



2021 Caltech Retiree Annual Open Enrollment Guide

Your enrollment period is November 2-16



NO ACTION IS NEEDED IF YOU ARE NOT MAKING CHANGES DURING ANNUAL OPEN ENROLLMENT.

There will be no changes to the Caltech Medical, Dental, and Vision health insurance providers. You will keep your same Aetna, Kaiser or HRA plan that you are enrolled in unless you decide to make a change during Annual Open Enrollment.

Any changes made during Annual Open Enrollment will be effective January 1, 2021.

What's new for 2021

Some plan rates will increase while others will decrease beginning in January. Make sure you review the changes to your monthly plan costs. See pages 7–15 for details about the 2021 health plan options and their associated costs. Aetna Medicare HMO members will receive new ID cards from Aetna.

Defined Dollar Credit will be increasing by 2%.



- Aetna is requiring a change to the formulary to the pre-65 medical plan options
 - Impacts about 20% of the current population utilizing Rx benefits (additional details to follow)
- For Aetna post-65 plans (excluding the Value Plan), members using Preferred pharmacies will have lower generic copays (\$1 less for 30 day supply, \$2 less for 90 day supply)
- Caltech added supplemental benefits to the Medicare Advantage plans:
 - Meal Benefit (following inpatient hospital stay):
 - Aetna provides up to 14 meals
 - Kaiser provides up to 3 meals per day up to 4 weeks
- Teladoc Benefit
 - Aetna plans include Teladoc, you can talk to a doctor, therapist, or medical expert anywhere you are by phone or video.

Even if you're satisfied with your current plan, it's still a great time to:

- **Review** your plan options to make sure you still have the best coverage to meet your needs.
- **Confirm** your Defined Dollar Credit amount.
- **Update** your mailing address, phone number, email address, and life insurance beneficiaries and their contact information.

Annual Open Enrollment Contacts

Contact the Caltech Retiree Service Center at **1-855-251-0910**, for the following:

- Annual Open Enrollment
- Monthly billing
- Health Reimbursement Account (HRA) questions
- Address and phone updates
- Beneficiary updates

Visit **www.caltechretireebenefits.com**

Contact Discovery Benefits at **1-844-561-1334** for:

- HRA Claims

Visit **www.discoverybenefits.com**

2021 Annual Open Enrollment Virtual Town Hall

You are invited to a virtual Town Hall:

Go to www.caltechretireebenefits.com on November 4th at 9:30 am PT to join the meeting

Learn about what's new for 2021

The virtual Town Hall video will be posted to the Caltech retiree website after the live event.

How to use your Defined Dollar Credit

1 Use your Defined Dollar Credit to pay for an Institute-sponsored medical, dental and/or vision plan for you and your eligible dependents.

If your plan(s) costs less than the amount of your Defined Dollar Credit (DDC), the remainder will be available to you through a Health Reimbursement Account (HRA). You can use your HRA to pay eligible health care expenses. If your plan(s) costs more than the amount of your DDC, you will receive a monthly invoice.

A plan administrative fee of \$13.40 is included in the Caltech sponsored Kaiser and Aetna Health Plan monthly premium rate.

2 Have your entire Defined Dollar Credit available to you through an HRA.

Enroll in the HRA and use your DDC to purchase a non-Caltech health plan and be reimbursed for other eligible health care expenses.

Premiums deducted from a paycheck must be paid for on an **after-tax** basis to be eligible for reimbursement from the HRA. See page 16 for more information.

A monthly plan administrative fee of \$13.40 will be deducted from your HRA.

Life Insurance

The Institute provides retirees with a \$5,000 life insurance policy.

You may designate your beneficiary through My Account located on the Caltech website at www.caltechretireebenefits.com or by requesting a beneficiary form by calling the Caltech Retiree Service Center at **1-855-251-0910**. Be sure to review and update the contact information for your beneficiaries.

Life insurance claims are processed by the Caltech Retiree Service Center. Please contact them at 1-855-251-0910 to begin the process.

If you're turning 65 in 2021

Approximately 90 days prior to your Medicare eligibility date, you'll receive information from the Caltech Retiree Service Center about your Medicare plan options and how to enroll in a Medicare plan.

To enroll in a Caltech Medicare plan, you must be enrolled and remain enrolled in Medicare Part A and Part B. You should contact your local Social Security office or visit www.ssa.gov to sign up for Medicare Part A and Part B. In most cases, your Medicare Part A and Part B coverage should be in effect on the first day of the month you turn 65.

Note: It can take 5-10 weeks for Medicare to process your application for Medicare Part B.

You do not need to enroll in Medicare Part D. The Caltech Retiree Medical plans include a Part D component. If you enroll in a Medicare Part D plan outside of the Caltech Retiree Medical Plan, you WILL jeopardize your enrollment in the Caltech Retiree Medicare plan.

Don't Wait!

If you delay or take no action before you turn 65, your cost will increase.

A delay in Medicare Part B enrollment could mean higher cost premiums until your Medicare coverage is in place.

Your Defined Dollar Credit (DDC) amount will be reduced to the Medicare-eligible amount on the first of the month in which you turn 65 **whether or not you have taken action** to enroll in a Caltech Medicare plan.

IMPORTANT:

When you turn 65, you will not automatically be enrolled into a Caltech Medicare plan. Medicare requires you make an independent medical plan election.

If you fail to update your election, you will continue to be billed for the higher cost, non-Medicare plan, however, your DDC will be reduced whether or not you enrolled in a Medicare plan.

Unfortunately, we can't automatically switch you from a non-Medicare plan to a Medicare plan. You must call the Caltech Retiree Service Center to make your new plan election.

2021 Monthly Defined Dollar Credit Amounts

Grandfathered Retiree					
	Grandfathered Retiree		Spouse/Surviving Spouse		Child
Plan	Medicare eligible	Non-Medicare eligible	Medicare eligible	Non-Medicare eligible	N/A
Kaiser	Credit = cost of plan	\$663	Credit = cost of plan	\$332	\$0
All other plans	\$298	\$663	\$149	\$332	\$0

Retiree					
	Retiree		Spouse/Surviving Spouse		Child
Years of service	Medicare eligible	Non-Medicare eligible	Medicare eligible	Non-Medicare eligible	N/A
10	\$119	\$265	\$60	\$133	\$0
11	\$131	\$292	\$66	\$146	\$0
12	\$143	\$318	\$72	\$159	\$0
13	\$155	\$345	\$78	\$173	\$0
14	\$167	\$371	\$84	\$186	\$0
15	\$179	\$398	\$90	\$199	\$0
16	\$191	\$424	\$96	\$212	\$0
17	\$203	\$451	\$102	\$226	\$0
18	\$215	\$477	\$108	\$239	\$0
19	\$226	\$504	\$113	\$252	\$0
20	\$238	\$530	\$119	\$265	\$0
21	\$250	\$557	\$125	\$279	\$0
22	\$262	\$583	\$131	\$292	\$0
23	\$274	\$610	\$137	\$305	\$0
24	\$286	\$636	\$143	\$318	\$0
25+	\$298	\$663	\$149	\$332	\$0

2021 Monthly Plan Premium Rates At-A-Glance

Medical Plans for Medicare Eligible Retirees

Plan Option	1 Person Rate	2 Person Rate*
Aetna Traditional Choice with Rx 1505	\$640.96	\$1,281.92
Aetna Medicare PPO – Premier Plan	\$292.57	\$585.14
Aetna Medicare PPO – Medium Plan	\$250.27	\$500.54
Aetna Medicare PPO – Value Plan	\$63.76	\$127.52
Aetna Medicare HMO Plan	\$322.52	\$645.04
Kaiser Permanente Senior Advantage HMO Plan (includes medical, dental and vision)	\$215.98	\$431.96

Medical Plans for Non-Medicare Eligible Retirees

Plan Option	1 Person Rate	2 Person Rate*
Aetna Choice PPO – High Option	\$1,581.81	\$3,163.62
Aetna Choice PPO – Medium Option	\$1,119.78	\$2,239.56
Aetna Choice PPO – Low Option	\$714.92	\$1,429.84
Aetna HMO	\$1,057.08	\$2,114.16
Kaiser HMO (includes medical and vision)	\$828.24	\$1,656.46

Dental Plans for Medicare and Non-Medicare Eligible Retirees

Plan Option	1 Person Rate	2 Person Rate*
Aetna Dental PPO Plan	\$42.14	\$84.28

Vision Plans for Medicare and Non-Medicare Eligible Retirees

Plan Option	1 Person Rate	2 Person Rate*
Aetna Vision Preferred Plan	\$7.32	\$14.46

*2 person rate assumes Retiree & Spouse. For Retiree & Child rates for the medical plan, please contact the Retiree Service Center.

Dental and Vision Retiree & Child rates are listed beginning on page 12.

2021 Medical plans (for Medicare eligible retirees)

Traditional Choice plan option		Premier PPO plan option		Medium PPO plan option*		
Plan name	Aetna Traditional Choice with Rx 1505		Aetna Medicare SM Plan (PPO) with ESA — Premier plan Medicare S02 ESA PPO with Rx 1337		Aetna Medicare SM Plan (PPO) — Medium plan Medicare C01 PPO with Rx 1337	
Availability	Available to all retirees		Available to all retirees		National – based on location	
Monthly premium per person	\$640.96		\$292.57 includes SilverSneakers		\$250.27 includes SilverSneakers	
Medical		Your out-of-pocket costs				
Network	Providers must be Medicare eligible/qualified		Same benefit level In network/ out of network		In network	Out of network
Annual deductible	None		None		None	None
Out-of-pocket maximum	N/A		\$6,700 per individual		\$6,700 per individual	\$10,000 per individual
Preventive care	Covered 100%		Covered 100%		Covered 100%	25%
Physician/ PCP*** visit	\$0****		\$25 per visit		15% per visit	25% per visit
Specialist visit	\$0****		\$25 per visit		15% per visit	25% per visit
Inpatient hospital+	\$0****		\$250 per stay		\$500 per stay	25% per stay
Outpatient hospital	\$0****		\$0		15%	25%
Pharmacy++	Up to 30-day supply	Up to 90-day supply	Up to 30-day supply	Up to 90-day supply	Up to 30-day supply	Up to 90-day supply
Deductible	\$0	\$0	\$0	\$0	\$0	\$0
Generics*****	\$5	\$10	\$4-\$5	\$8 - \$10	\$4 -\$5	\$8 -\$10
Preferred brands	\$25	\$50	\$30	\$60	\$30	\$60
Nonpreferred brands	\$45	\$90	\$60	\$120	\$60	\$120
Other						
Eyewear	n/a		n/a		n/a	
Hearing aids	One hearing aid every 36 months		Plan pays \$500 once every 36 months		Plan pays \$500 once every 36 months	

*If you live outside the Caltech Retiree Service Center area, you may be eligible for other plans. For details, contact the Caltech Retiree Service Center at **1-855-251-0910**.

**The Kaiser Permanente Senior Advantage HMO is available at no cost to grandfathered retirees after age 65.

***Primary Care Physician (PCP) includes 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.

****Plan pays up to the Medicare allowed amount.

*****\$4/\$8 copay at a Preferred pharmacy for Aetna plans, except the Value Plan.

Value PPO plan option*		Aetna HMO plan option		Kaiser Permanente HMO plan option
Aetna Medicare SM Plan (PPO) — Value plan Medicare V02 PPO with Rx 1201		Aetna Medicare SM Plan (HMO) Medicare P02 HMO with Rx 1505		Kaiser Permanente Senior Advantage (HMO) (Includes Dental and Vision)
National – based on location		National – based on location		Availability based on retiree's CA zip code
\$63.76		\$322.52		\$215.98
includes SilverSneakers		includes SilverSneakers		includes Silver&Fit
In network	Out of network	Network only		Network only
None	None	None		None
\$3,400 per individual	\$10,000 per individual	\$3,400 per individual		\$1,500 per individual
Covered 100%	30%	Covered 100%		Covered 100%
\$15 per visit	30% per visit	\$10 per visit		\$15 per visit
\$40 per visit	30% per visit	\$15 per visit		\$15 per visit
\$200 per day 1 – 7	30% per stay	\$0		\$0
\$185	30%	\$0		\$15
Up to 30-day supply	Up to 90-day supply	Up to 30-day supply	Up to 90-day supply	Up to 100-day supply
\$260		\$0	\$0	\$0
20%	20%	\$4-\$5	\$8 - \$10	\$10
25%	25%	\$25	\$50	\$20
45%	45%	\$45	\$90	n/a
n/a		n/a		n/a
Plan pays \$500 once every 36 months		Plan pays \$500 once every 36 months		You pay the amount in excess of \$150 allowance every 24 months for eyewear purchased at plan medical offices or plan optical sales offices
				Plan pays up to \$500 once every 36 months per aid

*If you live outside the Caltech Retiree Service Center area, you may be eligible for other plans. For details, contact the Caltech Retiree Service Center at **1-855-251-0910**.

†The member cost sharing applies to covered benefits incurred during a member's inpatient stay.

††Three-month (90 days) supply available through Aetna Rx Home Delivery mail order. When you obtain a 90-day supply at retail, you pay your mail-order cost share.

2021 Medical plans (for non-Medicare eligible retirees)

		High PPO plan option		Medium PPO plan option	
Plan name		High Option Network Aetna Open Choice® PPO		Mid Option Network Aetna Open Choice® PPO	
Monthly premium					
Retiree only		\$1,581.81		\$1,119.78	
Retiree + spouse		\$3,163.62		\$2,239.56	
Medical					
Availability		National-based on location		National-based on location	
Network		In network	Out of network	In network	Out of network
Annual deductible	Individual	\$1,200	\$4,000	\$3,500	\$5,500
	Family	\$2,400	\$8,000	\$7,000	\$11,000
Out-of-pocket maximum	Individual	\$2,800	\$7,000	\$6,000	\$10,000
	Family	\$5,600	\$14,000	\$12,000	\$20,000
Preventive care		Covered 100%	Covered 40%	Covered 100%	Covered 50%
Physician visit		20%	40%	30%	50%
Specialist visit		20%	40%	30%	50%
Inpatient hospital		20%	40%	30%	50%
Outpatient hospital		20%	40%	30%	50%
Pharmacy**		Up to 30-day supply	Up to 90-day supply	Up to 30-day supply	Up to 90-day supply
Deductible		\$0	\$0	\$0	\$0
Preferred generics		\$10	\$30	\$10	\$10
Preferred brands		\$40	\$120	\$75	\$75
Nonpreferred generics/brands		40% up to \$250	40% up to \$500	50% up to \$250	50% up to \$500
Specialty preferred generics		\$70	n/a	50% up to \$250	n/a
Specialty nonpreferred generics		\$70	n/a	50% up to \$250	n/a
Specialty preferred brands		\$70	n/a	50% up to \$250	n/a
Specialty nonpreferred brands		40% up to \$250	n/a	50% up to \$250	n/a
Other					
Eyewear		n/a		n/a	
Hearing aids		n/a		n/a	

**Three-month (90 days) supply available through Aetna Rx Home Delivery mail order. When you obtain a 90-day supply at retail, you pay your mail-order cost share.

Low PPO plan option**		Aetna HMO plan option		Kaiser Permanente HMO plan option
Low Option Network Aetna Aexcel® Open Access® AexcelPlus Open Access® Managed Choice® POS Tiered		Aetna HMO		Kaiser Permanente Traditional
\$714.92		\$1,057.08		\$828.24
\$1,429.84		\$2,114.16		\$1,656.46
National-based on location		National-based on location		CA residents only
In network	Out of network	Network only		Network only
\$3,950	\$3,950	\$0		\$0
\$7,900	\$7,900			
\$6,250	\$10,000	\$1,500		\$1,500
\$12,500	\$30,000	\$3,000		\$3,000
Covered 100%	Covered 40%	Covered 100%		Covered 100%
20%	40%	\$10		\$15
30%	40%	\$10		\$30
20%	40%	\$100 per admission		\$250 per admission
20%	40%	\$100		\$150
Up to 30-day supply	Up to 90-day supply	Up to 30-day supply	Up to 90-day supply	Up to 100-day supply
\$0	\$0	\$0	\$0	\$0
0%	0%	\$15	\$30	\$10
25% up to \$250	25% up to \$500	\$25	\$50	\$35
50% up to \$250	50% up to \$500	\$40	\$80	n/a
0%	n/a	\$15	n/a	\$35 up to a 30 day supply
50% up to \$250	n/a	\$40	n/a	n/a
25% up to \$250	n/a	\$25	n/a	\$35 up to a 30 day supply
50% up to \$250	n/a	\$40	n/a	n/a
n/a		n/a		You pay the amount in excess of \$150 allowance every 24 months for eyewear purchased at plan medical offices or plan optical sales offices
n/a		n/a		n/a

If you live outside of the service area for the Low Option Network plan, you will be offered an alternative plan with benefits and rates similar to the Low Option Network plan. For details, contact the Caltech Retiree Service Center at **1-855-251-0910.

2021 Dental plans (for Medicare and non-Medicare eligible retirees)

Aetna Dental® Preferred Provider Organization (PPO) Plan - stand-alone dental plan

Under the PPO dental plan, you may choose at the time of service either a PPO participating dentist or any nonparticipating dentist. If you select a participating dentist, savings are possible because the participating dentists have agreed to provide care for covered services at negotiated rates. Nonparticipating benefits are subject to usual and prevailing charge limits, as determined by Aetna.

Monthly premium

Retiree	\$42.14
Retiree + spouse	\$84.28
Retiree + child(ren)	\$94.81
Retiree + family	\$136.95

Annual deductible*

Individual	\$50
Family	\$150

Retiree pays

Preventive services

Partial list of services includes oral examinations, cleanings, X-rays bitewing and full series.	80%
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What the plan pays

Basic services

Partial list of services includes root canal therapy for anterior/bicuspid teeth, scaling and root planing, gingivectomy, amalgam (silver) fillings, composite fillings (anterior teeth only), stainless steel crowns and more.	60%
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Major services

Partial list of services includes inlays, onlays, crowns, crown lengthening, full and partial dentures, pontics, general anesthesia/sedation, denture repairs, crown build-ups and more.	50%
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Annual benefit maximum	\$1,000
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Office visit copay	n/a
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Orthodontic services**	50%
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Orthodontic deductible	None
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Orthodontic lifetime maximum	\$1,000
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*The deductible applies to preventive, basic and major services.

**Orthodontia is covered only for children (appliance must be placed prior to age 20).

**Included in Kaiser Permanente Senior Advantage Plan -
DeltaCare Dental HMO Benefits Plan*****

Preventive care

Preventive care	Retiree pays	Limitations
Periodic and comprehensive oral evaluation	No cost	Twice in a calendar year
Bitewing X-rays	No cost	Once in a calendar year for adults ages 19 and over
Prophylaxis	\$15	Twice in a calendar year
Fluoride treatments	100%	Only for children up to age 19, twice in a calendar year
Space maintainers	100%	Removable — unilateral

Restorative

Fillings — primary or permanent amalgam	\$50	Four or more surfaces
Composite crowns — resin-based	\$55	Anterior
Crown — porcelain	\$300	
Inlay — metallic	\$260	One surface

Oral and maxillofacial surgery

Extraction	\$35	Elevation and/or forceps removal
Surgical removal of erupted tooth	\$65	Complete or partial

Periodontics

Maintenance	\$45	Twice in a calendar year
Scaling and root planing	\$55	Limited to four quadrants per calendar year
Surgery — osseous (includes flap entry and closure)	\$450	Four or more teeth per quadrant

Prosthodontics

Complete denture	\$395	The enrollee must continue to be eligible and the service must be provided at the contract dentist facility where the denture was originally delivered
Reline maxillary or mandibular denture — chairside	\$50	Complete or partial
Reline maxillary or mandibular denture — laboratory	\$150	Complete or partial

Endodontics

Therapeutic pulpotomy	No cost	Excludes final restoration
Root amputation	\$75	Per root
Root canal — anterior	\$180	Excludes final restoration
Root canal — molar	\$375	Excludes final restoration

***Benefits listed above are a sample of services provided and costs.

***Costs will vary; see your Evidence of Coverage for a comprehensive list of all services and associated costs.

***You must pay a \$5 copayment each time you receive dental care in addition to any other cost sharing listed above.

2021 Vision plans (for Medicare and non-Medicare eligible retirees)

Included in Kaiser Permanente Medical Plans - Kaiser Permanente Vision Benefits

Traditional Plan

Medical plan benefits include a \$150 allowance every 24 months for eyewear purchased at Kaiser plan medical offices or Kaiser plan optical sales offices. You pay the amount in excess of the \$150 allowance.

Kaiser Permanente Senior Advantage Plan

Medical plan benefits include routine eye exams with a plan optometrist. You pay a \$15 copay per visit. It also includes a \$150 allowance every 24 months for eyewear purchased at plan medical offices or plan optical sales offices. You pay the amount in excess of the \$150 allowance.

Aetna VisionSM Preferred Plan - stand-alone vision plan

60,000+ vision providers¹ that participate — including neighborhood eye doctors, as well as your favorite chains such as LensCrafters®, Pearle Vision®, Target Optical®, and JCPenney Optical.

Monthly premium

Retiree only	\$7.32
Retiree + spouse	\$14.46
Retiree + child(ren)	\$15.22
Retiree + family	\$23.17

Exams

In network

Out of network

Use your exam coverage once every calendar year.

Routine/comprehensive eye exam	\$10 copay	\$25 reimbursement
Standard contact lens fit/follow-up	You pay discounted fee of \$40	Not covered
Premium contact lens fit/follow-up	You pay 90% of retail	Not covered

Eyeglass lenses/lens options

In network

Out of network

Use your lens coverage once every calendar year to purchase either one pair of eyeglass lenses or one order of contact lenses.

Single vision lenses	\$10 copay	\$20 reimbursement
Bifocal vision lenses	\$10 copay	\$40 reimbursement
Trifocal vision lenses	\$10 copay	\$65 reimbursement
Lenticular vision lenses	\$10 copay	\$65 reimbursement
Standard progressive vision lenses	\$75 copay	\$40 reimbursement
Premium progressive vision lenses ²	\$75 Copay + [(80% of Charge) less \$120 allowance]	\$40 reimbursement
UV treatment	You pay discounted fee of \$15	Not covered

Eyeglass lenses/lens options (continued)

	In network	Out of network
Standard plastic scratch coating	You pay discounted fee of \$15	Not covered
Standard polycarbonate lenses — adult	You pay discounted fee of \$40	Not covered
Standard polycarbonate lenses — children to age 19	You pay discounted fee of \$40	Not covered
Standard anti-reflective coating	You pay discounted fee of \$45	Not covered
Photochromic/transitions plastic	You pay 80% of retail	Not covered
Polarized	You pay 80% of retail	Not covered

Contact lenses

In network

Out of network

Use your contact lens coverage once every calendar year to purchase either one pair of eyeglass lenses or one order of contact lenses.

Conventional contact lenses	\$115 allowance* Additional 15% off balance over the allowance	\$80 reimbursement
Disposable contact lenses	\$115 allowance*	\$80 reimbursement
Medically necessary contact lenses	\$0 copay	\$200 reimbursement

*Allowances are one-time use benefits. No remaining balances may be used. The plan does not provide a declining balance benefit.

Frames

In network

Out of network

Use your frame coverage once every calendar year.

Any frame available, including frames for prescription sunglasses	\$130 allowance Additional 20% off balance over the allowance	\$65 reimbursement
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Discounts

In network

Out of network

Discounts cannot be combined with any other discounts or promotional offers and may not be available on all brands.

Additional pairs of eyeglasses or prescription sunglasses — discount applies to purchases made after the plan allowances have been exhausted	Up to a 40% discount	No discount
Non-covered items such as cleaning cloths and contact lens solution	20% discount	No discount
Lasik laser vision correction or photorefractive keratectomy (PRK) from U.S. Laser Network only — call 1-800-422-6600	15% discount off retail or 5% discount off the promotional price	No discount
Retinal imaging	You pay a discounted fee up to \$39	No discount
Replacement contact lenses	Receive significant savings after your lens benefit has been exhausted on replacement contacts by ordering online — visit http://www.aetnavision.com for details	No discount

Frequently asked questions – General

Do I need to do anything during Annual Open Enrollment to continue coverage through Caltech?

No. If you do nothing you will be automatically enrolled in your existing plan. However, your plan rates may increase even if you don't make changes.

Will my spouse/surviving spouse be eligible for coverage and/or a Defined Dollar Credit?

Yes, the spouse/partner you have when you retire will be eligible for coverage and the Caltech Defined Dollar Credit (DDC). If you remarry, your new spouse can join the plan, but Caltech will not provide a DDC toward their coverage.

Is my dependent child eligible for coverage?

Yes, children who are under age 26 or disabled can be enrolled in the plan. However, dependent children are not eligible for a DDC.

How do I make monthly premium payments?

You will be mailed an invoice each month by the Caltech Retiree Service Center.

Can I have my premium automatically deducted from my bank account?

Yes, you may sign up to have your monthly premium payments automatically deducted from your bank account. This deduction takes place on the 5th business day of each month. Call the Caltech Retiree Service Center to request an auto pay sign up form or go online at www.caltechretireebenefits.com to sign up to have your premium deducted from your bank account.

When are my premiums due?

You will receive a bill 30 days in advance of when the premium is due. Your monthly premium is due by the 1st of each month.

What happens if I don't pay my bill?

Your coverage will be terminated if you fail to make timely payments. Coverage will not be reinstated until past due premiums are paid in full.

If you are having issues paying your bill, please contact the Caltech Retiree Service Center.

How can I ensure my monthly premium is received and processed by Mercer in a timely manner?

- Include your certificate number on your check
- Mail your payment by the 20th of the month using the envelope included with your bill
- Be sure to include your payment stub as it has all the information needed to promptly process your payment

Can I use my Defined Dollar Credit to pay for premiums from another employers' plan?

Yes, however any premiums deducted from your paycheck must be paid for on an after-tax basis to be eligible for reimbursement from the HRA.

What expenses can I claim with the Health Reimbursement Account?

Examples of eligible expenses for you and your eligible dependents may include:

- Medicare Part B premiums deducted from your Social Security check
- Prescription drug copays
- Medical copays
- Dental expenses (non-cosmetic)
- Vision expenses
- Hearing aid expenses
- Health plan premiums deducted from a paycheck on an after-tax basis

Frequently asked questions – General Continued

I am a non-grandfathered retiree (or spouse), can I enroll in the free Kaiser plan?

No, Caltech provides you and your eligible spouse with a Defined Dollar Credit to help pay for your health care. The amount of your credit is based on your years of service up to a maximum of 25 years.

Do I have to join the Caltech Retiree Medical Program?

You don't have to join the Caltech Retiree Medical Program. There are rules about when you can join.

- **If you have other medical coverage** (other than Medicare), you will be able to join the Caltech Retiree Medical Program if your other coverage ends. You must notify the Caltech Retiree Service Center within 90 days of the date the other coverage ends, and you must provide proof that you have maintained continuous medical coverage since January 2015 or your retirement date from Caltech, whichever is later. (Be sure to retain records that prove you have other medical coverage, such as annual confirmation statements and premium receipts.)
- **If you don't have other medical coverage**, you can join the Caltech Retiree Medical Program during Annual Open Enrollment. **However, if you do not enroll in the Caltech Retiree Medical Program within two years of your retirement and you did not have other continuous medical coverage (other than Medicare), you waive your right to participate in the Caltech Retiree Medical Program and will no longer be eligible to enroll.**

How do I submit a claim to Discovery Benefits for my HRA?

There are several ways to submit claims:

- Fax or mail a paper "Out of Pocket Request Form" to Discovery Benefits
- Login to Discovery Benefits and submit a request online at www.discoverybenefits.com
- Use the Discovery Benefits mobile app to file a claim
- Use online bill pay to pay your provider directly from your HRA

How will I be reimbursed by Discovery Benefits for my HRA claims?

If you have not signed up for direct deposit online, you will receive a check in the mail.

Is the Defined Dollar Credit taxable income?

No.

What if I have a large balance in my HRA?

Contact the Caltech Retiree Service Center to get assistance making claims with Discovery Benefits.

Frequently asked questions – Grandfathered

What are the grandfathering rules?

If you retired with Caltech medical coverage before January 1, 1991, you are considered a grandfathered retiree.

If you were actively at work on April 1, 1991, and you had at least 10 years of continuous Caltech service, and you met at least one of the following criteria as of April 1, 1991, you may be considered a grandfathered retiree:

1. You were at least 55 years old.
2. Your age plus years of service was greater than or equal to 72.
3. Your years of service plus three times your age was greater than or equal to 175.

How is the program different for Medicare eligible grandfathered retirees?

If you are a **Medicare eligible** grandfathered retiree age 65 or older, you and your **Medicare eligible** spouse will continue to be eligible for a free medical plan. For 2021, the free plan is the Kaiser HMO Medicare Advantage plan option.

I am a grandfathered retiree, what plans can I choose from?

You can choose one of the following plans:

- The Kaiser HMO Medicare Advantage plan (at no cost to you), or
- Opt out of the free plan option and use your Defined Dollar Credit to choose an Aetna plan, or
- Collect your Defined Dollar Credit in an HRA. Caltech will use the maximum service credit of 25 years to calculate your Defined Dollar Credit.

I am a grandfathered retiree, can I have my left over Defined Dollar Credit in an HRA if I am on the free Kaiser plan?

No, if you choose the free Kaiser plan, you are not entitled to receive a Defined Dollar Credit.

I am a grandfathered retiree, but my spouse is not Medicare eligible yet. Can my spouse have the free Kaiser plan?

No, if your spouse is not Medicare eligible, they will receive a Defined Dollar Credit to purchase an Aetna or Kaiser plan. Caltech will use the maximum service credit of 25 years to calculate the Defined Dollar Credit amount.

I am a non-Medicare eligible grandfathered retiree (or non-Medicare eligible spouse), can I enroll in the free Kaiser plan?

No, Caltech provides you and your eligible spouse with a Defined Dollar Credit to help pay for your health care. The amount of your credit is based on your years of service up to a maximum of 25 years.

Calculating your monthly credits & costs

Use the following worksheet to calculate how much your monthly cost or Health Reimbursement Account (HRA) contribution will be after your Defined Dollar Credit is applied.

Example Calculation* (For Medicare eligible retiree and spouse with 25+ years of service)		Insert the actual amount of your credits and the premium costs of the plans you selected below
Credits		
Retiree Defined Dollar Credit	\$298.00	
Spouse Defined Dollar Credit	\$149.00	
Total Defined Dollar Credit	\$447.00	
Costs		
Medical Monthly Premium	\$292.57 (Retiree)	
	\$292.57 (Spouse)	
Dental Monthly Premium	\$84.28	
Vision Monthly Premium	\$14.46	
Total costs	\$683.88	
Less the Total Defined Dollar Credit	(\$447.00)	
Your Monthly Bill or HRA Contribution	\$236.88	
<p>If the difference between your total costs and your total Defined Dollar Credit is a positive number, this is the amount of your monthly bill.</p> <p>If the difference between your total costs and your total Defined Dollar Credit is a negative number, this is the Defined Dollar Credit amount that will be contributed to your HRA each month.</p>		

*Example for illustrative purposes only. Credits shown are based on a Medicare eligible retiree with 25+ years of service and a Medicare eligible spouse. Costs shown are based on the Aetna Medicare Advantage Premier PPO Plan (per person rate), Aetna Dental Plan (retiree and spouse rate) and Aetna Vision Plan (retiree and spouse rate). Grandfathered retirees who choose the Kaiser HMO Medicare Advantage plan are not eligible for the HRA.

Important Resources and Contact Information

Resource	Phone number	Website	Hours
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Caltech Retiree Service Center

Enrollment service center for all plans	1-855-251-0910	www.caltechretireebenefits.com	5:30 a.m. – 6 p.m. PT Monday – Friday
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Discovery Benefits, LLC a WEX Company

HRA	1-844-561-1334 Fax: 1-866-451-3245	www.discoverybenefits.com	5:30 a.m. – 5 p.m. PT Monday – Friday
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Aetna Member Services

Medicare	1-888-267-2637	www.aetna.com	8 a.m. – 9 p.m. ET Monday - Friday All Time Zones
Traditional Choice (Medicare) Plan	1-800-328-9933	www.aetna.com	8 a.m. – 6 p.m. Monday-Friday All Time Zones
Non-Medicare	1-800-328-9933	www.aetna.com	8 a.m. – 6 p.m. Monday - Friday All Time Zones
Vision Plan	1-877-973-3238	www.aetna.com	4:30 a.m. – 8 p.m. PT Monday – Saturday 8 a.m. – 5 p.m. PT Sunday
Dental Plan	1-877-238-6200	www.aetna.com	8 a.m. – 6 p.m. Monday - Friday All Time Zones
SilverSneakers	1-888-423-4632	www.silversneakers.com	5 a.m. – 5 p.m. PT Monday - Friday

Kaiser Permanente Member Services

Existing members	1-800-464-4000	www.my.kp.org/caltech	24/7 closed holidays
Potential or new members	1-800-464-4000	www.my.kp.org/caltech	24/7 closed holidays
DeltaCare Dental HMO	1-877-644-1774	www.deltadentalins.com deltacareusa	8 a.m. – 6 p.m. PT Monday – Friday
Silver & Fit	1-877-750-2746	www.silverandfit.com	5 a.m. – 8 p.m. PT Monday – Friday

The Institute expects and intends to continue the Caltech Retiree Health and Life Benefits Program but reserves the right to amend, modify, suspend, or terminate it, in whole or in part, at any time and for any reason. Any such amendment, modification, suspension, or termination shall be executed by the Executive Committee of the Board of Trustees of the Institute, the VP for Business & Finance or Human Resources, as applicable. Any change or discontinuation of benefits may apply to individuals who are currently retired at that time.

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