retiree Plan

Outpatient Surgery	$0 copay
Outpatient Hospital Services	$0 copay
Ambulance Services (Provider approval required for non-emergency care)*	$0 copay
Emergency Care	$0 copay
Urgent Care	$0 copay
Outpatient Rehabilitation Services	$0 copay

Annual Physical	$0 copay, 1 exam per calendar year
Acupuncture	$0 copay for Medicare-covered services $25 copay for non-Medicare-covered services
Foreign Travel, emergency	$0 copay up to $250,000 lifetime coverage maximum
Routine Vision Services	**Vision exam** : $0 Copay Max 1 per 12 months after Medicare Part B Ded **Eyewear:** $0 copay for one pair of glasses or annual supply of contact lenses $**600 maximum** benefit per Calendar year for Non -Medicare covered vision services.
Routine Hearing Services	Exam: one routine exam every 12 mos Hearing Aids: 2 hearing aids every 2 years All Hearing services covered up to a Maximum benefit of $5,000 per Calendar year.

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The Hartford

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



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Hearing Discount Program

START HEARING

- 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)

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Silver & Fit Healthy Aging and Exercise Program

The Silver&Fit® Healthy Aging and Exercise program provides:

- Access to thousands of participating fitness centers or select YMCAs;
- 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;
- One home fitness kit per year;
- 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 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[4];
- And More!

Fitness centers not currently in the network can be nominated at **silverandfit.com**.

[1]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.
[2]Fees vary by Premium location. Please refer to the fitness center search on the Silver&Fit website.
[3]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.
[4]The Silver&Fit program is not a medical provider or pharmacist, and its coaches do not offer medical or pharmaceutical advice. They cannot and do not diagnose or treat medical, mental health, or other health conditions. Coaches provide general information for educational purposes only. For any medical or health concerns, consult a qualified healthcare professional.
. The Silver&Fit program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Health Incorporated (ASH). Silver&Fit and the Silver&Fit logo are trademarks of ASH and used with permission herein.

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Contacting The Hartford

The Hartford’s Customer Service Administrator is Amwins Benefits and they are available to answer all your questions on your Benefits.

- You can always 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.

- If you are staying with the Hartford, there is nothing to do. Your benefits will continue and your current ID card remains valid. Please contact CT TRB/Amwins Customer Care Center should you need to request a replacement card.

- If you are changing to The Hartford, ID card will be mailed to you the week of 12/7/26. Your Medicare ID number is all you need for your Hartford Insurance. Welcome packets to include policy document will be mailed during the week of 12/14/2026.

- Members may call CT/Amwins Customer Care Center should they wish to confirm their 1/1/27 coverage.

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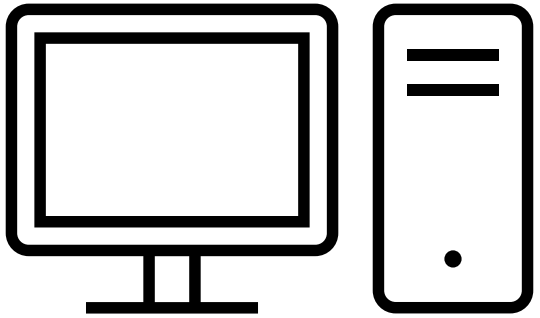
The Hartford Online

- WebTPA is The Hartford's claims administrator

  877-480-2432

  www.myhealthhub.app/thehartford
- Instructions for registering with WebTPA's online claims portal, My Health Hub, will be included on the ID card letter.
- This portal offers convenient access to your claims information. Registration is optional.
- Claims processing timeframe for vision, hearing or foreign travel reimbursement is approximately 7-10 business days after the claim is received by the claims team.
- CT TRB's website will hold sample certificates and benefits charts **portal.ct.gov/trb**

The Hartford



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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.

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aetna®

You may see different brand names and logos that are part of CVS Health®

Each plays a different role in administering your medical and prescription drug benefits. You may see these brand names and logos in your plan materials. Both **Aetna®** and **SilverScript® Insurance Company** are affiliated with **CVS Caremark®**.



Your medical plan
Administers your Medicare medical benefits.

Aetna Medicare Advantage PPO ESA is the name of your medical plan.



Your prescription drug plan
SilverScript is the company that administers your Medicare Part D prescription drug coverage.

Aetna Medicare Rx offered by SilverScript is the name of your prescription drug plan.



Your mail service pharmacy
You may see CVS Caremark on prescription-related materials and services for eligible medications you receive through mail order.

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Flexibility and confidence to choose your doctors



1.3M+
Providers in the Aetna® national network*

4,200+
Hospitals in the Aetna national network*

Aetna Medicare Advantage Preferred Provider Organization (PPO) ESA

- Access to providers nationwide
- No referrals needed
- Over **1.3 million** network providers and over **4,200** network hospitals*
- See any doctor at the same in-network cost share, as long as they are:
  - Eligible to receive payment under Medicare
  - Agree to bill and accept payment from Aetna
- Covers you nationally when traveling
- Worldwide coverage for emergency and urgent care

*The Aetna Medicare Advantage PPO network as of January 2026.

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aetna

2027 Aetna Medicare℠ Plan (PPO ESA)

	In and out of network
Annual deductible	$0 deductible
Annual out-of-pocket maximum	$2,000 out-of-pocket maximum
Outpatient office visits (Physician and specialist)	$10 copay $0 copay for preventive care
Outpatient diagnostic tests	$0 copay*
Durable medical equipment	$0 copay*
Diabetic supplies	$0 copay*

	In and out of network
Inpatient hospital care	$200 copay per admission
Inpatient mental health care	$200 copay per admission
Skilled nursing facility	$0 copay for days 1-100*
Home health agency care	$0 copay*
Outpatient substance use and mental health care	$10 copay
Chiropractic services	$10 copay*

*Services may require prior authorization.

2027 Aetna Medicare℠ Plan (PPO ESA)

	In and out of network		In and out of network
Outpatient surgery	$10 copay*	**Annual physical**	$0 copay, 1 exam per calendar year
Outpatient hospital services	$10 copay*	**Acupuncture**	$10 copay for Medicare-covered services
Ambulance services (Prior approval required for nonemergency care)*	$100 copay	**Foreign travel, emergency**	$100 copay, waived if admitted
Emergency care	$100 copay	**Routine vision services**	$10 copay Eyewear: $500 maximum benefit every 24 months
Urgent care	$10 copay	**Routine hearing services**	$0 copay for exam Hearing aids: $1,500 maximum benefit, once every 3 years, includes digital hearing aids
Outpatient rehabilitation services	$10 copay*		

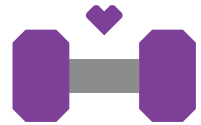
*Services may require prior authorization.

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
- Nonemergency transportation

Support

- Resources For Living®
- Chronic health condition support
- Readmission Avoidance program
- Post-discharge meal benefit
- Aetna Compassionate Care℠
- 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

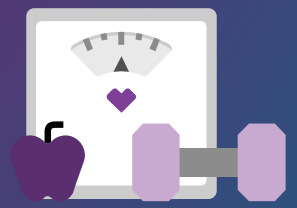
Aetna® is simplifying the process for receiving hearing care. And if necessary, we'll help you select the most comfortable and effective hearing aids for your needs.

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 **aetnatrb.nationsbenefits.com/hearingpage** 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.

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Wellness

SilverSneakers® fitness benefit

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

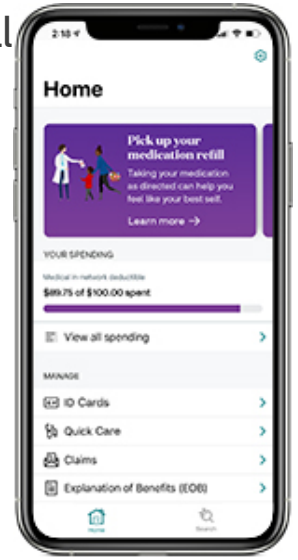
With this benefit you can improve your health, build confidence and connect with your community. It's included with your plan at no added cost. It may include:

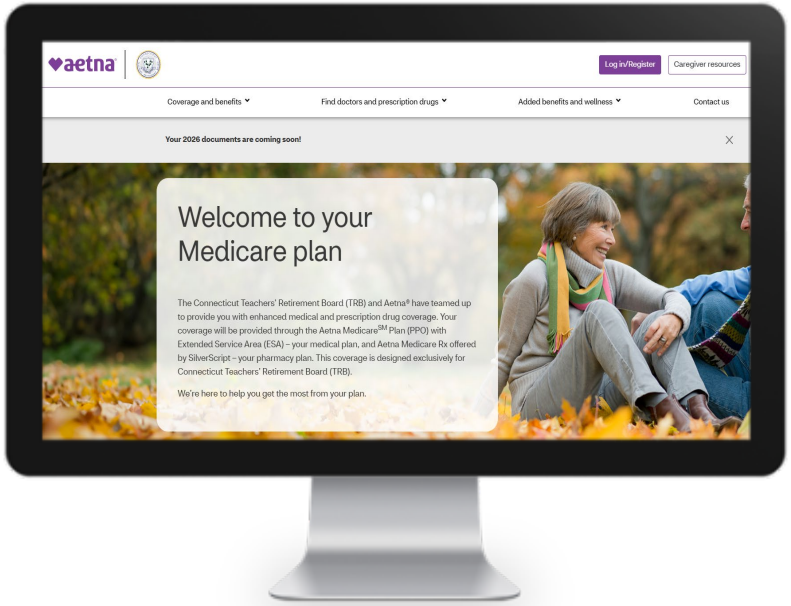
- Classes at all fitness levels led by trained instructors
- Access to thousands of participating locations
- At-home virtual workouts
- A variety of online classes in cooking, nutrition, brain health and more

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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



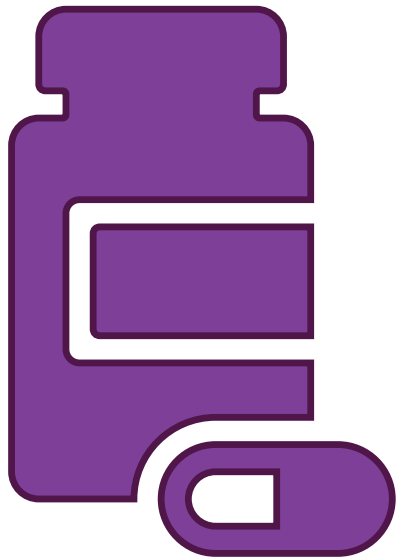


CTTRB.AetnaMedicare.com

You can also manage your benefits right from your phone with the Aetna Health℠ app.

Prescription drug coverage

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



Terms for understanding prescription drug benefits

Formulary	Drug tiers	Network
A list of drugs covered on your plan.	A group of drugs in a formulary.	Participating pharmacies where you can fill prescription drugs.

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

Prescription drug coverage

2027 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 $2,400 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.

2 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 the number on your member ID card.



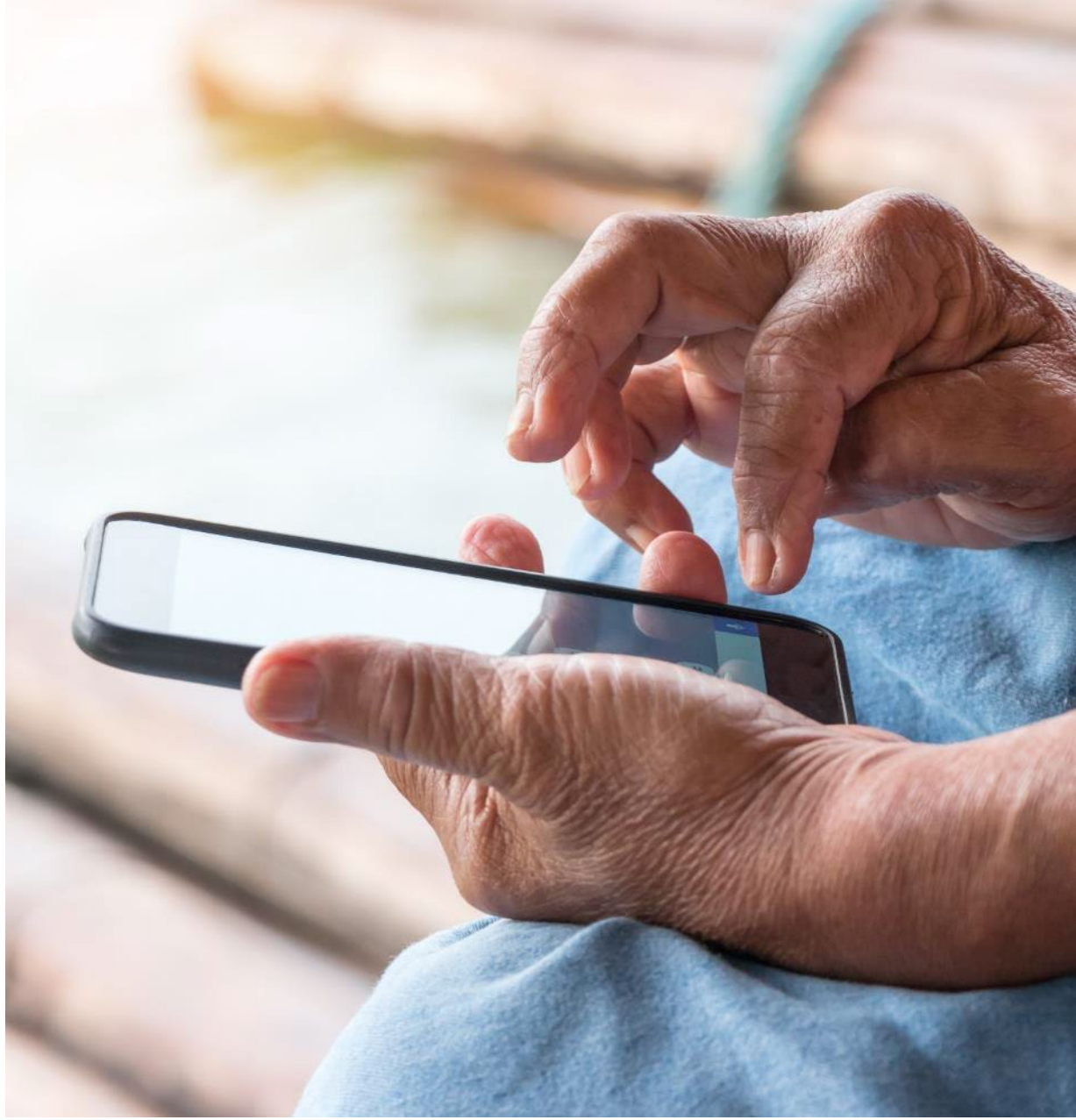
Get to know your secure member website for prescription coverage

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



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 and CVS Caremark® Mail Service Pharmacy 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.

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9355600-01-01 (9/26)

Dental Plan

Plan year: 01/01/2027-12/31/2027



cigna healthcare

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 06/26

Cigna Dental

With the **Total Cigna DPPO network**, you have a choice of more than 150,000 dentists nationwide.[1]

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

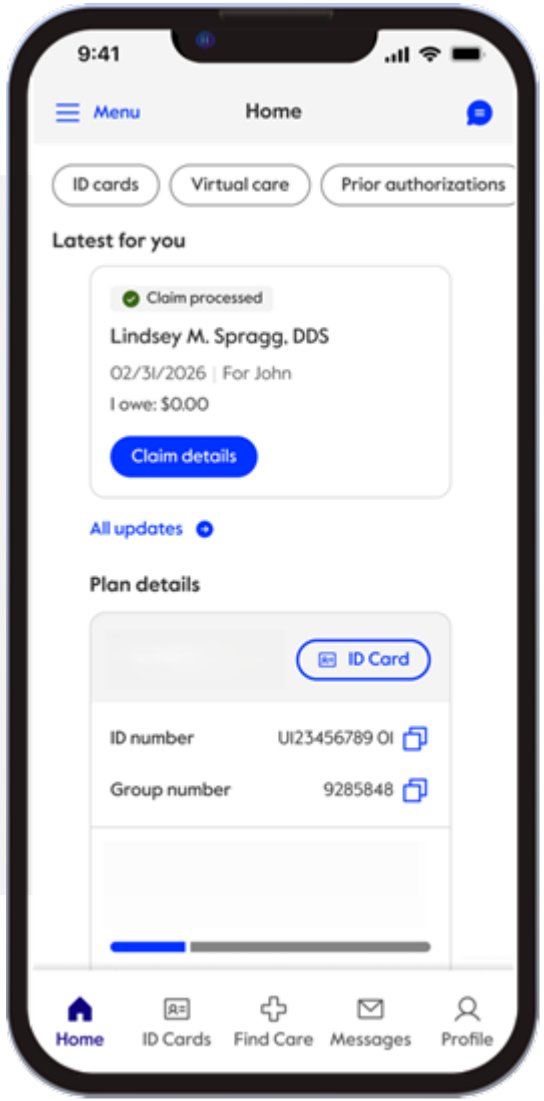
cigna healthcare

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

myCigna.com® and the myCigna® App

Your home for understanding your plan and taking care of your oral health:[1]

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



For illustrative purposes only.

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.
2. Prices shown on myCigna are not guaranteed and coverage is subject to your plan terms and conditions. Visit myCigna for more information.

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Dental Cost Estimator Tool

Whether finding a dentist or planning for a procedure, Cigna Healthcare® dental estimator tools[1] are easy and help you avoid unexpected dental care costs.

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? Visit **myCigna® > 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.

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Cigna Healthcare Dental Virtual Care[1]

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[2]
- 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 Healthcare® Dental Virtual Care, just log on to your **myCigna.com**® 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.

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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.[1]

Qualifying conditions[2] include:

- Heart disease
- Stroke
- Diabetes
- Chronic kidney disease
- Organ transplants
- Rheumatoid arthritis
- Opioid misuse & substance use disorder
- 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.

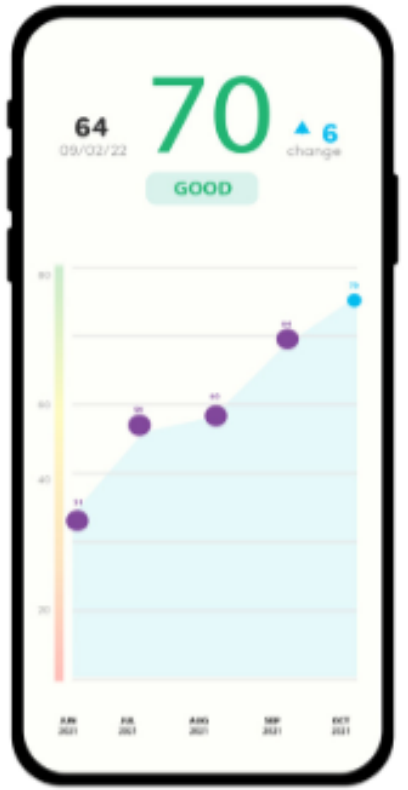
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Cigna SmartScan

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.

cigna healthcare

Important TRB Information

2027 Member Monthly Rates

	2027		2026	
	Aetna Medicare Advantage PPO ESA (Base Plan)	The Hartford Group Retiree Supplement	Aetna Medicare Advantage PPO ESA (Base Plan)	The Hartford Group Retiree Supplement
Medical with Vision, Hearing and Prescription Drug	$112	$294	$101	$259
Dental	$58	$58	$56	$56
Total	**$170.00**	**$352.00**	**$157.00**	**$315.00**

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

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

HEALTH INSURANCE APPLICATION 2027

PLEASE READ ALL INFORMATION ON PAGE 2

Last Name:	First Name:	M.I.	Date of Birth:	Social Security Number:

Gender	Select One: Male ☐	Female ☐	Relationship to TRB	Select One: Member ☐	Spouse ☐	Disabled Dependent ☐

Street Address:

Physical Address: Required if above is a PO Box

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: ____/01/2027 | All coverage begins on the first of the month | Medicare ID #

Coverage Options: *(choose one)*	Monthly cost per person
☐ Aetna Medicare Advantage with Cigna Dental Includes: Vision, Hearing, Prescriptions	$170.00
☐ Aetna Medicare Advantage without Dental Includes: Vision, Hearing, Prescriptions	$112.00
☐ The Hartford Supplement with Cigna Dental Includes: Vision, Hearing, Aetna Silverscripts Prescriptions	$352.00
☐ The Hartford Supplement without Dental Includes: Vision, Hearing, Aetna Silverscripts Prescriptions	$294.00

As a new enrollee you have a one time option to waive dental coverage. 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 have End-Stage Renal Disease (ESRD) please complete the following information:	What is the date you first became eligible for ESRD Medicare?

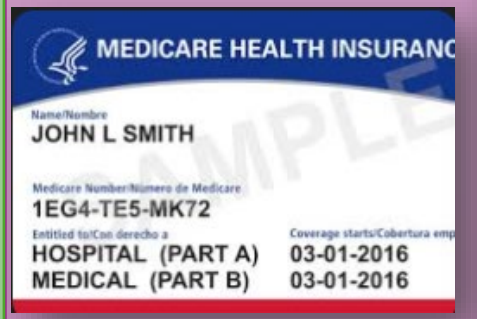
Enrollee signature date cannot be more than 90 days prior to the coverage begin date entered above

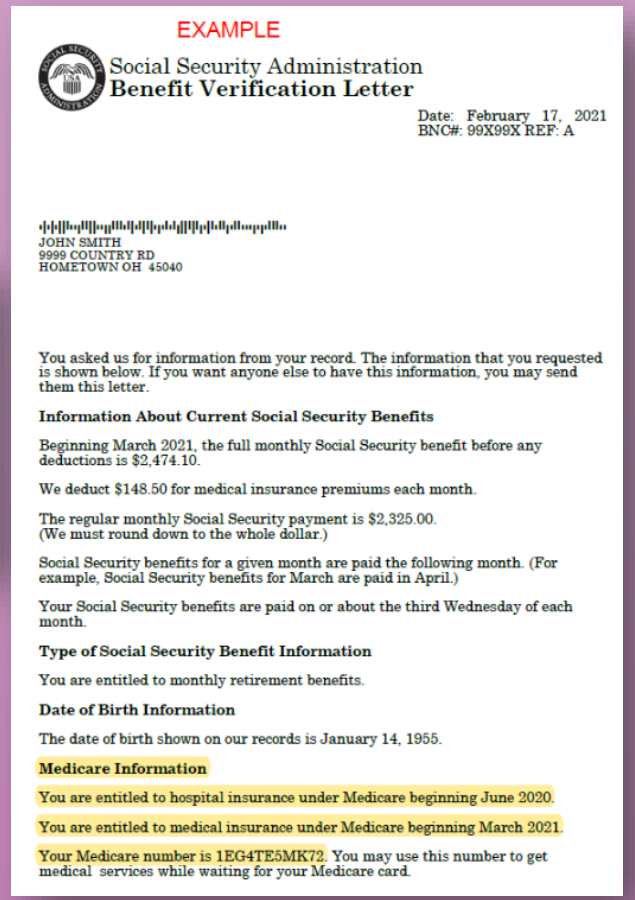
Enrollee's Signature *(if not retiree)*		Date:	
Retiree's Signature		Retiree SSN:	

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

HI_INSAPP_250917

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 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.

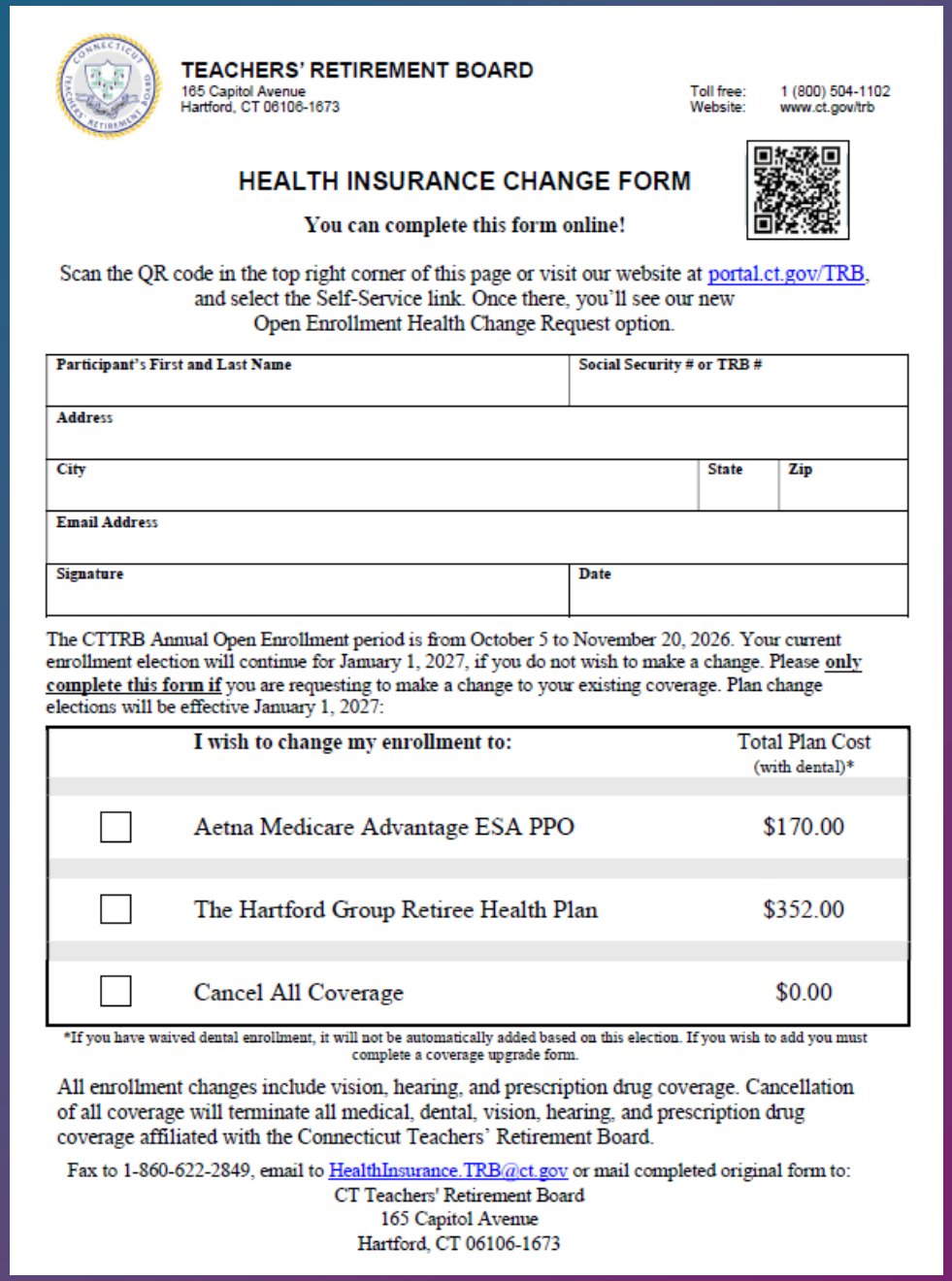
SUBMIT:

Please Choose One

Mail To
CT Teachers Retirement
165 Capitol Ave
Hartford, CT 06106

Email To
HealthInsurance.TRB@ct.gov

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

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, 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 5 to November 20, 2026. Your current enrollment election will continue for January 1, 2027, 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, 2027:

I wish to change my enrollment to:	Total Plan Cost (with dental)*
☐ Aetna Medicare Advantage ESA PPO	$170.00
☐ The Hartford Group Retiree Health Plan	$352.00
☐ Cancel All Coverage	$0.00

*If you have waived dental enrollment, it will not be automatically added based on this election. If you wish to add you must complete a coverage upgrade form.

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 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 or the 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

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

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

2027 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	$170.00	$352.00
Medical and Prescription Drug (no dental)	$112.00	$294.00

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
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 12/31/2026
- Members can complete the dental disenrollment form available on the TRB website at ct.gov/TRB

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

