

Caltech

2020 Future Retiree Guide



Making the move to retirement

Thank you for your service to the Institute and congratulations on your retirement.

As an Institute retiree, you and your eligible family members will have several plan options to choose from. Many factors go into your decision, so it's important to understand your options and compare plans carefully.

The Caltech Retiree Service Center will help you every step of the way.

You can consider the Caltech Retiree Service Center advisors an extension of the Campus and JPL Benefit Offices.

Use this guide to learn about:

- Retirement Planning Checklist
- The Caltech Retiree Medical Plan
- 2020 Monthly Defined Dollar Credit Amounts
- 2020 Monthly Plan Premium Rates At-A-Glance
- 2020 Medical Plans (for Medicare eligible retirees)
- 2020 Medical Plans (for non-Medicare eligible retirees)
- 2020 Dental Plans (for Medicare and non-Medicare eligible retirees)
- 2020 Vision Plans (for Medicare and non-Medicare eligible retirees)
- Frequently Asked Questions
- Important Phone Numbers
- Calculating Your Retiree Monthly Credits and Costs

Retirement Planning Checklist

1

Inform your manager of your intent to retire (in writing) as soon as possible

2

Request a planning meeting with your benefits office 90 days before you plan to retire. Contact **Campus** at hrbenefits@caltech.edu or **JPL** at benefits@jpl.nasa.gov

3

Learn about your Aetna, Kaiser Permanente, and HRA plan options to decide which plan is right for you in this booklet

For additional information visit: www.caltechretireebenefits.com

- Find detailed benefit summaries and information about how each plan works
 - Review plan options
 - Look at plans side-by-side to see coverage and costs
-

4

Contact TIAA regarding your retirement savings account

5

Contact the Caltech Retiree Service Center to make your elections at least 2 weeks prior to your coverage effective date at 1-855-251-0910

The Caltech Retiree Medical Plan

The Institute will provide you and your eligible spouse with a Defined Dollar Credit

Your Defined Dollar Credit (DDC) is a monthly amount intended to help you pay for the cost of your medical coverage, while giving you more flexibility and options for choosing coverage that fits your needs. This credit is based on your years of service (up to a maximum of 25+ years) and Medicare eligibility. Since Medicare is your primary coverage, these plans cost less and the defined dollar credit for Medicare-eligible retirees is also less. You can find information about your Defined Dollar Credit amount on page 6.

You have two ways to participate in the Caltech Retiree Medical Plan:



Participate in a Caltech-sponsored plan. You will pay the monthly plan premium(s) less your Defined Dollar Credit.

If your plan(s) costs more than the amount of your Defined Dollar Credit, you will receive a monthly invoice from the Caltech Retiree Service Center.

If your plan(s) costs less than the amount of your Defined Dollar Credit, the extra Defined Dollar Credit will be available to you through a Health Reimbursement Account (HRA). You can use your HRA to pay eligible health care expenses. The HRA is administered by Discovery Benefits (DBI).



Have your entire Defined Dollar Credit available to you through a Health Reimbursement Account (HRA).

Enroll in the HRA and use your Define Dollar Credit to purchase a non-Institute health plan and pay other eligible health care expenses. Any premiums deducted from a paycheck must be paid on an after tax basis to be eligible for reimbursement by the HRA account. For more information, see the FAQs on page 18.

You also have the option to opt out of the Caltech program entirely.

If you choose to opt out of the Caltech Retiree Medical Plan, you **will not** receive a Defined Dollar Credit. (To receive your Defined Dollar Credit, you must enroll in an Institute-sponsored medical plan or the HRA plan.) If you do not enroll in the Caltech Retiree Medical Plan within two years after your retirement date, and you do not have other continuous medical coverage (other than Medicare), you waive your right to participate in the Caltech Retiree Medical Plan.

Understanding your Medicare eligibility and retirement

The institute offers a variety of medical plan options for retirees based on your Medicare eligibility. **Here's what to expect if you:**

Retire **before** you are eligible for Medicare

- You are eligible to select from:
 - 5 medical plans (pages 10-11)
 - 1 dental plan (pages 12-13)
 - 1 vision plan (pages 14-15)
- As you approach age 65 and become eligible for Medicare, you will receive an enrollment form to make a new plan election. The transition to a Medicare-eligible plan is not automatic because Medicare requires you to make an independent medical plan election.
- The Defined Dollar Credit is higher for you and/or your non-Medicare-eligible spouse than the Defined Dollar Credit for a Medicare-eligible retiree or spouse. Once you or your spouse become eligible for Medicare, the Defined Dollar Credit will automatically reduce to the Medicare-eligible level even if you fail to make a new election in a Medicare plan.
- You're guaranteed to be accepted in a Caltech Retiree Medical Plan regardless of your current health status.

Retire **after** you are eligible for Medicare

- You are eligible to select from:
 - 6 medical plans (pages 8-9)
 - 1 dental plan (pages 12-13)
 - 1 vision plan (pages 14-15)
- Caltech Medicare Plans require you be enrolled, and remain enrolled, in Medicare Part A and Part B effective on the first day of the month in which you are eligible for retirement.
- To enroll in Medicare log in to www.ssa.gov or visit your local Social Security office.
- 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 may jeopardize your enrollment your current Medicare plan through the Caltech Retiree Medical Plan.
- The Defined Dollar Credit is lower for a Medicare-eligible retiree or spouse because Medicare is your primary coverage and these plans cost less than non-Medicare plans.
- You're guaranteed to be accepted in a Caltech Retiree Medical Plan regardless of your current health status.

Life Insurance

The Institute provides Medicare and non-Medicare eligible retirees with a **\$5,000 life insurance policy**. You may request a beneficiary form from the Caltech Retiree Service Center.

2020 Monthly Defined Dollar Credit Amounts

	Retiree		Spouse/Surviving Spouse		Child
Years of service	Medicare eligible	Non-Medicare eligible	Medicare eligible	Non-Medicare eligible	N/A
10	\$117	\$260	\$58	\$130	\$0
11	\$128	\$286	\$64	\$143	\$0
12	\$140	\$312	\$70	\$156	\$0
13	\$152	\$338	\$76	\$169	\$0
14	\$163	\$364	\$82	\$182	\$0
15	\$175	\$390	\$88	\$195	\$0
16	\$187	\$416	\$93	\$208	\$0
17	\$198	\$442	\$99	\$221	\$0
18	\$210	\$468	\$105	\$234	\$0
19	\$222	\$494	\$111	\$247	\$0
20	\$233	\$520	\$117	\$260	\$0
21	\$245	\$546	\$123	\$273	\$0
22	\$257	\$572	\$128	\$286	\$0
23	\$268	\$598	\$134	\$299	\$0
24	\$280	\$624	\$140	\$312	\$0
25+	\$292	\$650	\$146	\$325	\$0

2020 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	\$610.61	\$1,221.22
Aetna Medicare PPO – Premier Plan	\$313.13	\$626.26
Aetna Medicare PPO – Medium Plan	\$252.62	\$505.24
Aetna Medicare PPO – Value Plan	\$67.91	\$135.82
Aetna Medicare HMO Plan	\$330.79	\$661.58
Kaiser Permanente Senior Advantage HMO Plan (includes medical, dental and vision)	\$226.99	\$453.98

Medical Plans for Non-Medicare Eligible Retirees		
Plan Option	1 Person Rate	2 Person Rate*
Aetna Choice PPO – High Option	\$1,622.94	\$3,245.87
Aetna Choice PPO – Medium Option	\$1,148.89	\$2,297.79
Aetna Choice PPO – Low Option	\$733.51	\$1,467.02
Aetna HMO	\$1,084.56	\$2,169.13
Kaiser HMO (includes medical and vision)	\$764.10	\$1,528.18

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 at 1-855-251-0910.

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

2020 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	\$610.61		\$313.13 includes SilverSneakers		\$252.62 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	\$5	\$10	\$5	\$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.

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		Available to retirees in CA ZIP Code based availability
\$67.91		\$330.79		\$226.99**
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%	\$5	\$10	\$10
25%	25%	\$25	\$50	\$20
45%	45%	\$45	\$90	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
Plan pays \$500 once every 36 months		Plan pays \$500 once every 36 months		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.

2020 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		\$1,622.94		\$1,148.89	
Retiree + spouse		\$3,245.87		\$2,297.79	
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
Generics		\$10	\$30	\$10	\$10
Preferred brands		\$40	\$120	\$75	\$75
Nonpreferred 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
\$733.51		\$1,084.56		\$764.10
\$1,467.02		\$2,169.13		\$1,528.18
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 per visit		\$15 per visit
30%	40%	\$10 per visit		\$30 per visit
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
0%	n/a	\$15	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.

2020 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 dental 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%
--	-----

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%
---	-----

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%
--	-----

Annual benefit maximum	\$1,000 per covered member
-------------------------------	----------------------------

Office visit copay	n/a
---------------------------	-----

Orthodontic services**	50%
-------------------------------	-----

Orthodontic deductible	None
-------------------------------	------

Orthodontic lifetime maximum	\$1,000 per covered/eligible child
-------------------------------------	------------------------------------

*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 contracted 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.

2020 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®, Sears Optical®, 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 ¹	\$75 Copay + [(80% of Charge) less \$120 allowance]	\$40 reimbursement
UV treatment	You pay discounted fee of \$15	Not covered

¹EyeMed provider data as of December 2013.

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
---	--	--------------------

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

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

Am I eligible for retiree benefits?

You are eligible for retiree benefits when you are age 55 or older with 10 or more years of continuous benefit-based service with the Institute. You may also be retirement eligible when you are age 55 or older with 20 years of total service as long as you are a benefit-based employee during the last 12 months of your employment.

When will my retiree medical, dental, vision, and/or HRA coverage begin?

Your retiree medical, dental, vision, and/or HRA coverage will begin on the first of the month following your last day of employment. (Example: If your last work day is June 15, your retiree benefits will begin on July 1.)

If you retire on the first of the month, your retiree coverage will begin the following month.

When can I make changes to my retiree benefits?

You can make changes to your retiree benefit elections during the annual open enrollment period each November. You can also make changes if you experience a qualified life event such as marriage or losing/gaining other coverage.

Current Group Benefits

When will my current group medical, dental and vision coverage end?

Your group medical coverage as an active employee ends on the last day of the month in which your termination of employment occurs. (Example: if your last day of work is June 25, your active employee benefits will end June 30.)

Who is the Institute COBRA administrator?

WageWorks is the Institute's COBRA administrator. WageWorks will mail a COBRA enrollment offer via first class mail to your home address within 45 days of your termination date.

What happens to my current life insurance once I retire?

Your Basic Life, Supplemental Life, Spouse Life, Child Life and/or Personal Accident Insurance coverage ends on the last day of the month in which you terminate employment. You may elect to convert all or a portion of your group life insurance to an individual policy. Please contact Aetna Life for more information.

When does my Long-Term Disability coverage end?

Your Long-Term Disability coverage ends on your last day of employment.

Health Care and Dependent Care Flexible Spending Accounts

When does coverage under the flexible spending accounts end and how long do I have to submit my claims?

Your Health Care Flexible Spending Account and/or Dependent Day Care Flexible Spending Account coverage ends on the last day of the month in which you terminate employment. The last day to submit these claims is March 31 of the calendar year following your last day of employment. (Example: If your termination date is June 3, 2020, you have until March 31, 2021 to submit claims incurred in 2020 through June 30, 2020.)

What will happen to any remaining funds in my flexible spending accounts after I submit my claims?

Funds that are left in your Health Care Spending Account and/or Dependent Day Care Flexible Spending Account will be forfeited.

Can I extend my coverage with the Health Care Spending Account so that I can get reimbursed for medical expenses incurred after the end of the month in which I terminate?

Yes, you may be eligible to continue participating through COBRA. Under this program you will make after-tax contributions to your FSA accounts through the end of the current calendar year. WageWorks will mail a COBRA enrollment offer via first class mail to your home address within 45 days of your termination date.

Health Savings Accounts

What happens to any funds left in my Health Savings Account (HSA)?

You own the funds in your HSA through HealthEquity. You can continue to file claims for eligible medical expenses through HealthEquity. Please note that you may be charged a monthly administrative fee after the end of your employment. Contact HealthEquity for current fees.

Retirement Plan Benefits

How and when can I take a distribution from my 403(b) Retirement Plan(s)?

Generally, you can begin taking distributions from your Base Retirement Plan once your employment with the Institute ends. Distribution from the Voluntary Retirement Plan may be taken anytime after age 59 1/2, regardless of employment status. Please contact TIAA for more information about your distribution options.

Can I leave my funds in my 403(b) Retirement Plan(s) after I leave?

Yes, you can leave your funds in your TIAA account after your employment ends. After you attain the age of 70 1/2, you will be required to begin taking Required Minimum Distributions from your retirement plan accounts. Please contact TIAA for more information.

Retirement Sick Leave Credits

What is the Bi-weekly Sick Leave Credit?

Upon retirement, a percentage of your unused, accrued sick leave hours may be eligible to be paid to you in your final paycheck (less applicable taxes) or directed to your Voluntary Retirement Plan with TIAA (less applicable taxes) up to your annual IRS maximum deferral limit.

Your Final Paycheck

What will be included in my final paycheck?

Your final paycheck will include:

- All wages due through your last day of work
- All unused, accrued vacation hours
- Your unused Personal holiday
- Retirement Sick Leave Credit, if requested

Will my accrued vacation hours, unused personal holiday and/or bi-weekly sick leave credit be taxed?

Yes, IRS regulations consider these monies “Supplemental Earnings” and will withhold taxes at a higher rate than regular earnings.

Defined Dollar Credit (DDC)

Is my spouse/surviving spouse eligible for coverage and/or a DDC?

Yes, your spouse/surviving spouse, as of the date of retirement, will be eligible for coverage and the Caltech DDC. If a retiree re-marries after retiring, the new spouse can join the plan, but the Institute will not provide a DDC toward the new spouse's coverage.

My spouse is still working at the institute and we have coverage through the active benefits, can we also receive the DDC since I am retired?

No, we call this scenario ‘Dual Family’. Both of you are not eligible for a DDC because you are both already receiving Institute contributions through the active plan. Once your spouse separates from the Institute you will both be eligible for a DDC.

You will still be eligible for the \$5,000 retiree life insurance policy.

Frequently Asked Questions (continued)

Retiree Medical Program

What expenses can I claim with the Health Reimbursement Account?

Examples of eligible expenses for you and your eligible spouse 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
- After tax health plan premiums deducted from a paycheck. (IRS regulations state that any premiums deducted from a paycheck **must** be paid on an after-tax basis to be eligible for reimbursement from the HRA.)
- See IRS publication 502 for more information

How do I make monthly premium payments?

If you select a plan that costs more than your DDC, you will be invoiced each month for the difference by the Caltech Retiree Service Center.

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

Does the Caltech Retiree Service Center have an option for electronic payments?

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. You will receive a form to sign up for automatic deductions with your billing statement.

What happens if I don't pay my invoice?

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

Is my dependent child eligible for coverage?

Yes, children who are under age 26 or disabled can be on the plan. However, the Institute will not provide a DDC for dependent children.

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
- Log in 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.

What happens to my HRA balance at the end of the year?

Your HRA balance rolls over from year to year.

Is the Defined Dollar Credit taxable income?

No.

Do I have to join the Caltech retiree medical program?

You don't have to join the Caltech retiree medical program. However, if you are a non-grandfathered retiree or spouse, 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 that 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 (other than Medicare) such as annual confirmation statements or premium receipts.
- If you don't have other medical coverage (other than Medicare) and you choose not to participate in the Caltech retiree medical plan, you will waive your right to join the Caltech retiree medical program, including an HRA.

Once I'm retired, who should I call if I have a question or problem with my benefits?

Please call the Caltech Retiree Service Center at 1-855-251-0910.

Of course, you are always welcome to call the Campus and JPL benefits office too.

Who should I contact if I have a question about my payment or HRA balance or documentation requests?

Discovery Benefits can assist you with HRA balance or documentation request questions. If you have a question about coverage, please contact the Caltech Retiree Service Center.

Grandfathered Retirees

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 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 age 55.
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. In 2020, the free plan is the Kaiser Senior Advantage plan option.

I am a grandfathered retiree, can I have my leftover DDC in an HRA if I am on the free Kaiser plan?

No, if you choose the free plan, you are not entitled to a DDC.

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

No, spouses who are not eligible for Medicare will receive a DDC to purchase an Aetna or Kaiser plan. Caltech will use the maximum service credit of 25+ years to calculate their DDC.

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 DDC to help pay for your health care. Caltech will use the maximum service credit of 25+ years to calculate your DDC.

I am a grandfathered Retiree, can I choose a plan other than the free plan?

Yes, if you choose a plan other than the free plan, you will be provided with a DDC. Caltech will use the maximum service credit of 25+ years to calculate your DDC.

Important Phone Numbers

Resource	Phone number	Email or Website	Hours
----------	--------------	------------------	-------

Institute Benefit Offices

Caltech	1-626-395-6443	HRBenefits@Caltech.edu	8 a.m. – 5 p.m. PT; Monday – Friday
JPL	1-818 354-3760	benefits@jpl.nasa.gov	8 a.m. – 5 p.m. PT; Monday – Friday

The Caltech Retiree Service Center

Caltech administrator for all plans PO Box 14464 Des Moines IA 50306-3464	1-855-251-0910	www.caltechretireebenefits.com	5:30 a.m. – 6 p.m. PT Monday – Friday
--	-----------------------	---------------------------------------	--

Discovery Benefits

HRA	1-844-561-1334	www.discoverybenefits.com	5:30 a.m. – 5 p.m. PT Monday – Friday
------------	-----------------------	----------------------------------	--

Aetna Member Services

Medicare	1-888-267-2637	www.aetna.com	8 a.m. – 8 p.m. All Time Zones; Monday – Friday
Non-Medicare	1-800-328-9933	www.aetna.com	8 a.m. – 6 p.m. All Time Zones; Monday – Friday
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	1-877-238-6200	www.aetna.com	8 a.m. – 6 p.m. All Time Zones; Monday – Friday
Life	1-877-503-3448	www.aetna.com	8 a.m. – 6 p.m. All Time Zones; Monday – Friday
SilverSneakers	1-888-423-4632	www.silversneakers.com	5 a.m. – 8 p.m. PT Monday – Friday

Resource	Phone number	Website	Hours
----------	--------------	---------	-------

Kaiser Permanente Member Services

Existing members	1-800-464-4000	www.kp.org	8 a.m. – 7 p.m. PT Monday – Friday
Potential or new members	1-877-547-4909	www.kp.org/newmember	8 a.m. – 7 p.m. PT Monday – Friday
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

Retirement Savings Account

TIAA	1-800-842-2252	www.tiaa.org	5:00 a.m. – 7 p.m. PT Monday – Friday 6 a.m. – 3 p.m. PT Saturday
Fidelity	1-800-343-0860	www.fidelity.com	9 a.m. – 5 p.m. PT Monday – Friday

Health Care and Dependent Day Care Spending Accounts and Health Savings Accounts

HealthEquity (Active Employees Only)	1-866-346-5800	www.HealthEquity.com	24 hours a day, 7 days a week
--	-----------------------	-----------------------------	----------------------------------

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 (DDC) is applied.

Example Calculation* (For Medicare eligible retiree and spouse with 25+ years of service)		Insert the actual amount of your DDC and premium costs of the plans you selected below
Monthly Costs		
Medical Monthly Premium	\$313.13 (Retiree)	
	\$313.13 (Spouse)	
Dental Monthly Premium	\$84.28 (Retiree & Spouse)	
Vision Monthly Premium	\$14.46 (Retiree & Spouse)	
Total Monthly Costs	\$725.00	
Monthly DDC		
Retiree DDC	\$292.00	
Spouse DDC	\$146.00	
Total Monthly DDC	\$438.00	
<i>Less the Total Monthly DDC</i>	<i>(\$438.00)</i>	
Your Monthly Bill or HRA Contribution	\$287.00	
If your total DDC exceeds your monthly premium, the difference will be deposited into an HRA. If your premiums exceed your total monthly DDC, you will receive a monthly invoice for the remaining balance.		

*Example for illustrative purposes only. DDC shown is based on a Medicare eligible retiree with 25+ years of service and 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 plan are not eligible for the HRA.



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.

88354 B12958 (10/19)