

**CONNECTICUT TEACHERS' RETIREMENT BOARD
TRB BOARD MEETING
FEBRUARY 11, 2026**

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Bill M.: So our recording has started. So I'm Bill Myers, the Vice Chair of the Board, and I'd like to call the meeting of February 11, 2026, to order. So thank you. It's good to see everyone here. It's a short, uh, meeting for the most part but some really fascinating things with all the GASB reports. Two of those will be all about our pension and 2 of those will be about our healthcare. I'll just remind you that you have the entire report. I believe we're gonna go through a really nice summary that I've seen. And, uh, it's worth reading even if you just print out 2 – the 2 or 3 pages that, um, really fascinate you, um, which I've done. And so you have the entire report, but like I said, we're gonna hear, um, a s-, not a synopsis. A – what would you call it? Um, a synthesis...

Bill M.: ...of it. We're, we're gonna hear the important things. And we have th-, 3 people, I think, um, from Cavanaugh Macdonald with us right now, uh, so that's great. And that's the first item on our agenda. And, Todd, are you – or Ben, who's, uh, gonna [inaudible] PowerPoint?

Todd G.: So, um, I get to do the easy part. I'm gonna introduce us and then...

Bill M.: Thank you.

Todd G.: ...I'm going to, uh, turn it over to Ben and Alisa to go over the results. But, um, as you said, so, uh, well, first of all, I'd just like to apologize. Um, I forgot about the meeting today so I don't have a sport coat on. So – but, um...

Helen S.: We'll forgive ya. We'll forgive ya.

Todd G.: Okay. Okay. Um, but, uh, so the purpose of, uh, our, our presentation today is to present the results of the, um, GASB se-, uh, 67 and 78 reports. And those relate to the pension plan and also, the GASB 74 and 75 results and those relate to the post-retirement and healthcare plan. Um, so, you know, these re-, these reports are important because they basically are all the information that's going into your annual financial statements. So they do not affect your annual valuation in terms of the employer contributions but they do affect how the public sees you in your annual financial report to the public. So, um, and the other – the last thing I'll say is that the only difference, um, in terms of that, uh, is that these results are based on a market value of assets. They, they do, do not use smoothing. So, um, so in terms of the pension, for instance, um, you'll actually look a little better because there's asset gains that we're not using for valuation purposes right now. So, uh, but with that, I'm gonna turn it over to Ben and he's gonna go over the, uh, uh, pension results and then Alisa will go over the OPEB plan.

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Bill M.: All right. Great.

Ben M.: Thank, thank you, Todd. Uh, hope everyone can see the, the presentation on the screen. Uh, we're gonna start with the GASB 67 and 68 results which affect the, uh, the pension plan. Um, and, again, just, uh, uh, just in case, uh, it doesn't, uh, it's not, uh, immediately clear, uh, GASB stands for Governmental Accounting Standards Board and they're an institution that in part is responsible for setting the rules, uh, which, uh, financial disclosures, uh, need to be made for, for, uh, for retirement systems. Uh, so, again, so these reports are really about sort of what numbers and how they should be calculated to go into the financial disclosures for the state. Um, as Todd mentioned, this, this doesn't change anything in the funding valuation report that we presented back in, uh, in November. Uh, so all those numbers are still, uh, good and in place, uh, but these new reports are just to provide, uh, numbers that will go on the accounting side of things into the financial disclosures. And, uh, because a that, g-, uh, GASB has a few different rules for what can go in. Um, as Todd mentioned, instead of using the smoothed actuarial value of assets that we use for the funding valuation, GASB requires us to use the market value of assets. Uh, so, again, in, in this case, for this year, that works out to, to make the numbers look a little bit better.

Uh, of course, we know that the market value is also a lot more volatile so from year to year, your GASB numbers are going to really change, uh, a lot more dramatically than maybe your funding valuation numbers would. Um, also, another rule that's, uh, can be important, um, is that, uh, GASB also has rules for what can be used for the interest rate in terms of, uh, how the liabilities are calculated, uh, so there's some different things on there. As it turns out for the pension side, uh, the way the rules work out is, uh, we're – we can continue to use the same, uh, discount rate, uh, the 6.9 percent, for GASB purposes that we use for the funding purposes. So, um, that's good news. That kinda means that the liabilities can be very comparable, very similar. Um, again, even though this is, uh, you know, accounting purposes instead of funding purposes, there is still a lot of overlap in what we're doing with these reports. We're still taking a measurement of the liability and taking a measurement of the assets and then comparing the two and seeing what, if any, kinda shortfall there might be. Um, but for ga-, for GASB purposes, there is gonna be different nomenclature, different, uh, terms we use here so we'll kinda go over that now. Uh, so the liability is called the total pension liability, or TPL. Um, the assets are called the fiduciary net position. Again, we're using the market value of assets for this. Uh, and then when we take the difference a those two, that's called the net pension liability, or the NPL. Uh, you can kinda think of that, uh, sort of analogous to the unfunded actuarial accrued liability in the funding valuation report.

1 Uh, so, again, here on slide 5 is the, uh, the actual results for the report. Uh, we
2 have included last year's numbers here in the middle column just for
3 comparison sake but we'll focus mostly on the right-hand column here. Uh, so,
4 again, that total pension liability, TPL, uh, came out to be, uh, \$43.8B for the
5 year. Uh, the fiduciary net position, or the market value of assets, is \$29.3B. Uh,
6 so when we subtract that from the liability, we get a n-, a net pension liability of
7 \$14.5B, uh, which is down from last year's, again, primarily because the assets
8 grew, uh, more so than the liability from last year to this year. Uh, so, again, we
9 can also calculate something like a funded ratio here by takin' the assets and
10 dividing the liability and that comes out to be 66.88 percent, uh, which is a little
11 bit higher than the 63.68 percent that we came up with in the funding valuation
12 report. So GASB 68 also requires that we calculate and put in the report, uh,
13 what's called a pension expense and deferred outflows and inflows. And, again,
14 the pension expense is really just, uh, all the things that came into the plan and
15 went out from the plan in the year that really impacted that change in the NPL
16 from last year to this year. Uh, the deferred outflows and inflows are really just
17 the gains and losses, uh, due to either demographic experience, uh, changes in
18 assumptions, or investment earnings, uh, that are being spread out over a
19 number a years.
20

21 Um, and so those are the amounts that we'll be recognizing here, uh, over the
22 next several years in future pension expenses going forward. Uh, so, again,
23 those are just other numbers that are required to be calculated by GASB 68 to be
24 included in the financial reporting. Uh, but that's really, um, all there is really to
25 the GASB reports. Uh, I'll stop there and, and entertain any questions or just
26 give the, the Board a chance to, uh, take any action on the reports for 67 and 68
27 before I turn it over to Alisa to take on the, uh, 74 and 75 reports.
28

29 Bill M.: Ben, could you say a word about, um, uh, it seems apples and oranges using the
30 actuarial asset value but then using market value and coming up with, uh, you
31 know, formulas and numbers. Um, is it apples and oranges or is it – you
32 mentioned that it's accounting versus value. I mean, say that so I can grab onto
33 it, please.
34

35 Ben M.: Sure. the actuarial value of assets really is meant to, uh, to trend along with the
36 market value of assets over time but just to not experience the, the, the peaks
37 and valleys that we'll see on a year-to-year basis of the market value. And, and
38 so we use that on the funding side just to smooth out contributions if tha-, that
39 becomes an issue, uh, just so we're not overreacting to really good news or good
40 years when there's good investment news or bad years, uh, when there's bad
41 investment news. Um, so – but for accounting purposes, uh, GASB requires us
42 to, to, to only use the market value of assets, which, uh, has a consequence that
43 that is going to mean that the numbers from year to year are gonna be a little bit
44 more volatile than what we would see on the funding valuation side a things.
45

1 Bill M.: Thank you. That, uh, that's good for me. It, it reminds me of my favorite slide
2 from what you presented in the fall where it shows how market value goes up
3 and down but the smoothing evens it out. And so that's what we're looking at.
4 We're looking at not the smoothing that evens it out but what would happen if
5 we, if we based everything on that market jumpin' up and down.
6
7 Ben M.: Right. That's correct.
8
9 Bill M.: Thank you.
10
11 Gregory M.: Bill, do we wanna take acceptance a these reports individually or do you wanna
12 wait till all 4 of them or...
13
14 Bill M.: Um, I don't care. You think it's better to go one at a time, Greg? You mentioned
15 it.
16
17 Gregory M.: E-, either way. I mean...
18
19 Bill M.: Yeah. I'll t-, we can do it that way. Uh, I'll...
20
21 Gregory M.: Okay.
22
23 Bill M.: Mm-hm. I'll entertain a mo-.
24
25 Gregory M.: So I'll move acceptance of, uh, the GASB, uh, this – 67, 68 are we on now?
26
27 Male: That's correct.
28
29 Female: I'll second.
30
31 Gregory M.: Yeah.
32
33 Bill M.: Thank you. And all those in favor?
34
35 Members: Aye.
36
37 Bill M.: Thank you. Opposed? Abstentions? Thank you. So the motion carries. Thank
38 you, Mr. Ca-, I mean, Cavanaugh Macdonald, for this report.
39
40 Alisa B.: Mm-hm.
41
42 Bill M.: We can now look – peek at our, um, medical reports.
43
44 Ben M.: Great. I'll turn it over to Alisa to go over the retiree healthcare.
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46 Alisa B.: All right. Thanks. And you're runnin' the slideshow, right, Ben?

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Ben M.: That's correct. Yes.

Alisa B.: Okay. All right. So, yes, I'm gonna go over the OPEB GASB reports. So in case you don't know, OPEB – go back. Go back.

Ben M.: Sorry.

Alisa B.: OPEB stands for Other Post-Employment Benefits, so it's other than pension benefits. So most of the time, that does mean retiree healthcare and that's what it means here. So GASB 74 is just like GASB 67 for pension but it's for your retiree healthcare. And then 75 is just like the 68. All right. Now, next slide. All right. I like to stick this into all of my presentations about retiree healthcare plans just to remind everyone that this is a lifetime benefit just like a pension benefit. And it really is ultimately funded the same way in that contributions plus investment income have to equal the benefits plus the expenses that go out. So it still is a money in equals money out. And we calculate, uh, actuarially determined contribution in our OPEB valuation funding reports just like you do, do for pension but OPEB plans, a lotta times, including with your plan, are not funded actuarially. And, you know, that's okay but do keep in mind that, you know, ultimately it really is the same mechanism. So, uh, you know, uh, there is a lot of similarities between the OPEB and the pension. All right. Next slide, please? All right. There are some differences between the OPEB and the pension report and one of them is that there's a lot of volatility around healthcare costs. And, you know, pre-65 healthcare costs can have volatility with things like GLP-1's and just different types of treatment, uh, treatments and high-cost claims.

But also, there is a lot, um, going on with Medicare and even though your Medicare cost on an individual basis is cheaper than a pre-65 healthcare cost, you know, remember, these are lifetime benefits. So your retiree will spend most of their life, on average, as a Medicare retiree, so what happens with Medicare is a really big deal for your plan. And there's a lot going on right now. Um, we have the Inflation Reduction Act. This happened – you know, the big overhaul of it happened last year in 2025 when they put in the outta-pocket maximum on retiree prescription drug cost for those on Medicare. It was capped at \$2,000 last year. This year, it's \$2,100. I mean, that's really great news for your retirees that have really high-cost drugs but it's also a cost increase for everybody else. You know, someone still has to pay those costs. So when we, when we look at this, um, GASB numbers we're gonna look at in just one second, um, another things that's a little bit different is we only do your OPEB funding valuation every 2 years. And that's allowed by GASB. And then the interim year, we just take, uh, the most recent valuation and roll it forward. So that's where we are now. This year is an interim year so for both last year and this year, we used our June 30, 2024, funding valuation. And that's when we

1 first recognized, you know, these increased costs due to the Inflation Reduction
2 Act, which is on our next slide here.

3
4 So last year, you saw these big increases to both your funding and your GASB
5 liabilities due to Medicare going up. Um, the other thing that's really different
6 about your retiree healthcare plan and your GASB numbers is what Ben was
7 alluding to, that, um, GASB has a really specific way of telling you what your
8 discount rate is. Now, for the pension plan, y-, you can use your long-term rate
9 the whole time because you're funding actuarially. For your OPEB plan, you're
10 really dependent on that municipal bond rate, which you really have no control
11 over. It's just whatever it is on that snapshot date, which in this case is June 30,
12 2025. Last year, it was June 30, 2024. I mean, the good news is that the bond
13 rates are, are – were up in 2025. So you'll see on the next page when we get
14 there that you're gonna have a decrease in liability only because the bond rate's
15 different. Um, the m-, so since the bond rate was 5.2, our single equivalent
16 interest rate was 5.19, which is higher than what it was last year. And then the
17 last point is that yes, we're still using that June 30, 2024, funding valuation but
18 we did incorporate the experience study changes so slightly different but those
19 changes actually were pretty small, especially when you compare it to these
20 interest rate changes. All right. Next slide? All right. This is, you know, very
21 similar to what Ben just went through. The only thing is you replace pension
22 with OPEB. So we still have a total OPEB liability, we still use market value of
23 assets, and then the difference will be your net OPEB liability.

24
25 All right. So here's the results. And just like Ben's slide, the middle column is
26 last year, the one to the right is this year. Big news is the discount rate's gone up
27 from 3.93 percent to 5.19. That's why your OPEB liability dropped. I mean,
28 assets are up a little bit, but you can see the assets are small compared to the
29 liability. That's why your fiduciary net position as a percent of total OPEB
30 liability is so much lower than for the pension plan. So last year, it was 7.4. This
31 year, it's 9.89 percent. Um, but again, a lotta – it's the same valuation with just
32 those experience study tweaks. So a lot of it just has to do with the bond rate
33 and then you're at the mercy of well, what's the bond rate gonna be June 30,
34 2026, next time we do this? You know, we don't really know. Um, and then the,
35 um, GASB 75, just like GASB 78, has those additional disclosures, the OPEB
36 expense and the deferred inflows and outflows. And that's pretty much it for the
37 OPEB plan unless there are questions.

38
39 Bill M.: I have a question and that's...

40
41 Alisa B.: Mm-hm.

42
43 Bill M.: ...about the bond rate.

44
45 Alisa B.: Mm-hm.

46

1 Bill M.: Is the bond rate used in this example because the money that goes into the fund,
2 um, is invested in that bond until it's spent?
3

4 Alisa B.: No. No. W-, actually what happens...
5

6 Bill M.: Bond rate? What is tied to the bond rate?
7

8 Alisa B.: All right. It's the way you calculate your single equivalent interest rate. And the
9 interesting thing about this plan is your long-term rate of return based on the
10 way that the money is invested is only 3 percent. So it is...
11

12 Bill M.: Mm-hm.
13

14 Alisa B.: ...uh, really a fixed-income kind of expectation, which is differ-, different from
15 the pension. So the way that GASB requires it, though, what they, uh, have you
16 do is you run out, um, the money that's expected to come into the plan versus
17 the money that's expected to go outta the plan. And at some point, there's, like,
18 a crossover point where the, uh, fund is really expected to become insolvent
19 under a GASB, um, it's a GASB terminology. It's a little bit scary when people
20 think – you know, the, the word insolvent, it's really just their GASB formula.
21 Because, you know, we assume that you're gonna make some changes or do
22 something to not really run outta money. But based on the GASB formula,
23 there's a point where everything going along, you know, a-, as, as you expect
24 with a 3 percent rate a return, you're going to run out of money and at that
25 point, you switch to, um, to using a municipal bond rate. Which most a the time
26 is less than your l-, long-term rate of return. This is a interesting, um, you know,
27 kind of exception where the bond rate's actually bigger than your long-term rate
28 of return.
29

30 Bill M.: Thank you. I wanna...
31

32 Bill M.: ...I wanna remind the Board that unlike the pension fund, this fund is, is – has 3
33 different groups that are funding it. It's the state, it's the retirees, and it's the
34 active teachers, uh, 1.25. So the pension has the contribution from the state and
35 the contribution from teachers and this group is the t-, the state, the teachers,
36 and the retired teachers. So they're funded slightly different. I remember that
37 fund can go up. By the end of May or June is its highest point. But then it draws
38 down in the summer because active teachers aren't contributing to it 'cause
39 they're not collecting a paycheck. So the source isn't even throughout the year.
40

41 Lisa H.: Question, Bill?
42

43 Bill M.: No. I'm good. Thank you.
44

45 Lisa H.: No. I have a question.
46

1 Bill M.: Oh. Go ahead. I won't have the answer but please ask it.
2
3 Lisa H.: Thank you. Um, can you talk about why we don't use the actuarially funded? Is
4 that because the state is not con-, I know in some municipalities, uh, similarly
5 funded with the OPEB, but some municipalities are making an effort to get that
6 funded similar to the pensions and that has the advantage of being able to
7 smooth and the higher investment rate of return. Can you talk about why the
8 state isn't doing that and whether they should or...
9
10 Bill M.: I have, uh, I really have no idea. Um, I think the investment returns on this fund
11 are very small but that may have nothing to do with it.
12
13 Lisa H.: So I guess that's a question for the, um, uh, the people presenting, Bill?
14
15 Bill M.: Yeah. Could – can, uh, can you speak to that, Ben or, um, Alisa? Do, do you
16 know?
17
18 Alisa B.: Right. I, uh, think the money coming in from the employees might be, like, w-,
19 1, 1 or 1½ percent a payroll and the state is something similar. I mean, the, the
20 money coming in, I guess, is, like, either, uh, statutorily determined – I'm not,
21 I'm not sure how that money is determined but it [inaudible]
22
23 Bill M.: The active – sorry. The active teachers put in one and a quarter percent of their
24 salary. The retired teachers are paying premiums based on the insurance plan
25 that we've, uh, you know, accepted, that we're using. And then the state – I
26 won't say make u-, makes up the difference but basically is trying to, um, pay a
27 third. So each group – it's not exact but each group is paying about a third of the
28 total cost.
29
30 Lisa H.: No, I, I understand that. What I'm trying to understand is why aren't we doing it
31 more like a trust and try and get to 100 percent funding, which would require
32 additional contributions [inaudible] state?
33
34 Gregory M.: Yeah, I could probably take a crack at that one. Um...
35
36 Lisa H.: Thanks.
37
38 Gregory M.: ...and, and the reason primarily is if you were to fund this on an actuarial basis,
39 um, you would have both a normal cost that you'd – that someone, one of those
40 3 groups of people, would have to pay and you'd have to eventually have a plan
41 to fund that \$2.66B of unfunded liability in this report, right? And so the reason
42 that we don't do that is because it would cost more in the short run.
43
44 Lisa H.: But in the [inaudible]...
45

1 Gregory M.: The state health plan is also funded on a pay-as-you-go basis as, as – instead of
2 on an actuarial basis. And I think most – the vast majority of public, um, retiree
3 healthcare plans are fun-, are not funded on an actuarial basis. CavMac may, uh,
4 be able to comment on that. But...
5
6 Gregory M.: ...I don't think this arrangement is unusual.
7
8 Alisa B.: It, it is not unusual. One thing I do wanna point out, though, is that total OPEB
9 liability i-, does not i-, i-, it already pulls out the money that the retirees are
10 going to pay because we know the retirees pay premiums. So that...
11
12 Gregory M.: Mm-hm.
13
14 Alisa B.: ...uh, so the, the total OPEB liability is just the part that the employer – and, and
15 you can use employee contributions, the active member contributions, to go
16 towards that. But the, the retired piece is already pulled out. But I think what
17 you said is correct. It's, it's if the actives are only pay one and a quarter and
18 then the state, I guess, makes up the difference in the pay-as-you-go cost, then
19 yes, you're not prefunding it. You're only just pay-as-you-go. A-, and a lot of
20 our clients do that. Some of them do prefund. Even the ones that prefund, a lotta
21 times it's not actuarial. It's just they might get some extra money in the state
22 budget and they throw it towards the health plan or there's some other
23 mechanism or some percent a pay kinda like you have the one and a quarter,
24 um, active member. Sometimes they'll just put all their money, as much as they
25 can get, into a trust and just let it sit there and hope they don't have to dip in.
26 Um, and then sometimes they do, like, you know, when the...
27
28 Male: Yeah.
29
30 Alisa B.: ...Medicare rates go up. So it's kind of all over the place. Um, but that's why I
31 put that first slide in about $C + I = B + E$. I mean, funded actuarially is the best,
32 just like it is for a pension plan.
33
34 Female: Right.
35
36 Alisa B.: But we recognize that it's not always possible. Um, and I actually wrote a paper
37 about that for, like, the NCPERS publication about how OPEB plans are funded
38 because, I mean, we do understand that it's, it's different and it's hard to get the
39 money, you know, up front like you do for a pension plan.
40
41 Lisa H.: I will say Simsbury has been doing the trust, you know, pay-as-you-go, and then
42 funding the trust. We're now fully funded and be – will be able to begin using
43 the trust. And because of that, we can use a higher investment assumption and
44 they're able to smooth and so we're getting less volatility and over the long
45 term, it will save money versus doing it this way. So I just think it's something

1 the state should consider. I realize it does cost money in the short term but over
2 the long term, it seems, to your point, to be the better practice.
3
4 Alisa B.: [Inaudible] like I said, you're using 3 percent as your, uh, long-term rate of
5 return because i-, it is a small amount. And if you're basically pay-as-you-go,
6 you need that money liquid.
7
8 Bill M.: Mm-hm.
9
10 Alisa B.: Now, that's the other good news about prefunding is you've got some money
11 sitting there that you can invest and now you can make somethin' like the
12 pension plan, like 7 percent [inaudible]...
13
14 Lisa H.: Exactly.
15
16 Alisa B.: ...just 3.
17
18 Lisa H.: Exactly.
19
20 Alisa B.: But you have to have the money to put there. Yeah.
21
22 Lisa H.: Exactly.
23
24 Gregory M.: [Inaudible] still investing in these funds. The, the fact that this is how the
25 financial statements appear doesn't really affect how much, uh, money the, the
26 funds earn, right? It's not like the treasurer's investing it at 3 percent because of
27 the funding mechanism as opposed to a higher percentage. Although the fact
28 that not a lotta cash on hand probably affects his ability to, to go into longer-
29 term, uh, kinds of assets. But, um...
30
31 Alisa B.: Right. It's kinda the other way around. How you choose to invest it...
32
33 Gregory M.: Yeah.
34
35 Alisa B.: ...tells us how to run the valuation. And the way...
36
37 Gregory M.: Yeah.
38
39 Alisa B.: ...that it's invested, i-, uh, it's expected to earn around 3 percent. If it were
40 expected to earn around 7 percent, then all your liabilities would be lower. But
41 that only works if you really earn the 7 percent.
42
43 Bill M.: Greg, you may know.
44
45 Bill M.: Does this – does the money go into the STIF account?
46

1 Gregory M.: Uh, I don't. That would be a good question for Ted to answer. I, I don't know
2 exactly how they manage these funds.
3
4 Bill M.: Okay. Thanks.
5
6 Gregory M.: Yeah.
7
8 Bill M.: And, Lisa, thank you for bringing that up. Uh, I mean, the whole topic. Thank
9 you.
10
11 Helen S.: Looks like Joslyn had a question as well. Joslyn, I see your hand up in the
12 corner and you're way at the top.
13
14 Joslyn D.: Yeah. I just, uh, as Lisa was talking, I just wanted to, um, remind everyone that
15 this is the funds that was reduced from one-third to a quarter in the state's
16 contribution for this, uh, budget year. So, um, you know, if we're talking about,
17 you know, wanting to fund this more, uh, the state lessened its contribution and
18 also, you know, it would impact our active teachers if we were tryin' to think
19 about, um, uh, greater contributions to the fund. So I just – I wanna be mindful
20 of that, uh, as we think about it because, um, you know, I'm, I'm pretty sure that
21 as an active, as an active teacher, I would say that that would be an impact that,
22 um, would be significant to some of our active teachers. And I'd also like to say
23 that I think, you know, it would be great if the state makes sure to commit to the
24 one-third as they do, um, regularly because that's really important to us and this
25 fund.
26
27 Gregory M.: Mm-hm.
28
29 Male: I echo that.
30
31 Bill M.: Thank you. Any other, uh...
32
33 Lisa H.: Just one more.
34
35 Bill M.: Mm-hm.
36
37 Lisa H.: Uh, to Joslyn's point, I wasn't suggesting the teachers do it. It's with the year-
38 end surplus. If there's any year-end surplus, it should go to fund the OPEB.
39 That's what, um, municipalities do. And I think that that would be a good use of
40 year-end surplus because over the long term, if you take a long-term view, it
41 would save the state and teachers and everyone a lot of volatility and money.
42 Was not saying increase the teacher contribution.
43
44 Bill M.: Right now our year-end surplus, um, when we get it, uh, goes straight to the
45 pension fund, which has helped it a lot 'cause it's been billions of dollars over
46 the last 4 or 5 years.

1
2 Gregory M.: That is true.
3
4 Bill M.: I've lost my screen but we can go on with – oh, there it is – uh, with, with the
5 next report, if you would. Have I lost everyone?
6
7 Todd G.: Well, that wraps it up from, from our point of view.
8
9 Bill M.: Well, are there any questions, then, from, uh, anyone on the Board for any of
10 these GASB reports, 67, 68, 74, 75? I see none. Um, I'd like to thank, uh, all of
11 you, Alisa and Ben and Todd, for the presentation. I-, it's really helpful for us to
12 see it, for the viewers to see it. Um, it lets us, uh, be – I won't say better
13 customers but it makes us, uh, you know, it informs us of what goes on in the
14 background and how important it is to follow these numbers. And I am really,
15 uh, glad to understand – I'll just say – take a point. On page 11 of the report, the
16 GASB 67 report, it showed that our funding in the last 10 years, in 2016, was 52
17 percent and now we're up to 60 – close to 67. But now I understand those were
18 market values. Those, those weren't actuarial values.
19
20 Ben M.: Right.
21
22 Bill M.: 'Cause it looked really, really good. And it is good but it's not based on...
23
24 Gregory M.: Inaudible.
25
26 Bill M.: ...what I thought it was. All right. Um, so, uh, can I have a motion to accept
27 these reports, 74 and 75?
28
29 Keith N.: Moved.
30
31 Gregory M.: Second.
32
33 Jon M.: Second.
34
35 Bill M.: Thank you. And all those in favor?
36
37 Members: Aye.
38
39 Bill M.: Opposed? Abstained? Thank you. Then the motion carries. So thank you, uh, to
40 Cavanaugh Macdonald. You've, uh, served this Board and the state a
41 Connecticut very well and clearly continue to do so. We'll go on to Item 3 on
42 the agenda, which is the Board Minutes from November 12, 2025. Could I have
43 a motion to accept those?
44
45 Keith N.: [Inaudible].
46

1 Jon M.: So moved.
2
3 Bill M.: Is there any discussion? Then I'll call for a vote. All those in favor?
4
5 Members: Aye.
6
7 Bill M.: And opposed? And abstained? Thank you. Then that passes also. So we go now
8 to Helen and the agency report. And she has at least 4 different items to mention
9 and I bet she goes in order. Go ahead, Helen. Thank you.
10
11 Helen S.: Thanks. Thanks, Bill. No problem. Um, the health insurance update. Open
12 enrollment is now over. We have 33,086 folks on our plan nationally. I think
13 that's a, a really great number. Uh, we've got 20,434 on the MA plan and, uh,
14 4,600 on the MS plan. Um, as you know, we extended open enrollment, um, for
15 a couple of weeks, um, due to the heavy call volume and requests for additional
16 meetings. As you know, we had a extremely high turnout, which is very nice to
17 see that our members are participating. Um, I do wanna, uh, reach out and thank
18 our ambassador groups, um, for helping disseminate information. Um, Tammy
19 Gowash, thank you, um, very much. You were, uh, instrumental as well as, um,
20 CEA, CEAR, and, again, all those, um, ambassador groups. It was very, um,
21 beneficial. We had, uh, let's see, about 400 folks, uh, move, um, throughout the
22 plan between the Medicare Advantage and the Medicare Supplement. Um, just
23 to give you an example o-, of the call volume, Aetna received, um, 34,642 calls
24 from November to present. About 6,000 calls were received, uh, from that –
25 from August until the present with The Hartford. Amanda put some great
26 numbers, uh, together, um, for us. We received over, uh, 1,500 calls since
27 November 1. And basically, the calls were about open enrollment questions,
28 um, questions about the new carrier, new enrollment inquiries. There was over
29 2,500 emails exchanged, um, between everyone involved.
30
31 Couple questions that, uh, came up during, uh, the open enrollment were about
32 the, uh, GLP-1 coverage. As you know, those weight-loss drugs are pretty
33 popular. Uh, we had to have providers, uh, resubmit and get that information,
34 um, over to, um, the prescription program. Uh, when we did analysis, um, we
35 audited our program. We had about 10 discrepancies. And really a shout-out to
36 everybody involved in making sure that those files were correct. Um, as you
37 know, we are in the process of moving into the Core program so there were a
38 couple of hiccups with some data bridging and things that come into play, um,
39 when you're implementing any sort of new system and it was recognized by all
40 parties involved and, and made whole. So the teams have been working very,
41 very hard. Uh, we had about – we had over 3,600 people attend, um, our
42 sessions, um, in person. There was almost 2,000 who attended those sessions,
43 um, online. Again, thank you to all the teams who participated, um, in that. We
44 really appreciate that. Uh, there were a couple questions, uh, about the ID cards
45 on the Medicare Supplement program. They're a little bit different. They use a
46 different paper stock. Um, again, we have had a Medicare Supplement program

1 since, I think, 2000. Uh, those Medicare, um, members, uh, go ahead and give
2 their Medicare card to the provider and then that Medicare card is secondary.
3 Uh, the Medicare information is on your actual Medicare card that you have to
4 give to the provider. Uh, apparently there was a couple of phone calls where
5 providers were a little confused. Maybe they hadn't heard of The Hartford but
6 it's a standard, um, Medicare, uh, Supplement program.
7

8 Um, I did reach out and check in with, um, one of my favorite folks, Kathy, to
9 see if she was, um, hearing anything at her end on the healthcare advocate about
10 how things were going. Um, Kathy, I think everything was – there was nothing
11 really out of synch. Um, the usual, you know, open enrollment growing pains.
12 Um, as you know, when we're all out on the road, it's challenging to get back to
13 our members. Um, but we experience that, you know, whenever we do a, a plan
14 change or open enrollment. We had a 750 percent increase in call volume from
15 last year to this year so I just really appreciate everyone's patience and time and
16 everyone helping out, uh, with all of our various folks who participated. Um, in
17 that, uh, I do wanna thank Dan and Danielle over, uh, at, uh, Aetna. They've
18 been doing a great job. Calls are being fielded now. We're back on track. Um,
19 those calls are being monitored. Uh, thanks to the experience that they both
20 bring to the table. They, uh, went above and beyond to assist members in
21 situations where TRB, um, just basically assist eligibility. But based on their
22 experience, they were able to go the extra mile with, um, some of our plan
23 members. So just, uh, to let them know as well.
24

25 Um, we do receive, you know, a lot of calls and emails and I can emphasize
26 again to members, um, when they do call in, we really need your first name, last
27 name, um, and phone number. We don't have a lot of up-to-date phone numbers
28 because the majority of our members, you know, receive their checks via – like,
29 99 percent, um, everything is done electronically. So we have outdated phone
30 numbers from – you know, home phone numbers. We don't have cell phone
31 numbers. Um, if members would like to report that, that'd be great, 'cause we
32 do need those numbers for verification purposes. So sometimes it's very
33 challenging to return calls when you don't have – there, there's a first name and
34 a number that's not in the system. So we do wanna emphasize updating
35 addresses and phone numbers is, um, really important so that we can get back to
36 people. Um, we do do our best. Uh, tryin' to think of, of what else. Again, uh,
37 we all had, uh, you know, we all have a little bit a growing pains making these
38 major changes, um, but everybody was out and about, um, in the field and we
39 address things as they come up. And again, to thank everyone who participated.
40 Um, especially everybody who helped field those calls and get things going and
41 the extra open enrollment meetings. And, um, there were a couple of questions.
42 Again, we do have a passive network. Um, I encourage members, board
43 members, um, anyone involved, if a member reaches out to you, um, please
44 forward them along to, uh, the agency.
45

1 I know, um, I heard a story about someone who was experiencing some
2 difficulties while they were getting their mammogram because they were told
3 we didn't participate with their insurance. Um, God bless the, um, techs who are
4 doing their job but, um, they don't understand healthcare or insurance or how it
5 works, or especially TRB. Um, we have a passive network, uh, so again, there
6 are many things that happen out there where people are told plans are not
7 accepted, uh, and there's misinformation that goes out from various entities.
8 Um, we have a passive network. Uh, we've always had a passive network. As
9 long as that provider participates with Medicare, our members will be taken care
10 of. Uh, we answered the questions about UConn. Uh, we made that very clear.
11 Um, there was a lot of outreach. So, uh, just please keep that in mind. Um, and,
12 um, I can only suggest to our members ambassadors if someone reaches out to
13 you about network issues, please have them contact, um, the carrier if they have
14 a question because we do have a passive network.

15
16 Bill M.: I, I wanna interrupt for a second. It is...

17
18 Helen S.: Sure.

19
20 Bill M.: ...really important to pass it to TRB and the healthcare professionals. You don't
21 wanna be answering medical questions. So they may bring somethin' to you but
22 your first response should be please bring it to the Board or t-, straight to Aetna
23 and then...

24
25 Helen S.: Yeah.

26
27 Bill M.: ...they can contact [inaudible]. W-, we don't...

28
29 Helen S.: Yes.

30
31 Bom ...want to, as individuals, answer medical questions except for to say please pass
32 that on.

33
34 Helen S.: Yes. And members should be utilizing the back of those ID cards, um, to
35 contact the carrier. Um, if there's an issue, the carrier will also contact the
36 escalated team as well. Um, TRB's job is to help with, um, enrollment and
37 eligibility, um, and guide our members. Uh, so we're happy to assist. And,
38 again, um, everyone did their absolute best to get through this and, and, and get
39 this information out to the carriers. Uh, with 2 major projects taking place at the
40 same time, uh, I think they did an outstanding job, um, as far as getting
41 information out and, and working with, uh, the various providers and entities.
42 Um, I see a couple a hands up before I go into member annual statements and
43 1099s. Um, Jon, you had a question? And then, Ed, I'll get to you [inaudible].

44
45 Jon M.: Thank you, Helen. Uh, mine's a very quick and easy one. Could you just repeat
46 the, uh, numbers that you shared at the beginning?

1
2 Helen S.: Oh.
3
4 Jon M.: Uh, how many in the plan in all, how many in MA, how many in MS.
5
6 Helen S.: Sure. Absolutely. We have a total of 33,086 members nationally in our program
7 who live in the United States.
8
9 Jon M.: Mm-hm.
10
11 Helen S.: There's 28 – about 28,500 on the Medicare Advantage and about 4,600 on the
12 Medicare Supplement program, uh, that – kudos to the Board to continue to
13 offer. Um, we really appreciate that. So, uh, I can assure you when the analysis
14 was done, uh, finding, uh, you know, 20 discrepancies out of all those members,
15 um, I do wanna give a big shout-out to our IT team and, and Amanda, uh, for
16 doing that. And to the Accenture team at OSC for, um, coming in and
17 identifying some of those file issues and, and getting those under wraps with the
18 conversion. So everyone, uh, went above and beyond so I really do wanna thank
19 them for that. Ed, you had a question?
20
21 Bill M.: Thank you, Helen. You can move on to...
22
23 Helen S.: You're welcome.
24
25 Bill M.: ...annual statements.
26
27 Helen S.: I think Ed had a question so I didn't wanna dismiss Ed. I wanted to...
28
29 Bill M.: Oh. I'm sorry.
30
31 Helen S.: ...make sure I heard him. That's – I didn't – I saw his hand in the corner.
32
33 Edwin V.: Yeah. The – thank you, Helen. Thank you for your report. And, uh, so th-, there
34 are 33,000 members of, uh, that are on the Advantage plan as of now?
35
36 Helen S.: There's 33,000 members total in both plans throughout the United States.
37
38 Edwin V.: So 28,000 are in the Advantage.
39
40 Helen S.: 28,000 – about 5 – 28,500 are in the Medicare Advantage and there's about
41 4,600 on the Medicare Supplement plan.
42
43 Edwin V.: 4,600.
44
45 Helen S.: Mm-hm.
46

1 Edwin V.: So the, the question I, I was wondering about was does this include the people
2 on disability? And if so, how many, how many are on disability?
3

4 Helen S.: Uh, dis-, we do not have a disability retirement program. All of our...
5

6 Edwin V.: We don't.
7

8 Helen S.: ...members, when they're on disability, they roll into a, uh, regular retirement.
9

10 Edwin V.: I see. So they're under the regular plan.
11

12 Helen S.: They're under the regular retirement. Pre-60...
13

14 Edwin V.: And how about the, how...
15

16 Helen S.: ...pre-65 disability folks, uh, receive the subsidy if they're on their last
17 employing Board of Ed., and there's about 270 folks on our disability plan.
18

19 Edwin V.: And how about those that are on their, uh, municipal he-, health plan or any –
20 are an-, are any a those receiving, uh, double benefits?
21

22 Helen S.: Yes. There's a small number of folks left, um, probably about 8 or 900, who
23 receive the double benefits who are not eligible for Medicare because in 1986
24 they changed that Medicare law. So that group of folks, um, will probably
25 dissipate in the next few years.
26

27 Edwin V.: Yeah. The only other, the only other issue I've heard, uh, were people were
28 concerned that there was a slight increase in their gym, gym rates under – you
29 know, they used to have the Silver Sneakers and now they've, uh, moved on to
30 SilverScript or whatever and...
31

32 Helen S.: There's 2 different gym programs. We discuss that at open enrollment. Um, if
33 members have questions, please forward them to us, um, if they're having issues
34 with the gym. Uh, the te-, both teams, Aetna and The Hartford, are reaching out
35 to, um, any of those gym memberships. So there's 2 different gym programs.
36

37 Edwin V.: Well, the issue I heard was, you know, people were paying an extra \$4 a month.
38 But they weren't sure...
39

40 Helen S.: I, I don't, I...
41

42 Helen S.: ...we'd have to – if, if you would like to give us specifics, that'd be great.
43

44 Edwin V.: Sure.
45

1 Helen S.: We're happy to look up the members. Uh, gym to gym may vary. I'm not quite
2 sure.
3
4 Edwin V.: No problem. Thank you very much, Helen.
5
6 Helen S.: Okay. I just can't answer that one off the top of, of my head.
7
8 Edwin V.: No problem.
9
10 Helen S.: You bet.
11
12 Jon M.: Helen, I always like to clarify this, um, uh, when it comes up about making sure
13 people are reaching out to the agency when they have questions. If we as Board
14 members receive questions, uh, it is best to direct'm specifically to you or to
15 another individual?
16
17 Helen S.: Um, if they have specific questions about eligibility, um, they can come directly
18 to the Board. If there's questions about benefits, they can, um, I would steer
19 them to the carriers directly.
20
21 Helen S.: And then the carriers will also reach out to the escalation team as well.
22
23 Jon M.: Yeah.
24
25 Helen S.: Um, anything that we receive, we will reach out to the escalation team as well.
26
27 Jon M.: So to clarify, though, if we're talking about a question that's best sent to the
28 Board, would we send – who would be the right person for us as members to
29 share?
30 Helen S.: Th-, they would send it to the, to the, um, health email box. There's a...
31
32 Helen S.: ...dedicated email box, um, right on the front page of our website. There is a
33 contact list where we've broken down the different, uh, departments and folks
34 can, um, email right to that health email box and we'll take it from there. That
35 way, it's not stuck – if you indiv-, if you email an individual person, they may
36 not be there, they may not get it. We don't wanna have a cog in the wheel. So,
37 um, there's multiple sets of eyes on those dedicated email boxes so that we can
38 get to the members.
39
40 Jon M.: That's perfect. Thank you very much.
41
42 Helen S.: You bet. And, again, we appreciate everyone's patience during open enrollment.
43 As you know, there's 33,000 members and, uh, there's 2 major projects that
44 we're, we're working on right now. Um, and, Ed, if you have specifics about the
45 gym memberships, please just, um, shoot me an email so I can do some research
46 for you and Terry and I will take a look at that, okay? So thank you for your,

1 your input. Um, regarding member annual statements, those went out in January
2 to all of our active teachers. They are done electronically. The districts get a
3 copy of those as well to disseminate to their members. We have a dedicated
4 website where members can reach out, uh, if they have questions about their
5 annual statements. Uh, the annual statements for the inactive teachers, if we
6 have an email on file, um, they are being sent out this month. Um, as well as,
7 um, those dual members who are state of Connecticut employees but in
8 teachers, they will receive – be receiving their statements as well. Um, with
9 1099s, those did go out, um, a couple of weeks ago. The call volume is standard
10 on both of them. There is also on the website a dedicated center, um, that the IT
11 team set up so if people have questions about those 1099s or member annual
12 statements, um, we are happy, um, to assist. So I'll keep that one short.
13

14 I will let you know that Charlie, Bill, and, uh, Virginia, and I met yesterday. We
15 finalized the regulation changes that, um, needed to be updated and we are
16 moving forward, the next steps, to bring those to OPM for review. The process
17 does take probably about a year. There's multiple steps. And, again, Virginia,
18 thank you, uh, for all of the guidance. This was a very new project, uh, for me
19 over here so I appreciate it. Um, appreciate the TRB team for taking a look at
20 those regs and, uh, working on what needs to be updated appropriately. Any
21 questions about member annual statements, 1099-R's, regulation updates? All
22 right. I will move on to Core. Uh, we are beginning, uh, the design phase, Phase
23 3, of the Core project. As you know, um, this project has now turned into a 3-
24 year project. Um, again, the devil is in the details. There is a lot of data and a lot
25 of information that needs to be updated and, uh, customized for our TRB
26 members. So we will keep that project moving along. Everybody, um, has been
27 working. There's been some staff changes, uh, as well, members, um, on both,
28 um, the OSC side and the Accenture side, um, as well. So that project is moving
29 along. There's a, a committee that is overseeing that project. Um, so good things
30 are happening there.
31

32 Um, I did wanna mention one thing and I, you know, forget to give all those
33 folks credit for what they do. Um, thank you, Terry and team, because not only
34 did we launch, um, a new program but, um, there was several benefit increases
35 and, uh, we reduced, um, plan costs for our members. So thank you for that, um,
36 and thank you to The Hartford as well and Aetna. So with that, I will open the
37 floor up for some more questions. Um, I don't wanna keep everybody here all
38 day but I just wanna make sure that, um, we're able to answer anything that you
39 may have questions about.
40

41 Bill M.: No. Well, thank you, Helen. You, uh, the agency is clearly very busy and, uh,
42 but working very well together and with all the other groups whether it be Core
43 or health insurance. Um, so we'll move on to Item 5 and we can take these as a
44 group, um, A, B, and C. We grant service reti-, retirement benefits for the
45 months of November and December and for January 2026. You also have
46 documentation for the survivor benefits for the months of November and

1 December two-, 2025 and January '26. You were also mailed reports and
2 recommendations of the Medical Review Committee regarding applications for
3 disability payments as presented to the Medical Review Committee at the
4 November and December 2025 and January '26 meetings. So those reports
5 came to us all so I'd entertain a motion to accept them.
6

7 Jon M.: So moved.

8
9 Bill M.: And a second?

10
11 Joslyn D.: I'll second. I'll second.

12
13 Bill M.: Thank you. Uh, all those in favor?

14
15 Members: Aye.

16
17 Bill M.: Thank you. And opposed or abstained? Thank you. A lotta detail in those
18 reports. They make great reading before bedtime. They really do. They're
19 important things. And I'll just say this one thing. Sometimes the reports li-, list
20 people's names, teachers that you may know, and so it's important to check to
21 make sure is this teacher, you know, really where they are? And if you can give
22 a quick read through, and even if you don't do it, give it to someone in your
23 town where you taught. 'Cause rarely, but it's good to know, you know, I would
24 say to a math teacher at the high school, "Hey, did you know your name's on
25 this?" And they would say, "Yeah, we're good." So it's okay to use those
26 reports, um, you know, to help your neighbors. Um, are there any other matters
27 for the Board information? We have the retirement statistics for the months of
28 November and December 2025 and January 2026. We need to move to accept
29 those. I'd entertain a...
30

31 Edwin V.: So moved.

32
33 Bill M.: ...motion. Thank you. And a second? All those in favor?

34
35 Members: Aye.

36
37 Bill M.: Very good. So the Board's work is done although right now we put on our best
38 listening ears, I would say in my classroom, because this is time for public
39 comment. I'll remind the public that you have a 2-minute time limit on your
40 comments but you may speak to certainly anything that's on the agenda. That
41 would be nice if we kept to that. And you'll go in order. And the TRB IT team
42 will let you know when your time is up. So I'll hand that over to the IT team,
43 um, and I appreciate the work you do. Thank you.
44

45 Helen S.: Bill, before we begin, I just wanted to mention one other item. Um, with regards
46 to the, uh, reporting issues that we had discussed with Core, uh, a little birdie,

1 uh, wanted me to just identify that it was dependent address issues, um, that
2 were, that were the crux of some of the issues. So I wanted to just bring that up,
3 um, with those files, um, and the phone numbers that are being resolved. So...
4

5 Helen S.: ...I'm just taking feedback from everyone. And, um, I do wanna emphasize if
6 you have a, um, question about a medical issue or a personal issue, um, please
7 contact us directly. Um, we cannot comment on public comment so if you're
8 having a, a situation with one of the carriers, a medication, a health issue or
9 concern, um, please contact us directly. Um, again, this is a public meeting. We
10 do have all of the carriers who attend all these meetings, um, because they take
11 a lotta great feedback away as well. So we will be unable to comment but if we
12 do hear something come up, Bill, just so the Board knows, we will grab that
13 member's name and we will reach out to them, okay?
14

15 Bill M.: Thank you, Helen.
16

17 Helen S.: Absolutely.
18

19 Naomi C.: All right. With that, we will start public comment. Uh, first, uh, is Rita. Rita,
20 you have permission to unmute.
21

22 Rita M.: Good afternoon and happy new year to you all. Um, I've been able to use, uh,
23 my insurance and I haven't had any issues at all, so thank you for a smooth
24 sailing, at least in my neck a the woods. Two, uh, comments that I'd like to
25 make very quickly. One, considering, um, the limited staff that you have and the
26 increase in volume in calls and emails, I was wondering if there's been any
27 consideration of outsourcing customer service? That's the first. And the second,
28 to update your files with, uh, current email, phone numbers, addresses, so on
29 and so forth, have you given any thought to, um, sending out a snail mail survey
30 asking people to fill out any updated information? And, uh, I posed it as a
31 question but I know that you can't respond so I just put it on the table. Thank
32 you very much.
33

34 Naomi C.: Okay. Next, we have Tammy. Tammy, you have permission to unmute.
35

36 Tammy G.: Thank you, Helen. Um, what I wanna say first is thank you for that a-
37 acknowledgment. Um, I'm Tammy Gowash. Um, but I want to, you know,
38 personally thank all the people f-, from ARTC, the Association of Retired
39 Teachers of Connecticut, behind scenes 'cause they, they also did a lot of work
40 helping me. And then the last thing, I wanna thank Amanda, um, from the TRB
41 for answering all our questions. She does a great job. Thank you.
42

43 Bill M.: Thank you, Tammy.
44

45 Naomi C.: Okay. Next, we have Mary. Mary, you have permission to unmute.
46

1 Mary M.: Hello, and, uh, thank you for letting us make these comments. It was a very
2 interesting and informative meeting. Um, I just wondered about the regulations.
3 The regulation changes or updates that you talked about toward the end, can
4 they be found on the, um, on your website? I believe you're gonna be presenting
5 them to the, uh, general assembly? Not sure I understood all that. But I'd like to
6 be able to look at those. Also, I wanted to say that, um, you did give accolades
7 and you have certainly – I, I got information from, uh, ARTC and, uh, CEA and
8 I also got it from AFT, whi-, who you didn't mention. It came through, um,
9 933R and our, our retir-, and our 10 – or our 8006 retiree group. Uh, we were all
10 outreaching to get people the information. Um, and I also wanted to say that I'm
11 very ups-, I'm still very upset about the fact that the, the Board gave –
12 apparently gave the state permission to re-, reduce the amount that they were
13 gonna be contributing to our, uh, healthcare fund because when the government
14 is – when the state is not putting in their full one-third, it's gonna have to come
15 out of somewhere and it's gonna come out of that section for, uh, the, the retir-,
16 the active teachers fund. Um, and we know that over the years, that can cause
17 problems.

18
19 You know, we need to, to keep – you even mentioned that it was – the way, uh,
20 we, we evaluate these funds, it's kind of up and down. Um, and when it's up,
21 we shouldn't say okay, so we don't need to put in – people don't need to put in
22 their share when – because it will be down again and we'll need that surplus. So
23 I hope that that is not done again. I hope the state continues – or begins again to
24 put in their third, uh, which I think they're not doing this year. Thank you.
25

26 Naomi C.: Okay. Next, we have Monica . Monica, you have permission to unmute.
27 Monica, we can't hear you but we see you're unmuted. I'm sorry. We can't hear
28 you. We'll have to move onto the next person. Is there any other public
29 comments? Oh. Walt, you have permission to unmute.
30

31 Walt C.: Okay. Can you hear me?
32

33 Naomi C.: Yeah.
34

35 Walt C.: Okay. That's great. Uh, thank you very much and I'd like to thank the Board for
36 all they do. I know it's difficult and complicated. Uh, but I'd just like to echo a
37 couple of quick thoughts that, um, retired teachers, uh, have been reporting that
38 they have long delays, uh, trying to get, um, phone contact with, uh, TRB. And
39 so, uh, a prior commentor had suggested taking a look at, uh, some other ways
40 to do that. And the other thing is, uh, I'd appreciate if there was some way to
41 have, uh, contact information for the escalation team? Um, I think you have my
42 email address and I'd appreciate if that information could be made available.
43 Thank you so much.
44

45 Naomi C.: Okay. Next, we have Daria. Daria, you have permission to unmute.
46

1 Daria P.: Okay. Thank you very, very much. Um, I hope you can hear me. Um, I have
2 given this information to Bill and I, um, I just wanna double-check that I have
3 heard correctly. Because we are a passive, um, network, if you will, if a
4 provider accepts Medicare, they should accept The Hartford. Um, I've already
5 experienced some difficulty with them accepting Hartford. Um, I've called The
6 Hartford and, uh, a sweet young thing said, "Oh, you do have ID numbers." So
7 she gave me my ID number, gave my husband his ID number. Um, I, I would
8 just like to have a push to The Hartford. I believe if they offered those of us who
9 are still on Medicare Supplement an ID number, um, it might make things go,
10 go more smoothly. Again, thank you for everything you do. I do very much
11 appreciate being able to ask the question and to see the meeting virtually.
12

13 Naomi C.: Okay. Any other public comments, please click the raise hand button. Oh. Uh,
14 N. Moskowitz, you have permission to unmute.
15

16 N. Moskowitz: Thank you. Um, I just had a comment to make. Um, I had to call Hartford
17 because of an EOB and when I was questioning, um, something on the EOB,
18 they said to me, "Well, you know you have your Medicare deductible." And I
19 said, "Yes, I do know that." She said, "Well, you also have a \$2,000
20 deductible." Um, but we don't. We don't have a \$2,000 deductible. That is a
21 maximum; \$2,000 is the maximum amount we would ever have to spend. So
22 they are a little confused, or at least the person I spoke to, as far as what our
23 actual deductible is. And that was rather concerning. And, um, I don't know if
24 you guys can talk to them. Is there an answer?
25

26 Naomi C.: Any other public comments, please click the raise hand button. Seeing no other
27 raised hands, we can go and move on.
28

29 Bill M.: Thank you. Thank you very much for your help. And I'll just remind the, uh,
30

31 Helen S.: Nice job.
32

33 Jon M.: Take care, everyone.
34

35 Helen S.: Thank you.
36
37
38 /ad