

Plan Review and Changes

2021



CONNECTICUT TEACHERS' RETIREMENT BOARD

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Important Notes

- Attendees will be muted for the duration of the webinar
- Questions will be possible at the end of the presentation using the chat box only
- Questions entered into the chat will be repeated by a member of our team and then answered for all to hear
- Attendees will only be able to see the questions they type into the chat. Other attendee questions will be viewable only by the hosts to protect privacy
- Dial-in attendees can ask questions directly to Anthem customer service after the presentation
- Frequently asked questions asked during the webinar Q & A will be available on the TRB website under the TRB Medicare Open Enrollment 2021 section
- A copy of the presentation will be made available on the TRB website



AGENDA

- 2021 Monthly Rates for Members
- Dental
- Express Scripts
- Key Notes & Changes
- TRB Medical Plans
- Q & A

2021 Monthly Rates for Members

	2021 Anthem PPO Medicare Advantage Base Plan	2021 Anthem Medicare Supplement	2020 Anthem PPO Medicare Advantage Base Plan	2020 Anthem Medicare Supplement
Medical	\$18	\$121	\$14	\$126
Drug	\$46	\$46	\$53	\$53
VH	\$8	\$8	\$8	\$8
Dental	\$53	\$53	\$52	\$52
Total	\$125	\$228	\$127	\$239

- **Note:** IRMAA charges for Part B and Part D are separate from TRB premiums
The Medicare Supplement plan will cost the member \$103 more per month (\$1,236 annually) than the Anthem base plan.

Cigna Dental

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 .

2021 Express Script Prescription Drug Plan

<u>Stage One</u> Initial Coverage Limit \$200 Deductible	You pay \$200 deductible. Once the deductible is met, you'll pay a coinsurance of 5% generic, 20% brand or 30% non-preferred brand
<u>Stage Two</u> Coverage Gap \$4,130 - \$6,550	As a TRB member, you will continue to pay the cost share of 5% generic, 20% brand or 30% non-preferred through the coverage gap until you reach \$3,500 MOOP
<u>Stage 3</u> Catastrophic Coverage \$6,550	Should your True Out-of-Pocket cost (TROOP) reach \$6,550, you'll be responsible for up to 5% of the cost, \$3.70 for generics, \$9.20 for brands or whichever is greater until you reach \$3,500 MOOP for drugs

Benefit Plan Differences

What are the differences between a Medicare Advantage Plan (MA) and Original Medicare with a Supplement otherwise referred to as the Anthem Medicare Supplement Plan?

- MA Contracted by Medicare, Anthem becomes primary, Medicare covers all part A and part B.
- TRB Medicare Supplement (Anthem)- Original Medicare card primary, Supplement card Secondary

Benefit for each plan depends on individual need and service utilization. One plan is not more beneficial than another based on premium.

**Both plans must cover Medicare Part A and B Service*



Key Notes & Changes

- Anthem Medicare Advantage members will be receiving new cards to be used effective January 1, 2021. Member ID's will NOT change.
- Anthem Medicare Supplement members will be receiving new cards to be used effective January 1, 2021. Member ID's WILL change.
- Acupuncture is now a covered benefit under both plans



NEW

Benefit Comparison Summary

Medical Plan Comparison	Anthem Medicare Advantage PPO	Anthem Medicare Supplement
Network Services	All Medicare participating providers	All Medicare participating providers
Emergency Care or Urgent Care	\$100 ER copay \$10 Walk-In Center Copay	\$100 ER copay \$10 Walk-In Center Copay
Part B Outpatient Services: Diagnostic test, therapeutic services, diabetic and DME supplies: Including but not limited to radiation therapy, X-ray PET, CT, SPECT, MRI scans, etc.	\$0 for well care services \$10 copay for Diagnostic tests \$10 copay for office visits Services may require a Prior Authorization	Part B deductible \$198 (pending 2021 CMS rate) \$0 copay for preventive care \$0 copay for diagnostic tests \$10 copay for office visits
Vision Services	\$240 allowance	\$240 allowance
Hearing Services	\$1,500 allowance	Medically necessary hearing aids covered in full (one per ear every 24-months)
Silver Sneakers	All enrollees are eligible	All enrollees are eligible

* Anthem Medicare Supplement –Medicare pays 80% on Part B outpatient services.

Additional Benefits



Silver Sneakers



* Telehealth with
LiveHealth Online



* 24/7 Nurse Line



ER/Urgent Care Coverage
When Traveling



Acupuncture



Special Offers

* Benefits are subject to plan. Contact Anthem's customer service teams for more information.

Contact Us

Anthem Medicare Advantage

1-833-607-6517

Anthem Medicare Supplement

1-800-633-6673

Express Scripts

1-844-433-4883

Cigna

1-800-564-7642



QUESTIONS ???