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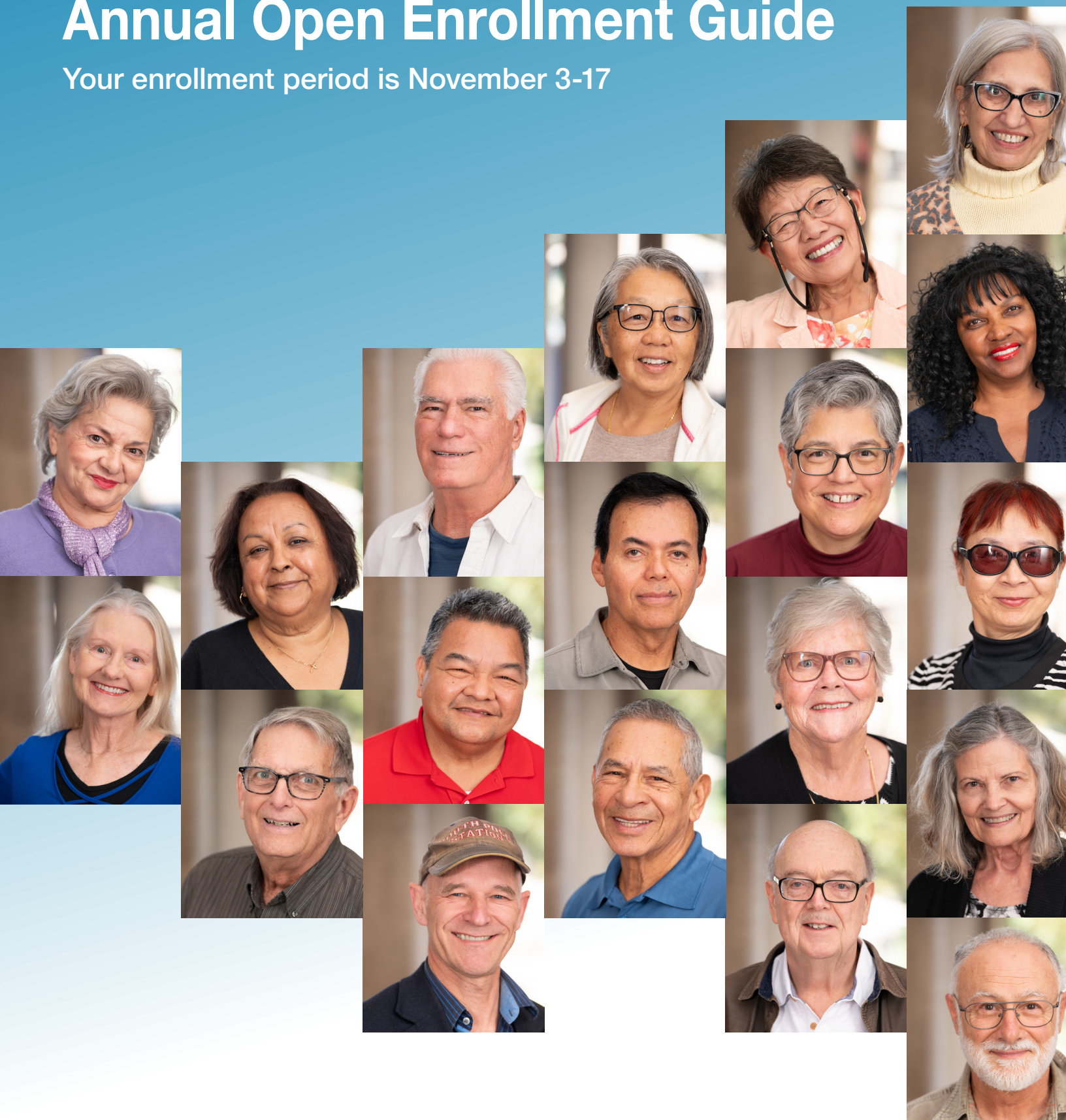
2026 Caltech Retiree Annual Open Enrollment Guide

Your enrollment period is November 3-17



What's New for 2026

- As of January 1, 2026 the Aetna Medicare Medium PPO plan will no longer be available. Participants enrolled in this plan will be defaulted into the Aetna Medicare Premier PPO plan. Contact the Caltech Retiree Service Center to change to another medical plan or enroll in the HRA.
- The Aetna Medicare Low PPO plan will be streamlined to provide the same benefits in and out of network, some copays will change and the out of pocket maximum will increase to $6,700.
- Premiums have changed for 2026. Please review the '2026 Monthly Plan Premium Rates at-a-Glance' on page 6.
- The monthly plan administrative fee will increase to $13.95 per month effective 1/1/2026.

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

Important Reminders for Open Enrollment

- You will keep your same Aetna, Kaiser or HRA plan unless you make a change during Open Enrollment, or you are currently enrolled in the Aetna Medicare Medium PPO plan.
- Any changes made during Open Enrollment will be effective January 1, 2026.
- Please see Important Resources and Contact Information located on the back of this guide for carrier phone numbers, websites, and hours of operation.
- If you have a recurring HRA claim with WEX for your Medicare Part B premium, you must submit a new claim for 2026.
- If you have unsubstantiated debit card transactions from your HRA, you must submit documentation to WEX. If you don't submit documentation your debit card will be suspended and you run the risk of being taxed for these unsubstantiated claims.

Schedule of Events

Retiree Webinar

Monday, November 3rd at 10:00 a.m. PT

Join us to learn about what's new for 2026. The link to join the webinar will be available on the Caltech retiree website, www.caltechretireebenefits.com on the morning of the event. The recording will be posted to www.caltechretireebenefits.com after the presentation.

Retiree Social Hour and Vendor Fair

Wednesday, November 5th from 10 a.m. to 1 p.m. PT

You are cordially invited to the Caltech Athenaeum, located at 551 S. Hill Ave, Pasadena, CA, to meet with representatives from Aetna, Kaiser, WEX, TIAA, and the Caltech Retiree Service Center. Valet parking and light refreshments will be provided. Please scan the QR code below with your phone to RSVP for this event.

How to Use Your Defined Dollar Credit

1 Use your Defined Dollar Credit to pay for an Institute-sponsored medical, dental and/or vision plan for you and your eligible dependents. *(see page 8 for Caltech sponsored group plans)*

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 $13.95 is included in the Caltech sponsored Kaiser and Aetna Health Plan monthly premiums.

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

Enroll in the HRA and enroll in an individual medical plan outside of the Caltech sponsored plans on page 8. Use your DDC for reimbursement of other qualified expenses.

A monthly plan administrative fee of $13.95 will be deducted from your HRA.

Life Insurance

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

You may designate your beneficiary through My Account located on the Caltech Retiree Benefits website at www.caltechretireebenefits.com or request a beneficiary form from the Caltech Retiree Service Center.

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

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If You're Turning 65 in 2026

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

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

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

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

Don't Wait!

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

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

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

IMPORTANT:

When you turn 65, you will not automatically be enrolled into a Caltech Medicare plan. Medicare requires you 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.

2026 Monthly Defined Dollar Credit Amounts

Retiree/Grandfathered Retiree				
	Grandfathered Retiree		Spouse/Surviving Spouse	
Plan	Medicare eligible	Non-Medicare eligible	Medicare eligible	Non-Medicare eligible
Kaiser	Credit = cost of plan	$738	Credit = cost of plan	$369
All other plans	$334	$738	$167	$369

Years of service	Medicare eligible	Non-Medicare eligible	Medicare eligible	Non-Medicare eligible
10	$134	$296	$67	$148
11	$148	$326	$74	$163
12	$160	$354	$80	$177
13	$174	$384	$87	$192
14	$188	$414	$94	$207
15	$200	$444	$100	$222
16	$214	$472	$107	$236
17	$228	$502	$114	$251
18	$240	$532	$120	$266
19	$254	$562	$127	$281
20	$268	$590	$134	$295
21	$280	$620	$140	$310
22	$294	$650	$147	$325
23	$308	$680	$154	$340
24	$320	$708	$160	$354
25+	$334	$738	$167	$369

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2026 Monthly Plan Premium Rates At-A-Glance

Medical Plans for Medicare Eligible Retirees	
Aetna Traditional Choice with Rx 1505	$765.00 per individual
Aetna Medicare PPO – Premier Plan	$340.00 per individual
Aetna Medicare PPO – Value Plan	$104.00 per individual
Aetna Medicare HMO Plan	$373.00 per individual
Kaiser Permanente Senior Advantage HMO Plan (includes medical, dental and vision)	$248.44 per individual

Medical Plans for Non-Medicare Eligible Retirees			
Aetna Choice PPO — Medium Option		**Aetna Choice PPO — Low Option**	
Individual	$1,310.00	Individual	$897.00
Individual + spouse/ domestic partner	$2,619.00	Individual + spouse/ domestic partner	$1,794.00
Individual + child(ren)	$1,964.00	Individual + child(ren)	$1,346.00
Individual + Family	$3,273.00	Individual + Family	$2,242.00

Aetna HMO		**Kaiser HMO (includes medical and vision)**	
Individual	$1,236.00	Individual	$1,130.12
Individual + spouse/ domestic partner	$2,472.00	Individual + spouse/ domestic partner	$2,260.24
Individual + child(ren)	$1,854.00	Individual + child(ren)	$2,034.22
Individual + Family	$3,090.00	Individual + Family	$3,390.38

Dental Plans		Vision Plans	
Individual	$44.40	Individual	$7.32
Individual + spouse/ domestic partner	$88.81	Individual + spouse/ domestic partner	$14.46
Individual + child(ren)	$99.89	Individual + child(ren)	$15.22
Individual + Family	$144.30	Individual + Family	$23.17

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2026 Medical Plans (for Medicare eligible retirees)

	Premier PPO plan option		Value PPO plan option	
Plan name	Aetna Medicare℠ Plan (PPO) with ESA — Premier plan with Rx		Aetna Medicare℠ Plan (PPO) with ESA — Value plan with Rx	
Availability	Available to all retirees		Available to all retirees	
Your out-of-pocket costs (medical)				
Network Please see note *	Same benefit level In network/out of network		Same benefit level In network/out of network	
Annual deductible	None		None	
Annual out-of-pocket Maximum	$6,700 per individual		$6,700 per individual	
Preventive care	Covered 100%		Covered 100%	
Physician/PCP visit	$25 per visit		$25 per visit	
Specialist visit	$25 per visit		$40 per visit	
Inpatient hospital+	$250 per stay		$200 per day 1–7	
Outpatient hospital	$0		$185	
Your out-of-pocket costs (pharmacy)	**Up to 30-day supply**	**Up to 90-day supply ++**	**Up to 30-day supply**	**Up to 90-day supply ++**
Deductible	$0	$0	$260	
Generics	$4-$5 $4 copay at a Preferred Pharmacy	$8-$10 $8 copay at a Preferred Pharmacy	20%	20%
Preferred brands	$30	$60	25%	25%
Nonpreferred brands	$60	$120	45%	45%

*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

	Aetna HMO plan option		Kaiser HMO plan option	Aetna Traditional Choice**	
Plan name	Aetna Medicare℠ Plan (HMO) with Rx		Kaiser Senior Advantage (HMO) (Includes Dental and Vision)	Aetna Traditional Choice with Rx	
Availability	National – based on location		Availability based on retiree's CA zip code	Available to all retirees	
Your out-of-pocket costs (medical)					
Network Please see note ****	Network only		Network only	Providers must be Medicare eligible/qualified	
Annual deductible	None		None	None	
Annual out-of-pocket Maximum	$3,400 per individual		$1,000 per individual	N/A	
Preventive care	Covered 100%		Covered 100%	Covered 100%	
Physician/PCP visit	$10 per visit		$15 per visit	$0*	
Specialist visit	$15 per visit Referral required		$15 per visit	$0*	
Inpatient hospital+	$0		$0	$0***	
Outpatient hospital	$0		$15	$0***	
Your out-of-pocket costs (pharmacy)	**Up to 30-day supply**	**Up to 90-day supply ++**	**Up to 100-day supply**	**Up to 30-day supply**	**Up to 90-day supply ++**
Deductible	$0	$0	$0	$0	$0
Generics	$4-$5 $4 copay at a Preferred Pharmacy	$8-$10 $8 copay at a Preferred Pharmacy	$10	$4-$5 $4 copay at a Preferred Pharmacy	$8-$10 $8 copay at a Preferred Pharmacy
Preferred brands	$25	$50	$20	$25	$50
Nonpreferred brands	$45	$90	n/a	$45	$90

**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.

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

****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.

2026 Medical Plans (for non-Medicare eligible retirees)

		Medium PPO plan option		Low Option Plan	
Plan name		**Medium Option** Aetna Open Choice PPO		**Low Option** Aetna Open Access Managed Choice® POS	
Your out-of-pocket costs (medical)					
Availability		National–based on location		National–based on location	
Network		In network	Out of network	In network	Out of network
Annual deductible	**Individual**	$3,500	$5,500	$3,950	$3,950
	Family	$7,000	$11,000	$7,900	$7,900
Annual out-of-pocket maximum	**Individual**	$6,000	$10,000	$6,250	$10,000
	Family	$12,000	$20,000	$12,500	$30,000
Preventive care		Covered 100%	Covered 50%	Covered 100%	Covered 40%
Physician visit		30%	50%	20%	40%
Specialist visit		30%	50%	20%	40%
Inpatient hospital		30%	50%	20%	40%
Outpatient hospital		30%	50%	20%	40%
Your out-of-pocket costs (Pharmacy)		**Up to 30-day supply**	**Up to 90-day supply++**	**Up to 30-day supply**	**Up to 90-day supply++**
Deductible		$0	$0	$0	$0
Preferred generics		$10	$10	0%	0%
Preferred brands		$75	$75	25% up to $250	25% up to $500
Nonpreferred generics/brands		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**
Your out of pocket costs (medical)				
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		$30
Inpatient hospital		$100		$250 per admission
Outpatient hospital		$100		$150
Your out of pocket costs (Pharmacy)		**Up to 30-day supply**	**Up to 90-day supply++**	**Up to 100-day supply++**
Deductible		$0	$0	$0
Preferred generics		$15	$30	$10
Preferred brands		$25	$50	$35
Nonpreferred generics/brands		$40	$80	n/a

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

2026 Dental and Vision 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.

Annual deductible*	**Retiree pays**
Individual	$50
Family	$150
Annual benefit maximum	$1,250 per individual

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

The DeltaCare Dental HMO Benefit is included as part of the Senior Advantage Plan (for Medicare eligible members only) and cannot be purchased as a standalone plan.

Aetna Vision℠ Preferred Plan - stand-alone vision plan

113,000+ vision providers that participate — including neighborhood eye doctors, as well as your favorite chains such as LensCrafters®, Pearle Vision® and Target Optical®. Please visit www.aetnavision.com to learn more.

Kaiser Permanente Vision Benefits

A $150 allowance every 24 months for eyewear purchased at Kaiser plan medical offices or Kaiser plan optical sales offices is included with both the Medicare and non-Medicare Kaiser plans.

For additional information on dental or vision benefits, please visit the Caltech Retiree website at **www.Caltechretireebenefits.com**.

Frequently Asked Questions (FAQs)

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(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 enroll in a Caltech sponsored 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.

Contact the Caltech Retiree Service Center for assistance.

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

Can my spouse remain on the Caltech Retiree Medical plan if I pass away?

Yes, your DDC will end but your spouse can remain on the Caltech Retiree Medical Plan as a surviving spouse and their DDC will continue.

How do I make monthly premium payments?

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

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

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

If you fail to make timely payments, your coverage will be terminated as of the last day of the month for which your premiums were paid. 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 the Caltech Retiree Service Center 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
- Include your payment stub that contains information needed to promptly process your payment.

Can I be reimbursed by WEX for premiums deducted by another employer?

No, pre-tax or post-tax premiums deducted from a paycheck from another employer are not considered an eligible expense.

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.

Frequently Asked Questions (FAQs) — Continued

What expenses can I claim with the Health Reimbursement Account (HRA)?

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 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, including Defined Dollar Credit (DDC) 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
- 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. However, some HRA reimbursements may be deemed taxable if claims are unsubstantiated or when made to non-tax dependent domestic partners.

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.

Frequently Asked Questions (FAQs) — Continued

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 for more details.

If I don't enroll in a Caltech sponsored medical, dental, and/or vision plan, am I automatically enrolled in the HRA?

No, you must actively contact the Caltech Retiree Service Center to enroll in the HRA.

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 2025, 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.

Important Resources and Contact Information

The Caltech Retiree Service Center

Caltech administrator for all plans PO Box 14464 Des Moines IA 50306-3464	**1-855-251-0910** for English select option 2 for Spanish select option 1	**www.caltechretireebenefits.com**	5:30 a.m. – 6 p.m. PT; Monday – Friday

WEX

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

Aetna Member Services

Medicare Advantage Plans	**1-888-267-2637**	**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**	8 a.m. – 6 p.m. All Time Zones Monday-Friday
Non-Medicare	**1-800-328-9933**	**www.aetna.com**	8 a.m. – 6 p.m. All Time Zones; Monday – Friday
Vision Plan	**1-877-973-3238**	**www.aetna.com**	4:30 a.m. – 8 p.m. PT; Monday – Saturday 8 a.m. – 5 p.m. PT; Sunday
Dental	**1-877-238-6200**	**www.aetna.com**	8 a.m. – 6 p.m. All Time Zones; Monday – Friday
Life	**1-800-445-0402**	**www.unum.com/employees**	5 a.m. – 5 p.m. PT; All Time Zones; Monday – Friday
SilverSneakers	**1-888-423-4632**	**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**	24/7 closed holidays
Potential or new members (Public KP number)	**1-800-464-4000** **Reference Caltech Group number 101829**	**www.my.kp.org/caltech**	24/7 closed holidays
DeltaCare Dental DMO	**1-800-422-4234**	**www.deltadentalins.com/deltacareusa/**	5 a.m - 8 p.m. PT; Monday - Friday

The Institute expects and intends to continue the Caltech Retiree Health and Life Benefits Program but reserves the right to amend, modify, suspend, or terminate it, in whole or in part, at any time and for any reason. Any such amendment, modification, suspension or termination shall be executed by the Executive Committee of the Board of Trustees of the Institute, the VP for Business & Finance or Human Resources, as applicable. Any change or discontinuation of benefits may apply to individuals who are currently retired at that time. The summary of plan benefits is not a contract. It describes benefits in general terms. Consult the individual plan booklets for specific details of benefit coverage.