

Plan Review and Changes for 2020



CONNECTICUT TEACHERS' RETIREMENT BOARD

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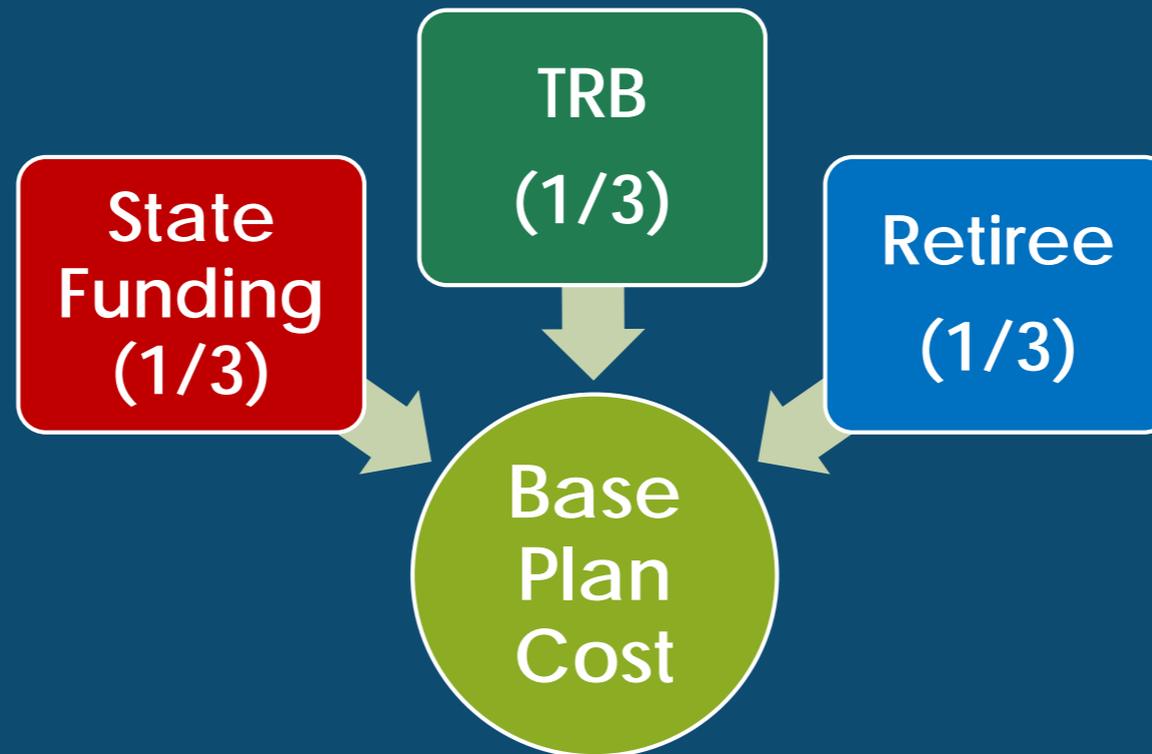


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- Funding Sources
- Medicare Part B & D IRMAA
- 2020 Monthly Rates for Members
- TRB Medical Plans
- Dental
- Express Scripts
- Program Assistance
- Q & A

THE 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 statute also requires that the plan will not charge the retiree more than 1/3 of the cost of the plan.

B**Medicare Part B & D IRMMA****D**

Income (Adjusted Gross Income plus tax-exempt interest income)		Monthly Part B Premium (per person)	Monthly Part D Premium (per person)
Single tax return	Married filing jointly		
\$85,000 or less	\$170,000 or less	\$144.60 (may be less if covered by the hold-harmless provision)	\$0.00
\$85,001 to \$107,000	\$170,001 to \$214,000	\$202.40	\$12.20
\$107,001 to \$133,500	\$214,001 to \$267,000	\$289.20	\$31.50
\$133,501 to \$160,000	\$267,001 to \$320,000	\$376.00	\$50.70
\$160,001 to \$499,999	\$320,001 to \$749,999	\$462.70	\$70.00
\$500,000 or more	\$750,000 or more	\$491.60	\$76.40

2020 Monthly Rates for Members

	2020 Anthem PPO Medicare Advantage Base Plan	2020 Anthem Medicare Supplement	2019 Anthem PPO Medicare Advantage Base Plan	2019 Stirling Medicare Supplement
Medical	\$14	\$126	\$14	\$122
Drug	\$53	\$53	\$51	\$51
VH	\$8	\$8	\$7	\$7
Dental	\$52	\$52	\$58	\$58
Total	\$127	\$239	\$130	\$238

The Medicare Supplement plan will cost the member \$112 more per month (\$1,344 annually) than the Anthem base plan.

Benefit Plan Differences

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

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

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

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



Supplement Changes

Plan Coverage	Anthem Medicare Supplement	Stirling Medicare Supplement
Deductible	Part B Annual Deductible \$198	Part B Annual Deductible - \$185 Plan Deductible - \$500
Out-of-Pocket Max	\$2,198	\$2,185
Inpatient Hospital Coverage	\$250 copay per admission	\$250 copay per admission x 4 Up to 150 days
Skilled Nursing Facility	\$250 copay after 20 days Must meet 3 day minimum under hospital admission	\$0 copay Must meet 3 day minimum under hospital admission
Outpatient Hospital Coverage	\$100 copay after deductible	10% cost share after deductible
Doctor Visits	\$10 copay after deductible	10% cost share after deductible
Ambulance	\$100 copay	\$100 copay
Urgent Care: Walk-In	\$10 copay after deductible	\$5 copay after deductible

Benefit Comparison Summary

Plan Coverage	Anthem Medicare Advantage PPO	Anthem Medicare Supplement
Deductible	\$0	Part B Annual Deductible \$198
Out-of-Pocket Max	\$2,000	\$2,198
Inpatient Hospital Coverage	\$200 copay per admission	\$250 copay per admission
Skilled Nursing Facility	\$0 copay	\$250 copay Must meet 3 day minimum under hospital admission
Outpatient Hospital Coverage	\$10 copay	\$100 copay
Doctor Visits	\$10	\$10
Ambulance	\$100	\$100

Services covered by the TRB with no Medicare base coverage will remain as is other than applicable copays.

Benefit Comparison Summary

Medical Plan Comparison	Anthem Medicare Advantage PPO	Anthem Medicare Supplement
Network Services	All Medicare participating providers	All Medicare participating providers
Emergency Care	\$100 copay	\$100 copay
Urgent Care: Walk-In	\$10 copay	\$10 copay
Part B Outpatient Services diagnostic tests and therapeutic services, diabetic and DME supplies: Including but not limited to radiation therapy, X-ray PET, CT, SPECT, MRI scans etc.	\$0 for well care services and \$10 copay for sick medical services. Services may require a Prior Authorization	Part B deductible \$198 \$0 copay
Vision Services	\$240 allowance	\$240 allowance
Hearing Services	\$1,500 allowance	Covered at 100%
Silver Sneakers	All enrollees are eligible	All enrollees are eligible

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

Additional Benefits



Silver Sneakers



* Telehealth with LiveHealth Online



* 24/7 Nurse Line



ER/Urgent Care Coverage When Traveling



* End of Life Care



Special Offers

* Benefits are subject to plan. Check plan summary for complete details.

Cigna Dental

Network Options	In-Network Cigna DPPO Network		*Non-Network: See Non-Network Reimbursement	
Calendar Year Benefits Maximum	\$2,500		\$2,500	
Calendar Year Deductible Individual	\$50		\$50	
Benefit Highlights	Plan Pays	You Pay	Plan Pays	You Pay
Class I: Diagnostic & Preventive	100% After Deductible	No Charge After Deductible	100% After Deductible	No Charge After Deductible
Class II: Basic Restorative :	80% After Deductible	20% After Deductible	80% After Deductible	20% After Deductible
Class III: Major Restorative	50% After Deductible	50% After Deductible	50% After Deductible	50% After Deductible

* Non-network dentist may balance bill up to their usual fees .

2020 Express Script Prescription Drug Plan

<p><u>Stage One</u></p> <p>Initial Coverage Limit \$200 Deductible</p>	<p>You pay \$200 deductible. Once the deductible is met, you'll pay a coinsurance of 5% generic, 20% brand or 30% non-preferred brand</p>
<p><u>Stage Two</u></p> <p>Coverage Gap \$4,020 - \$6,350</p>	<p>As a TRB member, you will continue to pay the cost share of 5% generic, 20% brand or 30% non-preferred through the coverage gap until you reach \$3,500 MOOP</p>
<p><u>Stage 3</u></p> <p>Catastrophic Coverage \$6,350</p>	<p>Should your True Out-of-Pocket cost (TROOP) reach \$6,350, you'll be responsible for up to 5% of the cost, \$3.60 for generics, \$8.95 for brands or whichever is greater until you reach \$3,500 MOOP for drugs</p>

What is MOOP & TROOP?

Maximum out of Pocket (MOOP) 2020 = \$3,500

- MOOP is the Part D and non Part-D drug costs that a member pays
 - This includes the \$200 Deductible

True Out of Pocket Costs (TROOP) 2020 = \$6,350

Includes:

- TROOP applies to Part D spend ONLY.
- What you pay for prescription Part D drugs when you fill a medication
- Payment made for your drugs by any of the following programs or organizations:
 - “Extra Help” from Medicare
 - Coverage Gap Discount from Manufactures
 - Indian Health Service
 - AIDS Drug Assistance Programs
 - Most charities
 - State Pharmaceutical Assistance Programs (SPAPs)

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

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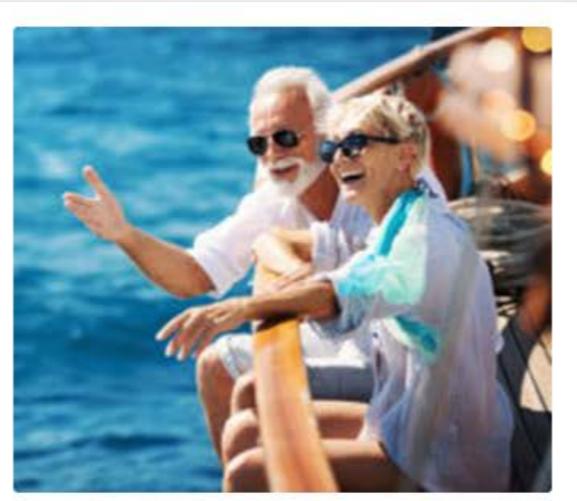
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QUESTIONS ???