

Part 4- These are questions that were sent to ARTC (Insurance Committee.)

The answers come from information found in the Enrollment Guides, Plan Announcements and Detailed Plan Guides that have been distributed or have been posted on the TRB Website.

Part 4 Q-Thanks for the Insurance updates. Regarding the distinction between the Advantage & Supplement options, here is my experience using the phone option for the UHC customer Service. A UHC Representative...was very responsive on the question of pre approvals, which was the focus of my call. She said, “the pre-approvals aren’t necessary with the Advantage plan”. I told her about the asterisks in the brochure that indicated that pre-approvals are necessary for the majority of procedures and she told me again, “pre-approvals aren’t needed”.

A - As always in dealing with any contract, what is written in the contract holds precedence over what you are told orally about coverage. In answering your question, we can only refer back to the UHC publications for the TRB plans. It clearly states in the UHC Summary Of Benefits that is available on the UHC website for the TRB retirees, “some of the benefits listed may require your provider to obtain prior authorization”. (These are noted with a small “1”). Refer to the ARTC website for a list of the 25+ services where PA is indicated. Furthermore, the Evidence of Coverage (EOC) which has not yet been released will include a more complete list of prior approvals.

Additionally, it is in your best interest and for your own “peace of mind” for you to check with your providers to confirm that they will indeed work with this particular UHC plan.

Please let us know, as time goes by, how your experience with the Advantage plan works out.

Q-Are we still covered under CIGNA Dental plan and is it the same?

A-CIGNA Dental is a freestanding group contract. It covers the entire TRB group regardless of which UnitedHealthcare plan you are on. It appears to have the same coverage as the current plan.

Q-What is the drug coverage on the Supplement plan?

A-The Supplement plan will have a separate Medicare Part D prescription drug plan (PDP). There will be mail order service through UnitedHealthcare's OptumRx. The formulary is on the TRB/Unitedhealthcare retiree website at: <https://retiree.uhc.com/trb>

Q - I have had difficulty on Cape Cod trying to find rehab facility that would accept Advantage.

A - Retirees in Northeastern Connecticut brought our attention to a similar situation where UMass Medical in Worcester refuses to accept UnitedHealthcare Advantage plans. Other retirees from different states are raising the same concern. The best way to know if your doctor or a facility will accept the plan is to check with the doctor or facility yourself.

Q-How do I get the cards for the new insurance?

A. - In December, for those enrolled in the UnitedHealthcare Medicare Advantage plan bundled with the drug plan, you will receive a UnitedHealthcare Quick Start Guide. Your member ID card (PPO Advantage) will be attached to the front of the guide.

For those on Original Medicare Senior Supplement plan with Prescription Drug coverage, you will receive a UnitedHealthcare Quick Start Guide for both your Prescription Drug coverage and your Senior Supplement coverage. Your prescription drug member ID card will be attached to the front of the Quick Start Guide. A separate confirmation letter will include your Senior Supplement card.

Q.-The excessive raise in the monthly payment is still unclear. What accounts for the differences?

A.-This disparity has not been satisfactorily or fully explained by either UHC or TRB. We continue to ask for the breakdown of costs for medical, drug, and vision & hearing as they have always identified in the past. Some of the discrepancy may be revealed in those numbers.

Q.-What are the benefits of the Supplement plan over the UHC Advantage Plan?

A.-The simplest answer is; there are no prior authorizations on the Supplement plan and you can go to any doctor or facility nationwide who accepts Medicare. The Advantage plan summary of benefits lists a number of services, tests and treatments that may require prior authorization limiting your doctor's ability to provide you with his choice of care. Additionally, there appears to be a network due to providers and facilities in some areas of the country that will not accept UnitedHealthcare Advantage plans.

Q.-Is this a three-year plan with no return to Anthem?

A.-This is a three-year contract with UnitedHealthcare. You may only switch between UnitedHealthcare plans during open enrollment period for that term.

Q.-Can you tell me the procedures I would need pre-approval for under the UHC Advantage Plan?

A.-The twenty-five plus prior authorization services which you may be subject to on the UHC Advantage plan are listed on the ARTC website. Look under the heading AGENDA and HEALTH INSURANCE on the pull down menu to find it. The ARTC website is available to members and non-members. There is more information available there. This list of prior authorizations was compiled from the UHC Summary of Benefits posted on the UHC/TRB retiree page. <https://retiree.uhc.com/trb>

Part 3 -

Q. -Do you know what Insurance options will be offered besides UHC? Will Anthem still be a choice? I want to stay with Anthem, can I still do that?

A-No, if you are on a TRB Insurance plan your only options are plans offered by UnitedHealthcare- either the Advantage plan or the Senior Supplement plan.

Q.- If I decide to NOT enroll in a TRB plan for my health insurance, what would I have to do with the TRB to opt out and no longer have my medical deduction taken out of my pension?

*A-If you do not wish to be enrolled in a TRB plan, call TRB at 1-800-504-1102 or go online to: www.ct.gov/trb and complete the health insurance cancelation form by Nov. 22, 2021. IMPORTANT! If you do this, make sure you have contracted with another healthcare plan before you cancel your insurance so that you do not have a **gap in your coverage**. Keep in mind that you will also have to select a part D Drug plan along with dental, Vision & Hearing coverage. Also, consider that you will not be able to enroll in a TRB plan for two years.*

Q. What is the length of this new contract with UnitedHealthcare?

A-According to the information presented at the UHC Open Enrollment Sessions on 10/18/21, this is a 3 yr contract with the option to renew each year.

Q. If I elect the Medicare Advantage Plan, do I need to pay for the Medicare Part D plan separately?

A-No, you do not need to pay for a separate drug plan. In both the Advantage plan and the Supplement plan, the drug portion is "wrapped in" and included.

Q.- My present plan is the Anthem Medicare Advantage (PPO), how does this affect me?

A-Your current plan is an Anthem Advantage plan and because Anthem is no longer the contracted Insurance company, you will be automatically enrolled into a lower cost UnitedHealthcare Advantage (PPO) plan.

Q. Does the prescription plan have a mail order component like Express Scripts did?

A-Yes, there is a mail order component to the UnitedHealthcare prescription drug plan called OptumRx Home Delivery.

Q.- How do I determine if my Doctors' and healthcare providers and facilities are in the network and accept the plans?

A-To be sure, we suggest you call UnitedHealthcare to see if your particular doctors or facilities accept the UHC plan.

Q.- Has the State ever paid their full share of the healthcare fund for retirees?

A-Yes, the state did fully fund in some years but you can see from the chart there were some years with zero funding and six years with underfunding.

See the chart for the funding shares. Source: TRB Historical Premium Data

Cost Sharing															
Fiscal Year	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Total Monthly Premium	356	249	261	270	297	336	375	372	350	291	273	285	325	262.50	208.50
State's Share	33%	33%	33%	33%	33%	0%	0%	33%	25%	25%	25%	17%	16%	15%	34%
Member's Share	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%	33%
Fund's Share	33%	33%	33%	33%	33%	66%	66%	33%	42%	42%	42%	49%	48%	52%	33%

Q- In the 2022 Enrollment Guide for Medical Coverage, several covered services (on the Advantage plan) have an asterisk noting "may require prior authorization". Who does this Prior authorization: the member or the Doctor? What if it's not approved?

A-Your Doctor and his office staff will seek prior authorization from the UnitedHealthcare Advantage plan. If the test, treatment or procedure is not approved, you can seek an appeal to try to get it approved. Otherwise, you pay the full amount for the service.

Q- Are the new plans an HMO? Do I need a referral for every specialist? Do I need to see if they accept the plan?

A-The Advantage Plan is a PPO and the Senior Supplement plan is Original Medicare with a Supplement. Neither are an HMO, so you do not need referrals. However, to be sure your providers accept the Advantage plan, it is best to call UnitedHealthcare to confirm. You will not need to do that if you are on the Senior Supplement. If your Doctor accepts Medicare, he will accept the Senior Supplement and the doctor gets his claim paid through Medicare and the Supplement.

Q.- Do we need BOTH the group Medicare Advantage plan and The Senior Supplement plan together?

A-No, you choose one plan or the other.

Q.- What if my drug is not listed in the formulary?

A-You can ask the plan to cover your drug even if it is not on the plan's Drug List (formulary). If a formulary exception is approved, the non-preferred drug copay will apply. You cannot ask for an exception to the copayment or coinsurance amount that they require you to pay for the drug. The formulary is available at: UHCRetiree.com/TRB

Q.- We still do not know the reason that the premium increased so much for the Supplement plan and decreased for the Advantage plan. Does not seem fair to me. In fact, it seems discriminatory. How about some answers?

A-Despite attempts to get an explanation about how pricing was determined for the two plans, there is no clear explanation for this disparity. We continue to seek answers and what the breakdown of costs are, whether it is coming from Medical, Prescription Drug or Vision & Hearing

Q- Can you please clarify what I need to pay for Medicare if I have the Senior Advantage Plan? I know I get Part A at no charge and I pay for Part B. But do I need to pay for Part D any longer?

A-Part D has been bundled into both plans being offered this year and the cost is included in your premium. You might want to check which plan you are on. If your card says (PPO) you are on the Advantage plan, otherwise your card will say you are on the Supplement plan.

Q- I have a question regarding the change of mail order pharmacy from Express Scripts to the new UnitedHealthcare pharmacy: Will all of my current prescriptions automatically be ported over from Express Scripts to the new UnitedHealthcare mail order pharmacy as is (i.e. name of medication, quantity, number of refills remaining) or will I have to get new prescriptions sent in to the new UnitedHealthcare mail order pharmacy from my doctors?

A-At an Open Enrollment presentation the presenter gave this answer

- If you have an open refill through Express Scripts then UnitedHealthcare will acquire that information from Express Scripts and load it into their system. If no open refills are left, then they won't transfer over. If there are none available, you will have to inform your provider to send a prescription over once you have your Quick Start Guide from UnitedHealthcare.

Part 2 Answers to TRB Insurance Questions from Our Members

We have been receiving many questions from our members regarding the new health insurance plans. We will be posting some of the questions with answers provided by our Insurance Committee.

Do we need to choose between the two United Plans, I need one that covers hearing aids?

Yes. The TRB is switching its carrier to UnitedHealthcare so you must choose one of the United plans offered. The hearing coverage for each plan is different.

- Advantage Plan hearing aid coverage is \$1,500 maximum benefit every 3 years.
- Senior Supplement Plan hearing aid coverage is \$5,000 maximum benefit every 2 years.

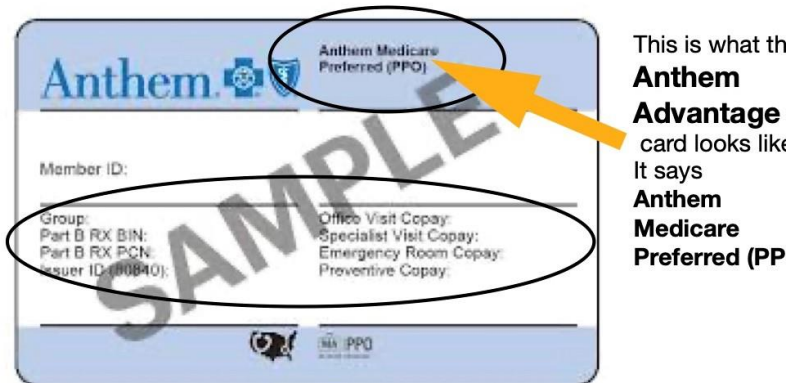
Do they base their one third "responsibility" on the Advantage plan?

Yes. The State's one third cost share is based on the premium rate for the Advantage plan Medical/RX/VH. Last year the state's dollar contribution was \$64 and with this new UnitedHealthcare plan it has been reduced to \$30.

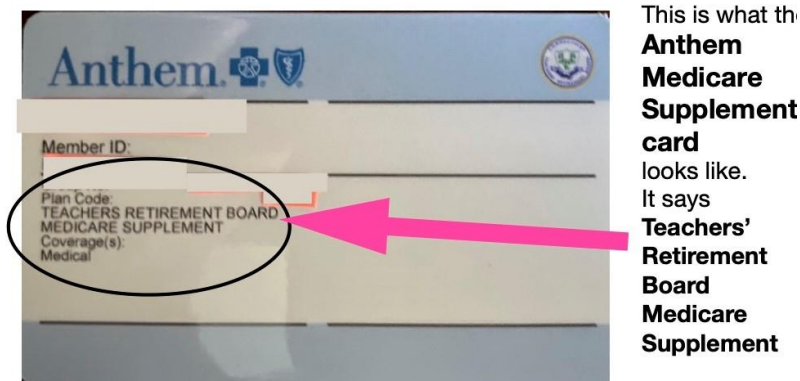
How can I be sure which plan I am on?

Which TRB Healthcare Plan am I currently on ? Here's how to know....

Many retired teachers are still confused as to what type of plan they are currently on. This is important for you to know as the TRB will be doing a "rollover" into the new UnitedHealthcare plans. Take a look at your card and see what it says. Make sure you are on the type of plan that you want-either the Advantage plan or the Original Medicare with Supplement plan. You should check on this before Open Enrollment begins next week.



This is what the **Anthem Advantage** card looks like. It says **Anthem Medicare Preferred (PP**



This is what the **Anthem Medicare Supplement** card looks like. It says **Teachers' Retirement Board Medicare Supplement**

"My doctor's large practice failed to take any of the proposed companies' insurance plans".

If you are on Original Medicare with a Supplement, doctors that accept Medicare accept the Supplement plan.

Here's what it says in the TRB tri-fold pamphlet introducing the Supplement plan:

"Flexibility to see providers"-

"You can choose any doctor or hospital as long as they accept Medicare" (this is true nationwide)

Here's what it says in the TRB tri-fold pamphlet introducing the Advantage plan:

What providers can I use?

"... you can see doctors and other healthcare providers as long as they participate in Medicare and **accept the plan**".

Is it possible to see what each of the new plans have to offer so we can make an intelligent choice?

By now most retired teachers should have received the packet in the mail from the TRB called 2022 Enrollment Guide. There are simple comparison charts within this booklet. You may also want to attend one of the scheduled open enrollment sessions in person or virtually. However, the best way to know *all* the details of the plan is with a document called “Evidence of Coverage” (contract) . We are hoping the TRB will post this valuable contract information on their website before individuals are enrolled in a plan.

Part 1

When will we get details and costs of this new insurance?

You can find more plan information on the TRB Website. Open Enrollment sessions will be offered online and in person beginning October 18. See the TRB website for more information and how to sign up. <https://portal.ct.gov/TRB/Content/Health-Insurance/Health-Insurance-Menu/TRB-Open-Enrollment-2022>

I do not want a Medicare Advantage plan. Many of my doctors will not accept an Advantage plan. They will accept Medicare. Will I still be allowed to have Medicare and a Medicare Supplement plan from UnitedHealthcare?

A TRB Medicare Supplement plan will be offered through UnitedHealthcare. It is called the UnitedHealthcare Senior Supplement plan and will be offered at a higher premium.

We love Express Scripts, will the drug plan be through Express Scripts?

No, the TRB has contracted for a new drug plan through UnitedHealthcare. It is an employer group wrap administered by United Healthcare in partnership with OptumRX. The Advantage Drug plan is an MAPD (Medicare Advantage Prescription Drug) plan. The Supplement Drug Plan is a Medicare Part D Prescription Drug Plan (PDP).

Will this new insurance cover all doctors who accept Medicare throughout the country?

The language from the UnitedHealthcare booklets is written like this: (pg. 9 “Open Enrollment Guide”)

- **UnitedHealthcare Group Medicare Advantage (PPO) plan:** The UnitedHealthcare Group Medicare Advantage (PPO) is a Medicare Advantage PPO plan with a Medicare contract. You can see any provider (in- or out-of-network) at the same cost share, as long as they agree to see you and have not opted out or been excluded or precluded from the Medicare Program.
- **UnitedHealthcare Senior Supplement plan:** Under this plan, UnitedHealthcare coverage supplements your Medicare coverage. Original Medicare (Parts A and B) will pay first. Then, UnitedHealthcare will pay for any remaining covered expenses, minus copays or cost shares, once you pay your annual deductible. You can see any provider in the United States who accepts Medicare or Medicare assignment.

Do you know if Anthem will still offer the Medicare Supplemental plan?

The plans have been contracted with UnitedHealthcare beginning 2022. UnitedHealthcare will be offering the Supplement option. Anthem will no longer be the TRB health insurance contractor and therefore retired teachers will only have a choice between the two UnitedHealthcare Plans through the TRB.

Does United Health include Silver Sneakers?

UnitedHealthcare does not offer “Silver Sneakers” but they will offer a fitness plan called “Renew Active”.

Why are all health plans just for people on Medicare? There are some of us who did not qualify for Medicare, for one reason or another, and our premiums keep escalating.

Only those who have paid into Medicare are eligible for these Medicare based plans. Since 1986 active teachers have paid into Medicare and therefore have become eligible for these plans. According to the TRS History posted on the TRB website, the TRS had offered an insurance plan in the past but the Connecticut Teachers' Retirement System's "(CTRS') plan had an extremely poor experience rating and thus experienced high premiums since its entire group consisted of retired and disabled members who, as a rule, had more claims covering longer periods of hospitalization than would otherwise be experienced by younger and more homogeneous groups. The CTRS plan therefore became a Medicare Supplement Plan only." If you are under 65 yrs of age and are on your former Board of Education's group plan your town will receive a subsidy of \$110 towards the cost of your insurance. Once you reach 65 yrs the subsidy is increased to \$220 for those who are ineligible for Medicare and remain on your Board of Education plans.