

Connecticut Teachers' Retirement Board



2026 Open Enrollment Guide



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Your Benefits

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

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



Medical



Prescription drugs



Dental



Vision



Hearing



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.



2026 Benefit Plans

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.
- **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.

Both medical plans go into effect on January 1, 2026. To start using these benefits, you don't have to do anything.

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.

* 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.



Prescription drug plan (PDP)

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

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).

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. If you would like to choose a different plan option **within the TRB**, please complete the enclosed form (page 19), or visit our website at portal.ct.gov to submit your change request through our Open Enrollment Change Request portal.

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.

You do **not** need to submit a cancellation form to continue coverage with TRB or to make a change.



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	\$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

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 3 years; includes digital hearing aids No network requirements Discount program available

* May require prior authorization



Prescription Drugs

Starting January 1, 2026, no matter which medical plan you choose, 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.

Changes to Prescription Drug Coverage for 2026

The following changes will affect your Medicare Part D coverage due to the Inflation Reduction Act:

- The Medicare Part D annual true out-of-pocket threshold (TrOOP) will be \$2,100 in 2026. This is for Part D only.
- The TrOOP will be the greater of the member cost share or the defined CMS standard member liability.
- Drugs on the non-Part D supplemental drug list will **not** accumulate toward the \$2,100 TrOOP. This means you will continue to pay the appropriate coinsurance amount through the end of the year even if you have met your \$2,100 TrOOP.

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

You continue to pay coinsurance until you meet the \$2,100 true out-of-pocket (TrOOP) per calendar year.

NOTE: Certain prescription drugs, including clotting factors, drugs for dialysis, and antigens, are covered under your medical coverage. Contact Aetna Member Services 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.





Part D Insulin

The deductible does not apply to covered 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 non-preferred 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.

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 Aetna Member Services 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.



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 22).

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

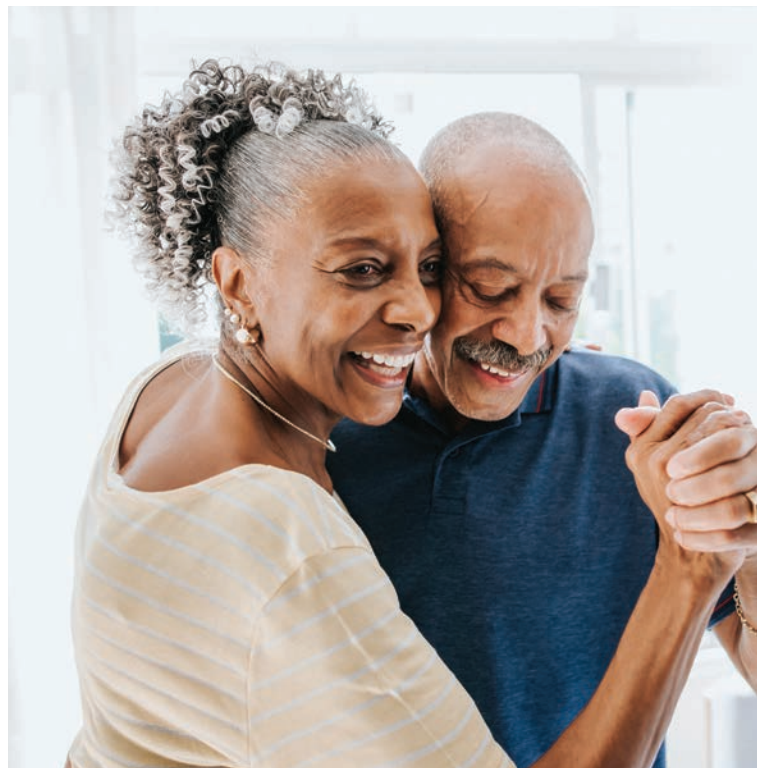
Hearing Benefit

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.

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

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

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



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



Optional Dental Disenrollment

You have the option to request disenrollment in the current dental program beginning plan year 2026. Please complete the Dental Disenrollment Form, available on portal.ct.gov/trb.

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 for plan enrollment.



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 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 or mail completed original form to:
CT Teachers' Retirement Board
165 Capitol Avenue
Hartford, CT 06106-1673



TEACHERS' RETIREMENT BOARD

165 Capitol Avenue
Hartford, CT 06106-1673

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

DO NOT COMPLETE THIS FORM IF YOU DO NOT WANT TO MAKE A CHANGE

All existing coverage will be automatically enrolled in the new plan offering that closest matches the existing plan offering you are enrolled in with the CTRB. This form should only be completed if you wish to change your plan election.

Aetna MedicareSM Advantage ESA for \$157 per month

If you are currently enrolled in the UnitedHealthcare Medicare Advantage PPO plan and would like to continue that coverage with TRB through the Aetna Medicare Advantage ESA plan, you do not need to complete this form. We will enroll you automatically into the new Aetna plan offering. If you are currently enrolled in the UnitedHealthcare Medicare Supplement plan and would like to change your coverage to the Aetna Medicare Advantage ESA plan, please check the appropriate labeled box (1).

The Hartford Group Retiree Health Plan for \$315 per month

If you are currently enrolled in the UnitedHealthcare Medicare Supplement plan and would like to continue that coverage with TRB through The Hartford Group Retiree Health plan, you do not need to complete this form. We will enroll you automatically in the new The Hartford Group Retiree Health plan offering. If you are currently enrolled in the UnitedHealthcare Medicare Advantage PPO plan and would like to change your coverage to The Hartford Group Retiree Health plan, please check the appropriate labeled box (2).

If you no longer wish to have coverage with TRB:

If you wish to cancel all coverage through TRB effective 1/1/2026, please check appropriate labeled box (3). You will not be eligible to enroll for 2 years per TRB guidelines.

If you choose to cancel or opt out of all TRB coverage, you may be eligible to enroll in another Medicare plan in your service area. You can also get information about the Medicare Program and Medicare health plans by visiting medicare.gov on the web or by calling 1-800-MEDICARE (1-800-633-4227), TTY/TDD 1-877-486-2048. Medicare representatives are available 24 hours a day, seven days a week for any general questions you may have about Medicare health benefits.

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

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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