CARE COMPASS

2025
2026

TRANSITIONING *to* RETIREMENT

FOR STATE OF CONNECTICUT EMPLOYEES
PREPARING FOR RETIREMENT ON OR AFTER JULY 1, 2025

carecompass.ct.gov

Using This Guide

Note: This guide is for those retiring in 2026 and later.

You may need to review coverage options in both the **non-Medicare-eligible** section (starting on ***page 11***) and the **Medicare-eligible** section (starting on ***page 13***), depending on your and your dependents' Medicare eligibility.

Non-Medicare eligibility applies to retirees and their covered dependents who are not yet eligible for Medicare Parts A and B.

Medicare eligibility starts at age 65. Medicare is a federal health insurance program. Medicare enrollment is required for all who are eligible. The age at which you are eligible for Social Security may be higher than age 65, depending on the year in which you were born. Additionally, you may be eligible for Medicare before age 65 if you are permanently disabled. Be sure to follow the Medicare Enrollment Checklist on ***page 9***.

New retirees: Your health coverage as an active employee does **NOT** automatically transfer to your coverage as a retiree. You must enroll if you want retiree health coverage for yourself and any eligible dependents. **Within 30 calendar days after your retirement date, you must complete the Retiree Health Enrollment/Change Form (CO-744) included in your retirement packet.** If you do not enroll within 30 days, you must wait until the next annual Open Enrollment period to enroll in retiree coverage.

Please pay careful attention to the differences between non-Medicare-eligible and Medicare-eligible coverage.

Find more information

This guide provides an overview of the most important information you need to make an informed decision about your retiree health coverage. For more detailed information, including the comprehensive 2025-2026 Healthcare Options Planner for Retirees, go to **carecompass.ct.gov** under **State Retiree**.

If you have questions, call the Office of the State Comptroller, Retiree Health Insurance Unit, at 860-702-3533 or email osc.rethealth@ct.gov.

Sean Scanlon
State Comptroller
@CTComptroller

Congratulations on Your Retirement! 🎉

We truly appreciate all your hard work and dedication throughout your career.

It's our privilege to offer retiree health care coverage to you and your eligible family members. Your eligibility for Medicare will determine the coverage options available to you in retirement. If you're not yet eligible for Medicare, you can continue the same coverage you had as an active employee, or you can choose a different plan. If you're eligible for Medicare, you have one health care plan available to you: the Aetna Medicare Advantage Plan (a PPO plan).

Carefully review this guide to learn about the health benefits coverage available to you and your family members, and how it interacts with Medicare.

Sean Scanlon
Connecticut State Comptroller

Important!
Your health coverage as an active employee does **NOT** automatically transfer to your coverage as a retiree. You must enroll prior to your retirement date if you want retiree health coverage for yourself and any eligible dependents.

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Eligibility

Retirees

To be eligible for retiree health coverage, you must first be eligible for a retirement benefit from your state-sponsored retirement program. You must also meet minimum service requirements to be eligible for retiree health coverage. Generally, employees hired before July 1, 2009, need 10 years of actual state service. Those hired on or after July 1, 2009, typically need 15 years of actual state service. For more information about eligibility for retiree health benefits, contact the Retiree Health Insurance Unit at 860-702-3533 or osc.rethealth@ct.gov.

Dependents

It's important to understand whom you can cover under the plan. If you enroll a person who is not eligible, you will have to pay federal and state taxes on the fair market value of benefits provided to that individual, and you may be required to reimburse the state for the cost of the ineligible dependent's coverage and incurred medical expenses.

Eligible dependents generally include:

- Your legally married spouse or civil union partner
- Your children through the end of the year they turn 26
- Children living with you for whom you are the legal guardian (to age 18, unless proof of continued dependency is provided)
- Disabled children over age 26. Contact Quantum Health at 833-740-3258 to verify your child's eligibility. Once you enroll your disabled adult child, they must remain enrolled to retain eligibility. Your disabled child must meet the following requirements for continued coverage:
    - Adult child is enrolled in a State of Connecticut employee plan on the child's 26th birthday. (Not required if you are a new retiree enrolling for the first time.)
    - Disabled child must meet the requirements of being an eligible dependent child before turning age 26. (Not required if you are a new retiree enrolling for the first time.)
    - Adult child must have been physically or mentally disabled on the date coverage would otherwise end because of age and continue to be disabled since age 26.
    - Adult child is dependent on the member for substantially all of their economic support and is declared as an exemption on the member's federal income tax return.
    - Member is required to comply with their enrolled medical plan's disabled dependent certification process and recertification process every year thereafter and upon request.
    - All enrolled dependents who qualify for Medicare due to a disability are required to enroll in Medicare. Members must notify the Retiree Health Insurance Unit of any dependent's eligibility for, and enrollment in, Medicare.

Once you enroll your disabled adult child, you must continuously enroll that child in the State of Connecticut Retiree Health Plan and Medicare (if eligible) to maintain future eligibility.

It is your responsibility to notify the Retiree Health Insurance Unit within 30 days after the date when any dependent is no longer eligible for coverage.

Required Documentation

If you have not previously covered a dependent, you must provide confirmation of their dependent relationship upon enrollment. For spouses, required documentation is a copy of your marriage license. For dependent children, required documentation is a copy of the long form of their birth certificate, adoption decree and/or legal guardianship documents.

Cost of Coverage

Once you are enrolled, premium contributions are deducted from your monthly pension check. If your pension check does not cover your required premiums or you do not receive a pension check, you will be billed monthly for your premium contributions.

Medical Premiums

Medicare-Eligible Coverage

If you and all covered dependents are eligible for Medicare, you will pay nothing for your medical and prescription drug coverage offered through the State of Connecticut Retiree Health Plan.

See ***Split Families*** below if some or all of your covered dependents are not eligible for Medicare.

Medicare Premiums

All Medicare-eligible retirees and dependents must stay continuously enrolled in Medicare to avoid any lapse in medical coverage. This means you must pay all Medicare premiums to the federal government on time.

The state will reimburse:

- 100% of the standard Medicare Part B premium ($202.90/month in 2026),
- 100% of any income-related adjustment (IRMAA) to the Part D premium, and
- 50% of any IRMAA adjustment to the Part B premium, as long as your Medicare card and annual premium notice are on file.

A copy of your Medicare card showing Parts A and B, along with your annual premium notice, must be on file with the Retirement Health Unit. Reimbursements appear in your pension check. ARP and TRB retirees will receive a separate reimbursement check from the Comptroller's Office.

If you pay higher premiums due to income, you must submit documentation from Social Security or Medicare each year to be reimbursed at the higher rate.

Note: If you fail to enroll in Medicare Part B within 90 days of becoming eligible, Medicare may charge a late penalty. The state does not reimburse for these penalties.

Split Families

If you have split family coverage — coverage where one or more members are eligible for Medicare and one or more members are not eligible for Medicare — you must calculate how much you will pay for coverage every month.

Here's how:

1. For all non-Medicare-eligible individuals, you will pay the medical premium shown under ***Non-Medicare-Eligible Coverage*** on the following page.
2. For all Medicare-eligible individuals, you will pay nothing for medical and prescription drug coverage under the State of Connecticut Retiree Health Plan.

Non-Medicare-Eligible Coverage

These are the monthly premiums for non-Medicare-eligible medical coverage.

Coverage Level	Quality First Select Access* (State BlueCare Prime Tiered POS)	Primary Care Access (State BlueCare Point of Enrollment Plus [POE-G Plus])	Standard Access (State BlueCare Point of Enrollment [POE])	Expanded Access (State BlueCare Point of Service [POS])	Anthem State Preferred POS**	Anthem Out-of-Area
Hazardous Duty						
1 person	$42.87	$42.77	$43.16	$44.01	$46.91	$46.91
2 persons	$94.32	$94.09	$94.96	$96.83	$103.20	$103.20
3+ persons	$115.76	$115.47	$116.54	$118.83	$126.65	$126.65
Non-Hazardous Duty						
1 person	$71.46	$71.28	$71.94	$73.35	$78.18	$78.18
2 persons	$157.21	$156.81	$158.27	$161.38	$171.99	$171.99
3+ persons	$192.94	$192.45	$194.24	$198.06	$211.08	$211.08

The Quality First Select Access plan is only available to employees (and their dependents) who live in Connecticut.* * Closed to new enrollment*

If you retired early, you might pay additional retiree premium share costs per the 2011 SEBAC agreement until you reach your normal retirement age. For an estimate of your early-retirement premium deduction, please contact the Retiree Health Insurance Unit at 860-702-3533 or osc.rethealth@ct.gov.

Dental Premiums

You'll pay for the cost of dental coverage through deductions from your monthly pension check. Your premium contribution depends on the dental plan you choose, your retirement date and the number of covered individuals. Cigna is the administrator for all State of Connecticut dental plans.

Closed to new enrollments; the Total Care DHMO Plan offers better coverage and lower costs

Coverage Level	Total Care DHMO Plan	Enhanced Plan	Basic Plan	Dental Care DHMO Plan
All Retirement Types				
1 person	$30.33	$40.12	$43.10	$24.32
2 persons	$66.72	$80.24	$86.21	$53.50
3+ persons	$81.89	$80.24	$86.21	$65.66

How to Enroll

Your retiree health coverage begins on the first day of the second month after your retirement date. For example, if you retire on October 1, your coverage starts November 1.

Important! If you are Medicare-eligible, you must be enrolled in Medicare Parts A and B, effective your retiree health coverage start date, to enroll in the State of Connecticut Retiree Health Plan. If you are age 65 or older, contact the U.S. Social Security Administration **at least three months** before your retirement date to enroll in Medicare.

Retirees and dependents can be enrolled in different plans, depending on Medicare eligibility. Retirees who are eligible for Medicare will be enrolled in the Aetna Medicare Advantage Plan (PPO). Enrolled dependents not yet eligible for Medicare (typically under age 65) will elect their medical and prescription drug coverage at retirement.

Your health coverage as an active employee does NOT automatically transfer to your coverage as a retiree. You must enroll if you want retiree health coverage for yourself and any eligible dependents.

You must complete your enrollment at least 30 days before your retirement date. If you do not enroll at this time, you must wait until the next Open Enrollment to enroll.

Non-Medicare Enrollment Checklist

Note: If you are Medicare-eligible, see the Medicare Enrollment Checklist on ***page 9***.

Outside of initial retirement, enrollment and adding/removing dependents can ONLY be done during Open Enrollment or when a qualifying life event occurs.

- [ ] Compare plan options at **carecompass.ct.gov/benefits-enrollment/retirees**.
  - Plan comparison charts and rates (printable)
  - Online quizzes to help you choose a medical and dental plan
  - Healthcare Options Planner for Retirees
  - On-demand videos
- [ ] Review the premium amounts for medical and dental coverage on ***pages 6 and 7***.
- [ ] Complete the Retiree Health Enrollment/Change Form (CO-744) included in your retirement packet provided by your agency. A printable form is available at **carecompass.ct.gov/forms**.
- [ ] Return the completed form and any necessary supporting documentation to the Office of the State Comptroller along with your completed retirement package. Be sure to:
  - Select the application type: New Retirement Enrollment
  - List all dependents you're covering and provide supporting documentation for new dependents.
  - Sign your application.
  - Return your application with your completed retirement package via U.S. mail, email, or fax to:

Office of the State Comptroller
ATTN: Retiree Health Insurance Unit
165 Capitol Avenue
Hartford, CT 06106-1775

Email: osc.rethealth@ct.gov
Fax: 860-702-3556

If you have questions, contact the Office of the State Comptroller, Retiree Health Insurance Unit, at 860-702-3533 or osc.rethealth@ct.gov. For more information, go to **carecompass.ct.gov/retirees/nonmedicare**.

Medicare Enrollment Checklist

Medicare is a federal health insurance program for people age 65 and older. To enroll in state retiree medical coverage, you must first enroll in Medicare Part A and Part B.

People younger than age 65 may also qualify for Medicare and Social Security Disability Insurance (SSDI) monthly cash benefits if the Social Security Administration finds that their health conditions meet its standard for disability. Review the 2025-2026 Healthcare Options Planner for Retirees, available at **carecompass.ct.gov** under the **State Retiree** tab.

Step 1: Enroll in Medicare Part A and Part B

If you and/or an enrolled dependent is over age 65 or Medicare-eligible at the time of your retirement:
That person must be enrolled in Medicare Parts A and B. The Medicare Part B effective date must match your retiree health coverage start date—the first day of the month after your retirement. For example, if your retirement date is October 1, coverage begins November 1. Contact the U.S. Social Security Administration three months before retirement to enroll. Your agency HR/payroll office must complete a Medicare Employment Verification Form to avoid a late-enrollment penalty.

If you and/or an enrolled dependent is not eligible for Medicare at the time of your retirement:
That person must apply for Medicare Parts A and B three months before their 65th birthday. The Retiree Health Unit will send a reminder as you approach age 65.

Enroll in Medicare. There are three options for Medicare enrollment.

Option 1: **If you are currently receiving Social Security benefits,** the Social Security Administration will automatically enroll you in Medicare Part A and Part B the first day of the month you turn age 65.

Option 2: **If you are 65 or older and NOT receiving Social Security benefits,** you will need to contact a local Social Security office by calling 800-772-1213 or go online to the Medicare.gov website to enroll in Medicare Part A and Part B ONLY.

Option 3: **If you are over age 65 and NOT eligible for Medicare,** you should apply using your spouse's Social Security number. If you are unmarried and/or are not eligible for Medicare Part B after using your spouse's Social Security number to apply, you must provide the Retiree Health Insurance Unit with written documentation from the Social Security Administration indicating your inability to enroll. Documentation must be sent via U.S. mail, email, or fax as noted on ***page 8***.

- If you are not eligible for premium-free Medicare Part A, you are not required to enroll in Part A. You are still required to enroll in Medicare Part B.
- Do not enroll in any other Medicare Advantage (Medicare Part C) or Medicare prescription drug plan (Medicare Part D). You are only able to enroll in one Medicare Advantage and one Medicare Part D plan at a time. The Aetna Medicare Advantage Plan (PPO) includes Medicare Part D prescription drug coverage. Enrolling in any other Medicare Advantage or Medicare Part D plan will disenroll you from the Aetna Medicare Advantage Plan (PPO) and cause your state-sponsored medical and prescription drug coverage to end for you and your dependents.

If you delay enrollment in Medicare Part A and Part B, enrollment in the Aetna Medicare Advantage Plan (PPO) will be delayed and will result in a lapse in coverage.

If you or a dependent was eligible for Medicare at age 65 or earlier due to a disability, but you did not enroll in Medicare Part A and Part B, the Social Security Administration may assess a late-enrollment penalty for each year in which you were eligible but failed to enroll. You will still be required to enroll in Medicare Part A and Part B to receive coverage through the State of Connecticut Retiree Health Plan, even if you are assessed a penalty.

Step 2. Confirm Your Medicare Documentation

Once you enroll in Medicare, you should receive documentation that will need to be provided to the Retiree Health Insurance Unit:

1. **A copy of your red, white, and blue Medicare ID card.** If your Medicare card is delayed, you should obtain your Medicare Beneficiary Identifier (MBI #) as soon as possible and call, fax, or email the Retiree Health Insurance Unit to provide your MBI #. Find your MBI # online or on documents you will receive shortly after applying for Medicare.
2. **A residential address.** If you receive your mail at a post office box, you must provide a residential street address to the Retiree Health Insurance Unit. This is a requirement of the U.S. Centers for Medicare & Medicaid Services. All communication will still go to your noted mailing address.
3. **Verification of your premiums.**
   - If you pay more than the standard Medicare Part B premium ($202.90 per month in 2026) or an income-related monthly adjustment amount (IRMAA) for Medicare Parts B and D, the Social Security Administration will send you an annual letter. To receive full reimbursement of the standard Medicare Part B premium, the additional Part D IRMAA premium, and 50% of the additional Part B IRMAA premium, send a copy of this letter, along with a copy of your red, white and blue Medicare card to the Retiree Health Insurance Unit within 60 days of your Part B effective date.
   - If you are not eligible for premium-free Medicare Part A and:
     - **Choose to not enroll in Medicare Part A, you must submit a statement to the Retiree Health Insurance Unit from the Social Security Administration verifying that you are not eligible.**
     - **Choose to enroll in Medicare Part A, you must provide the Retiree Health Insurance Unit with written documentation confirming the premium amount.**

Note: If you lose eligibility for Medicare, you **MUST** contact the Retiree Health Insurance Unit right away to avoid a disruption in your coverage under the State of Connecticut Retiree Health Plan.

If documentation is received after 60 days, you will only be reimbursed prospectively from the date of receipt through the end of the calendar year.

Step 3. Enroll in the Aetna Medicare Advantage PPO plan

The Aetna Medicare Advantage Plan (PPO) is the only option for state-sponsored medical and prescription drug coverage. If you opt out, you forfeit all state-sponsored coverage, including medical, prescription, and Medicare premium reimbursements for you and your dependents. Aetna is required by Medicare to inform you of your right to opt out, but if you wish to keep your coverage, disregard the opt-out notice.

To enroll, complete the Retiree Health Enrollment/Change Form (CO-744) included in your retirement packet. A printable version is available at **carecompass.ct.gov/forms**.

Once enrolled, the Aetna Medicare Advantage PPO plan becomes your only medical and prescription drug coverage. You will receive separate ID cards for medical coverage through Aetna Medicare and prescription drug coverage through Aetna Medicare Rx (SilverScript).

Waiving Coverage

If you have other medical coverage and want to waive State of Connecticut coverage when first eligible, you can choose to enroll later, within 30 days of losing your other coverage or during Open Enrollment.

To waive coverage, retirees must complete the Retiree Health Enrollment/Change Form (CO-744-OE), check "Waive Medical Coverage," and return it to the Retiree Health Insurance Unit.

Important! If you waive coverage, you cannot enroll dependents under the State Retiree Health Plan. You must be enrolled yourself to cover eligible dependents.

Making Changes to Your Coverage During the Year

You cannot make changes during the plan year unless you have a "qualifying status change," like a marriage, divorce, or birth of a child, as defined by the IRS. If you have a qualifying status change, you must notify the Retiree Health Insurance Unit **within 30 days after the event** and submit a **Retiree Health Enrollment/Change Form (CO-744)**. If the required information is not received within 30 days, you must wait until the next Open Enrollment to make the change.

For a list of qualifying status changes and the actions you need to take, review the 2025-2026 Healthcare Options Planner for Retirees, available at **carecompass.ct.gov/retirees** under the **State Retiree** tab.

Non-Medicare-Eligible Coverage

Non-Medicare-eligible coverage is only for non-Medicare-eligible retirees and/or their enrolled dependents. If you or your dependents are eligible for Medicare, please read *Medicare-Eligible Coverage*, which begins on ***page 13***.

Medical Coverage

As a non-Medicare-eligible retiree or dependent, you have access to the same Anthem medical plans you had as an active employee:

- **Quality First Select Access (State BlueCare Prime Tiered POS):** This is the most affordable plan, with a smaller network of providers primarily in Connecticut and some nearby states. **Retirees and covered dependents must live in Connecticut to enroll.** No provider referrals are required. Out-of-network services are covered at 80% of the allowable charge.
- **Primary Care Access (State BlueCare Point of Enrollment Plus [POE-G]):** A Primary Care Provider (PCP) is required in this plan; you must have a referral to see a specialist. Out-of-network services are not covered, except in an emergency.
- **Out-of-Area (OOA):** Only available if the retiree moves out of Connecticut.
- **Standard Access (State BlueCare Point of Enrollment [POE]):** This plan does not require referrals for specialists, or the selection of a Primary Care Provider (PCP). Out-of-network services are not covered, except in an emergency.
- **Expanded Access (State BlueCare Point of Service [POS]):** The most expensive plan, it allows you in- and out-of-network coverage. No provider referrals are required. Out-of-network services are covered at 80% of the allowable charge.
- **State Preferred Point of Service (POS):** A Primary Care Provider (PCP) and referrals to specialists are not required. *Closed to new enrollment.*

Need help choosing a plan? View benefit resources including plan coverage decision-making guides, benefit summaries, the full 2025-2026 Healthcare Options Planner for Retirees, and more at **carecompass.ct.gov/benefits-enrollment/retirees** under the **State Retiree** tab.

Additional Benefits

All non-Medicare retiree health plan members have access to programs and initiatives to stay healthy and find the right care at the right time. For more details about healthy living programs including diabetes prevention, weight management, mental and behavioral health, and orthopedic care, visit **carecompass.ct.gov/nonmedicare**.

Health Enhancement Program (HEP)

If you were enrolled in the Health Enhancement Program (HEP) as an active employee, your current HEP enrollment and status will continue with your non-Medicare health coverage when you retire. If you're not currently enrolled in HEP and would like to enroll, you must contact your agency benefits specialist or, if retired, call 860-702-3533. For more information on HEP requirements and enrollment, visit **carecompass.ct.gov/hep**.

Prescription Drug Coverage

Your prescription drug coverage is administered by CVS Caremark. Prescription drug benefits are the same no matter which medical plan you choose. The amount you pay depends on whether your prescription is for a generic drug, a brand-name drug listed on CVS Caremark's preferred drug list (the formulary), or a non-preferred brand-name drug. To see the cost of your medications, plus any lower-cost options, go to **caremark.com** and select **Sign in**. Use the **Check Drug Cost tool**.

Dental Coverage

You have access to the same dental coverage options that you had as an active employee:

- Total Care DHMO Plan
- Enhanced Plan
- Basic Plan
- Dental Care DHMO Plan *(closed to new enrollments; the Total Care DHMO Plan offers better coverage and lower costs)*

For more information on dental coverage, review the 2025-2026 Healthcare Options Planner for Retirees or visit **carecompass.ct.gov/retirees**.

Group Life Benefit for Non-Medicare-Eligible and Medicare-Eligible Retirees

Insured employees who retire in accordance with any state employee retirement plan will receive a reduced paid-up life insurance policy upon retirement.

Anyone retiring with hazardous-duty benefits or with 25 years of state service, with group life coverage prior to retirement, will receive a reduced paid-up policy. The new policy will provide half the coverage that the employee held immediately prior to retirement, not including supplemental amounts. If the employee has less than 25 years of state service, the paid-up policy will be a prorated amount.

Within 90 days of retiring, qualified employees will receive a letter explaining their paid-up amounts and current beneficiary information.

You can convert your life insurance to the full amount of active coverage by reaching out to the insurance company within 31 days of receiving their paid-up policy letter.

Use your Quantum Health benefits portal to see your HEP status, claims information, and more.

carecompass.quantum-health.com

Get the Quantum Health mobile app

Download on the App Store

GET IT ON Google Play

Medicare-Eligible Coverage

Medicare-eligible retirees and dependents are eligible for medical, prescription drug, and dental coverage under the State of Connecticut Retiree Health Plan.

Note: If you or your dependents are NOT eligible for Medicare, please read ***Non-Medicare-Eligible Coverage*** on ***page 11***.

Understanding Medicare

Medicare coverage has various parts:

- **Medicare Part A (Original Medicare hospital insurance):** Inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care
- **Medicare Part B (Original Medicare medical insurance):** Doctor's services, outpatient care, medical supplies, and preventive care
- **Medicare Part C (Medicare-approved plan from a private company):** Usually bundles hospital, medical, and prescription drug coverages. You might have heard of these plans as Medicare Advantage plans.
- **Medicare Part D:** Prescription drugs

Medical Coverage

For Medicare-eligible retirees, Medicare Part A and Part B are combined with the state's customized medical and prescription drug coverage (Part D) into a single, all-in-one plan: the Aetna Medicare Advantage Plan (PPO). This plan replaces your Anthem medical coverage and CVS Caremark prescription coverage. You will receive an Aetna medical ID card and a separate prescription ID card from SilverScript. If you are currently enrolled in dental coverage, Cigna will remain your dental provider.

Unlike Medicare Advantage plans advertised to the general public, the Aetna Medicare Advantage PPO is customized specifically for the State of Connecticut Retiree Health Plan and is only available to its members.

With the Aetna Medicare Advantage Plan (PPO), retirees have all the rights and privileges of Original Medicare. Instead of the federal government administering retirees' Medicare Part A and Part B benefits, as it does under Original Medicare, Aetna is the administrator through the Aetna Medicare Advantage Plan (PPO).

How the Plan Works

The Aetna Medicare Advantage Plan is an extended service area, preferred provider organization (ESA-PPO) plan that offers nationwide coverage. Here are some highlights of the plan:

- You can see **any** doctor, hospital, or other health care provider that accepts Medicare.
- You pay the same amount for care anywhere in the U.S., whether you see an in-network or out-of-network provider. You are not limited to seeing providers only in Connecticut or in the Aetna network. The plan travels with you throughout the U.S. The service area is all counties in all 50 U.S. states, the District of Columbia, and all U.S. territories.
- You have worldwide coverage for emergencies and urgently needed care. You may need to pay the entire claim when receiving care and then submit the claim to Aetna for reimbursement after returning to the U.S.
- You use your Aetna Medicare Advantage Plan (PPO) ID card for all covered medical and prescription drug needs. Put your Original Medicare card somewhere for safekeeping. You must use your Aetna ID card each time you receive medical services or fill a prescription.
- Your health care bills go to Aetna directly, NOT to Medicare. Then, your Aetna plan pays for your care.

For more information, please refer to the Aetna Medicare Plan Summary of Benefits, the Evidence of Coverage, or the 2025-2026 Healthcare Options Planner for Retirees, available at **carecompass.ct.gov/retirees**.

Additional Benefits

Additional programs are provided as a part of the Aetna Medicare Advantage Plan (PPO), including a 24/7 nurse line, telehealth services, SilverSneakers, support for chronic conditions, and a meal home delivery program. Find more information about these benefits and more at **ct.aetnamedicare.com**.

Prescription Drug Coverage

You can review the prescription drug formulary, additional drug lists, and specific drug costs online at **ct.aetnamedicare.com**. For questions about your prescription drug coverage, contact Aetna using the contact information on ***page 15***.

Dental Coverage

You have access to the same dental coverage options that you had as an active employee:

- Total Care DHMO Plan
- Enhanced Plan
- Basic Plan
- Dental Care DHMO Plan *(closed to new enrollments; the Total Care DHMO Plan offers better coverage and lower costs)*

For more information on dental coverage, review the 2025-2026 Healthcare Options Planner for Retirees or visit **carecompass.ct.gov/retirees**.

Group Life Benefit

See ***page 12*** for information.

Resources

Contact Information

Contact the **Office of the State Comptroller Retiree Health Insurance Unit** for questions about eligibility, enrollment, coverage changes, and premiums.

- **Phone:** 860-702-3533
- **Email:** osc.rethealth@ct.gov

Contact your Agency HR to begin your full retirement process, if you haven't already.

For resources on the state retirement plan, visit: **osc.ct.gov/retirement**.

Non-Medicare-Eligible Coverage

Benefit	Provider	Phone	Website
Medical and Health Enhancement Program (HEP)	Quantum Health	833-740-3258	**carecompass.ct.gov** Log in to your benefits portal on the Care Compass website.
Prescription drugs	CVS Caremark	800-318-2572	**carecompass.ct.gov/nonmedicare/rx** Log in to your benefits portal on the Care Compass website.
Dental	Cigna Healthcare	800-244-6224	**carecompass.ct.gov/retireedental** Log in to your benefits portal on the Care Compass website.

Medicare-Eligible Coverage

Benefit	Provider	Phone	Website
Medical and prescription drugs	Aetna Medicare Advantage	855-648-0391 (TTY: 711)	**ct.aetnamedicare.com**
Dental	Cigna Healthcare	800-244-6224	**carecompass.ct.gov/retireedental**

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February 2026

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

Medicare rules don't allow earned rewards to be used for Medicare-covered goods or services, including medical or prescription drug out-of-pocket costs. Earned rewards may not be used to pay for medical copays, prescription costs, or any other Medicare covered good or services. Earned rewards may also not be used on alcohol, tobacco, or firearms or be converted to cash.

Rewards earned may be considered taxable income. Please consult your tax adviser if you have any questions regarding the taxability of rewards.

Qualifying participants who are eligible to perform the program activities may earn rewards by completing all or some of the program activities. Rewards will be distributed to participants in the form of a gift card. Rewards for 2025 cannot be earned after 12/31/2025, which is the expiration date of the program. Participants should check the terms of their Evidence of Coverage (EOC) prior to participating in any program activities. Except as set forth in the EOC, Aetna shall not be responsible for any costs associated with, or arising from, a participant's performance of program activities. Your participation in the Your Healthy Rewards program is voluntary and does not affect your benefits from your Aetna health plan. Eligibility is limited to the Aetna member that this communication was addressed to. Subject to benefits and eligibility verification.