

Caltech

2019 Caltech Retiree Enrollment Guide

Your enrollment period is November 5-19



Talk to the Caltech Retiree Service Center, they are here to help

Starting November 5 you can:



Call the Caltech Retiree Service Center at **1-855-251-0910 (TTY: 711)** to help you review your options and choose the plan that's right for you. You can consider Caltech Retiree Service Center Service Advisors an extension of the Caltech & JPL Benefits Offices.



Visit <http://www.XXXXXXXXXXXXXX.com> to learn more

If you still have questions or need help, you can attend one of these optional Town Hall Meetings:

In person	November 5 – 9:30 a.m. and 1 p.m. PT Brookside Golf and Country Club, Pasadena, CA
Online and by phone	November 13 – 1 p.m. PT November 14 – 10 a.m. PT

These are optional events and space is limited.

RSVP today by calling the Aetna Marketplace or visiting <http://www.XXXXXXXXXXXXXX.com>

What's new for 2019

- Caltech has increased their contribution to the Retiree Defined Dollar Credit. See page 4 for details.
 - Spouse Defined Dollar Credits will be 50% of the retiree credit.
 - Most plan rates will increase. Make sure you check and understand your monthly plan costs
- See pages 8–15 for details about the 2019 health plan options and their associated costs.

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 emergency contact information.

To continue coverage through Caltech, you don't have to do anything.

If you do nothing you will be automatically enrolled in your existing plan. **However, your plan rates and Defined Dollar Credit may change.** Make sure you check and understand your plan benefits and monthly plan costs.

Life Insurance

The Institute provides Medicare and Non-Medicare retirees with a \$5,000 life insurance policy.

You may request a beneficiary update form by calling the Caltech Retiree Service Center at **1-855-251-0910**

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, the remainder will be available to you through a Health Reimbursement Account (HRA). You can use your HRA to pay eligible health care expenses. A plan administrative fee of \$13.40 is included in the Caltech Sponsored Kaiser and Aetna Health Plan monthly premium.

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

Enroll in the HRA and use your Defined Dollar Credit to purchase a non-Caltech health plan and be reimbursed for other eligible health care expenses. A plan administrative fee of \$13.40 will be deducted from your Defined Dollar Credit each month.

Premiums deducted from a paycheck must be paid for on an after-tax basis to be eligible for reimbursement from the HRA. See page 17 for more information.

If you're turning 65 soon

Approximately 90 days prior to your Medicare eligibility date you'll receive information from the Caltech Retiree Service Center about your 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 Medicare office to sign up for 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.

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 in the Caltech retiree Medicare plan.

Don't wait!

If you delay or take no action before you turn 65, it will cost you more money.

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

Your Defined Dollar Credit 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 switched to a Caltech Medicare plan. Medicare requires that you make an independent medical plan election. (Unfortunately, we can't automatically switch you from a non-Medicare plan to a Medicare plan. You must contact the Caltech Retiree Service Center to make your new plan election.)

2019 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	\$638	Credit = cost of plan	\$383	\$0
All other plans	\$285	\$638	\$171	\$383	\$0

Retiree					
	Retiree		Spouse/Surviving Spouse*		Child
Years of service	Medicare eligible	Non-Medicare eligible	Medicare eligible	Non-Medicare eligible	N/A
10	\$114	\$255	\$68	\$153	\$0
11	\$126	\$281	\$75	\$169	\$0
12	\$137	\$306	\$82	\$184	\$0
13	\$148	\$332	\$89	\$199	\$0
14	\$160	\$357	\$96	\$215	\$0
15	\$171	\$383	\$103	\$230	\$0
16	\$183	\$408	\$109	\$245	\$0
17	\$194	\$434	\$116	\$261	\$0
18	\$206	\$459	\$123	\$276	\$0
19	\$217	\$485	\$130	\$291	\$0
20	\$228	\$510	\$137	\$307	\$0
21	\$240	\$536	\$144	\$322	\$0
22	\$251	\$561	\$150	\$337	\$0
23	\$263	\$587	\$157	\$353	\$0
24	\$274	\$612	\$164	\$368	\$0
25+	\$285	\$638	\$171	\$383	\$0

*Spouse Defined Dollar Credit is 50% of Retiree Rate.

2019 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	\$520.47	\$1040.94
Aetna Medicare PPO – Premier Plan	\$322.53	\$645.06
Aetna Medicare PPO – Medium Plan	\$258.12	\$516.24
Aetna Medicare PPO – Value Plan	\$86.10	\$172.20
Aetna Medicare HMO Plan	\$300.18	\$600.36
Kaiser Permanente Senior Advantage HMO Plan (includes medical, dental and vision)	\$207.75	\$415.50

Medical Plans for Non-Medicare Eligible Retirees		
Plan Option	1 Person Rate	2 Person Rate
Aetna Choice PPO – High Option	\$1558.68	\$3117.36
Aetna Choice PPO – Medium Option	\$1103.48	\$2206.96
Aetna Choice PPO – Low Option	\$704.60	\$1409.21
Aetna HMO	\$992.80	\$1985.59
Kaiser HMO (includes medical and vision)	\$685.52	\$1371.04

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

2019 Medical plans (for Medicare eligible retirees)

Traditional Choice plan option			Premier PPO plan option		Medium PPO plan option*		Value PPO plan option*		Aetna HMO plan option		Kaiser Permanente HMO 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		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)
Availability	Available to all retirees		Available to all retirees		National – based on location		National – based on location		National – based on location		Available to retirees in CA
Monthly premium per person	\$520.47		\$322.53		\$258.12		\$86.10		\$300.18		\$207.75**
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	In network	Out of network	Network only		Network only
Annual deductible	None		None		None	None	None	None	None		None
Out-of-pocket maximum	N/A		\$6,700 individual		\$6,700 individual	\$10,000 individual	\$3,400 individual	\$10,000 individual	\$3,400 individual		\$1,500 individual
Preventive care (Routine exams including vision and hearing)	Covered 100%		Covered 100%		Covered 100%	25%	Covered 100%	30%	Covered 100%		Covered 100%
Physician/PCP*** visit	\$0****		\$25 per visit		15% per visit	25% per visit	\$15 per visit	30% per visit	\$10 per visit		\$15 per visit
Specialist visit	\$0****		\$25 per visit		15% per visit	25% per visit	\$40 per visit	30% per visit	\$15 per visit		\$15 per visit
Inpatient hospital+	\$0****		\$250 per stay		\$500 per stay	25% per stay	\$200 per day 1 – 7	30% per day 1 – 7	\$0		\$0
Outpatient hospital	\$0****		\$0		15%	25%	\$185	30%	\$0		\$15
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	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
Deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$260	\$0	\$0	\$0	\$0
Generics	\$5	\$10	\$5	\$10	\$5	\$10	20%	20%	\$5	\$10	\$10
Preferred brands	\$25	\$50	\$30	\$60	\$30	\$60	25%	25%	\$25	\$50	\$20
Nonpreferred brands	\$45	\$90	\$60	\$120	\$60	\$120	45%	45%	\$45	\$90	\$20
Other											
Eyewear	n/a		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
Hearing aids	One hearing aid every 36 months		Plan pays \$500 once every 36 months		Plan pays \$500 once every 36 months		Plan pays \$500 once 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 these 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, family practitioner for routine care as well as diagnosis and treatment of an illness or injury and in-office surgery.

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

†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.

2019 Medical plans (for non-Medicare eligible retirees)

		High PPO plan option		Medium PPO plan option		Low PPO plan option*		Aetna HMO plan option		Kaiser Permanente HMO plan option
Plan name		High Option Network Aetna Choice® PPO		Mid Option Network Aetna Open Choice® PPO		Low Option Network Aetna Aexcel® Open Access® Managed Choice® POS		Aetna HMO		Kaiser Permanente Traditional
Monthly premium										
Retiree only		\$1558.68		\$1103.48		\$704.60		\$992.80		\$685.52
Retiree + spouse		\$3117.36		\$2206.96		\$1409.21		\$1985.59		\$1371.04
Medical										
Availability		National—based on location		National—based on location		National—based on location		National—based on location		CA residents only
Network		In network	Out of network	In network	Out of network	In network	Out of network	Network only		Network only
Annual deductible	Individual	\$1,200	\$4,000	\$3,500	\$5,500	\$3,950	\$3,950	\$0		\$0
	Family	\$2,400	\$8,000	\$7,000	\$11,000	\$7,900	\$7,900			
Out-of-pocket maximum	Individual	\$2,800	\$7,000	\$6,000	\$10,000	\$6,250	\$10,000	\$1,500		\$1,500
	Family	\$5,600	\$14,000	\$12,000	\$20,000	\$12,500	\$30,000	\$3,000		\$3,000
Preventive care		Covered 100%		Covered 40%		Covered 100%		Covered 40%		Covered 100%
Physician visit		20%		40%		30%		50%		20%
Specialist visit		20%		40%		30%		50%		20%/30%
Inpatient hospital		20%		40%		30%		50%		20%
Outpatient hospital		20%		40%		30%		50%		20%
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	up to 30-day supply	up to 90-day supply	up to 100-day supply
Deductible		\$0		\$0		\$0		\$0		\$0
Generics		\$10		\$30		\$10		\$10		0%
Preferred brands		\$40		\$120		\$75		\$75		25%
Nonpreferred brands		40%		40%		50%		50%		50%
Specialty preferred generics		\$70		n/a		50%		n/a		0%
Specialty nonpreferred generics		40%		n/a		50%		n/a		0%
Specialty preferred brands		\$70		n/a		50%		n/a		25%
Specialty nonpreferred brands		40%		n/a		50%		n/a		50%
Other										
Eyewear		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
Hearing aids		n/a		n/a		n/a		n/a		n/a

10 **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.

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.

2019 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*	You pay
Individual	\$50
Family	\$150
Preventive services	What the plan pays
Partial list of services includes oral examinations, cleanings, X-rays and more.	80%
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
Office visit copay	n/a
Orthodontic services**	50%
Orthodontic deductible	None
Orthodontic lifetime maximum	\$1,000

*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	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.

2019 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
Tint (solid and gradient)	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

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

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 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.

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.

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. If a retiree re-marries the new spouse can join the plan, but Caltech will not provide a Defined Dollar Credit toward the new spouse's coverage.

How do I make monthly premium payments?

If you select a plan that costs more than your Defined Dollar Credit, you will be invoiced each month for the difference. The invoice will come from 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, with a grace period for payment receipt by the end of the month. You may sign up to have your monthly premium payments automatically deducted from your bank account. This deduction takes place on the 5th business of each month. You will receive a sign up form when you receive your billing statement.

What happens if I don't pay my bill?

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. If you are having issues paying your bill, please contact the Caltech or JPL benefits office.

Is my dependent child eligible for coverage?

Yes, children who are under age 26 or disabled can be on the plan. However, Caltech will not provide a Defined Dollar Credit for dependent children.

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 for on an after-tax basis to be eligible for reimbursement from the HRA.

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. 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 Caltech 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 Health and Life Benefits Program during Annual Enrollment. **However, if you do not enroll in the Caltech Retiree Health and Life Benefits Program within two years of your retirement, and you did not have other continuous medical coverage (other than Medicare) you waive your right to coverage under the Retiree Benefits Program and will no longer be eligible to enroll.**

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

- Fax or mail a paper "Out of Pocket Request Form" form to Discovery Benefits
- Log in to Discovery Benefits and submit a request online
- Use the Benefits Mobile App by Discovery Benefits 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.

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 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. For 2018, the free plan is the Kaiser HMO plan option.

I am a Grandfathered retiree, what plans can I chose?

You can choose one of the following plans:

- The Kaiser HMO Medicare Advantage plan is free.
- Opt out of the free plan option and use your Defined Dollar Credit to choose an Aetna plan.
- Collect your Defined Dollar Credit in an HRA plan. 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 plan, you are not entitled a Defined Dollar Credit amount.

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 their Defined Dollar Credit.

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*		Insert the actual amount of your Credits and the premium costs of the plans you selected below
Credits		
Retiree Defined Dollar Credit	\$285.00	
Spouse Defined Dollar Credit	\$171.00	
Total Defined Dollar Credit	\$456.00	
Costs		
Medical Monthly Premium	\$322.53 (Retiree)	
	\$322.53 (Spouse)	
Dental Monthly Premium	\$84.28	
Vision Monthly Premium	\$14.46	
Total costs	\$743.80	
Less the Total Defined Dollar Credit	(\$456.00)	
Your Monthly Bill or HRA Contribution	\$287.80	
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.		
If the difference between your Total Costs and the Total Defined Dollar Credit is a negative number, this is the Defined Dollar Credit amount that will be contributed to your HRA each month.		

*Example for illustrative purposes only. Credits shown are 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). the Kaiser plan are not eligible For an HRA. Grandfather retirees who choose the Kaiser plan are not eligible for 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	http://www.XXXXXXX.XXXXXXX.com	5:30 a.m. – 6 p.m. PT; Monday – Friday
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Aetna Member Services

Medicare	1-888-267-2637	http://www.aetna.com	8 a.m. – 8 p.m. All Time Zones; Monday – Friday
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Non-Medicare	1-800-328-9933	http://www.aetna.com	8 a.m. – 6 p.m. All Time Zones; Monday – Friday
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Vision Plan	1-877-973-3238	http://www.aetna.com	4:30 a.m. – 8 p.m. PT; Monday – Saturday 8 a.m. – 5 p.m. PT; Sunday
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Dental	1-877-238-6200	http://www.aetna.com	8 a.m. to 6 p.m. All Time Zones; Monday – Friday
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Kaiser Member Services

Existing members	1-800-464-4000	http://www.kp.org	8 a.m. – 7 p.m. PT; Monday – Friday
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Potential or new members	1-877-547-4909	http://www.kp.org/newmember	8 a.m. – 7 p.m. PT; Monday – Friday
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DeltaCare Dental HMO	1-800-422-4234	http://www.deltadentalins.com/deltacareusa/	8 a.m. – 6 p.m. PT; Monday – Friday
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Discovery Benefits

HRA all plans	1-866-451-3399 Fax 1-866-451-3245	http://www.discoverybenefits.com	5:30 a.m. – 5 p.m. PT; Monday – Friday
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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.

