

Welcome to Medicare

CT TEACHERS' RETIREMENT BOARD

Agenda

The CT TRB Statute

Eligibility with TRB

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HSA's and Medicare

Medicare Enrollment Schedule

IRMAA and Life Events

Medicare Basics

New for 2026!

Premiums

TRB Medical Plan Options with Vision & Hearing

Prescription Plan

Dental Plan

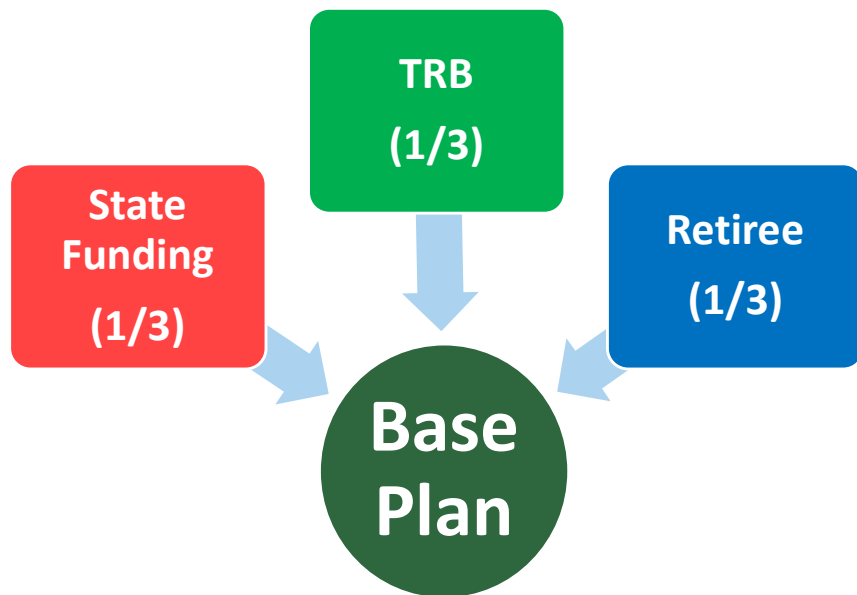
Program Assistance

Ready to Enroll!

The CT TRB Statute

The statute governing the TRB maintains that the State contribute 1/3 of the “Base Plan” cost of the retiree medical plan. The TRB Health Fund must also contribute 1/3 of the Base Plan cost.

Retirees who elect the Base Plan pay 1/3 of the plan cost. Retirees who elect the alternative option pay the difference between the base plan share and the total plan cost.



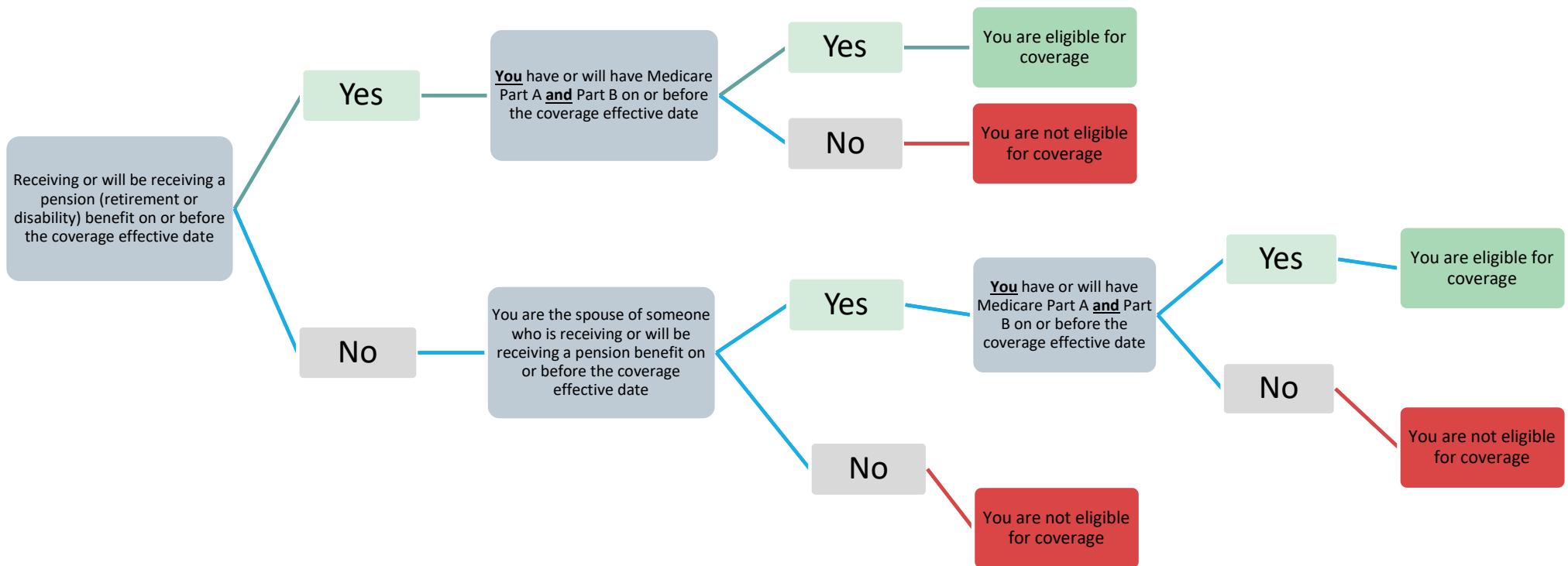
Below is an example of plan breakdown by contribution. Members on the Supplement plan pay the difference between the Base plan's State and TRB contribution and the total plan cost.

	Base Plan	Supplement Plan	Dental
Total Cost	\$303	\$461	\$56
State	\$101	\$101	
TRB	\$101	\$101	
Member	\$101	\$259	\$56

Member total cost for Base Plan = \$157

Member total cost for Supplement Plan = \$315

Am I Eligible?



Medicare Eligibility Guidelines

You are typically eligible for Medicare at age 65 if:

You receive, or are eligible to receive, Social Security benefits

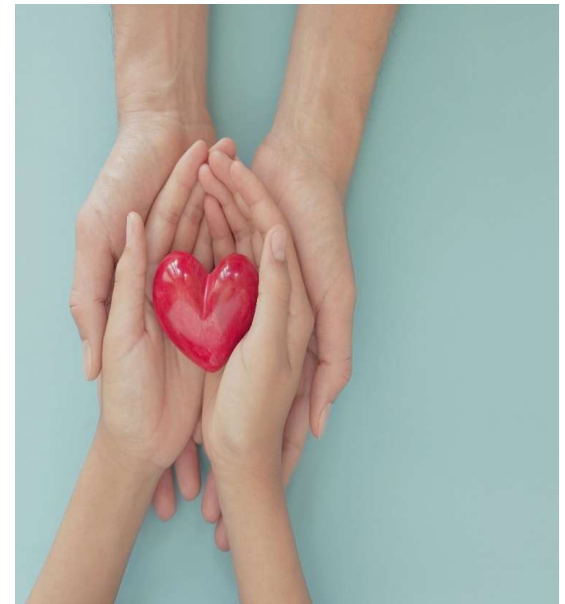
Your living, deceased, or divorced spouse is at least age 62 and is eligible to receive Social Security benefits

- Contact Social Security for more information regarding divorced spouse and Medicare eligibility

You are typically eligible for Medicare before age 65 if:

You have been entitled to Social Security disability benefits for 24 months

You have Lou Gehrig's (ALS) disease or End Stage Renal Disease (ESRD)



Health Savings Accounts & Medicare

If you have an HSA and you will soon be eligible for Medicare, it is important to understand how enrolling in Medicare will affect your HSA and plan accordingly. HSA contributions must stop before the first of the month in which you turn 65.

You cannot continue to contribute to an HSA once you enroll in Medicare Part A and/or Part B.

If you retired after age 65, Medicare will retro your effective date by six months. To avoid a penalty, you should stop HSA contributions a minimum of six months prior to your retirement. Failure to do so can result in a tax penalty



Initial Enrollment Period (IEP)

The Initial Enrollment Period begins three months prior to your 65th birthday, includes the month you turn 65, and ends three months after your 65th birthday

TRB requires that your application be received at least 30 days prior to the month in which you turn 65 or become Medicare eligible

Enrollment after the 3 months following your 65th birthday requires a special enrollment period with Medicare. Contact Medicare if you have questions about special enrollment periods or visit www.medicare.gov

3 months before	2 months before	1 month before	Month turn 65	1 month after	2 months after	3 months after	4 months after	5 months after	6 months after
Enroll in any of these months			Coverage Starts						
			Enroll	Coverage starts					
				Enroll		Coverage Starts			
					Enroll			Coverage Starts	
						Enroll			Coverage starts
							SEP only enrollments		

Please note – If you are born on the 1st of the month, the benefit begins the month prior. For example: June 1 birthday, benefit would begin May 1.

Medicare Part B & D IRMAA

(Income Related Monthly Adjustment Amount)

Income (Adjusted Gross Income plus tax-exempt interest income)		Monthly Part B Premium (per person)	Monthly Part D Premium (per person)
Single Tax	Married Filing Jointly		
\$109,000 or less	\$218,000 or less	\$202.90*	\$0.00
\$109,001 to \$137,000	\$218,001 to \$274,000	\$284.10	\$14.50
\$137,001 to \$171,000	\$274,001 to \$342,000	\$405.80	\$37.50
\$171,001 to \$205,000	\$342,001 to \$410,000	\$527.50	\$60.40
\$205,01 to \$500,000	\$410,001 to \$750,000	\$649.20	\$83.30
\$500,001 or more	\$750,001 or more	\$689.90	\$91.00

*May be less if covered by the hold-harmless provision

- Please note IRMAA charges have a two year look back
- Income-Related Adjustment Amount – Life Changing Event Form
<https://www.ssa.gov/forms/ssa-44-ext.pdf>

Medicare Basics

Part A & Part B

	Premium	Coverage
Medicare Part A Inpatient Hospital Insurance	Premium free or no cost to those who paid Medicare taxes while working for at least 40 quarters or eligible for Medicare through a living, deceased or divorced spouse	<ul style="list-style-type: none">• Inpatient hospital care• Skilled nursing care• Home health care• Hospice care• Inpatient drugs & therapies
Medicare Part B Outpatient Medical Insurance	Part B premiums are based on income 2026 standard Part B premiums is \$202.70	<ul style="list-style-type: none">• Doctors' services & outpatient care• Preventative services• Diagnostic tests and procedures• Physical and occupational therapies• Durable medical equipment• Some outpatient prescription drugs• Some home health care

Note: Medicare premiums are separate from TRB premiums

For 2026



Aetna and The Hartford will administer benefits

Aetna will administer the Medicare Advantage plan option

The Hartford will administer the Supplement plan option

All enrollees will receive coverage for prescription drugs through SilverScripts offered by Aetna regardless of medical plan election



Prescription Plan Changes:

Out-of-pocket maximum for prescription drugs from \$2,100

All enrollees will receive coverage for prescription drugs through SilverScripts offered by Aetna regardless of medical plan election

Reduced cost for generic drugs at preferred pharmacies



Dental:

Cigna continues to administer the dental program

2026 Monthly Rates For Members

Rates Are Based On Calendar Year

	2026 Aetna Medicare Advantage ESA PPO Plan (Base Plan)	2026 The Hartford Group Retiree supplement	2025 United Healthcare MA (Base Plan)	2025 United Healthcare Medicare Supplement
Medical with Vision, Hearing and Prescription Drug	\$101	\$259	\$94	\$269
Dental	\$56	\$56	\$54	\$54
Total	\$157.00	\$315.00	\$148.00	\$323.00

The Medicare Supplement will cost the member \$158.00 (\$1,896.00 annually) more per month than the base plan

Benefit Plan Differences

What are the differences between the Medicare Advantage with Prescription Drug (MAPD) and Original Medicare with the Medicare Supplement plan? Why is one more expensive than the other?

- ❑ MAPD – This plan is contracted by Medicare to administer Medicare Part A and Part B benefits on their behalf. When you elect the MAPD option, Aetna becomes primary. Medicare works in the background setting and enforcing rules and guidelines.
- ❑ MEDICARE SUPPLEMENT – Medicare is your primary insurance; the Medicare Supplement is secondary.

We try to emphasize that the cost difference occurs before benefits. This means that Medicare Advantage plans are *generally* cheaper than Supplemental plans, then the TRB statutory subsidy mentioned in a previous slide impacts that cost difference as well. Remember, cost share is based on the “Base Plan,” the MAPD, so the Medicare Supplement will have a higher monthly premium. You are paying a higher share of the cost in lieu of just the base plan share.

Benefits for each plan depend on individual need and service utilization. One plan is not more beneficial than another based on premium. You may not experience the “better” benefits on a more expensive plan and you may not experience the “savings” on a cheaper plan. Choose the plan that best suits your needs. We recommend discussing with your providers which plan might be best for you specifically.

The following slides will discuss benefit comparisons which highlight some of the differences in coverage.

2026 Overview of Benefits

Plan Coverage	Aetna Medicare Advantage (Base Plan)	The Hartford Group Retiree supplement
Premium	\$157.00	\$315.00
Network	Any provider participating with Medicare and accepts the plan	Any provider participating with Medicare
Deductible	\$0	Part B Annual Deductible \$283 per year
Maximum Out of Pocket	\$2,000	\$2,283 (\$2,000 + Part B deductible)
Inpatient Hospital (Medicare Part A)	\$200 copay per admission	\$250 copay per admission
Emergency Care	\$100 copay (waived if admitted)	\$0 copay
Ambulance	\$100 copay	\$0 copay
Office Visit	\$10	\$10
Preventative Services	\$0	\$0
Prescription Wigs	Not a covered benefit	After chemotherapy, covered with no dollar limit 1 wig per year
Gym Membership	Silver Sneakers	Silver & Fit

2026 Overview Of Benefits Continued


Plan Coverage	Aetna Medicare Advantage (Base Plan)	The Hartford Group Retiree supplement
Part B Outpatient Services such as: <ul style="list-style-type: none"> • Diagnostic tests • Therapeutic services • Diabetic supplies • Radiation therapy • X-ray, CT, MRI or other imaging services 	\$0 copay for non-routine medical services Services may require prior authorization	\$0 copay after Part B deductible
Routine Vision	Exam including refraction \$10 copay; 1 x per year Eyewear: \$500 allowance every 24 months	Exam including refraction \$0 copay; 1 x per year Eyewear: \$500 allowance every 12 months
Routine Hearing	Exam: \$0 copay; 1 x per 12 months Hearing Aids: \$1,500 allowance (in network only); once every 36 months including digital hearing aids	Exam: \$0 copay; 1 x per 12 months Hearing Aids: \$5,000 allowance; once every 24 months including digital hearing aids
Out-of-Country Care (non-routine)	Covered at usual and customary rates (UC) after copays	Covered at usual and customary rates (UC) after copays

Additional Benefits

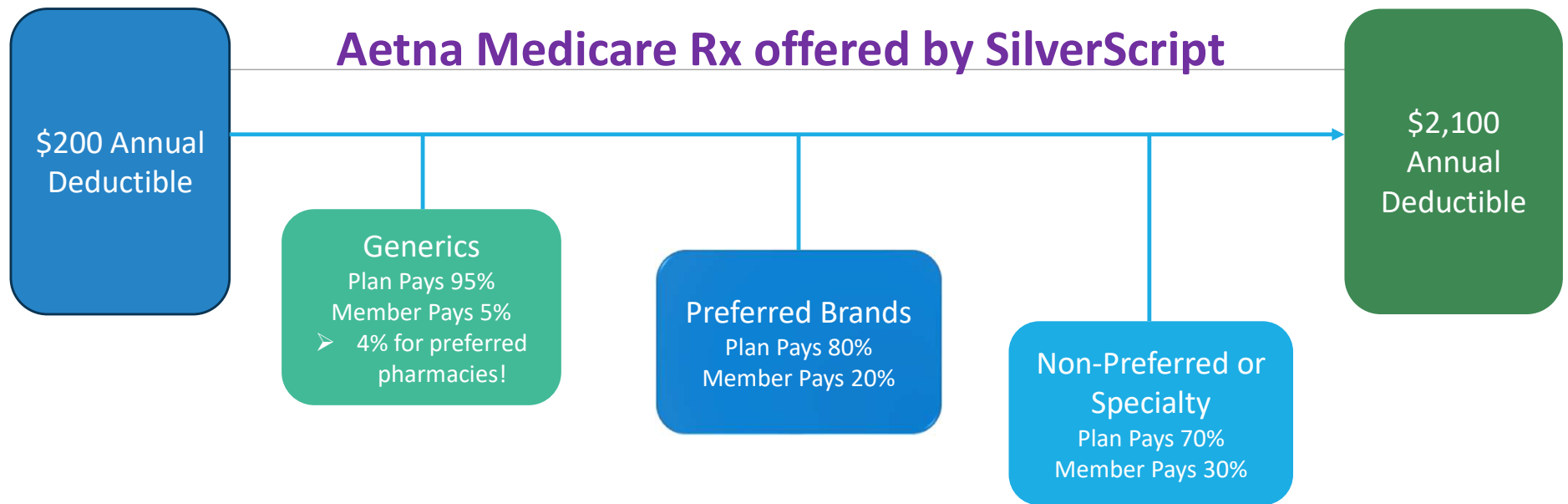
Aetna Medicare Advantage

- Health Home Visits
- 24-Hour Nurse Line
- Health Rewards Program
- Chronic health condition support program
- Post-discharge meal benefit
- Post-discharge transportation benefit

The Hartford Group Retiree supplement

- Non-Medicare covered Chiropractic benefit – just a \$20 copay up to \$500
 - Non-Medicare covered Acupuncture benefit – just a \$25 copay up to \$500
- 
- A decorative horizontal bar at the bottom of the slide, consisting of two solid blue bands of different shades.

2026 Prescription Drug Overview



Insulin and Diabetic Prescription Enhancement!

- Preferred diabetic prescriptions will have a \$0 deductible and a maximum of \$25 copay for a 31-day supply or a maximum of \$50 copay for a 90-day supply.
- Non-preferred diabetic prescriptions have a maximum copay of \$35 for a 31-day supply.

2026 Dental Overview

CIGNA DPPO				
Network Options	In-Network		*Non-Network	
Reimbursement Levels	Based on Contracted Fees		Maximum Reimbursable Charge	
Calendar Year Benefits Maximum Applies to: Class I, II, and III expenses	\$2,500		\$2,500	
Calendar Year Deductible	\$50		\$50	
Benefit Highlights	Plan Pays	You Pay	Plan Pays	You Pay
Class I: Diagnostic & Preventative: Example – Exams, cleanings, x-rays, and emergency care to relieve pain	100% After Deductible	No Charge After Deductible	100% After Deductible	No Charge After Deductible
Class II: Basic Restorative: Example – Fillings, extractions, oral surgery, root canals, and anesthesia	80% After Deductible	20% After Deductible	80% After Deductible	20% After Deductible
Class III: Major Restorative: Example – Inlays, Onlays, Crowns, Dentures, Bridges, and Repairs	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible

*Non-network providers may balance bill for services

Waiving Dental

Members may elect to waive dental at enrollment. This is a permanent waiver to enrollment, and you will not be allowed to enroll at a later date unless TRB deems otherwise.



Program Assistance

Low Income Subsidy Program

- Eligible beneficiaries who have limited income may qualify for a government program that helps pay for Medicare Part D prescription drug cost.

Medicare Savings Program

The State of Connecticut offers financial assistance to eligible Medicare enrollees through our 'Medicare Savings Programs'. These programs may help pay Medicare Part B premiums, deductibles, and co-insurance.

<https://portal.ct.gov/DSS/Health-And-Home-Care/Medicare-Savings-Program>

PAN Foundation


The Patient Access Network (PAN) Foundation is an independent, national 501(c)(3) organization dedicated to helping federally and commercially insured people living with life-threatening, chronic and rare diseases with the out-of-pocket costs for their prescribed medications.

Provider/Manufacturer Assistance

Reach out to your provider regarding assistance programs

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 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:	Select One:		Disabled:	
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Member <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent				
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

Fax To

(860) 622-2849

Application Processing

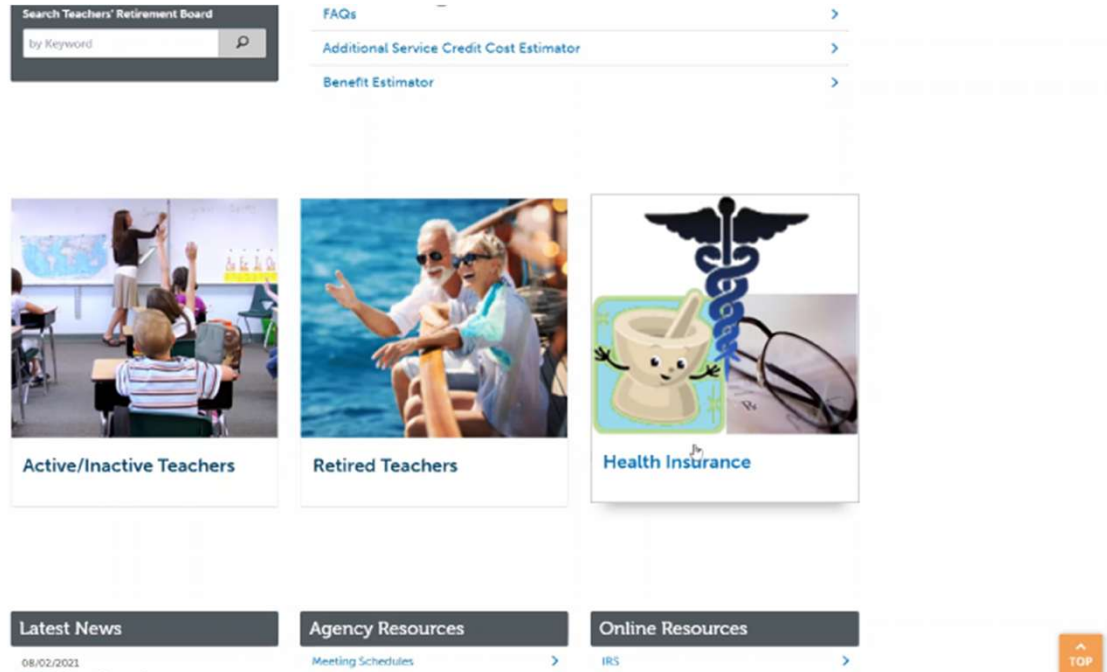
What to expect

1. A confirmation email is sent to the email address TRB has on file typically 2 business days after your application is received confirming receipt
2. Within 5 business days of receipt:
 - a. If your application is missing information or denied, you will receive an email to the email address provided on the application within 5 business days
 - b. If your application is approved, you will receive a confirmation email to the email address provided within 5 business days
3. Within 5 business days of approval, your enrollment is sent to the insurance carriers

Note: ALL applications are then sent for a second round of approvals through Medicare. If your Medicare eligibility is not active or pending active status, the enrollment is rejected, and the insurance carrier will notify you directly.
4. Within 2 -3 weeks of carrier receipt, you will receive your cards and welcome kit from each insurance carrier
 - a. Medicare Advantage enrollees receive one (1) card for medical, vision, hearing plus one (1) prescription coverage card and one (1) card for dental coverage
 - b. Medicare Supplement enrollees receive one (1) card for medical, vision, and hearing, plus one (1) card for the prescription, and one (1) card for dental coverage.

VISIT OUR WEBSITE

www.ct.gov/TRB



Contact Us

TRB Health Insurance Team:

- Enrollment
- Eligibility
- High Level Coverage Questions

Phone: 1-800-504-1102 or (959)867-6333

Email: healthinsurance.trb@ct.gov

www.ct.gov/trb

All Benefit and Coverage Questions:

Aetna Medicare Advantage:

1-866-495-0761

CTTRB.aetnamedicare.com

The Hartford Group Retiree supplement:

1-925-524-6722

Cigna Dental:

1-800-564-7642

QUESTIONS

Why is the Supplement so much more expensive? What better benefit do I get with the higher premium?

- There are multiple factors that contribute to the higher premium.
 1. The cost share is higher for the retiree when electing the Supplement since the 1/3 base plan amount has less of an impact on this plan.
 2. Supplement plans are secondary to Medicare and do not receive the same government offsets as Medicare Advantage plans, which impacts the premium overall.
 3. The Medicare Supplement plan has fewer copays and no prior authorizations vs the Advantage plan.
 4. There is no “better” benefit. Member experience will differ based on how you use it and what your needs are.

How do I pay my premium?

- Premium for retirees and/or their spouses or qualified disable dependent are deducted from the pension. The deposit for the month preceding your start date will have a health insurance deduction that covers you for the month following. For example: Insurance starting 9/1 will have the first premium deducted from the 8/31 deposit.

What if I do not have my Medicare card by the TRB enrollment deadline?

- We ask that you submit an application with proof you’ve applied for Medicare by the deadline. Once you receive your Medicare information forward it to us so we may complete your enrollment. We will make every attempt to honor your requested effective date once all information is received. Note: Any applications received after the deadline result in a delay of cards. You will likely not have your insurance cards by the 1st of the month.

Can I change plans after I enroll?

- You are eligible to change between the two plan options each year during open enrollment. We typically host open enrollment in the Fall and changes take effect on January 1st of the following year.