

**Caltech**

# 2023 Caltech Retiree Annual Open Enrollment Guide

Your enrollment period is November 1-15



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

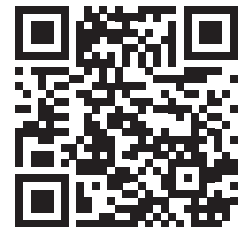
You will keep your same Aetna, Kaiser or HRA plan that you are enrolled in unless you decide to make a change during Annual Open Enrollment.

Any changes made during Annual Open Enrollment will be effective January 1, 2023.

## What's new for 2023

- **Defined Dollar Credits will increase by 3%**
- **Premiums have changed for 2023.**  
Please review the "Premium Rates At-A-Glance" on page 7.

Scan the QR code with your phone to visit the Caltech Retiree website



## Benefits of Medicare Advantage Plans

Both Kaiser and Aetna Medicare Advantage Plans include:

- **Fitness Benefits**
- **Coverage for hearing aids**
- **Telehealth**
- **Meals following a hospital stay**

Aetna Medicare Advantage Plans include:

- **Transportation Benefits**
- **Resources for Living and In-Home support following a hospital stay**

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

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

# Annual Open Enrollment Contacts

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

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

Visit **[www.caltechretireebenefits.com](http://www.caltechretireebenefits.com)**

Contact WEX Health Inc. at **1-844-561-1334** for:

- HRA Claims

Visit **[benefitslogin.wexhealth.com](http://benefitslogin.wexhealth.com)**

If you have a reoccurring HRA claim with WEX for your Medicare Part B premium, you must submit a new claim in 2023.

## Schedule of Events:

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### Retiree Webinar

**Tuesday, November 3rd at 10:00 am PT -**

Join us to learn about what's new for 2023. The link to join the webinar will be available on the Caltech retiree website, [www.caltechretireebenefits.com](http://www.caltechretireebenefits.com) on the morning of the event. The recording will be posted to [www.caltechretireebenefits.com](http://www.caltechretireebenefits.com) shortly after the live event.

### Retiree Social Hour and Vendor Fair

**Wednesday, Nov. 9 from 10 a.m. to noon PT -**

You are cordially invited to the Caltech Athenaeum, located at 551 S Hill Ave, Pasadena, CA to meet with and ask questions of representatives from Aetna, Kaiser, WEX, TIAA and the Caltech Retiree Service Center. Valet parking and light refreshments will be provided.



# How to use your Defined Dollar Credit

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

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

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

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

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

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

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## Life Insurance

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

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

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

## If you're turning 65 in 2023

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

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

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

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

## Don't Wait!

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

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

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

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### IMPORTANT:

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

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

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

## 2023 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	\$696	Credit = cost of plan	\$348	\$0
All other plans	\$314	\$696	\$157	\$348	\$0

Retiree					
	Retiree		Spouse/Surviving Spouse		Child
Years of service	Medicare eligible	Non-Medicare eligible	Medicare eligible	Non-Medicare eligible	N/A
10	\$126	\$278	\$63	\$139	\$0
11	\$138	\$306	\$69	\$153	\$0
12	\$150	\$334	\$75	\$167	\$0
13	\$164	\$362	\$82	\$181	\$0
14	\$176	\$390	\$88	\$195	\$0
15	\$188	\$418	\$94	\$209	\$0
16	\$200	\$446	\$100	\$223	\$0
17	\$214	\$474	\$107	\$237	\$0
18	\$226	\$502	\$113	\$251	\$0
19	\$238	\$530	\$119	\$265	\$0
20	\$250	\$558	\$125	\$279	\$0
21	\$264	\$586	\$132	\$293	\$0
22	\$276	\$612	\$138	\$306	\$0
23	\$288	\$640	\$144	\$320	\$0
24	\$300	\$668	\$150	\$334	\$0
25+	\$314	\$696	\$157	\$348	\$0

## 2023 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	\$702.99	\$1,405.98
Aetna Medicare PPO – Premier Plan	\$294.90	\$589.80
Aetna Medicare PPO – Medium Plan	\$260.99	\$521.98
Aetna Medicare PPO – Value Plan	\$48.73	\$97.46
Aetna Medicare HMO Plan	\$324.85	\$649.70
Kaiser Permanente Senior Advantage HMO Plan (includes medical, dental and vision)	\$188.92	\$377.84

Medical Plans for Non-Medicare Eligible Retirees		
Plan Option	1 Person Rate	2 Person Rate*
Aetna Choice PPO – Medium Option	\$1,119.78	\$2,239.56
Aetna Choice PPO – Low Option	\$767.11	\$1,534.22
Aetna HMO	\$1,057.08	\$2,114.16
Kaiser HMO (includes medical and vision)	\$855.83	\$1,711.66

Dental Plans for Medicare and Non-Medicare Eligible Retirees		
Plan Option	1 Person Rate	2 Person Rate*
Aetna Dental PPO Plan	\$37.08	\$74.17

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

## 2023 Medical plans (for Medicare eligible retirees)

	Premier PPO plan option	Medium PPO plan option*	Value PPO plan option*			
<b>Plan name</b>	Aetna Medicare <sup>SM</sup> Plan (PPO) with ESA — Premier plan with Rx	Aetna Medicare <sup>SM</sup> Plan (PPO) — Medium plan with Rx	Aetna Medicare <sup>SM</sup> Plan (PPO) — Value plan with Rx			
<b>Availability</b>	Available to all retirees	National – based on location	National – based on location			
<b>Monthly premium per person</b>	\$294.90 includes SilverSneakers	\$260.99 includes SilverSneakers	\$48.73 includes SilverSneakers			
<b>Your out-of-pocket costs (Medical)</b>						
<b>Network</b> Please see note *****	Same benefit level In network/out of network	In network	Out of network	In network	Out of network	
<b>Annual deductible</b>	None	None	None	None	None	
<b>Annual Out-of-Pocket Maximum</b>	\$6,700 per individual	\$6,700 per individual	\$10,000 per individual	\$3,400 per individual	\$10,000 per individual	
<b>Preventive care</b>	Covered 100%	Covered 100%	25%	Covered 100%	30%	
<b>Physician/PCP visit</b>	\$25 per visit	15% per visit	25% per visit	\$15 per visit	30% per visit	
<b>Specialist visit</b>	\$25 per visit	15% per visit	25% per visit	\$40 per visit	30% per visit	
<b>Inpatient hospital+</b>	\$250 per stay	\$500 per stay	25% per stay	\$200 per day 1–7	30% per stay	
<b>Outpatient hospital</b>	\$0	15%	25%	\$185	30%	
<b>Your out-of-pocket costs (pharmacy)</b>	<b>Up to 30-day supply</b>	<b>Up to 90-day supply</b>	<b>Up to 30-day supply</b>	<b>Up to 90-day supply</b>	<b>Up to 30-day supply</b>	<b>Up to 90-day supply</b>
<b>Deductible</b>	\$0	\$0	\$0	\$0	\$260	
<b>Generics</b>	\$4-\$5 \$4 copay at a Preferred Pharmacy	\$8-\$10 \$4 copay at a Preferred Pharmacy	\$4-\$5 \$4 copay at a Preferred Pharmacy	\$8-\$10 \$4 copay at a Preferred Pharmacy	20%	20%
<b>Preferred brands</b>	\$30	\$60	\$30	\$60	25%	25%
<b>Nonpreferred brands</b>	\$60	\$120	\$60	\$120	45%	45%

\*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**.



	Aetna HMO plan option	Kaiser HMO plan option	Traditional Choice plan option
<b>Plan name</b>	Aetna Medicare <sup>SM</sup> Plan (HMO) with Rx	Kaiser Senior Advantage (HMO) (Includes Dental and Vision)	Aetna Traditional Choice with Rx
<b>Availability</b>	National – based on location	Availability based on retiree's CA zip code	Available to all retirees
<b>Monthly premium per person</b>	\$324.85 includes SilverSneakers	\$188.92 includes Silver&Fit	\$702.99

### Your out-of-pocket costs (Medical)

<b>Network</b> Please see note *****	Network only		Network only	Providers must be Medicare eligible/qualified	
<b>Annual deductible</b>	None		None	None	
<b>Annual Out-of-Pocket Maximum</b>	\$3,400 per individual		\$1,000 per individual	N/A	
<b>Preventive care</b>	Covered 100%		Covered 100%	Covered 100%	
<b>Physician/PCP visit***</b>	\$10 per visit		\$15 per visit	\$0****	
<b>Specialist visit</b>	\$15 per visit Referral required		\$15 per visit	\$0****	
<b>Inpatient hospital+</b>	\$0		\$0	\$0****	
<b>Outpatient hospital</b>	\$0		\$15	\$0****	
<b>Your out-of-pocket costs (pharmacy)</b>	<b>Up to 30-day supply</b>	<b>Up to 90-day supply</b>	<b>Up to 100-day supply</b>	<b>Up to 30-day supply</b>	<b>Up to 90-day supply</b>
<b>Deductible</b>	\$0	\$0	\$0	\$0	\$0
<b>Generics*****</b>	\$4-\$5	\$8-\$10	\$10	\$4-\$5	\$8-\$10
<b>Preferred brands</b>	\$25	\$50	\$20	\$25	\$50
<b>Nonpreferred brands</b>	\$45	\$90	n/a	\$45	\$90

\*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.

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

\*\*\*\*\* Aetna Traditional Choice Plan Medical Coverage: You may have a higher cost share if your provider does not accept Medicare. You must notify Aetna Member Services if your provider has opted out of Medicare. Your provider must follow CMS's Medicare opt out process in order to have coverage under the plan. Traditional Choice pharmacy coverage: Providers must be licensed and eligible to receive payment under the Federal Medicare program and willing to accept the medical plan. You may have higher cost share if your provider does not accept Medicare. You must notify Aetna or Kaiser Member Services if your provider does not accept Medicare.

\*\*\*\*\*Out-of-network providers must be licensed and eligible to receive payment under Federal Medicare program and willing to accept the medical plan.

†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.

††† See your Aetna plan documents for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area.

**If there is a difference between this Enrollment Guide and the Aetna plan documents, the Aetna plan documents are considered correct. You can request a copy of the Aetna plan documents by contacting Aetna Member Services.**

**You may pay more for out-of-network services. Prior approval from Aetna is required for some network services. For services from a non-network provider, prior approval from Aetna is recommended.**

## 2023 Medical plans (for non-Medicare eligible retirees)

		Medium PPO plan option		Low Option Plan**	
<b>Plan name</b>		<b>Medium Option</b> Aetna Open Choice PPO		<b>Low Option</b> Aetna Open Access Managed Choice® POS	
<b>Monthly premium per person</b>		\$1,119.78		\$767.11	
<b>Medical</b>					
<b>Availability</b>		National-based on location		National-based on location	
<b>Network</b>		In network	Out of network	In network	Out of network
<b>Annual deductible</b>	<b>Individual</b>	\$3,500	\$5,500	\$3,950	\$3,950
	<b>Family</b>	\$7,000	\$11,000	\$7,900	\$7,900
<b>Annual Out-of-Pocket maximum</b>	<b>Individual</b>	\$6,000	\$10,000	\$6,250	\$10,000
	<b>Family</b>	\$12,000	\$20,000	\$12,500	\$30,000
<b>Preventive care</b>		Covered 100%	Covered 50%	Covered 100%	Covered 40%
<b>Physician visit</b>		30%	50%	20%	40%
<b>Specialist visit</b>		30%	50%	20%	40%
<b>Inpatient hospital</b>		30%	50%	20%	40%
<b>Outpatient hospital</b>		30%	50%	20%	40%
<b>Pharmacy**</b>		<b>Up to 30-day supply</b>	<b>Up to 90-day supply</b>	<b>Up to 30-day supply</b>	<b>Up to 90-day supply</b>
<b>Deductible</b>		\$0	\$0	\$0	\$0
<b>Preferred generics</b>		\$10	\$10	0%	0%
<b>Preferred brands</b>		\$75	\$75	25% up to \$250	25% up to \$500
<b>Nonpreferred generics/brands</b>		50% up to \$250	50% up to \$500	50% up to \$250	50% up to \$500

\*\*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.

	Aetna HMO plan option		Kaiser Permanente HMO plan option	
Plan name	Aetna HMO		Kaiser Traditional	
Monthly premium per person	\$1,057.08		\$855.83	
<b>Medical</b>				
Availability	National-based on location		CA residents only	
Network	Network only		Network only	
Annual deductible	Individual	\$0	\$0	
	Family			
Annual Out-of-Pocket maximum	Individual	\$1,500	\$1,500	
	Family	\$3,000	\$3,000	
Preventive care	Covered 100%		Covered 100%	
Physician visit	\$10		\$15	
Specialist visit	\$10 required specialist		\$30	
Inpatient hospital	\$100		\$250 per admission	
Outpatient hospital	\$100		\$150	
Pharmacy**	Up to 30-day supply	Up to 90-day supply	Up to 100-day supply	
	Deductible	\$0	\$0	
	Preferred generics	\$15	\$30	\$10
	Preferred brands	\$25	\$50	\$35
	Nonpreferred generics/brands	\$40	\$80	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**.

## 2023 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 and you may be balanced billed for any charges not covered by the plan.

#### Monthly premium

Retiree	\$37.08
Retiree + spouse/domestic partner	\$74.17
Retiree + child(ren)	\$83.43
Retiree + family	\$120.52

#### Annual deductible\*

	Retiree pays
Individual	\$50
Family	\$150

#### Preventive services

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

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

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

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

Preventive care	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
<b>Restorative</b>		
Fillings — primary or permanent amalgam	\$50	Four or more surfaces
Composite crowns — resin-based	\$55	Anterior
Crown — porcelain	\$300	
Inlay — metallic	\$260	One surface
<b>Oral and maxillofacial surgery</b>		
Extraction	\$35	Elevation and/or forceps removal
Surgical removal of erupted tooth	\$65	Complete or partial
<b>Periodontics</b>		
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
<b>Prosthodontics</b>		
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
<b>Endodontics</b>		
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.



## 2023 Vision plans (for Medicare and non-Medicare eligible retirees)

### Included in Kaiser Medical Plans - Kaiser 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 any amount in excess of the \$150 allowance.

#### Kaiser 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 any amount in excess of the \$150 allowance.

#### Aetna Vision<sup>SM</sup> Preferred Plan - stand-alone vision plan

113,000+ vision providers<sup>1</sup> that participate — including neighborhood eye doctors, as well as your favorite chains such as LensCrafters<sup>®</sup>, Pearle Vision<sup>®</sup> and Target Optical<sup>®</sup>.

#### Monthly premium

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

#### Exams

#### In network

#### Out of network

#### Use your exam coverage once every 12 rolling months.

Use your exam coverage once every 12 rolling months	\$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 12 rolling months 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 <sup>2</sup>	\$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

## 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 12 rolling months 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 12 rolling months.**

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

### In network

### Out of network

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

Additional pairs of eyeglasses or prescription sunglasses — discount applies to purchases made after the plan allowances have been exhausted	Up to a 40% discount	No discount
Non-covered items such as cleaning cloths and contact lens solution	20% discount	No discount
Lasik laser vision correction or photorefractive keratectomy (PRK) from U.S. Laser Network only — call <b>1-800-422-6600</b>	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 <b><a href="http://www.aetnavision.com">http://www.aetnavision.com</a></b> for details	No discount

# Frequently asked questions

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

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

## **Will my spouse/surviving spouse/domestic partner be eligible for coverage and/or a DDC?**

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

## **Is my dependent child eligible for coverage?**

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

Retirees must contact Aetna or Kaiser directly to apply for disabled child status.

For the Medicare plans, the dependent child must be enrolled in Medicare Parts A and B to participate in a Medicare Advantage option through Caltech.

## **How do I make monthly premium payments?**

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

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

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

## **When are my premiums due?**

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

## **What happens if I don't pay my bill?**

Your coverage will be terminated as of the last day of the month for which your premiums were paid if you fail to make timely payments. Coverage will not be reinstated until all past due premiums are paid in full.

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

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

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

## **Can I use my DDC to pay for premiums from another employers' plan?**

No, premiums for another employer plan are not reimbursable whether they are pre-tax or post-tax.

## **Where can I access additional information regarding the Caltech Retiree Medical program?**

The Summary Plan Description is posted on the retiree website, [www.caltechretireebenefits.com](http://www.caltechretireebenefits.com).

# Frequently asked questions – Continued

## What expenses can I claim with the Health Reimbursement Account?

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

- Medicare Part B premiums deducted from your Social Security check
- Prescription drug copays
- Medical copays
- Dental expenses (non-cosmetic)
- Vision expenses
- Hearing aid expenses
- Health plan premiums from the open market
- For a complete list of eligible expenses, please visit <https://www.wexinc.com/insights/benefits-toolkit/eligible-expenses/>

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

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

## Do I have to join the Caltech Retiree Medical Program?

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

- **If you have other medical coverage** (other than Medicare), you will be able to join the Caltech Retiree Medical Program if your other coverage ends. You must notify the Caltech Retiree Service Center within 90 days of the date the other coverage ends, and you must provide proof that you have maintained continuous medical coverage since January 2015 or your retirement date from Caltech, whichever is later. (Be sure to retain records that prove you have other medical coverage, such as annual confirmation statements and premium receipts.)

- **If you don't have other medical coverage**, you can join the Caltech Retiree Medical Program during Annual Open Enrollment. **However, if you do not enroll in the Caltech Retiree Medical Program within two years of your retirement and you did not have other continuous medical coverage (other than Medicare), you waive your right to participate in the Caltech Retiree Medical Program and will no longer be eligible to enroll.**

## How do I submit a claim to WEX for my HRA?

There are several ways to submit claims:

- Fax or mail a paper "Out of Pocket Request Form" to WEX
- Login to WEX and submit a request online at [benefitslogin.wexhealth.com](https://benefitslogin.wexhealth.com)
- Use the WEX mobile app to file a claim
- Use online bill pay to pay your provider directly from your HRA

## How will I be reimbursed by WEX for my HRA claims?

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

## Is the Defined Dollar Credit taxable income?

No.

## What if I have a large balance in my HRA?

Contact the Caltech Retiree Service Center for assistance with submitting claims to WEX.

## Is the HRA considered a "plan" to be part of the Caltech Retiree Medical program?

Yes.

## Is there a cost for Medicare Part A and Part B?

There is not usually a cost for Medicare Part A, and there is usually a cost for Part B. Please visit [medicare.gov](https://www.medicare.gov) for more details.

# Frequently asked questions – Continued

## What are the grandfathering rules?

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

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

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

## How is the program different for Medicare eligible grandfathered retirees?

If you are a **Medicare eligible** grandfathered retiree age 65 or older, you and your **Medicare eligible** spouse/domestic partner will continue to be eligible for a free medical plan. For 2023, the free plan is the Kaiser HMO Medicare Advantage plan option.

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

You can choose one of the following plans:

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

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

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

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

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

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

No, Caltech provides you and your eligible spouse/domestic partner with a DDC 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.

<b>Example Calculation*</b>		<b>Insert the actual amount of your credits and the premium costs of the plans you selected below</b>
(For Medicare eligible retiree and spouse/domestic partner with 25+ years of service)		
<b>Credits</b>		
<b>Retiree Defined Dollar Credit</b>	<b>\$314.00</b>	
<b>Spouse/Domestic partner Defined Dollar Credit</b>	<b>\$157.00</b>	
<b>Total Defined Dollar Credit</b>	<b>\$471.00</b>	
<b>Costs</b>		
<b>Medical Monthly Premium</b>	<b>\$294.90</b> (Retiree)	
	<b>\$294.90</b> (Spouse)	
<b>Dental Monthly Premium</b>	<b>\$74.17</b>	
<b>Vision Monthly Premium</b>	<b>\$14.46</b>	
<b>Total costs</b>	<b>\$678.43</b>	
<i>Less the Total Defined Dollar Credit</i>	<i>(\$471.00)</i>	
<b>Your Monthly Bill or HRA Contribution</b>	<b>\$207.43</b>	
<p>If the difference between your total costs and your total Defined Dollar Credit is a positive number, this is the amount of your monthly bill.</p> <p>If the difference between your total costs and your total Defined Dollar Credit is a negative number, this is the Defined Dollar Credit amount that will be contributed to your HRA each month.</p>		

\*Example for illustrative purposes only. Credits shown are based on a Medicare eligible retiree with 25+ years of service and a Medicare eligible spouse/domestic partner. 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/domestic partner rate). Grandfathered retirees who choose the Kaiser HMO Medicare Advantage plan are not eligible for the HRA.

# Important Resources and Contact Information

## The Caltech Retiree Service Center

**Caltech administrator for all plans**      **1-855-251-0910**      [www.caltechretireebenefits.com](http://www.caltechretireebenefits.com)      5:30 a.m. – 6 p.m. PT; Monday – Friday

PO Box 14464  
Des Moines IA 50306-3464

**WEX**

**HRA**      **1-844-561-1334**      [benefitslogin.wexhealth.com](http://benefitslogin.wexhealth.com)      5:30 a.m. – 5 p.m. PT; Monday – Friday  
**Fax: 1-866-451-3245**

## Aetna Member Services

**Medicare Advantage Plans**      **1-888-267-2637**      [www.aetnaretireeplans.com](http://www.aetnaretireeplans.com)      8 a.m. – 9 p.m.  
All Time Zones;  
Monday – Friday

**Traditional Choice (Medicare) Plan**      **1-800-328-9933**      [www.aetna.com](http://www.aetna.com)      8 a.m. – 6 p.m.  
All Time Zones  
Monday-Friday

**Non-Medicare**      **1-800-328-9933**      [www.aetna.com](http://www.aetna.com)      8 a.m. – 6 p.m.  
All Time Zones;  
Monday – Friday

**Vision Plan**      **1-877-973-3238**      [www.aetna.com](http://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](http://www.aetna.com)      8 a.m. – 6 p.m.  
All Time Zones; Monday – Friday

**Life**      **1-877-320-0484**      [www.thehartford.com](http://www.thehartford.com)      8 a.m. – 6 p.m.  
All Time Zones;  
Monday – Friday

**SilverSneakers**      **1-888-423-4632**      [www.silversneakers.com](http://www.silversneakers.com)      5 a.m. – 5 p.m. PT;  
Monday – Friday

## Kaiser Member Services

**Existing members (Public KP number)**      **1-800-464-4000**      [www.my.kp.org/caltech](http://www.my.kp.org/caltech)      24/7 closed holidays

**Potential or new members (Public KP number)**      **1-800-464-4000**      [www.my.kp.org/caltech](http://www.my.kp.org/caltech)      24/7 closed holidays  
Reference Caltech Group number 101829

**DeltaCare Dental HMO**      **1-800-422-4234**      [www.deltadentalins.com/deltacareusa/](http://www.deltadentalins.com/deltacareusa/)      8 a.m. – 6 p.m. PT;  
Monday – Friday

**Silver&Fit**      **1-877-750-2746**      [www.silverandfit.com](http://www.silverandfit.com)      5 a.m. – 8 p.m. PT;