

CONNECTICUT TEACHERS' RETIREMENT BOARD
TRB SPECIAL BOARD MEETING
JULY 17, 2025

Clare B.: We'd like to call the State Teacher Retirement Board Special Meeting to order. It's, uh, Thursday, uh, July 17, uh, and we're at 3:02. So, um, during this meeting, we're going to, uh, examine the work that's been done on, uh, healthcare by our Healthcare Committee, and then they're gonna have recommendations, I guess, for the Board. So Bill, you're in charge of the Healthcare Committee, so can I turn the, uh, discussion over to you and introduce your members and...

Bill M.: Certainly.

Clare B.: ...give us your thinking.

Bill M.: Thank you, Clare. My name is Bill Myers, as Clare mentioned, and I served as the chair of the Healthcare Committee. First off, I want to thank the members of the TRB Healthcare Committee. Our hard work, our due diligence, and our understanding of the RFP process gives us confidence in recommending to the Board two 3-year healthcare plans that begin on July 1, 2026. The Healthcare Subcommittee includes an officer from the Office of Policy and Management, 2 public members appointed by the governor, one active teacher, and one retired teacher. Those persons are Greg Messner, Kathleen Holt, Jonathan Johnson, Carrie Cassady, and myself. The committee relies on Segal, our insurance consultants, in particular, Terry DeMattie, who is a expert liaison for us. They have expertise in healthcare plan offerings that are found across the country, specifically to retiree groups. Kathy, do you want to go on? No? Okay. Then I'll continue.

Our retiree plans are managed by the Center of Medicare and Medicaid Services. CMS is a federally managed agency who set guidelines for such plans. The TRB plans are employer group sponsored plans with enhanced benefits for our members. The committee met several times to determine which products would best fit our members, and we are pleased to continue offering Medicare Supplement and Medicare Advantage plans. Both include pharmacy, vision, and hearing coverages, and this is our recommendation for the Board: The Medicare Advantage and prescription drug coverage plan will be with Aetna. The Medicare Supplement plan will be with the Hartford, and its drug coverage is also with Aetna, the same as the MAPD coverage. I'm now going to ask Terry DeMattie to explain to us some of the costs of the plan, especially for our members.

Helen S.: Terry, I'm gettin' that rate sheet for ya.

Terry D.: Thank you.

Helen S.: Give me one second.

Terry D.: Sure.

Helen S.: Uh, can you – uh, can you forward it to me? I just can't – I had it in here and I can't seem to get where I was. Let me give a look . Okay. I have it.

Terry D.: Oh, okay.

Helen S.: Naomi, c-, can you promote – oh, I don't think that's – yeah. Naomi, would you allow me to show my screen? Oh, I am? Okay. Perfect. All right. So – I don't see the rate sheet. Okay. Um, share. Okay. There I go. Got it, guys. Can you guys see it now? Share – Terry...

Clare B.: We can..

Helen S.: ...can you see it?

Male: We can. If you can zoom in, that would be helpful.

Helen S.: Okay. Let's see.

Terry D.: There you go, on the bottom there.

Helen S.: Let's see.

Clare B.: That's the...

Clare B.: ...plus at the bottom, Helen.

Helen S.: I'm not seein' it.

Terry D.: You just had it.

Clare B.: I, I had it.

Female: There you go.

Female: There you go.

Female: Okay.

Clare B.: See the plus down the bottom near the hand?

Helen S.: Why am I not seeing it? Oh. Nope.

Jon M.: Helen, right there at the bottom. Yep.

Terry D.: There ya go.

Helen S.: It's not letting me do it.

Clare B.: Yes, it is.

Clare B.: It's working.

Helen S.: Sorry.

Clare B.: Working.

Helen S.: I didn't have – I didn't have a mouse. I was using my mousepad. I'm really sorry, everybody.

Terry D.: No, no...

Helen S.: The suspense.

Terry D.: ...you're good. You're good. You're good.

Helen S.: I keep everybody in their seat.

Terry D.: It's big now. Looks – everybody can see it. Right?

Helen S.: Yeah.

Clare B.: All right. We're good.

Helen S.: It's in my laptop.

Terry D.: Okay. Thank you, Bill, for that. Um, as Bill mentioned, we are moving to Aetna and the Hartford actually for January 1, 2026, and here are the rates. The top box is the member monthly rates, and the bottom box are the total monthly premium rates. So as you can see on the top, um, for January 1, 2026, the Aetna Medicare Advantage plan with prescription drugs and the dental plan is going to be \$158 per retiree, per member, per month. The Hartford Medicare Supplement plan along with Aetna prescription drugs and again Cigna dental is going to be \$315 per member, retiree, per month. And the 2025 rates are next to that, so you can see that the MAPD package actually went up 10 bucks. That includes dental, and the Medicare Supplement went

down slightly, about \$8. The second box are the total premium rates – \$361 for the Medicare Advantage and prescription with dental, and \$517 for the Medicare Supplement. And that's all I got, folks.

Helen S.: Yep. And thank you to the committee for all of their hard work. Sorry for the delay, everyone. I'm getting my screen...

Terry D.: You're good.

Helen S.: ...maximized.

Terry D.: You're good.

Helen S.: I don't have – yeah. I'm in a weird spot. I don't have...

Terry D.: Breathless anticipation. It's all good.

Helen S.: ...so, um, I believe somebody might've had a question.

Clare B.: Yeah. Helen, what's the difference in this top one and bottom one? That's the member's cost in the top ones?

Terry D.: Right.

Helen S.: Mm-hm. That's the [inaudible].

Clare B.: And you're giving us our new Aetna, our new Hartford, and then this past year's United Health, who we won't be with anymore after December.

Terry D.: Right.

Helen S.: Correct.

Clare B.: And then, so they – people can kind of compare where we are now and where these are going to in January. And what are the ones at the bottom? That's the total TRB monthly premium – that's...

Helen S.: That's the total.

Terry D.: That's the total monthly rate...

Helen S.: ...that's...

Terry D.: ...being charged...

Helen S.: ...that's the [inaudible 8:42].

Terry D.: ...by the carrier. Right.

Helen S.: Right. Without the subsidy.

Clare B.: ...okay. So that's not what the members pay. That's the...

Helen S.: No.

Clare B.: ...cost. That's the actual cost.

Helen S.: Correct. The member.

Clare B.: And what the member is paying is in – are in the top – the top 2 boxes on the left for the Advantage and then the Supplement.

Female: Correct.

Female: Mm-hm.

Female: Correct.

Terry D.: Top box is member; bottom box is total premium. Correct.

Clare B.: I gotcha. Okay. All right. How 'bout some questions from, uh, board members? We got a lotta – I got – oh, I got hands. Great. Great. Great. Let's – uh, I'll take anybody. Joslyn, go ahead. You're, you're first up.

Joslyn D.: Oh, I saw Jon and, and Lisa were before me, so I'll let...

Clare B.: Oh, go right...

Joslyn D.: ...them go first.

Clare B.: ...ahead then. Jon?

Jon M.: Hey. I'll be – I'll be quick. Good afternoon, everyone. Um, 2 questions. Um, how long, um, have they given us these rates for?

Helen S.: These rates are good for a year, January...

Helen S.: ...1 to December 31.

Jon M.: Understood.

Helen S.: Medicare is a calendar plan year. Good question.

Jon M.: And my other question is – I know that it's – it – it's a big move whenever we switch carriers, um, and, and that has the potential to impact members. Do you have a sense of what percentage of providers will remain, um, active, for lack of better word – eligible, um, as we move from United to Aetna?

Helen S.: The provider match is the same as with United, and we have a passive network, which means that there is no network. As long as the provider accepts Medicare and is willing to bill Medicare, members can see anyone. These are nationally carved-out plans for our teachers. These are not something that you can get off the street, so they're very different.

Terry D.: Mm-hm.

Jon M.: Thank you.

Helen S.: You bet.

Clare B.: Okay. Lisa?

Lisa H.: Um, thank you. Uh, just one follow-up on what Jon said. The one-year contract – is there a plan for year 2 or 3, or will those be renegotiated?

Helen S.: So it's a 3-year contract.

Lisa H.: Do we have the rates for years 2 and 3?

Helen S.: We, we do have the rate guarantee. Terry do you wanna jump in?

Terry D.: Yeah.

Clare B.: Tell us.

Terry D.: Yeah. I don't wanna say a lot in a public meeting, but there are some rate guarantees for years 2 and 3 – some caps.

Lisa H.: Uh, okay. Will the Board – can we go into executive session and hear what those might be at some point?

Clare B.: Sure.

Lisa H.: Okay. And then, um, the second question I had is, um, when we talk about the rates that the members pay – for 361 – can you talk about what percent the members pay? They pay a third, the State pays a third...

Helen S.: And the active teachers pay a third. Yes. That's in our statute. That's in 183t. Mm-hm.

Lisa H.: ...so if you just...

Helen S.: And that's for the medical...

Lisa H.: ...do 361...

Helen S.: ...and prescription.

Lisa H.: ...divided by – oh. That may be the...

Lisa H.: ...difference.

Helen S.: ...it's the medical and prescription. That is subsidized. That's divided by 3. The members pay the entire premium for the – for the dental with Cigna.

Lisa H.: Okay. And, um, can you just briefly describe the process, so explain the change in the plans that your – the communication process that...

Helen S.: Absolutely.

Lisa H.: ...you'll be rolling out?

Helen S.: Yep. We'll – just as we did in 2022, 2021, 2019..

Terry D.: Very intensive communications.

Helen S.: Yes. Mm-hm.

Terry D.: And, and meetings – educational sessions.

Helen S.: Yeah. With the – we do this every year during open enrollment. It'll be the same process that we – that we do. So we'll be meeting with the carrier in the next, uh, couple a weeks, and a game plan together, and we'll start communicating with our members.

Lisa H.: Okay. Thank you.

Clare B.: There'll be no October meeting, so that's gonna be all open enrollment.

Helen S.: Yeah. It'll, it'll...

Clare B.: And, and it's...

Clare B.: ...important because they all have to move.

Terry D.: Right.

Female.: Mm-hm.

Clare B.: I mean, this isn't like any other year where...

Helen S.: Right.

Clare B.: ...there might be a little migration, but this is gonna be much different than that.

Helen S.: Yes...

Clare B.: Okay, Joslyn.

Helen S.: ...and this is nothing new. This is – we've done this many times before. We...

Terry D.: Yeah, and...

Terry D.: If I could just say one more thing – the plan design isn't changing, so...

Helen S.: ...right.

Clare B.: ...so no change to the benefit.

Terry D.: Correct.

Helen S.: Mm-hm.

Clare B.: Okay. Joslyn?

Joslyn D.: I think Ed was before me. I took my hand...

Clare B.: I'm sorry.

Joslyn D.: ...down and then Ed put his up.

Clare B.: I'm jumpin' over, Sorry. Sorry, Edwin.

Edwin V.: Thank you, Madam Chair. I'm just wondering – is Aetna the only one that responded to our RFP or are there other companies?

Helen S.: It was a competitive [inaudible].

Terry D.: Yeah.

Helen S.: It was a competitive bidding process.

Edwin V.: And Aetna was the only one that came forward, or...

Terry D.: No.

Helen S.: It was a competitive...

Terry D.: It was competitive.

Helen S.: ...bidding process.

Edwin V.: Oh, okay. So there were other, other companies...

Helen S.: Yes.

Edwin V.: ...that came forward.

Helen S.: It was a – it was a – it was a competitive bidding process according to State rules, and we followed...

Helen S.: ...that process, and this is where we landed with...

Edwin V.: Now, is this the...

Helen S.: ...the overall...

Edwin V.: ...is this the complete package or are there any still out – any outstanding issues that have to be negotiated later?

Female: This is the package.

Helen S.: ...this is the complete package. Everything is bundled into these packages.

Edwin V.: All right. And it's the exact same coverage we had before.

Helen S.: Mm-hm. Yes. Great questions.

Edwin V.: Thank you.

Clare B.: Joslyn, are you up now?

Joslyn D.: So I – yeah. I was – I – I'm glad, 'cause Edwin and Jon both kind of had my questions, but I think, you know, we have a lot of, of viewers on, on this call today...

Joslyn D.: ...um, over almost 300...

Joslyn D.: ...so I think that it's really important that I make sure we clarify the process so that everybody understands. We – the, the committee went and vetted and RFP'd a significant number of carriers. We are voting today on the recommendation of the best rate from those carriers. Is that...

Joslyn D.: ...correct?

Clare B.: The best rates...

Joslyn D.: And the committee...

Joslyn D.: ...took into cons-...

Helen S.: The best overall package. The committee takes into that, and again, this is nothing new, guys. We've been doin' this for years. It's the same process that we always do, how we vet all of our vendors, regardless. So it was a competitive bidding process, and the committee actually has to sign confidentiality agreements, and the information is proprietary, and we make the best decision based on the criteria and standards that we set forth in the RFP process to ensure that our members are getting the best benefit at the most cost-effective price.

Joslyn D.: ...so the vote that we're taking today is to approve the recommendations by the committee.

Helen S.: Yes.

Female: Right.

Helen S.: Exactly. Yep.

Helen S.: Thanks, Joslyn. Yep.

Joslyn D.: And – sure. No problem. I just wanted to make...

Helen S.: No, and thank you for...

Joslyn D.: ...sure that I – I'm...

Helen S.: ...no.

Joslyn D.: ...understanding.

Helen S.: No, and thank you.

Joslyn D.: And...

Joslyn D.: ...the committee – d-, and, and the committee, just to, to be clear, was public in, in terms of who was on it, which members of ours were on it, the balance between...

Helen S.: [Inaudible].

Joslyn D.: ...retiree member, active member, appointed member, so that...

Helen S.: Yep.

Joslyn D.: ...we understand that there was fair – and, um, representation from all of the vested interests, and that, coming together, this is the recommendation, and that our benefits aren't changing. There's no lessening of benefits. We're just going with the group that put together the best package in terms of rates and coverage.

Helen S.: Yes. Yep. I would say that's...

Joslyn D.: Okay. All right.

Helen S.: ...that's a nice summary. You bet.

Clare B.: Uh, is it Jon?

Jon M.: Yeah. I'm, I'm thinking about what trends we're seeing in a lot of insurance changes right now, and just about everyone is seeing significant increases. I'm noting that there's the decrease that you mentioned, uh, Terry, when you were presenting, um, from, um, our current plan with United down to the Hartford/Aetna supplemental plan. Can you give a sense of maybe why we are seeing this decreasing in cost?

Terry D.: Okay. Um, what you're seeing is the difference in – w-, what you're seeing is a decrease in the difference between the Med Sup and the Medicare Advantage. That's what the member pays. So because we're paying obviously a little bit more – so what you're see-, what you're really seeing is a decrease in the difference, but if you look here, the...

Jon M.: Oh.

Terry D.: ...[inaudible].

Jon M.: The total plan. Yeah.

Clare B.: The...

Terry D.: Yeah.

Clare B.: ...total at the...

Clare B.: ...bottom. Yeah.

Jon M.: Yes. Thank you. Thank you.

Terry D.: And it was – it was minimal. Right?

Jon M.: No, absolutely. Only a slight change in – I see what you're saying. There – there's, uh, an increase of about \$7 a month for the total, uh, premium.

Terry D.: Right.

Jon M.: Uh, we never see any costs go down, so I was excited for a moment.

Terry D.: Yeah. No. And it – and you know, it's very good news, you know...

Jon M.: Mm-hm.

Terry D.: The overall package is very good news, I think...

Jon M.: [Inaudible].

Terry D.: ...for members.

Jon M.: Thank you.

Clare B.: Uh, other members? Other questions?

Joslyn D.: I, I just have, um, another question. I know we've had significant concerns, um, from members about, um, the services and the carrier, so I'm just interested in the kind of – um, whatever conversation you can share in terms of moving to a different carrier, how that might alleviate or resolve some of the issues that members had had – concerns they had had with our previous carrier, moving to a different carrier. Was that something that went into the conversation of the total package, or is it just...

Terry D.: Helen...

Joslyn D.: ...you know...

Terry D.: ...I, I...

Joslyn D.: ...[inaudible]?

Terry D.: ...I'm gonna let Helen answer that, because she can address whether or not there were significant concerns with the current carrier.

Helen S.: With United Healthcare?

Terry D.: Yeah.

Helen S.: There were no concerns. Their service is above and beyond any expectation set forth.

Joslyn D.: So moving forward, we're expecting that the new carrier will continue with a high level of...

Helen S.: Absolutely.

Joslyn D.: ...of service providing – okay.

Helen S.: Yep. Yep.

Terry D.: Yeah.

Helen S.: Absolutely. That's what we're here for. I think Kathy can attest to...

Terry D.: Yeah.

Helen S.: how well the, the TRS manages their plans, as she is in the environment directly.

Terry D.: These carriers are very experienced.

Helen S.: Yes. Yep.

Clare B.: Mary-Beth?

Mary-Beth L.: So I know...

Mary-Beth L.: ...that Windham County has had some issues, uh, and, um, concerns about the number of, uh, participating doctors and hospitals. Has that been addressed?

Helen S.: We have a passive network, so – which means that as long as the provider is willing to bill Medicare, it doesn't matter if they're in network. The only hos-, the only issue there was – in the past was with UMass, and those providers creating their own Medicare Advantage program, so to speak. It was a captive program where they didn't wanna accept other insurances because they were trying to c-, create their own HMO. Um, so it didn't have anything to do with the carriers. It was the providers themselves. But as long as...

Terry D.: So once again....

Helen S.: ...those providers are – uh, yeah.

Terry D.: ...right.

Helen S.: As long as...

Terry D.: So...

Helen S.: ...as long as...

Terry D.: ...it's a passive...

Helen S.: ...the providers...

Terry D.: ...network.

Helen S.: ...yeah. There is no network. As long as the provider is willing to bill Medicare and they accept Medicare, our members can see them. Again, these are nationally carved-out plans for the 32,000 retirees that we have.

Mary-Beth L.: Thank you.

Helen S.: You bet.

Clare B.: E-, Edwin, I'm sorry. I probably missed you. You [were on the far left of my screen, so...

Edwin V.: Yeah. I – fir-, first of all, uh, let me say I'm happy that, uh, they were able to keep, uh, our plan the same and that the cost – uh, it was such a modest increase in the cost. It's all great. I was just curious, now that we're both in Aetna, I know that the s-, that we're not like the state employees, uh, that we pay for our own – our own way, but, um, now that we're both in Aetna, I was wondering if any comparison's been done in terms of the, uh, benefits and, and coverage.

Helen S.: [Inaudible] you can't compare – yeah. You can't compare the benefits, Ed. Those are SEBAC negotiated benefits. There are 6 different packages. It's all based on unions – state employee unions. Our – it's not apples to oranges at all. Um, they're very vastly different. There is no comparison with the State of Connecticut retiree...

Terry D.: [Inaudible]

Helen S.: ...benefit programs.

Terry D.: ...they're completely – I mean...

Helen S.: They're completely...

Terry D.: ...yeah.

Helen S.: ...different.

Terry D.: Yeah. The [inaudible].

Clare B.: Edwin, the, uh, the state employees, you remember, cover everybody from birth to death. I mean, it's an entirely blended plan. We are not. You know, our youngest members in the plan are 65 years old, and then their age goes up from there, so we're a very unique kind of plan. Uh, you know, th-, they have everybody from the child born today to the person that dies today. Every one of those is embraced in their plan, and that gives them an opportunity to get kind of pricing that we could never get with a population of people who start at 65 and – I don't know what our number is – maybe 108, somewhere in there, uh, at the top end. So anyway...

Clare B.: ...just so you'll – just so you'll know, Edwin, that's the – tha-, that's the major difference, beyond the fact that they have many selections within their plan too.

Edwin V.: [Inaudible].

Helen S.: And we're not the employer. Our plans are strictly voluntary. Teachers do not have to take our plan. The-, these are voluntary programs that are sponsored by the Teachers' Retirement Board. We're not the employer.

Edwin V.: Well, Thank you for...

Helen S.: We're the pension system.

Edwin V.: ...the explanation.

Terry D.: Right, and...

Helen S.: Oh, of course. Absolutely.

Terry D.: ...[inaudible] – right. And as, as Helen mentioned in the beginning, the biggest difference, or one of the bigger differences is that those are all bargain plans. Those are all – yeah.

Clare B.: And they're bargained against wages and everything. You know that. So it's...

Terry D.: Right.

Clare B.: ...not just...

Terry D.: Right.

Clare B.: and we have no one to bargain with [inaudible]...

Terry D.: Right.

Clare B.: We don't work for the State.

Female: That's right.

Clare B.: And, and the cities don't make any contribution to it, so, uh, yeah. And how 'bout some other questions from people. Do we have more? Lisa, go 'head.

Lisa H.: Thank you. Um, can you talk about generally how these compare, like if, if you are not a member of the teachers and you went on the ex-, Medicare to purchase in the State of Connecticut? It seems like these are better rates than there, but I wasn't sure. Can you just talk about that? You would obviously have to buy additional hearing and dental and, uh...

Lisa H.: ...vision.

Lisa H.: compare?

Terry D.: So...

Helen S.: We can't – oh, go 'head, Terry.

Terry D.: ...no, that's okay. I was just gonna say that the state exchange doesn't offer, um, Medicare...

Terry D.: ...plans, but if you...

Female: Thank you.

Terry D.: ...were to go out there on the individual market, you know.

Lisa H.: Right.

Terry D.: ...wherever, to any of the carriers, um, they do offer Medicare Advantage plans – many, many Medicare Advantage plans, but most of them don't have a passive network. They're not group plans, so you have to stay within a network, sometimes a small network. Um, the prescription drug plans vary, and I will tell you, none of them are as rich as yours.

Lisa H.: That's for the supplement as well?

Terry D.: For the supplement – uh, yeah. You can get a supplement on the open market. Absolutely. These rates are lower. Yes.

Lisa H.: Okay. Thank you.

Terry D.: Well, plan design.

Clare B.: Bill, did you have a question, or – no? Um, a question for the Board – do you want to go in – you said you wanted to get some, uh, more conversation with Terry and Helen on the rate guarantees in the outyears, um, and what caps, the fact that we have some caps on there, but that is not yet public information. That hasn't all been, uh, negotiated, but it's – but you could share with us some things, but just the Board, you said, not – couldn't share that...

Terry D.: Yeah.

Clare B.: ...yet.

Helen S.: Yeah. This is...

Clare B.: ...publicly.

Helen S.: ...this is all very...

Clare B.: This is the...

Helen S.: ...proprietary...

Clare B.: ...public...

Helen S.: ...information.

Clare B.: ...information session.

Helen S.: This is – this is...

Clare B.: This is the publicly available...

Helen S.: ...worst-case scenario.

Clare B.: ...information.

Helen S.: Right. This is worst-case scenario projecting a couple years down the– yeah. So that's, that's – those factors are – I wouldn't say, Terry – are completely into play, if that's lack of a better word.

Terry D.: Mm-hm.

Clare B.: Oh, I'm sorry. So do we wanna go into that executive session to hear that discussion or no?

Clare B.: ...someone asked and...

Female: ...I would ask...

Helen S.: I don't think this is the appropriate time or place. We haven't even – we haven't even gotten our contracts into place or announced the ve-, the vendors or anything. We can certainly have another meeting, um, a-, and do that at another time, but we have – this is the – we're voting on the vendor, so it's not even official yet, so we really need to get everything into place and these contracts into place and things signed off on before we can get into...

Joslyn D.: Well...

Helen S.: ...those kind of discussions.

Joslyn D.: ...I don't know that I agree with that, because I think that if we're voting on the vendor and there are cap concerns or considerations that we need to think about – so my question would be, when you did the pro-, when you looked at the packages, were the caps included in the packages per, per vendor, per provider, or is that something that you...

Terry D.: Yes.

Joslyn D.: negotiate?

Terry D.: Yes.

Joslyn D.: That's...

Terry D.: That was included.

Joslyn D.: Okay. So...

Female: That was...

Terry D.: ...taken into consideration. Yes.

Joslyn D.: ...so I think that then, the, the – to clarify to all of our, our members who are watching and ensuring that there's transparency, it's that the caps are part of the f-, the whole package that you reviewed and are recommending to us...

Terry D.: Yes.

Joslyn D.: ...as a recommendation.

Helen S.: Absolutely.

Joslyn D.: Okay.

Helen S.: Yes, Joslyn.

Joslyn D.: All right. I, I don't personally, then, have a need to go into executive session, but, um, you know, I do think that is something we need to take into consideration when we make a vote on our vendor.

Female: Absolutely.

Helen S.: That is why we have the health – that is – yes, and that is why we have the Healthcare Committee, um...

Terry D.: Right.

Helen S.: ...that we entrust those folks to do that, and all a those things are included when we make those decisions – when they make those decisions. It's all part of the RFP process. I don't know if Bill or Kathy wanna jump in anymore and just...

Clare B.: Yeah. Kathy, I'd like to hear from you today just to have a minute to talk a bit about it, 'cause I know – I know that the members rely on you as well to know a lot about this – about this arena.

Kathleen H.: Well, uh, I guess I could say that, uh, you know, we had to work with what we had to work with, and, um, we got the bids that we got, and we had to, you

know, kind of look at what, what the best, um, options were, and we did some fairly, um, uh, I don't wanna say complicated, but, but very, uh, um...

Terry D.: Intense?

Kathleen H.: Uh, thank you – um, scoring. So there – we scored on a lot of different components...

Helen S.: Mm-hm.

Kathleen H.: ...um, and, and yes, it was price, but it was – it was a lot of other things as well. Um, and, and the way that the process works is ev-, all these different components have different percentages that are assigned to them, and so we did that as a committee, we did that independently, the members did, and then, uh, the results kind of were pulled together to come to this, um, this result. So it's a – it's a very thoughtful process, but y-, you know, again, we only had to work with what, what we were given to work with, so I'm, I'm not sure what else I could say. It – the – we asked a lot of these same questions in the committee itself, and, uh, we met multiple times to look at best and final. It's a – it's a process, uh, and so as part of this process, could – do we wish we had other things to look at? Of course. You know, the more – the more op-, options you have, the more you can, can work with them, uh, but, but I think we – for the options that we were given, and there – we already talked about that. There were, um, there – it was a competitive bid process. Um, this is – this is the best that we, we came to as a group. I don't know if...

Female: Thanks.

Kathleen H.: ...that was at all helpful.

Helen S.: No, thank you, Kathy.

Clare B.: Jon? Did I lose'm?

Lisa H.: I'll go.

Clare B.: Jon? .

Lisa H.: Just a quick question. Um, was the committee's recommendation unanimous?

Bill M.: The committee doesn't share, um, their own scoring with each other. We score as individuals, and then there – um, those are tallied by our consultants, and we're given the results.

Lisa H.: So no vote is taken?

Bill M.: No. No vote. We vote when we score, as individuals on the committee, having all learned the exact same material, and, um, processed it as a committee, but the voting is as individuals.

Helen S.: And this is done – this has been done since the beginning of time. This is how we operate and manage all of our vendors. That's why we have these subcommittees, whether...

Helen S.: ...it's for the actuary...

Helen S.: ...the dental...

Female: ...all the state...

Helen S.: ...the insurance...

Female: ...Yeah.

Helen S.: ...the – Terry's job. Th-, that's the State of Connecticut. Not only TRB follows this process.

Lisa H.: So obviously, you chose the one that the most people chose, so the question – did everyone choose that, or a few, or you can't divulge that?

Terry D.: No.

Helen S.: We don't see those score sheets.

Lisa H.: Pardon?

Helen S.: Those are –we don't see those score sheets. They are managed by the healthcare vendor. They tally them up based on the points and percentage in the scoring system, but all done as we – as the State of Connecticut requires us to do. There's a whole book and guideline on the RFP process and how it needs to be done, and those are the guidelines that everyone follows, for any contract, whether it's buying...

Helen S.: ...pencils, whether it's healthcare, whether it's the actuary.

Lisa H.: So is there a recommendation from the committee? Or they just submitted individual scores and then our consultant is recommending...

Terry D.: ...so everybody submits individual scores, we tally them up, and we meet with the committee and tell them the results.

Lisa H.: And then we go with the representation that you've given the committee, and the committee votes great? Or they don't say anything? How does – I'm just trying to...

Terry D.: Well, they scored it.

Lisa H.: ...understand the process.

Terry D.: They all scored it, right? They all...

Lisa H.: That's their voting.

Terry D.: ...scored it, so it's, it's their scoring. We just – we're just adding it up.

Lisa H.: So when you do the scoring, that is the vote, so you know...

Helen S.: Yes.

Terry D.: Right.

Helen S.: That's, yep.

Terry D.: Right.

Lisa H.: ...that's, that's what I was trying to get clarity.

Terry D.: Yep. Yep.

Lisa H.: Thank you.

Clare B.: Jon? Jon Moss.

Jon M.: So just to make sure that I'm very clear, w-, uh, going back to the rate caps, because they were part of the proposals that were submitted, um, and the committee reviewed them, they are locked in as the official, for lack of better word, bids, from the carriers. So even though we're not discussing them in a public setting right now or even in, in an executive session, because they were in that original proposal, the work that is still to be done is not a question of whether or not those caps will come to fruition, but some of the nuances. The fact that the caps are there and what they are is locked in as part of the proposals. Am I right on how I'm interpreting that?

Terry D.: That's right. The caps are part of the proposals and were taken into consideration.

Helen S.: Yeah.

Terry D.: Right.

Helen S.: Just like the dental, Jon.

Jon M.: Yep.

Helen S.: ...it's exactly the...

Jon M.: Yep.

Helen S.: ...same. Whether it's...

Jon M.: Yep, just...

Helen S.: ...dental, medical – yep. You got it. No, you got it.

Jon M.: ...yep. Perfect. I just wanted to make sure for, for all of us listening that, uh, while we don't have the specifics right now, we know that they're guaranteed. They're locked in. No one needs to worry that they're gonna disappear as this continues to be finessed, I guess.

Helen S.: Mm-hm.

Jon M.: Thank you.

Clare B.: Edwin?

Edwin V.: Yeah. I was just wondering if the, um, if the Hartford is the insurer of supplement in, in this scenario.

Helen S.: Yes. The...

Female: Mm-hm.

Helen S.: ...Hartford is the supplement plan. Mm-hm.

Edwin V.: And are, are both the Advantage plan and the, and the regular Medicare plan they both – the, uh, prescriptions, the drug plan is gonna be covered by...

Helen S.: Yes.

Edwin V.: ...the end in them both?

Helen S.: ...yep.

Terry D.: Yep...

Helen S.: It's the same...

Terry D.: ...and it's the same...

Helen S.: ...plan for both. Same plan.

Helen S.: Yep.

Edwin V.: Thank you.

Clare B.: Helen, how – when will this information be available to the entire membership whatever the Board the votes today, then you– does it go on our website? Do you start to put out mailings? What happens?

Helen S.: We s-, we start the implementation process. Everything u-, generally goes out early September.

Clare B.: Okay. Joslyn?

Joslyn D.: Just so – if there was somebody on the committee who scored significantly differently than the result that came out, would they have had an opportunity in the committee to share concerns or ask questions about – or appeal to say, you know, this doesn't, I felt, or was it generally the committee in total felt similarly about the plans? I just wanna make sure that we're, um, alleviating any concerns from our members about, you know, this in fact was clearly the highest-rated ranked product for us to vote on, and that there wasn't any concern about, about that work, because if that's the case, then I would feel confident moving forward with a vote, but if not, then I would say we should probably have a little bit more conversation.

Terry D.: So many discussions were had along the way before the scoring, so everybody...

Helen S.: During, after.

Terry D.: ...before, during, and after, even when...

Helen S.: Pre-meeting.

Terry D.: ...we reviewed it. Yeah.

Helen S.: We had a pre-meeting before this meeting, so the committee worked very hard and tirelessly together to, to get this for our members.

Joslyn D.: There's no one from the committee who has a concern about this proposal moving forward I guess is my question.

Helen S.: Not, not – Bill? I, I – not to my knowledge.

Helen S.: I think everybody was on the same page with...

Bill M.: I'm making sure I'm unmuted. Yeah, we were...

Helen S.: ...Jonathan...

Helen S.: ...you're really quiet. You can talk. I think everybody was on the same page.

Bill M.: ...the committee's good with, uh, with...

Female: Yeah.

Bill M.: ...what our result is, and we have tremendous confidence in our choice, and that's what you have before us. That's what the Board has before us. This is what we think is best for our members, and this – the – this package received the highest scores.

Terry D.: Thanks, Bill.

Joslyn D.: And do we need a motion?

Clare B.: Uh, just lookin' to see if there's any more discussion or questions. Are there any, any more questions? Any more discussion? All right. The Chair would entertain a motion, uh, to accept the, uh, proposals for 2026 to go into effect on January 1, 2026, for the, uh, Aetna Medicare Advantage plan, the Hartford/Aetna Medicare Supplement plan, um, and we've already gone over, I think, both – in both cases, what the member's cost would be. In the Advantage, it's \$158, uh, and for the Supplement, it's \$315.

Female: I...

Clare B.: And that's not the – that's not the total package. That's just the member's portion.

Female: ...I'll move it.

Male: Second.

Clare B.: Okay s-, moved and second. Discussion. Any more – good – we're good with discussion? All right. All those in favor, signify by saying aye.

Attendees: Aye.

Clare B.: Opposed? Abstentions? All right. I thank all of you today. I know it was a lot to take, uh, outta your time, but th-, this is the kind of process that, that you want to get right. Um, you know, members are very, very concerned about healthcare and about who the providers are gonna be. They read a lot about these carriers in the news, they – and they have a lot of interaction personally with these carriers...

Terry D.: Right.

Clare B.: ...and with the people who provide services through these carriers, so, you know, it's an area of high concern, high visibility – uh, I commend our Healthcare Committee. I, I think the people on there, uh, represent all the broad interests. Uh, you know, Katherine brings a lot of experience, you know, in the medical Advantage and all areas. Bill, I think, has chaired the committee I don't know how long, but quite some time, and has had at least 3 or 4 committees under his belt to do on just healthcare. Uh, I would say Jonathan, you've been there. We've been there quite some time. Carrie's a newcomer, but also, in her own world, had a lot of work with healthcare. You did a lot of work with healthcare on a – on a local level. Greg Messner – I mean, he's – uh, you know, he's OPM. He sits there with the SEBAC contracts. Uh, you know, he's the person who does that, and he stayed with us as a board member. He has a much higher-profile job today, but he's stayed with us, I think because, uh, you know, he values the work, and this is one of the more important jobs we've always asked, uh, Greg to participate in with us too.

So, so when you think about the broad range of what this board – the, the groups that this board represents, uh, I think we touched all of those with this, with very – with people who have deep knowledge, not just, you know, an interest, concern, you know, [inaudible] calls on this. It isn't just that. It's do you know this stuff; can you dig into these things. It's – it's complicated, it's a high bar, uh, and we commend all a them, 'cause this isn't easy work, and, uh, and we thank them for all the work that they've done on this, and I thank you, Bill, and the entire committee, so...

Terry D.: Absolutely.

Helen S.: Yes. Thank you guys...

Helen S.: ...very much.

Terry D.: I second, third, and fourth that. Thank you all...

Helen S.: Yeah.

Terry D.: ...very, very much.

Clare B.: Okay. Uh, Helen, do we go – do we have public comments on this or no?

Helen S.: No.

Clare B.: Oh, Okay. We don't. Okay. So, uh, we will be back in session in September...

Helen S.: Mm-hm.

Clare B.: ...and by then, we will have heard a lot from Helen about these, and soon we will hear a lot from Helen about all of these too. So, uh, yeah. I thank all of you today. Uh, you know, uh, it's not an easy job, because everybody always wants, uh, a fabulous plan at the...

Terry D.: Right.

Clare B.: ...rock-bottom prices...

Terry D.: Yep, and...

Clare B.: ...and...

Terry D.: ...we – you know what?

Clare B.: ...everybody...

Terry D.: We've got a fabulous...

Clare B.: ...always thinks...

Terry D.: ...plan.

Clare B.: ...somebody's gettin' somethin' better than them...

Terry D.: Right. Right.

Clare B.: ...somewhere, there's a whole bunch a people gettin' a better deal than you're getting. I don't...

Terry D.: Yep.

Clare B.: ...think anybody gets a better deal than you get, and...

Terry D.: A fabulous...

Terry D.: ...plan.

Clare B.: ...people around this...

Terry D.: Right.

Clare B.: ...table that have negotiated a lot of stuff, and they know what it is to put the vendors' feet to the fire, to get...

Terry D.: Yep.

Clare B.: ...the very best deal that they can, so again, thank all of you for what you've done...

Helen S.: [Clare...

Clare B.: ...on behalf of...

Helen S.: ...we need a motion to a-...

Clare B.: ...our teachers.

Helen S.: ...yeah. We need a motion to adjourn. We can't forget...

Helen S.: ...the motion to adjourn.

Joslyn D.: Oh, I'll move.

Joslyn D.: I'll move to adjourn. Happy...

Clare B.: All right.

Joslyn D.: ...summer everyone.

Clare B.: All right. Move to adjourn. Second?

Edwin V.: Second.

Clare B.: All right. All those in favor, signify by saying aye.

Attendees: Aye.

Clare B.: Opposed? Abstentions? And thank all of you, and right, Joslyn, uh, enjoy the rest of the summer for all of you. It's a – it's a little hot, but you know, what's -

it will get nicer. Believe me. It will get nicer, so – all right. We love you all.
Thank you.

Helen S.: Thank you.

Bill M.: Thank you.

Terry D.: Thank you.

Jon M.: Take care, everyone.

Helen S.: Bye.

/tw