


WELCOME TO MEDICARE

CT TEACHERS' RETIREMENT BOARD

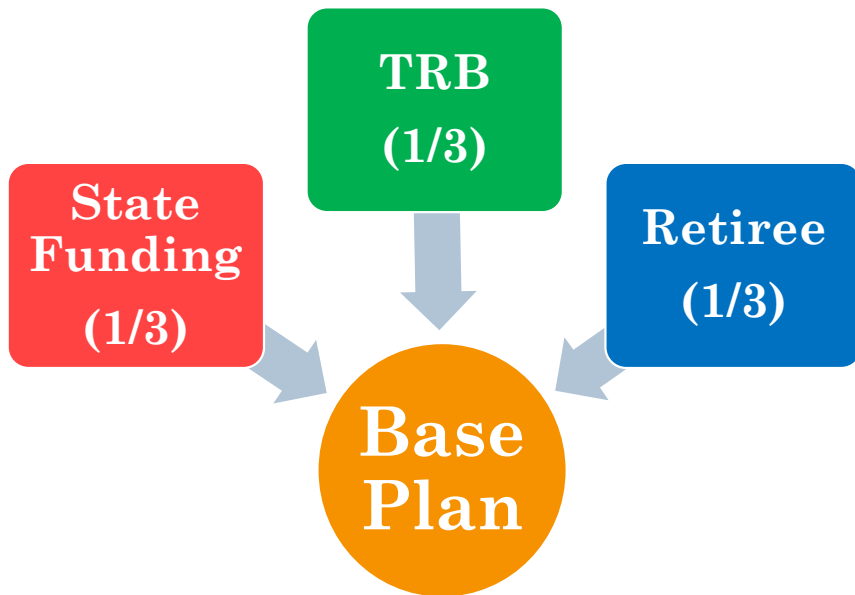
AGENDA

- The CT TRB Statute
 - Medicare Eligibility
 - HSA's and Medicare
 - Medicare Enrollment Schedule
 - IRMAA and Life Events
 - Medicare Basics
 - New for 2024!
 - Premiums
 - TRB Medical Plan Options with Vision & Hearing
 - Prescription Plan
 - Dental Plan
 - Program Assistance
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THE CT TRB STATUTE

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

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



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

	Base Plan	Supplement Plan	Dental
Total Cost	\$300	\$500	\$50
State	\$100	\$100	
TRB	\$100	\$100	
Member	\$100	\$300	\$50

Member total cost for Base Plan = \$150

Member total cost for Supplement Plan = \$350

MEDICARE ELIGIBILITY GUIDELINES

You are typically eligible for Medicare at age 65 if:

- You receive, or are eligible to receive, Social Security benefits
- Your living, deceased, or divorced spouse is at least age 62 and is eligible to receive Social Security benefits
 - Contact Social Security for more information regarding divorced spouse and Medicare eligibility

You are typically eligible for Medicare before age 65 if:

- You have been entitled to Social Security disability benefits for 24 months
- You have Lou Gehrig's (ALS) disease or End Stage Renal Disease (ESRD)



HEALTH SAVINGS ACCOUNTS & MEDICARE

If you have an HSA and you will soon be eligible for Medicare, it is important to plan ahead and understand how enrolling in Medicare will affect your HSA.

- You cannot continue to contribute to an HSA once you enroll in Medicare Part A and/or Part B
- If you retired after age 65, Medicare will retro your effective date by six months. In order to avoid a penalty, you should stop HSA contributions a minimum of six months prior to your retirement. Failure to do so can result in a tax penalty



INITIAL ENROLLMENT PERIOD (IEP)

- The Initial Enrollment Period begins three months prior to your 65th birthday, includes the month you turn 65, and ends three months after your 65th birthday
- TRB requires that your application be received at least 30 days prior to the month in which you turn 65 or become Medicare eligible
- Enrollment after the 3 months following your 65th birthday requires a special enrollment period with Medicare. Contact Medicare if you have questions about special enrollment periods or visit www.medicare.gov

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

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

MEDICARE PART B & D IRMAA (INCOME RELATED MONTHLY ADJUSTMENT AMOUNT)

Income (Adjusted Gross Income plus tax-exempt interest income)		Monthly Part B Premium (per person)	Monthly Part D Premium (per person)
Single Tax	Married Filing Jointly		
\$103,000 or less	\$206,000 or less	\$174.70*	\$0.00
\$103,001 to \$129,000	\$206,001 to \$258,000	\$244.60	\$12.90
\$129,001 to \$161,000	\$258,001 to \$322,000	\$349.40	\$33.30
\$161,001 to \$193,000	\$322,001 to \$386,000	\$454.20	\$53.80
\$193,01 to \$500,000	\$386,001 to \$750,000	\$559.00	\$74.20
\$500,001 or more	\$750,001 or more	\$594.00	\$81.00

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

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

MEDICARE BASICS

PART A & PART B

	Premium	Coverage
Medicare Part A Inpatient Hospital Insurance	Premium free or no cost to those who paid Medicare taxes while working for at least 40 quarters or eligible for Medicare through a living, deceased or divorced spouse	<ul style="list-style-type: none"> • Inpatient hospital care • Skilled nursing care • Home health care • Hospice care • Inpatient drugs & therapies
Medicare Part B Outpatient Medical Insurance	Part B premiums are based on income 2024 standard Part B premiums is \$174.70	<ul style="list-style-type: none"> • Doctors' services & outpatient care • Preventative services • Diagnostic tests and procedures • Physical and occupational therapies • Durable medical equipment • Some outpatient prescription drugs • Some home health care

Note: Medicare premiums are separate from TRB premiums

NEW FOR 2024

UnitedHealthcare will continue to administer benefits for 2024

Preferred Insulin and Diabetic changes:

- No deductible for diabetic prescriptions
- A maximum of a \$25 copay for a 31-day supply or maximum of \$50 copay for a 90-day supply of preferred diabetic prescriptions
- Non-preferred diabetic prescriptions have a maximum copay of \$35 for a 31-day supply

Dental Opt-Out

- Effective January 2024 all new enrollees will have the option to waive enrollment into the Cigna dental program. This is a permanent waiver and doing so forfeits eligibility to enroll into the dental plan unless CTRB deems otherwise.

2024 MONTHLY RATES FOR MEMBERS

RATES ARE BASED ON CALENDAR YEAR

	2024 UnitedHealthcare MAPD (Base Plan)	2024 UnitedHealthcare Senior Supplement	2023 United Healthcare MA (Base Plan)	2023 United Healthcare Medicare Supplement
Medical with Vision, Hearing and Prescription Drug	36.00	\$278.00	\$33	\$276
Dental	\$54	\$54	\$50	\$50
Total	\$90.00	\$332.00	\$83.00	\$326.00

The Senior Supplement will cost the member \$242.00 (\$2,904.00 annually) more per month than the base plan

Prior year premiums showed Prescription and Vision & Hearing separate from Medical as these were administered separately. For calendar year 2024 these benefits are now combined and administered through one insurance carrier and are no longer separated.

BENEFIT PLAN DIFFERENCES

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

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

Remember, cost share is based on the “Base Plan,” the MAPD, so the Senior Supplement will have a higher monthly premium. You are paying a higher share of the cost in lieu of just the base plan share.

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

2024 OVERVIEW OF BENEFITS

Plan Coverage	UnitedHealthcare MAPD (Base Plan)	UnitedHealthcare Senior Supplement
Premium	\$90.00	\$332.00
Network	Any provider participating with Medicare and accepts the plan	Any provider participating with Medicare and accepts the plan
Deductible	\$0	Part B Annual Deductible \$240 per year
Maximum Out of Pocket	\$2,000	\$2,240 (\$2,000 + Part B deductible)
Inpatient Hospital (Medicare Part A)	\$200 copay per admission	\$250 copay per admission
Emergency Care	\$100 copay (waived if admitted)	\$100 copay (waived if admitted)
Ambulance	\$100 copay	\$100 copay
Office Visit	\$10	\$10
Preventative Services	\$0	\$0
Prescription Wigs	Not a covered benefit	After chemotherapy, covered with no dollar limit 1 wig per year
Renew Active	All enrollees are eligible	All enrollees are eligible

2024 OVERVIEW OF BENEFITS CONTINUED

Plan Coverage	UnitedHealthcare MAPD (Base Plan)	UnitedHealthcare Senior Supplement
Part B Outpatient Services such as: <ul style="list-style-type: none"> • Diagnostic tests • Therapeutic services • Diabetic supplies • Radiation therapy • X-ray, CT, MRI or other imaging services 	\$0 copay for non-routine medical services Services may require prior authorization	\$0 copay after Part B deductible
Routine Vision	Exam including refraction \$10 copay; 1 x per year Eyewear: \$240 allowance every 24 months	Exam including refraction \$0 copay; 1 x per year Eyewear: \$240 allowance every 24 months
Routine Hearing	Exam: \$0 copay; 1 x per 12 months Hearing Aids: \$1,500 allowance (in network only); once every 36 months including digital hearing aids	Exam: \$0 copay; 1 x per 12 months Hearing Aids: \$5,000 allowance (in network only); once every 24 months including digital hearing aids
Out-of-Country Care (non-routine)	Covered at usual and customary rates (UC) after copays	Covered at usual and customary rates (UC) after copays

2024 PRESCRIPTION DRUG OVERVIEW

Stage 1	Stage 2	Stage 3
<p>Initial Coverage Limit \$200 Deductible</p>	<p>Coverage Gap \$5,030 - \$7,999</p>	<p>Catastrophic Coverage \$8,000</p>
<p>You pay a \$200 deductible. Once the deductible is met, you'll pay a coinsurance of: 5% for generic or, 20% for brand or, 30% for non preferred brands</p> <p>Unless and until you reach the \$3,500 maximum out-of-pocket (MOOP)</p>	<p>As a TRB member, you'll continue to pay the coinsurance of 5% for generic or, 20% for brand or, 30% for non preferred brand</p> <p>Unless and until you reach the \$3,500 maximum out-of-pocket (MOOP)</p>	<p>Should your True out-of-pocket (TROOP) cost reach \$8,000, the plan pays the full cost for your covered Part D drugs. You pay nothing.</p>

- The maximum out-of-pocket (MOOP) cost for each member is \$3,500 per calendar year.
- True out of pocket (TROOP) refers to the total combined cost of what the plan pays and your out-of-pocket share.
- **Insulin and Diabetic Prescription Enhancement!** - Preferred diabetic prescriptions will have a \$0 deductible and a maximum of \$25 copay for a 31-day supply or a maximum of \$50 copay for a 90-day supply.

2024 DENTAL OVERVIEW

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

*Non-network providers may balance bill for services

New 2024:

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



PROGRAM ASSISTANCE

- **Low Income Subsidy Program**

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

- **Medicare Savings Program**

- The State of Connecticut offers financial assistance to eligible Medicare enrollees through our 'Medicare Savings Programs'. These programs may help pay Medicare Part B premiums, deductibles, and co-insurance.
- <https://portal.ct.gov/DSS/Health-And-Home-Care/Medicare-Savings-Program>

- **PAN Foundation**

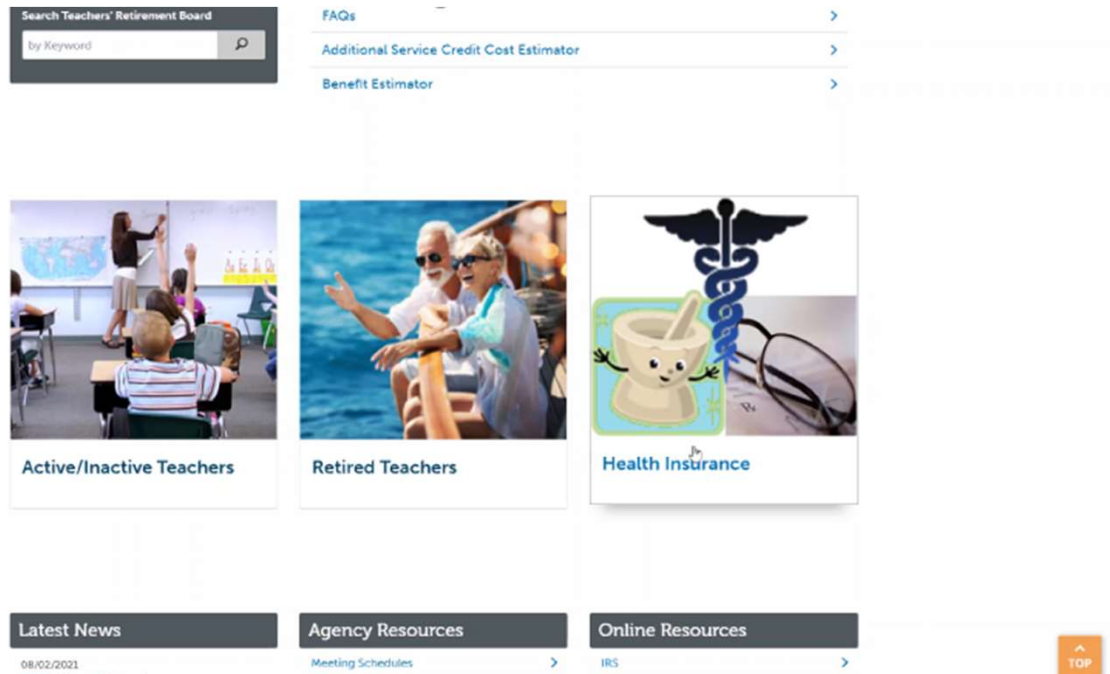
- The Patient Access Network (PAN) Foundation is an independent, national 501(c)(3) organization dedicated to helping federally and commercially insured people living with life-threatening, chronic and rare diseases with the out-of-pocket costs for their prescribed medications.

- **Provider/Manufacturer Assistance**

- Reach out to your provider regarding assistance programs

VISIT OUR WEBSITE

www.ct.gov/TRB



CONTACT US

TRB Health Insurance Team:

- Enrollment
- Eligibility
- High Level Coverage Questions

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

Email: healthinsurance.trb@ct.gov

www.ct.gov/trb

UnitedHealthcare MAPD:

1-866-794-3033

www.UHCRetiree.com/TRB

UnitedHealthcare Senior Supplement:

1-866-794-3033

www.UHCRetiree.com/TRB

Cigna Dental:

1-800-564-7642

QUESTIONS

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

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

How do I pay my premium?

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

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

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

Can I change plans after I enroll?

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