

2026

Medicare benefits
and information guide



**Healthier
happens together[®]**

6286609-01-01 (11/25)



SilverScript[®]



Welcome to the new Connecticut Teachers' Retirement Board Aetna® Medicare plan

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Aetna and the Connecticut Teachers' Retirement Board have teamed up to offer this enhanced coverage exclusively for you. You'll receive your medical coverage through the Aetna Medicare Plan (PPO) with extended service area (ESA) and prescription drug coverage through Aetna Medicare Rx® offered by SilverScript®.

Included in this packet are important plan documents for your medical and prescription drug coverage. Please take some time to review the enclosed materials.

Here's what it covers:

- An overview of the plans and how they work
- Details about the plan benefits, programs and services
- Information on covered medications and their pricing
- What to expect once you're enrolled in the plan



Flexibility and confidence to choose your doctors

The Aetna Medicare Advantage PPO ESA plan stands out from other healthcare plans. You have access to in-network providers such as, doctors, hospitals and labs. You also have access to the out-of-network providers of your choice — at **no additional out-of-pocket costs** — if the provider is:

- Eligible to receive payment under Medicare
- Agrees to bill and accept payment from Aetna®

Also, your coverage follows you wherever you travel, with access to over a million providers* nationwide. And your plan offers benefits for emergency medical care, even when you travel outside of the United States.

We're here to help

Call us at **1-866-495-0761 (TTY: 711)**, Monday–Friday, 8 AM–9 PM ET, to find out if your doctor accepts the plan. We'll contact them to confirm. We can also help you find other nearby doctors and hospitals who accept the plan.

*Aetna Medicare Advantage PPO network as of July 2025.

Get the most from your new plan

You can count on us for quality health coverage. With the Aetna Medicare Advantage plan, you don't lose your Original Medicare coverage. In fact, you must have Original Medicare in order to be enrolled in a Medicare Advantage plan. Enjoy the comprehensive coverage, plus other benefits at no additional cost.



SilverSneakers® fitness benefit

Improve your health by going to any of thousands of participating fitness locations nationwide — or get a fitness kit you can use at home.



Aetna® Healthy Rewards

Get rewarded for taking care of your health by completing eligible activities throughout the year.



Transportation

We never want you to miss a medical appointment because you don't have a way to get there. Our partner MTM Health provides you up to 24 one-way (12 round-trip) nonemergency trips, with up to 60 miles per trip.



24-Hour Nurse Line

Talk to our registered nurses, day or night. Based on your symptoms, they can help you decide if you need a doctor or urgent care visit.



Post-discharge meal delivery

You can get 28 freshly prepared meals delivered to you after you're discharged from a qualifying inpatient acute hospital inpatient psychiatric hospital or skilled nursing facility. These meals let you focus on recuperating while getting good nutrition. This benefit is part of your Aetna Medicare Advantage PPO ESA plan and is offered at no additional cost to you.



Healthy Lifestyle Coaching

Talking with a health coach can help you create a realistic plan to improve your health. This program could help you do things such as quit smoking, lose weight or eat better. Your coach will set up regular calls with you. You'll work together to help you reach your health goals.



Hearing aid allowance through NationsHearing®:

Get \$1,500 once every 36 months to help pay for hearing aids when visiting an in-network provider through NationsHearing®.





Resources For Living® program

Our Resources For Living program helps get you the right support when and where you need it. It's designed to help you find a wide range of services in your area — from personal care, housekeeping and maintenance to caregiver relief, pet care services, and local clubs and social programs.

There's no additional cost to speak with Resources For Living consultants, but if you choose to use services that have associated costs, you'll need to pay those expenses.



Healthy Home Visits

A licensed health care professional can come to your home once per year to review your health needs and do a home safety assessment. You can request a virtual online visit if you feel more comfortable doing so. During the visit, they may also review your medicines, complete some health screening tests if you wish, and recommend services that can support your health needs.



Nurse care advocacy

We put our heart into helping you achieve optimal health. We have a team of doctors, nurses, social workers, behavioral health clinicians and pharmacists dedicated to supporting you along your health journey. Our goal is to give you personalized tools to help you take control of your health, manage chronic conditions, and navigate a complex health system. We partner with your providers to support you and your care plan.



Virtual care

Telehealth: You can get care from any in-network provider that offers telehealth services. You'll pay the same amount as an in-person visit. Contact your doctor or walk-in clinic to learn more.

Teladoc Health: Connect with a Teladoc Health primary care provider by web, phone or mobile app from anywhere for nonemergency medical needs. Whether you choose telehealth or Teladoc Health, you're covered for many nonemergency medical needs, such as cold and flu symptoms, allergies, skin problems and prescription refills.



Meet Nancy, a retired school principal, to hear how her Aetna Medicare Advantage plan has helped keep her healthy in retirement.



When I decided to go with the Aetna Medicare Advantage plan, I chose it because of the wide range of coverage and the low copays. And I found that I was not limited in my choice of doctors”

Nancy,

Aetna® Medicare member



Our plan is rated 4.5/5 stars by the Centers for Medicare & Medicaid Services (CMS).*

Costs to provide health care can change annually. CMS helps Medicare Advantage plans with high Star Ratings offer more affordable benefits. As a 4.5 star-rated plan, the Aetna Medicare Advantage PPO ESA plan offers you a richer plan with a balance of quality, value and affordability.

*Based on 2026 Star Ratings data published by CMS on October 11, 2025. Medicare evaluates plans based on a 5-star rating system. Star Ratings are calculated each year and may change from one year to the next. Our overall Part C and Part D rating is 4.5 stars.



2026 Summary of Benefits

CONNECTICUT TEACHERS RETIREMENT BOARD

Sponsored by Aetna Medicare Plan (PPO)
Medicare (P01) ESA PPO Plan

Keep in mind

This is just a summary. The complete list of services can be found in the *Schedule of Cost Sharing (SOC)/Evidence of Coverage (EOC)*. You can request a copy of the SOC/EOC by contacting:

Member Services

1-866-495-0761 (TTY: 711)

Hours are 8 AM to 9 PM ET, Monday through Friday.



This is a summary of the services we cover from January 1, 2026 through December 31, 2026.

Are you eligible to enroll?

To join Aetna Medicare Plan (PPO), you must:

- Be entitled to Medicare Part A
- Be enrolled in Medicare Part B
- Live in the plan's service area



Service area: A complete list of service areas can be found in the *Evidence of Coverage (EOC)*.



What You Should Know

Primary Care Physician (PCP): You have the option to choose a PCP. When we know who your provider is, we can better support your care.

Referrals: Your plan doesn't require a referral from a PCP to see a specialist. Keep in mind, some providers may require a recommendation or treatment plan from your doctor in order to see you.

Prior Authorizations: Your doctor will work with us to get approval before you receive certain services. Benefits that may require a prior authorization are listed with an asterisk (*) in the benefits grid.

Plan costs & information	Network & Out-of-network providers
Premium	Please contact your plan sponsor for more information on your plan premium.
Annual Deductible	\$0 This is the amount you have to pay out of pocket before the plan will pay its share for your covered Medicare Part A and B services.
Annual Maximum Out-of-Pocket	\$2,000 The maximum out-of-pocket (MOOP) is the most you'll pay for the medical services we cover each year. It's in place to protect you. Once you reach the maximum out-of-pocket, our plan pays 100% of covered medical services. Your premium doesn't count toward your MOOP.

PRIMARY BENEFITS		Your costs for in and out-of-network care
Hospital Care*		
Inpatient Hospital Care		\$200 per stay
		The member cost sharing applies to covered benefits incurred during a member's inpatient stay.
Observation Stay		\$10
Frequency		per stay
Outpatient Hospital Services and Surgery		\$10
Ambulatory Surgery Center		\$10
Physician Services		
Primary Care Provider Visits		\$10
		Includes the services of an internist, general physician or family practitioner for routine care as well as diagnosis and treatment of an illness or injury and in-office surgery.
Physician Specialist Visits		\$10
Preventive Services		
Medicare-covered Preventive Services		\$0
<ul style="list-style-type: none"> Abdominal aortic aneurysm screenings Alcohol misuse screenings and counseling Annual Wellness visit Bone mass measurements Breast cancer screening: mammogram Cardiovascular behavior therapy Cardiovascular disease screenings Cervical and vaginal cancer screenings Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) Depression screenings Diabetes screenings HIV screenings Lung cancer screenings and counseling Medicare Diabetes Prevention Program Medical nutrition therapy Obesity behavior therapy Prostate cancer screenings (PSA) 		

PRIMARY BENEFITS	Your costs for in and out-of-network care
Preventive Services (continued) <ul style="list-style-type: none"> Sexually transmitted infections screenings and counseling Tobacco use cessation counseling Welcome to Medicare preventive visit 	
Immunizations <ul style="list-style-type: none"> Flu Hepatitis B Pneumococcal 	\$0
Additional Medicare Preventive Services <ul style="list-style-type: none"> Diabetes self-management training Digital rectal exam EKG following welcome exam Glaucoma screening 	\$0
Emergency and Urgent Medical Care	
Emergency Care	\$100 (waived if admitted within 72 hours)
Emergency Care Worldwide	\$100 (waived if admitted)
Urgent Care	\$10 (waived if admitted within 72 hours)
Urgent Care Worldwide	\$10
Diagnostic Procedures*	
Diagnostic Radiology (CT scans)	\$0
Diagnostic Radiology (other than CT scans)	\$0
Diagnostic Testing and Procedures	\$0
Lab Services	\$0
Outpatient X-rays	\$0
Hearing Services	
Hearing Exam (routine)	\$0
	Coverage: one exam every twelve months
Hearing Exam (Medicare-covered)	\$10

2026 Summary of Benefits

PRIMARY BENEFITS		Your costs for in and out-of-network care
Hearing Aid Benefit		Our plan pays \$1,500 once every 36 months (in-network only).
Vendor		NationsHearing
Dental Services*		
Dental Services		\$10
		Medicare-covered benefits only
Vision Services		
Eye Exam (routine)		\$10
		Coverage: one exam every year
Diabetic Eye Exam		\$0
Eye Exam (Medicare-covered)		\$10
Eyewear Reimbursement		\$500 once every 24 months
Mental Health Services*		
Inpatient Mental Health Care		\$200 per stay
		The member cost sharing applies to covered benefits incurred during a member's inpatient stay.
Outpatient Mental Health Care		\$10 (individual sessions)
		\$10 (group sessions)
Partial Hospitalization Services		\$10
Intensive Outpatient Service		\$10
Inpatient Substance Use Disorder		\$200 per stay
		The member cost sharing applies to covered benefits incurred during a member's inpatient stay.
Outpatient Substance Use Disorder		\$10 (individual sessions)
		\$10 (group sessions)
Skilled Nursing Services*		
Skilled Nursing Facility (SNF) Care		\$0 per day, days 1-100
		Limited to 100 days per Medicare benefit period. See the <i>Schedule of Cost Sharing</i> for details on the benefit periods.
Outpatient Rehabilitation Services		

PRIMARY BENEFITS	Your costs for in and out-of-network care
Occupational Therapy Rehabilitation Services	\$10
Physical and Speech Therapy Rehabilitation Services	\$10
Ambulance* and Transportation Services	
Ambulance Services	\$100
	Prior authorization rules may apply for non-emergency transportation services received in-network. Your network provider is responsible for requesting prior authorization. Our plan recommends pre-authorization of non-emergency transportation services when provided by an out-of-network provider.
Transportation (non-emergency)	Covered
	Coverage: up to 24 one-way trips per year with 60 miles allowed per trip.
Medicare Part B Prescription Drugs*	
Medicare Part B Prescription Drugs	\$10

***These benefits may require prior authorization.**

2026 Summary of Benefits

ADDITIONAL PROGRAMS AND SERVICES (Medicare-covered)	Your costs for in and out-of-network care
Acupuncture Services	\$10
	Medicare-covered benefits only
Allergy Shots	\$10
Allergy Testing	\$10
Blood	\$0
	All components of blood are covered beginning with the first pint.
Cardiac Rehabilitation Services	\$10
Chiropractic Services*	\$10
	Medicare-covered benefits only
Diabetic Supplies*	\$0
	Includes supplies to monitor your blood glucose from Accu-Chek/Roche and TRUE/Trividia, or from a non-preferred provider when a prior authorization is received.
Durable Medical Equipment (DME)*	\$0
Home Health Agency Care*	\$0
Hospice Care	Covered by Original Medicare at a Medicare-certified hospice.
Intensive Cardiac Rehabilitation Services	\$10
Medical Supplies*	\$10
Outpatient Dialysis Treatments*	\$10
Podiatry Services	\$10
	Medicare-covered benefits only
Prosthetic Devices*	\$0
Pulmonary Rehabilitation Services	\$10
Supervised Exercise Therapy (SET) for PAD	\$10
Radiation Therapy*	\$0

***These benefits may require prior authorization.**

ADDITIONAL PROGRAMS (not covered by Original Medicare)	Your costs for in and out-of-network care
Compression Stockings Maximum Frequency	\$10 six pairs per plan year
Fitness Program	SilverSneakers®
Foot Orthotics	\$10
Healthy Rewards	Covered
In-Home Support Services Coverage Type Number of Hours Frequency Vendor	\$0 UF Chronic Condition Post Discharge 6 hours per discharge The Helper Bees You may be eligible to receive in-home support services after a qualifying discharge.
Meals	\$0 After discharge from an inpatient stay to your home, you may be eligible to receive up to 28 home-delivered meals over a 14-day period.
Personal Emergency Response System	\$0 Our plan covers a medical alert response system from LifeStation to provide you with 24/7 access to help in the event of a fall or an emergency.
Podiatry Services (non-Medicare covered) Frequency	\$10 Supplemental podiatry services are covered for up to six visits every year per year. six visits every year
Resources for Living®	This program is offered to help you locate resources for everyday needs.
Routine Physical	\$0 A routine physical exam is offered once per calendar year.
Teladoc™	\$0 Telemedicine services with a Teladoc provider. State mandates may apply.
Telehealth PCP	\$10

2026 Summary of Benefits

ADDITIONAL PROGRAMS (not covered by Original Medicare)	Your costs for in and out-of-network care
Telehealth Specialist	\$10
Telehealth Occupational Therapy Service	\$10
Telehealth PT and ST Services	\$10
Telehealth Other Health Care Providers	\$10
Telehealth Individual Mental Health*	\$10
Telehealth Group Mental Health*	\$10
Telehealth Individual Psychiatric Services*	\$10
Telehealth Group Psychiatric Services*	\$10
Telehealth Individual Outpatient Substance Use Disorder*	\$10
Telehealth Group Outpatient Substance Use Disorder*	\$10
Telehealth Kidney Disease Education Services	\$0
Telehealth Diabetes Self-Management Training	\$0
Telehealth Opioid Treatment Program Services*	\$0
Telehealth Urgent Care	\$10
Wigs	\$0
Maximum	\$400
Frequency	every year

***These benefits may require prior authorization.**

MEDICAL DISCLAIMERS

For more information about Aetna plans, go to CTTRB.aetnamedicare.com or call Member Services toll-free at [1-866-495-0761](tel:1-866-495-0761) (TTY: [711](tel:711)). Hours are 8 AM to 9 PM ET, Monday through Friday.

Participating health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

In case of emergency, you should call 911 or the local emergency hotline. Or you should go directly to an emergency care facility.

The complete list of services can be found in the *Evidence of Coverage* (EOC). You can request a copy of the EOC by contacting Member Services at [1-866-495-0761](tel:1-866-495-0761) (TTY: [711](tel:711)). Hours are 8 AM to 9 PM ET, Monday through Friday.

The following is a partial list of what isn't covered or limits to coverage under this plan:

- Services that are not medically necessary unless the service is covered by Original Medicare or otherwise noted in your *Evidence of Coverage*.
- Plastic or cosmetic surgery unless it is covered by Original Medicare
- Custodial care
- Experimental procedures or treatments that Original Medicare doesn't cover
- Outpatient prescription drugs unless covered under Original Medicare Part B

Prior approval from Aetna is required for some network services. For services from a non-network provider, prior approval from Aetna is recommended. Providers must be licensed and eligible to receive payment under the federal Medicare program and willing to accept the plan.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our Member Services number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

Aetna will pay any non-contracted provider (that is eligible for Medicare payment and is willing to accept the Aetna Medicare Plan) the same as they would receive under Original Medicare for Medicare-covered services under the plan.

PLAN DISCLAIMERS

Aetna Medicare is a PPO plan with a Medicare contract. Enrollment in our plans depends on contract renewal.

Plans are offered by Aetna Health Inc., Aetna Health of California Inc., Aetna Life Insurance Company and/or their affiliates (Aetna). Participating health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change.

See *Evidence of Coverage* for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

Resources For Living is the brand name used for products and services offered through the Aetna group of subsidiary companies.

SilverSneakers is a registered trademark of Tivity Health, Inc. ©2025 Tivity Health, Inc. All rights reserved.

Due to legislation in Arkansas, effective January 1, 2026, you may not be able to utilize the following services within the state of Arkansas, unless a court takes action: CVS Retail, CVS Caremark Mail Service, CVS Specialty, and OMNI Care long term pharmacies.

To send a complaint to Aetna, call the Plan or the number on your member ID card. To send a complaint to Medicare, call **1-800-MEDICARE** (TTY users should call **1-877-486-2048**), 24 hours a day/7 days a week. If your complaint involves a broker or agent, be sure to include the name of the person when filing your grievance.

If there is a difference between this document and the *Evidence of Coverage* (EOC), the EOC is considered correct.

You can read the *Medicare & You 2026* Handbook. Every year in the fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this booklet, you can get it at the Medicare website (www.medicare.gov) or by calling 1-800-MEDICARE (**1-800-633-4227**), 24 hours a day, 7 days a week. TTY users should call **1-877-486-2048**.

You can also visit our website at AetnaRetireePlans.com. As a reminder, our website has the most up-to-date information about our provider network (Provider Directory) and our list of covered drugs (Formulary/Drug List).

*****This is the end of this plan benefit summary*****

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Notice of Availability (NOA)

TTY: 711

To access language services at no cost to you, call the number on this document. (English)

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للحصول على خدمات اللغة مجانًا، اتصل بالرقم المذكور في هذه الوثيقة. (Arabic)

如欲使用免費語言服務，請致電本文件上的電話號碼。 (Chinese)

Tajaajila afaanii bilisaan argachuuf, lakkoofsa doookumentii kanarra jiru irratti bilbilaa. (Cushite)

Pour accéder gratuitement aux services linguistiques, appelez le numéro indiqué sur ce document. (French)

Pou jwenn sèvis lang san ou pa peye anyen, rele nimewo ki sou dokiman sa a. (French Creole)

Um kostenlos auf Sprachdienste zuzugreifen, rufen Sie die Nummer in diesem Dokument an. (German)

Inā ake 'oe e ili mai no ke kōkua manuahi me ka unuhi, e kelepona 'oe i ka helu ma kēia palapala. (Hawaiian)

Kom tau txais cov kev pab cuam txhais lus yam tsis sau nqi ntawm koj, thov hu rau tus xov tooj ntawm daim ntawv no. (Hmong)

Per accedere gratuitamente ai servizi linguistici, chiama il numero riportato in questo documento. (Italian)

無料の言語サービスをご利用いただくには、この書類に記載されている番号にお電話ください。 (Japanese)

လၢကမၤန့ၢ် ကျိၣ်တၢ်မၤစၢၤတၢ်မၤ လၢတလိၣ်လၢၣ်ဘျၣ်လၢၣ်စ့ၤ လၢန့ၢ်ဂီၢ်အဂီၢ်, ကိးနီၣ်ဂံၢ် လၢအအိၣ်ဖဲလံာ်တီၢ်လံာ်မိအံၤ အဖီခိၣ်န့ၣ်တက့ၢ်. (Karen)

무료로 언어 서비스를 이용하려면 이 문서에 있는 전화번호로 전화하세요. (Korean)

ເພື່ອ ໄດ້ຂາດຖົງການ ບໍລິການພາສາໂດຍ ບຸລະຍອດ' າໃ້ ຊ່ວຍ າຍໃດໆ, ໃຫ້ ໂທຫາ ຕົວໜ້າໃນເອກະສານນີ້. (Laotian)

ដើម្បីទទួលបានសេវាផ្នែកភាសាដោយមិនគិតថ្លៃពីអ្នកសូមទូរសព្ទទៅលេខដែលមាននៅលើឯកសារនេះ។ (Mon-Khmer, Cambodian)

برای دسترسی به خدمات زبانی رایگان، با شماره مندرج در این سند تماس بگیرید. (Persian farsi)

Aby uzyskać bezpłatny dostęp do usług językowych, zadzwoń pod numer podany w tym dokumencie. (Polish)

Ligue para o número indicado neste documento para receber assistência linguística gratuita. (Portuguese)

Чтобы получить бесплатные языковые услуги, позвоните по номеру телефона, указанному в этом документе. (Russian)

Para acceder a servicios de idiomas sin costo alguno, llame al número que aparece en este documento. (Spanish)

Upang ma-access ang mga serbisyo sa wika nang wala kang babayaran, tawagan ang numero sa dokumentong ito. (Tagalog)

Để truy cập dịch vụ ngôn ngữ miễn phí, hãy gọi đến số điện thoại ghi trên tài liệu này. (Vietnamese)

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Medical Star Ratings

IMPORTANT INFORMATION:

2026 Medicare Star Ratings

Official U.S.
Government
Medicare
Information



Aetna Medicare - H5522

For 2026, Aetna Medicare - H5522 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★★★
Health Services Rating:	★★★★★
Drug Services Rating:	★★★★★

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact Aetna Medicare Monday through Friday from 8:00 a.m. to 9:00 p.m. Eastern time at 800-307-4830 (toll-free) or 711 (TTY). Current members please call 888-267-2637 (toll-free) or 711 (TTY).

The number of stars show how well a plan performs.

★★★★★	EXCELLENT
★★★★☆	ABOVE AVERAGE
★★★☆☆	AVERAGE
★★☆☆☆	BELOW AVERAGE
★☆☆☆☆	POOR

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Aetna Medicare Rx[®] offered by SilverScript[®]

A plan with prescription drug benefits can help cover the cost of your medicine.



See if your prescriptions are covered

Our plan covers many of the most commonly prescribed generic and brand-name drugs.

To find your medicine in our formulary (drug list):

- Go to **CTTRB.AetnaMedicare.com**
- Select “Find doctors and prescription drugs.” Once here, you can “Check our drug list” to review the formulary.



No computer or internet? No worries.

Call us at **1-866-495-0761 (TTY: 711)**. We're here Monday–Friday, 8 AM–9 PM ET to help with your prescription drug-related questions.

Pharmacy coverage from coast to coast

Our pharmacy network includes national chains and local options.



Find a network pharmacy close to you

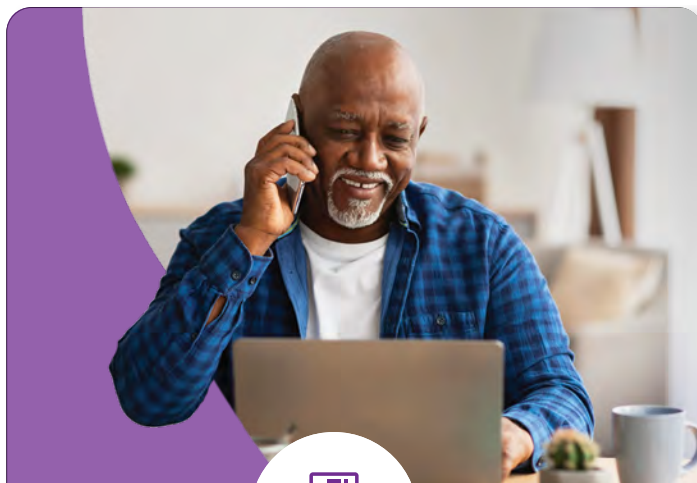
You'll typically pay less when you get your prescription drugs at a preferred pharmacy.



Search online.

Visit **CTTRB.AetnaMedicare.com** to find locations in your area. Once there, simply follow the steps below:

1. Go to "Find doctors and prescription drugs"
2. "Prescription drugs" and then "Find a pharmacy"
3. Select "Find a network pharmacy"



Ask an Aetna® representative.

Call **1-866-495-0761 (TTY: 711)**,
Monday–Friday, 8 AM–9 PM ET.



Home delivery

With CVS Caremark® Mail Service Pharmacy, our preferred mail-order pharmacy, standard shipping is always free. Your medicine is checked for accuracy by a registered pharmacist and mailed quickly and safely to you.

If you have questions about your medicine, you can call anytime.



2026 Summary of Benefits

Aetna Medicare Rx offered by SilverScript Employer PDP sponsored by Connecticut Teachers' Retirement Board

A Medicare Prescription Drug Plan (PDP) offered by SilverScript® Insurance Company with a Medicare contract

January 1, 2026 – December 31, 2026

About Aetna Medicare Rx offered by SilverScript

Aetna Medicare Rx offered by SilverScript Employer PDP sponsored by Connecticut Teachers' Retirement Board is a Medicare Part D prescription drug plan with any additional coverage to expand the Part D benefits provided by Connecticut Teachers' Retirement Board. The plan is offered by SilverScript Insurance Company, which is affiliated with CVS Caremark®.

Plan Costs

This section includes information about your monthly premium, annual deductible (if any), and cost-sharing amounts during the Initial and Catastrophic Coverage Stages for Aetna Medicare Rx offered by SilverScript.

Monthly Premium

Your coverage is provided through a contract with your plan sponsor. Your plan benefits administrator will let you know about your plan premium, if any.

Medicare Part D Drug Payment Stages

All Medicare Part D prescription drug plans have drug payment stages where drug costs may vary. You move through each stage based on the amount either you or the plan spend on prescription drugs. See the following section for information on the Medicare Part D drug payment stages. The Part D *Explanation of Benefits (EOB)* and other plan materials include additional information on the three drug payment stages.

Stage 1: Annual Deductible Stage

Annual deductible of \$200.

The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.

Stage 2: Initial Coverage Stage Cost Sharing

During the Initial Coverage Stage, you pay a portion of your drug costs, and the plan pays its portion. The following tables show what you pay until your out-of-pocket covered Part D drug costs reach \$2,100. You may get your drugs at network retail pharmacies or through the mail-order pharmacy.

2026 Aetna Medicare Rx offered by SilverScript Summary of Prescription Drug Benefits for Connecticut Teachers' Retirement Board

Monthly Premium	Your plan benefits administrator will let you know about your plan premium, if any.
Formulary	4T Comprehensive Plus
Network	P1
Annual Deductible	Annual deductible of \$200. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus and travel vaccines.

Initial Coverage Stage

Your share of the cost when you get a one-month supply of a covered Part D prescription drug:

	Preferred Network Retail Pharmacy (Up to a 31-day supply)	Standard Network Retail Pharmacy (Up to a 31-day supply)	Long-Term Care (LTC) Pharmacy (Up to a 31-day supply)
Tier 1: Generic	4% of total cost	5% of total cost	5% of total cost
Tier 2: Preferred Brand	20% of total cost	20% of total cost	20% of total cost
Tier 3: Non-Preferred Brand	30% of total cost	30% of total cost	30% of total cost
Tier 4: Specialty	30% of total cost	30% of total cost	30% of total cost

Your share of the cost when you get a *long-term* supply of a covered Part D prescription drug:

	Preferred Network Retail Pharmacy (Up to a 90-day supply)	Standard Network Retail or Mail-Order Pharmacy (Up to a 90-day supply)	Preferred Mail-Order Pharmacy (Up to a 90-day supply)
Tier 1: Generic	4% of total cost	5% of total cost	4% of total cost
Tier 2: Preferred Brand	20% of total cost	20% of total cost	20% of total cost
Tier 3: Non-Preferred Brand	30% of total cost	30% of total cost	30% of total cost
Tier 4: Specialty	30% of total cost	30% of total cost	30% of total cost

You will pay a \$20 cost share for up to a 90-day supply of each covered insulin product on the preferred brand tier or not more than \$35 for a one-month supply or \$105 for a 90-day supply of each covered non-preferred insulin product, even if you haven't paid your deductible.

Stage 3: Catastrophic Coverage Stage Cost Sharing

During this payment stage, you pay nothing for your covered Part D drugs. For excluded drugs covered under the additional coverage provided by Connecticut Teachers' Retirement Board, you will continue to pay the same cost sharing amount during the Catastrophic Coverage stage.

Who can join?

To join Aetna Medicare Rx offered by SilverScript, you must be eligible for coverage provided by Connecticut Teachers' Retirement Board, be entitled to Medicare Part A and/or be enrolled in Medicare Part B, be a United States citizen or be lawfully present in the United States and live in our service area. Aetna Medicare Rx offered by SilverScript is available in the United States.

Which drugs are covered?

To find out if your drug is on the formulary (list of Part D prescription drugs) or about any restrictions, view your formulary online at CTTRB.aetnamedicare.com or call Customer Care at 1-866-495-0761, 24 hours a day, 7 days a week. TTY users call 711. You may also request a copy of the complete plan formulary by calling Customer Care.

Please note: Connecticut Teachers' Retirement Board provides additional coverage that may cover prescription drugs not included in your Medicare Part D benefit.

The following categories are included in your Non-Part D Supplemental Benefit:

- Cosmetic
- Cough and Cold
- Fertility
- Erectile Dysfunction
- Vitamins and Minerals

To view the medications in these categories, visit aetnamedicare.com/SupplementalBenefitPDP.

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include step therapy, prior authorization or quantity limitations.

For more information about your share of the cost or which prescription drugs may or may not be covered, please call Customer Care.

How will I determine my drug costs?

Aetna Medicare Rx offered by SilverScript groups each medication into one of four tiers. Use your formulary to find out the tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier, which coverage stage you are in, and what pharmacy you use. As you move from stage to stage, the amount you and the plan pay for your drugs may change. If the actual cost of a drug is less than the normal copayment or coinsurance for that drug, you will pay the actual cost, not the higher copayment or coinsurance.

Which pharmacies can I use?

More than 63,000 pharmacies with over 20,000 preferred pharmacies nationwide make up the pharmacy network. These include retail, mail-order, long-term care and home infusion pharmacies. To find a network pharmacy near your home or where you are traveling in the United States or its territories, call Customer Care, or visit CTTRB.aetnamedicare.com.

You generally must use a network pharmacy in order to receive full benefit coverage on your prescriptions. You may get drugs from an out-of-network pharmacy in an emergency, but you may have to pay the full cost (rather than your normal share of the cost) at the time you fill your prescription. If you use an out-of-network pharmacy in an emergency, we will reimburse you your total cost minus your cost-share amount for the drug. You must submit a paper claim in order to be reimbursed.

Please note: After the mail-order pharmacy receives an order, it typically takes up to 10 days for you to receive your prescription drug. Specialty pharmacies fill high-cost specialty drugs that require special handling. Although specialty pharmacies may deliver covered medicines through the mail, they are not considered “mail-order pharmacies.” Therefore, most specialty drugs are not available at the mail-order cost share.

For more information

This document provides a summary of what Aetna Medicare Rx offered by SilverScript covers and what you will pay. To get a complete list of our benefits, please call Customer Care and ask for the *Evidence of Coverage*.

If you want to know more about the coverage and costs of Original Medicare, look in your current *Medicare & You* handbook. View it online at www.Medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

The formulary and/or pharmacy network may change at any time. You'll receive notice when necessary.

Aetna and CVS Pharmacy® are part of the CVS Health® family of companies.

See *Evidence of Coverage* (EOC) for a complete description of plan benefits, exclusions, limits, and conditions of coverage. Plan features and availability may vary by service area.

If there is a difference between this document and the EOC, the EOC is considered correct.

The Aetna Medicare Rx offered by SilverScript retiree pharmacy coverage is an enhanced Part D Employer Group Waiver Plan that is offered as a single integrated product. The enhanced Part D plan consists of two components: basic Medicare Part D benefits and supplemental benefits. Basic Medicare Part D benefits are offered by Aetna Medicare Rx offered by SilverScript based on our contract with CMS. We receive monthly payments from CMS to pay for basic Part D benefits. Supplemental benefits are non-Medicare benefits that provide enhanced coverage beyond basic Part D. Supplemental benefits are paid for by plan sponsors or members and may include benefits for non-Part D drugs. Aetna Medicare Rx offered by SilverScript reports claim information to CMS according to the source of applicable payment (Medicare Part D, plan sponsor or member).

Aetna Medicare Rx offered by SilverScript is a group standalone Medicare Prescription Drug Plan (PDP). This plan is offered by SilverScript Insurance Company, which has a Medicare contract. SilverScript Insurance Company and Aetna are affiliated companies. Enrollment in the plan depends on Medicare contract renewal.

Due to legislation in Arkansas, effective January 1, 2026, you may not be able to utilize the following services within the state of Arkansas, unless a court takes action: CVS Retail, CVS Caremark Mail Service, CVS Specialty, and OMNI Care long term pharmacies.



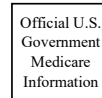
Important Plan Information

Aetna Medicare Rx offered by SilverScript Customer Care

Call	1-866-495-0761 Calls to this number are free, 24 hours a day, 7 days a week. Customer Care also has free language interpreter services available for non-English speakers.
TTY	711 This number requires special telephone equipment and is only for people who have difficulties with hearing or speaking. Calls to this number are free, 24 hours a day, 7 days a week.
Fax	1-866-552-6205
Write	SilverScript Insurance Company P.O. Box 30016 Pittsburgh, PA 15222-0330

Part D Star Ratings

IMPORTANT INFORMATION: 2026 Medicare Star Ratings



SILVERSCRIPT INSURANCE COMPANY - S5601

For 2026, SILVERSCRIPT INSURANCE COMPANY - S5601 received the following Star Ratings from Medicare:

Overall Star Rating: ★★★★★

Health Services Rating: Service not offered

Drug Services Rating: ★★★★★

SilverScript®

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

The number of stars shows how well our plan performs.

★★★★★	EXCELLENT
★★★★☆	ABOVE AVERAGE
★★★☆☆	AVERAGE
★★☆☆☆	BELOW AVERAGE
★☆☆☆☆	POOR

More stars mean a better plan – for example, members may get better care and better, faster customer service.

Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [Medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

Questions about this plan?

Contact SILVERSCRIPT INSURANCE COMPANY 7 days a week from October 1 – March 31, 8 a.m. to 8 p.m., local time, or 5 days a week (M-F) from April 1 – September 30, 8 a.m. to 8 p.m., local time, at 1-833-526-2445 (toll-free) or 711 (TTY).

Current members please call 24 hours a day local time, 7 days a week, at 1-866-235-5660 (toll-free) or 711 (TTY).

What happens next

You'll receive more information from us in the mail shortly after you're enrolled.



Plan confirmation and acceptance letters

This includes info about your plan's features. We'll send it to you once the Centers for Medicare & Medicaid Services (CMS) approves your enrollment. **You'll get your letters by mail.**



Plan member ID cards

You'll have two new member ID cards, one for medical and one for pharmacy. Please bring both with you to the doctor, hospital and pharmacy.

You'll receive your Aetna and SilverScript member ID cards by mail in separate mailings. You can also find your Aetna member ID online. Visit **CTTRB.AetnaMedicare.com** to register or log in to the Aetna secure member website for your medical card.



Member portals

You will need to register for two member portals to manage your care. Once you receive your ID cards, you can register through **Health.Aetna.com** to manage your medical care and **Caremark.com** to manage your prescription drugs.

Evidence of Coverage (EOC)

There are two documents — be sure to read both. Each one is a complete description of either your medical or prescription drug plan coverage and your member rights. You'll find your EOCs online. You'll receive additional information by mail with directions to find your EOCs.



Formulary

This is a list of drugs your plan covers and any special requirements. **You'll find your formulary online.** Just visit **CTTRB.AetnaMedicare.com** to view. Review your formulary closely.



Schedule of Cost Sharing (SOC)

This outlines medical costs that you pay out of your own pocket. This can include copayments or similar charges. You'll receive instructions on how to find it online. Your prescription drug costs can be found in your prescription drug EOC.



Healthy Home Visit

We'll call you to schedule a Healthy Home Visit. You'll get in-home advice from a licensed health care professional on how to reach your health goals.



Helpful resources

Keep these handy so you can refer to them at any time.



Call us

Call Aetna® at **1-866-495-0761 (TTY: 711)**,
Monday–Friday, 8 AM–9 PM ET.



Visit these websites

Want more information about the plan and additional wellness programs?
Looking for a doctor or hospital?

To find all that and more, visit **CTTRB.AetnaMedicare.com**

Visit **Medicare.gov** or call **1-800-MEDICARE (1-800-633-4227)**,
TTY/TDD **1-877-486-2048** for more information about how Medicare works.



Download the Aetna HealthSM app

Manage your plan the easy way with the Aetna Health app

- View claims
- Track spending
- Access your digital ID card,
and much more



Don't have the app? Get it today:



Apple®, App Store® and the Apple logo are trademarks of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc.

Google Play is a trademark of Google LLC.

Due to legislation in Arkansas, effective January 1, 2026, you will not be able to utilize the following services within the state of Arkansas: CVS® retail, CVS Caremark® Mail Service

Pharmacy, CVS Specialty® and Omnicare® long-term pharmacies.

See Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area. Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. Participating health care providers are independent contractors and are neither agents nor employees of Aetna. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change. The formulary and/or pharmacy network may change at any time. You will receive notice when necessary. Aetna and CVS Caremark® are part of the CVS Health® family of companies.

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex and does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. If you speak a language other than English, free language assistance services are available. Visit our website, call the phone number listed in this material or the phone number on your benefit ID card.

In addition, our health plan provides auxiliary aids and services, free of charge, when necessary, to ensure that people with disabilities have an equal opportunity to communicate effectively with us. Our health plan also provides language assistance services, free of charge, for people with limited English proficiency. If you need these services, visit our website, call the phone number listed in this material or on your benefit ID card.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Grievance Department (write to the address listed in your Evidence of Coverage). You can also file a grievance by phone by calling the Customer Service phone number listed on your benefit ID card (TTY: 711). If you need help filing a grievance, call Customer Service Department at the phone number on your benefit ID card.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf.

ESPAÑOL (SPANISH): Si habla un idioma que no sea inglés, se encuentran disponibles servicios gratuitos de asistencia de idiomas. Visite nuestro sitio web o llame al número de teléfono que figura en este documento.

繁體中文 (CHINESE): 如果您使用英文以外的語言，我們將提供免費的語言協助服務。請瀏覽我們的網站或撥打本文件中所列的電話號碼。