

# REQUIRED LEGAL NOTICES



## Enrollment Rights Under the Health Insurance Portability and Accountability Act (HIPAA) and California Law

If you are declining enrollment for yourself or your dependents (including your spouse or domestic partner) because of other health insurance (such as your spouse's or domestic partner's employer's plan), you may be able to enroll yourself and your dependents in a Caltech plan if you or your dependents lose eligibility for that other coverage (or your spouse's or domestic partner's employer stops contributing toward the coverage). You must request enrollment within 31 days of the date the other coverage ends (or the other employer changes its contributions). If the other coverage is Medicaid or Children's Health Insurance Program (CHIP), you must request enrollment within 60 days.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption. You will also need to provide proof of dependent status (for example, a marriage or birth certificate).

For more information, please contact Campus Human Resources or the JPL Benefits Office.

## Grandfathered Health Plan: Kaiser Mid Atlantic

The Kaiser Mid Atlantic HMO (available to JPL employees in the Mid-Atlantic region) believes that each of its health plans is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act, also called Health Care Reform). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan, and what might cause a plan to change from grandfathered health plan status, can be directed to the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This website has a table summarizing which protections do and do not apply to grandfathered health plans. You may also contact Campus Human Resources or the JPL Benefits Office.

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## Notice of Creditable Prescription Drug Coverage

**If you or your family members aren't currently covered by Medicare and won't become covered by Medicare in the next 12 months, this notice doesn't apply to you.**

*Please read this notice carefully. It has information about prescription drug coverage with Caltech and prescription drug coverage available for people with Medicare. It also tells you where to find more information to help you make decisions about your prescription drug coverage.*

You may have heard about Medicare's prescription drug coverage (called Part D), and wondered how it would affect you. Prescription drug coverage is available to everyone with Medicare through Medicare prescription drug plans. All Medicare prescription drug plans provide at least a standard level of coverage set by Medicare. Some plans also offer more coverage for a higher monthly premium.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from October 15 through December 7. Individuals leaving Caltech coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by a Caltech prescription drug plan, you'll be interested to know that coverage is, on average, at least as good as standard Medicare prescription drug coverage for 2021. This is called creditable coverage. Coverage under a Caltech plan will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

If you decide to enroll in a Medicare prescription drug plan and you are an active employee or family member of an active employee, you may also continue your Caltech coverage. In this case, the Caltech plan will continue to pay primary or secondary as it had before you enrolled in a Medicare prescription drug plan. If you waive or drop Caltech coverage, Medicare will be your only payer. You can re-enroll in the Caltech plan at annual enrollment or if you have a special enrollment event.

You should know that if you waive or leave coverage with Caltech and you go 63 days or longer without creditable prescription drug coverage (once your applicable Medicare enrollment period ends), your monthly Part D premium will go up at least 1% per month for every month that you did not have creditable coverage. For example, if you go 19 months without coverage, your Medicare prescription drug plan premium will always be at least 19% higher than what most other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following November to enroll in Part D.

You may receive this notice at other times in the future – such as before the next period you can enroll in Medicare prescription drug coverage, if the Caltech coverage changes, or upon your request.

### **For more information about your options under Medicare prescription drug coverage**

More detailed information about Medicare plans that offer prescription drug coverage is in the *Medicare & You* handbook. Medicare participants will get a copy of the handbook in the mail every year from Medicare.

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You may also be contacted directly by Medicare prescription drug plans. For more information about Medicare prescription drug plans:

- Visit [www.medicare.gov](http://www.medicare.gov) for personalized help.
- Call your State Health Insurance Assistance Program (see a copy of the *Medicare & You* handbook for the telephone number).
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

For people with limited income and resources, extra help paying for a Medicare prescription drug plan is available. Information about this extra help is available from the Social Security Administration (SSA). For more information about this extra help, visit SSA online at [www.socialsecurity.gov](http://www.socialsecurity.gov) or call 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this notice. If you enroll in a Medicare prescription drug plan after your applicable Medicare enrollment period ends, you may need to provide a copy of this notice when you join a Part D plan to show that you are not required to pay a higher Part D premium amount.

For more information about this notice or your prescription drug coverage, please contact Campus Human Resources or the JPL Benefits Office.

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## Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit [www.healthcare.gov](http://www.healthcare.gov).

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1- 877-KIDS NOW** or [www.insurekidsnow.gov](http://www.insurekidsnow.gov) to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at [www.askebsa.dol.gov](http://www.askebsa.dol.gov) or call **1-866-444-EBSA (3272)**.

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**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2021. Contact your State for more information on eligibility.**

<b>Alabama</b> – Medicaid	Website: <a href="http://myalhipp.com/">http://myalhipp.com/</a> Phone: 1-855-692-5447
<b>Alaska</b> – Medicaid	The AK Health Insurance Premium Payment Program Website: <a href="http://myakhipp.com/">http://myakhipp.com/</a> Phone: 1-866-251-4861 Email: <a href="mailto:CustomerService@MyAKHIPP.com">CustomerService@MyAKHIPP.com</a> Medicaid Eligibility: <a href="http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx">http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</a>
<b>Arkansas</b> – Medicaid	Website: <a href="http://myarhipp.com/">http://myarhipp.com/</a> Phone: 1-855-MyARHIPP (855-692-7447)
<b>California</b> – Medicaid	Health Insurance Premium Payment (HIPP) Program Website: <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> Phone: 916-445-8322

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<p><b>Colorado</b> – Health First Colorado (Colorado’s Medicaid Program) &amp; Child Health Plan Plus (CHP+)</p>	<p>Health First Colorado Website: <a href="https://www.healthfirstcolorado.com/">https://www.healthfirstcolorado.com/</a>                  Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711                  CHP+: <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a>                  CHP+ Customer Service: 1-800-359-1991/State Relay 711                  Health Insurance Buy-In Program (HIBI):  <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a>                  HIBI Customer Service: 1-855-692-6442</p>
<p><b>Florida</b> – Medicaid</p>	<p>Website:  <a href="https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a>                  Phone: 1-877-357-3268</p>
<p><b>Georgia</b> – Medicaid</p>	<p>Website:  <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a>                  Phone: 1-678-564-1162 ext 2131</p>
<p><b>Indiana</b> – Medicaid</p>	<p>Healthy Indiana Plan for low-income adults 19-64                  Website: <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a>                  Phone: 1-877-438-4479                  All other Medicaid Website: <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>                  Phone 1-800-457-4584</p>
<p><b>Iowa</b> – Medicaid and CHIP (Hawki)</p>	<p>Medicaid Website:  <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>                  Medicaid Phone: 1-800-338-8366                  Hawki Website: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>                  Hawki Phone: 1-800-257-8563                  HIPP Website: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>                  HIPP Phone: 1-888-346-9562</p>
<p><b>Kansas</b> – Medicaid</p>	<p>Website: <a href="http://www.kdheks.gov/hcf/default.htm">http://www.kdheks.gov/hcf/default.htm</a>                  Phone: 1-800-792-4884</p>
<p><b>Kentucky</b> – Medicaid</p>	<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP)                  Website: <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx</a>                  Phone: 1-855-459-6328                  Email: <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a>                  KCHIP Website: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a>                  Phone: 1-877-524-4718                  Kentucky Medicaid Website: <a href="https://chfs.ky.gov">https://chfs.ky.gov</a></p>
<p><b>Louisiana</b> – Medicaid</p>	<p>Website: <a href="http://www.medicicaid.la.gov">www.medicicaid.la.gov</a> or <a href="http://www.ldh.la.gov/lahipp">www.ldh.la.gov/lahipp</a>                  Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
<p><b>Maine</b> – Medicaid</p>	<p>Enrollment Website: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>                  Phone: 1-800-442-6003                  TTY: Maine relay 711                  Private Health Insurance Premium Webpage:  <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a>                  Phone: 1-800-977-6740                  TTY: Maine relay 711</p>
<p><b>Massachusetts</b> – Medicaid and CHIP</p>	<p>Website: <a href="https://www.mass.gov/info-details/masshealth-premium-assistance-pa">https://www.mass.gov/info-details/masshealth-premium-assistance-pa</a>                  Phone: 1-800-862-4840</p>
<p><b>Minnesota</b> – Medicaid</p>	<p>Website:  <a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a>                  Phone: 1-800-657-3739</p>

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<b>Missouri – Medicaid</b>	Website: <a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> Phone: 1-573-751-2005
<b>Montana – Medicaid</b>	Website: <a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> Phone: 1-800-694-3084
<b>Nebraska – Medicaid</b>	Website: <a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 1-855-632-7633 Lincoln: 1-402-473-7000 Omaha: 1-402-595-1178
<b>Nevada – Medicaid</b>	Medicaid Website: <a href="http://dhcfp.nv.gov">http://dhcfp.nv.gov</a> Medicaid Phone: 1-800-992-0900
<b>New Hampshire – Medicaid</b>	Website: <a href="https://www.dhhs.nh.gov/oii/hipp.htm">https://www.dhhs.nh.gov/oii/hipp.htm</a> Phone: 1-603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218
<b>New Jersey – Medicaid and CHIP</b>	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 1-609-631-2392 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>New York – Medicaid</b>	Website: <a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> Phone: 1-800-541-2831
<b>North Carolina – Medicaid</b>	Website: <a href="https://medicaid.ncdhhs.gov/">https://medicaid.ncdhhs.gov/</a> Phone: 1-919-855-4100
<b>North Dakota – Medicaid</b>	Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-844-854-4825
<b>Oklahoma – Medicaid and CHIP</b>	Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742
<b>Oregon – Medicaid</b>	Website: <a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> <a href="http://www.oregonhealthcare.gov/index-es.html">http://www.oregonhealthcare.gov/index-es.html</a> Phone: 1-800-699-9075
<b>Pennsylvania – Medicaid</b>	Website: <a href="https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx">https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx</a> Phone: 1-800-692-7462
<b>Rhode Island – Medicaid and CHIP</b>	Website: <a href="http://www.eohhs.ri.gov/">http://www.eohhs.ri.gov/</a> Phone: 1-855-697-4347, or 1-401-462-0311 (Direct RlTe Share Line)
<b>South Carolina – Medicaid</b>	Website: <a href="https://www.scdhhs.gov">https://www.scdhhs.gov</a> Phone: 1-888-549-0820
<b>South Dakota – Medicaid</b>	Website: <a href="http://dss.sd.gov">http://dss.sd.gov</a> Phone: 1-888-828-0059
<b>Texas – Medicaid</b>	Website: <a href="http://gethipptexas.com/">http://gethipptexas.com/</a> Phone: 1-800-440-0493
<b>Utah – Medicaid and CHIP</b>	Medicaid Website: <a href="https://medicaid.utah.gov/">https://medicaid.utah.gov/</a> CHIP Website: <a href="http://health.utah.gov/chip">http://health.utah.gov/chip</a> Phone: 1-877-543-7669
<b>Vermont – Medicaid</b>	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>Virginia – Medicaid and CHIP</b>	Website: <a href="https://www.coverva.org/en/famis-select">https://www.coverva.org/en/famis-select</a> Website: <a href="https://www.coverva.org/hipp/">https://www.coverva.org/hipp/</a> Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282

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<b>Washington – Medicaid</b>	Website: <a href="https://www.hca.wa.gov/">https://www.hca.wa.gov/</a> Phone: 1-800-562-3022
<b>West Virginia – Medicaid</b>	Website: <a href="http://mywvhipp.com/">http://mywvhipp.com/</a> Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
<b>Wisconsin – Medicaid and CHIP</b>	Website: <a href="https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm">https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm</a> Phone: 1-800-362-3002
<b>Wyoming – Medicaid</b>	Website: <a href="https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/">https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/</a> Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor  
Employee Benefits Security Administration  
[www.dol.gov/agencies/ebsa](http://www.dol.gov/agencies/ebsa)  
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
1-877-267-2323, Menu Option 4, Ext. 61565

## Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email [ebsa.opr@dol.gov](mailto:ebsa.opr@dol.gov) and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137  
(expires 1/31/2023)



## Women's Health and Cancer Rights Act

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As required by the Women's Health and Cancer Rights Act of 1998 (WHCRA), each medical plan provides coverage for the following breast reconstruction procedures in connection with mastectomies:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- Prostheses and treatment of physical complications at all stages of the mastectomy, including lymphedemas.

Coverage is provided in a manner determined in consultation with the attending physician and the patient. The deductible and the copayment requirements that apply to other covered services also apply to these post-mastectomy reconstructive and treatment services. Therefore, deductible and coinsurance apply. If you would like more information on WHCRA benefits, contact Campus Human Resources or the JPL Benefits Office.

## Newborns' and Mothers' Health Protection Act Notice

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Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours). If you would like more information on maternity benefits, contact Campus Human Resources or the JPL Benefits Office.

## HIPAA Privacy Notices

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The privacy rules under the Health Insurance Portability and Accountability Act (HIPAA) require the Plan to provide Privacy Notices and how you can obtain the notices. The Privacy Notice explains participants' rights and the Plan's legal duties with respect to protected health information (PHI) and how the Plan may use and disclose PHI.

To obtain a copy of the Privacy Notice or for more information on the Plan's privacy policies or your rights under HIPAA, contact Campus Human Resources or the JPL Benefits Office



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**Subrogation and Reimbursement to the Plan from a Recovery (Applicable to any health benefits self-insured by the Institute; for subrogation and reimbursements provisions applicable to fully-insured health benefits, check the applicable insurer's EOC and related materials).**

A Covered Person may incur medical or other charges related to injuries or illness caused, or allegedly caused, by the act or omission of another person; or Third party may be liable or legally responsible for payment of charges incurred in connection with the injuries or illness. If so, the Covered Person may have a claim against that other person or Third party for payment of the medical or other charges. In that event, the Plan will be secondary, not primary, and the Plan will be subrogated to all rights the Covered Person may have against that other person or Third party and will also be entitled to Reimbursement. In addition, the Plan shall have the first lien against any Recovery to the extent of benefits paid or to be paid and expenses incurred by the Plan in enforcing this provision. The Plan's first lien supersedes any right that the Covered Person may have to be "made whole". In other words, the Plan is entitled to the right of first Reimbursement out of any Recovery the Covered Person procures or may be entitled to procure regardless of whether the Covered Person has received compensation for any of his damages or expenses, including any of his attorneys' fees or costs. Additionally, the Plan's right of first Reimbursement from a Recovery will not be reduced for any reason, including the Covered Person's attorneys' fees or costs, comparative negligence, limits of collectability or responsibility, or otherwise. As a condition to receiving benefits under the Plan, the Covered Person agrees that acceptance of benefits is constructive notice of this provision.

In no case will the amount subject to subrogation or Reimbursement exceed the amount of medical or other benefits paid for the injuries or illness under the Plan and the expenses incurred by the Plan in collecting this amount. The Plan has a right to recover in full, out of any Recovery without reduction for attorneys' fees, costs, comparative negligence, limits of collectability or responsibility, or otherwise, even if the Covered Person does not receive full compensation for all of his charges and expenses.

"Covered Person" means anyone covered under the Plan, including minor Dependents.

"Third party" shall mean any individual or organization, other than the Plan, who is liable or legally responsible (or who is alleged or claimed to be liable or legally responsible) to pay expenses, compensation or damages in connection with a Covered Person's injuries or illness.

"Third party" shall also include the party or parties who caused the injuries or illness (or are alleged or claimed to have caused the injuries or illness); the insurer, guarantor or other indemnifier of the party or parties who caused or allegedly caused the injuries or illness; a Covered Person's own insurer, such as uninsured, underinsured, medical payments, no-fault, homeowner's, renter's or any other liability insurer; a workers' compensation insurer; and any other individual or organization that is liable or legally responsible (or is alleged or claimed to be liable or legally responsible) for payment in connection with the injuries or illness.

"Recovery" shall mean the specific fund of any and all monies paid to the Covered Person by way of judgment, settlement, arbitration or otherwise (no matter how those monies may be characterized, designated or allocated) to compensate for any losses caused by, or in connection with, the injuries or illness covered under the Plan. Any Recovery shall be deemed to apply, first, for Reimbursement.

"Reimbursement" shall mean repayment from the Recovery to the Plan for medical or other benefits it has paid toward the care and treatment of an illness or injury and for the expenses incurred by the Plan in obtaining Reimbursement.

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These provisions apply to the parents, trustee, guardian or other representative of a minor Covered Person and to the heir or personal representative of the estate of a deceased Covered Person, regardless of applicable law and whether or not the minor's representative has access or control of the Recovery.

When a Covered Person does not comply with the provisions of this section, the Plan Administrator shall have the authority, in its sole discretion, to deny payment of any claims for benefits by the Covered Person (including, but not limited to, recoupment from health care providers of any prior payments of those claims) and to deny or reduce future benefits payable (including payment of future benefits for other injuries or illnesses) under the Plan by the amount due as Reimbursement to the Plan. The Plan Administrator may also, in its sole discretion, deny or reduce future benefits (including future benefits for other injuries or illnesses) under any other group benefits plan maintained by the Plan Sponsor. The reductions will equal the amount of the required Reimbursement. If the Plan must bring an action against a Covered Person to enforce this provision, then that Covered Person agrees to pay the Plan's attorneys' fees and costs, regardless of the action's outcome.

In certain circumstances, a Covered Person may receive a Recovery that includes amounts intended to be compensation for past and future expenses for treatment of the illness or injury, which is the cause of the Recovery. This Plan will not cover any expenses for which compensation was provided through a previous Recovery. This exclusion will apply to the full extent of such Recovery or the amount of the expenses submitted to the Plan for payment, whichever is less. The Plan also precludes operation of the made-whole and common-fund doctrines in applying this provision.

It is the responsibility of the Covered Person to inform the Plan Administrator when expenses are incurred related to an illness or injury for which a Recovery has been made. The Covered Person is required to submit full and complete documentation of any such Recovery in order for the Plan to consider eligible expenses that exceed the Recovery.

A Covered Person is required to:

- Include such expenses in any claim made against a third party for the injury or conditions
- Sign an agreement to Reimburse the Plan from any Recovery
- In the event of a Recovery, to reimburse the Plan from the Recovery
- Instruct your attorney, if one is retained, to Reimburse the Plan from any Recovery in a form satisfactory to the Plan
- Cooperate fully with the Plan in asserting its subrogation and Reimbursement rights from any Recovery and supply the Plan with any and all information and execute any and all forms the Plan may need for this purpose

## **Example of Subrogation from a Recovery**

"Subrogation" is a legal term that means the substitution of one person for another with respect to a legal claim - this allows the Plan to assume the place of a Plan participant or beneficiary for the purpose of being reimbursed from any Recovery. For example, if you are injured in a car accident and the Plan pays the related medical expenses. If another driver was, or was claimed to be, responsible for the accident, the medical damages would typically be included in any claim by you against this driver. However, if you do not file a lawsuit or do not otherwise claim the medical expenses, the Plan will have paid expenses that should have been paid by the driver at fault. The subrogation right allows the Plan to "step into your shoes" for the purposes of asserting claims for a Recovery against the driver who was, or was claimed to be, at fault.

# REQUIRED LEGAL NOTICES



## **Example of Reimbursement from a Recovery**

The “reimbursement” right from a Recovery is similar to the subrogation right - however, the Plan does not “step into the shoes” of the participant or beneficiary by making claims against responsible parties. Instead, the Plan seeks reimbursement from a Recovery. For example, if you are injured in a car accident and the Plan pays the related medical expenses. You bring a lawsuit against the responsible driver and obtain a Recovery. The Reimbursement right allows the Plan to seek repayment from that Recovery. Note: Other cases under which the Plan may have a right of Reimbursement from a Recovery include a fall in store or parking lot, a fall or other injury sustained at someone’s home, neighbor’s dog or cat bites you, assaults, motorcycle accidents, boating accidents and off-road vehicle accidents (this is not an exhaustive list).

The following provisions also apply:

- Recovery includes any amount received, whether by judgment, settlement, arbitration, compromise and release, or otherwise.
- All Reimbursement to the Plan must occur within 30 days of the receipt of any Recovery by you and/or your attorney(s).
- The Plan’s rights to subrogation and reimbursement from any Recovery shall take priority over you or your dependents’ right to be made whole. The “make whole” rule does not apply under the Plan.

## Employee Notice of Coverage Options

Caltech is legally required to provide this notice to you under the Affordable Care Act (“health care reform”).

### **PART A: General Information**

To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and the medical coverage offered by Caltech.

#### **What is the Health Insurance Marketplace?**

The Marketplace is designed to help many Americans find health insurance that meets their needs and fits their budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a tax credit that lowers your monthly premium right away.

#### **Can I Save Money on my Health Insurance Premiums in the Marketplace?**

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

#### **Can I shop the Marketplace?**

Most Americans who aren't already enrolled in programs like Medicare, Medicaid or a Veteran's plan can shop the Marketplace. However, if you're eligible for Caltech benefits, the Caltech medical plans will most likely be significantly more cost effective for you (and your eligible dependents) than the Marketplace options. This is because Caltech pays a significant share of the cost for your Caltech coverage for you and your eligible dependents. However, you have the option to shop the marketplace if you'd like.

#### **Can I receive financial assistance from the government if I choose insurance through the Marketplace?**

Nearly all Caltech employees who are benefits-eligible will not qualify for government-provided financial assistance through the Marketplace. This is because Caltech's medical plan options meet the minimum value standard and are considered affordable under the ACA.

However, you may qualify for a tax credit that lowers your insurance premium and/or a reduction in certain cost sharing, if:

You're not eligible for Caltech medical coverage.

OR

You're eligible for Caltech medical coverage, but the premium cost for you only (and none of your family members) is more than 9.61% of your household income for the year. For 2022, the premium cost for you only, in the lowest cost Caltech plan, is \$55 per month, which is \$660 per year. Please note that very few — if any — benefits-eligible Caltech employees will qualify for this financial assistance.

The financial assistance that you might be eligible for depends on your household income. Visit [HealthCare.gov](https://www.healthcare.gov) for details.

#### **ACA Standards**

An employer-sponsored health plan meets the ACA's "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

An employer-sponsored health plan is considered “affordable” under the ACA if the employee-only coverage level for the lowest-cost plan costs less than 9.61% of an employee's W-2 wages.

# REQUIRED LEGAL NOTICES



## What happens to my Caltech coverage if I choose Marketplace insurance?

If you purchase insurance through the Marketplace instead of through Caltech, you'll lose Caltech's contribution toward coverage. Also, keep in mind that your share of the cost for Caltech coverage is paid on a pre-tax basis, which means it is excluded from your income for federal and state income tax purposes. If you choose insurance through the Marketplace, your payments are made on an after-tax basis.

## How can I get more information?

For more information about your Caltech medical plans and costs, please contact the Caltech benefits team.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for Marketplace coverage and contact information for a Health Insurance Marketplace in your area.

## PART B: Information about Your Caltech Medical Coverage

This section contains information about coverage offered by Caltech. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer Name <b>California Institute of Technology</b>	4. Employer Identification Number (EIN) <b>95-1643307</b>	
5. Employer Address <b>1200 East California Blvd.</b>	6. Employer Phone Number <b>626-395-6811</b>	
7. City <b>Pasadena</b>	8. State <b>California</b>	9. ZIP code <b>91125</b>
10. Who can we contact about employee health coverage at this job? <b>JPL Employees: JPL Benefits Office</b> <b>Campus Employees: Campus Benefits Department</b>		
11. Phone number (if different than above) <b>JPL Employees: (818) 354-4447</b> <b>Campus Employees: (626) 395-6443</b>	12. Email address <b>JPL Employees: <a href="mailto:benefits@jpl.nasa.gov">benefits@jpl.nasa.gov</a></b> <b>Campus Employees: <a href="mailto:hrbenefits@caltech.edu">hrbenefits@caltech.edu</a></b>	

### Here is some basic information about health coverage offered by Caltech:

- Caltech offers medical coverage to benefits-eligible employees. **Benefits-eligible employees include:**
  - JPL employees and Campus staff members regularly scheduled to work 20 or more hours per week (including temporary staff on an assignment expected to last four months or more);
  - Faculty members; and

- Postdoctoral scholars (eligibility may vary based on funding source).
- We also offer medical coverage to eligible dependents. **Eligible dependents include:**
  - Your spouse.
  - Your Registered Domestic Partner (RDP). An RDP is:
    - An opposite-sex partner. Registration with the California Secretary of State is required.
    - A same-sex domestic partner. Registration with the California Secretary of State is required (unless enrolled prior to January 1, 2011).
  - Your children up to age 26.\*
  - Your children age 26 and over who are incapable of employment because of a physical or mental disability. (Eligibility is subject to review and approval by the insurance carrier.)\*
  - Any child for whom you're required to provide coverage under a Qualified Medical Child Support Order (QMCSO).

*\*This includes natural children, stepchildren, adopted children, children of an RDP, and children for whom you're a court appointed guardian.*

- All of Caltech's medical plans meet the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

**NOTE:** *You may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible. If, for example, your wages vary from week to week (perhaps you are an hourly employee), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount. Visit [HealthCare.gov](https://www.healthcare.gov) for details.*

- If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process.
- To find out if you can get a tax credit to lower your monthly premiums, you'll enter the following information when you visit [HealthCare.gov](https://www.healthcare.gov): The cost for employee-only coverage in Caltech's lowest cost plan for 2022 is \$55 per month, which is \$660 for the year.

**If You Have Questions about These Notices**

Campus: e-mail [hrbenefits@caltech.edu](mailto:hrbenefits@caltech.edu) or call (626) 395-6443.

JPL: e-mail [benefits@jpl.nasa.gov](mailto:benefits@jpl.nasa.gov) or call (818) 354-4447.