Caltech

2027 Retiree Guide

Navigate. Consider. Select.

Support at every step.

caltechretireebenefits.com

How to Use This Guide

Built to help you navigate your choices and feel supported throughout your retirement journey.

Your retirement journey is uniquely yours. Whether you're already retired or preparing for what's ahead, this guide helps you navigate the path that fits your needs. Inside, you'll find information designed to support you with clear, reliable information at every step.

To help you choose the path that's right for you, each section includes a color key showing who the information applies to:

Orange = Future retirees

Blue = Current retirees

Purple = Both (future and current retirees)

This makes it easy to quickly find the details that matter most to you, no matter where you are in your retirement journey.

Current Retiree Open Enrollment Information

Consider what fits your life.

Open Enrollment runs November 9–23, 2026.
Your current Aetna, Kaiser, or Health Reimbursement Account (HRA) coverage will continue unless you make a change. Any changes will take effect January 1, 2027.

If you wish to make changes, you can complete your enrollment online at caltechretireebenefits.com or contact the Caltech Retiree Service Center for assistance.

Important Reminders

- See Important Resources and Key Contacts at the back of this guide for carrier phone numbers, websites, and hours.
- If you have a recurring HRA claim with WEX for your Medicare Part B premium, you must submit a new claim for 2027.
- If you have unsubstantiated debit card transactions (transactions without required documentation) from your HRA, you must submit documentation to WEX. Without documentation, your debit card will be suspended, and you may be taxed on those claims.

What's New for 2027

- **Defined Dollar Credit (DDC):** Increasing by 2% for 2027.
- **Premium updates:** Monthly premiums have changed. Three of the Medicare Advantage plan premiums are decreasing for 2027. Please review the 2027 Monthly Plan Premium Rates at a Glance on page 8.
- **Personalized support:** Alternative Health Solutions offers dedicated advisors to help retirees evaluate Medicare, individual, and family health insurance options, including enrolling in plans outside of Caltech's retiree offerings.
- **Aetna Non-Medicare Low Option Plan:** Enrollees in the *Aetna Open Access Managed Choice – Low Option* will transition to the *Aetna Open Choice PPO – Low Option*, which provides the same benefits with a broader network. Enrollees will also receive a new member ID card.
- **Aetna Medicare Advantage unbundling:** Medical and prescription drug coverage will now be separate. If you're enrolled in an Aetna Medicare Advantage HMO, Value, or Premier plan, here's what to expect:
  - **New ID cards:** You'll receive a plan change letter, a medical-only and a prescription-only ID card, and a new member kit.
  - **Two secure portals:**
    - AetnaHealth.com for medical.
    - Caremark.com for prescription drugs.
  - **Program re-enrollment required:** You must re-enroll in the Medicare Prescription Payment Plan and mail order auto-refill programs.
  - **Prior authorizations:** Any active prior authorizations for eligible medications will transfer to the new plan.
  - **Aetna will send a letter and pre-enrollment guide** to current enrollees with additional information about this change.

  This plan change is automatic unless you decide to opt out. Contact the Caltech Retiree Service Center for questions about your plan elections. For specific questions about coverage changes, such as pharmacy access, prior authorizations, or what to expect after Open Enrollment, contact Aetna directly at 888-267-2637.

What You Need to Know Before You Retire

Navigate the steps that set you up for a confident transition.

Retiree Eligibility

You qualify for the Caltech Retiree Benefits Program when you are age 55 or older with 10 or more years of continuous, benefits-based years of service with the Institute. You may also be eligible when you are age 55 or older with 20 years of total service, as long as you are a benefits-based employee during the last 12 consecutive months of your employment.

IMPORTANT

Enrollment in the Caltech Retiree Medical Program is not automatic. If you do not call the Caltech Retiree Service Center, you will forfeit access to the DDC and any Caltech-sponsored health plans.

Retirement Planning Checklist

1. Inform your manager of your intent to retire (in writing) as soon as possible and learn about the Caltech Retiree Medical Program.
2. Notify your benefits office 90 days before you plan to retire. Contact Campus at HRBenefits@caltech.edu, or submit a JPL retirement notification through JPL Benefits in Workday or contact AskHR at 1-818-354-4447.
3. Meet with your financial consultant or wealth manager to review your retirement savings. As part of the Caltech Retirement Plans, TIAA's certified financial consultants are also available to you at no cost.
4. Learn how Defined Dollar Credits (DDC) can help pay for your health coverage, review your Caltech-sponsored Aetna and Kaiser medical plan options, and decide which coverage best meets your needs. Continue reading this guide or visit caltechretireebenefits.com to get details, review plan summaries, and find out how Alternative Health Solutions can help you evaluate your coverage options.
5. If you and/or your spouse/registered domestic partner are Medicare eligible, enroll in Medicare Parts A and B. Visit ssa.gov or your local Social Security Office to sign up.
6. Retirees have 31 days from their retirement date to enroll in coverage. To ensure your benefits begin without delay, call the Caltech Retiree Service Center before or immediately upon retirement to enroll in medical, dental, vision, and/or the Health Reimbursement Account (HRA). The Caltech Retiree Service Center can also assist you with setting up your beneficiary for the Caltech Life Insurance.

How the Retiree Benefits Program Works

Navigate the key differences before and after Medicare eligibility.

The Institute offers medical plan options based on whether you are currently or not yet eligible for Medicare.

Before you are eligible for Medicare:

- Your Defined Dollar Credit (DDC) is higher for you and any non-Medicare-eligible spouse/registered domestic partner.
- You may choose from 4 medical plans, 1 dental plan, and 1 vision plan.

After you are eligible for Medicare:

- The DDC is lower for Medicare-eligible retirees and eligible spouse/registered domestic partners because Medicare becomes your primary coverage, and these plans cost less than non-Medicare plans.
- You may choose from 5 medical plans, 1 dental plan, and 1 vision plan.
- Caltech Medicare plans require you to be enrolled, and remain enrolled, in both Medicare Part A and Part B.
- Your Medicare Part A and Part B coverage must be active on the first day of the month in which your retiree benefits begin.
- To enroll in Medicare, visit ssa.gov or your local Social Security office.

IMPORTANT

You do not need to enroll in Medicare Part D separately. Caltech Medicare plans include Part D.

Enrolling in a Part D plan outside of the Caltech Retiree Medical Plan may jeopardize your Caltech Medicare coverage.

Acceptance in a Caltech Retiree Medical Plan is guaranteed regardless of your current health status.

Defined Dollar Credit

Understand how your DDC works so you can select the option that fits your needs.

The Defined Dollar Credit (DDC) is a monthly amount intended to help you pay for the cost of your healthcare coverage, while giving you more flexibility and options for choosing coverage that fits you best. This credit is based on your years of service (up to a maximum of 25+ years) and Medicare eligibility. If eligible, you and your spouse/registered domestic partner each receive a DDC.

How it Works

There are two options for using your DDC:

1. **Participate in a Caltech-sponsored plan. You will pay the monthly plan premiums less your DDC.**

   - If your total monthly plan premiums are more than your DDC, you will receive a monthly invoice from the Caltech Retiree Service Center for the balance.
   - If you enroll in a Caltech-sponsored plan and have DDC remaining after your monthly premiums are deducted, the remaining DDC will be directed to a Health Reimbursement Account (HRA).

2. **Have your entire DDC available to you through a Health Reimbursement Account (HRA).**

   Enroll in the HRA through the Caltech Retiree Service Center and purchase a non-Institute health plan. Submit claims to the HRA through WEX for reimbursement of eligible expenses.

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

HRA-eligible expenses

Examples of eligible expenses for you and your eligible spouse/registered domestic partner may include:

- Non-Institute health plan premiums
- Medicare Part B premiums deducted from your Social Security payment
- Prescription drug copays
- Medical copays
- Dental expenses (non-cosmetic)
- Vision expenses
- Hearing aid expenses

Note: *Pre-tax or post-tax premiums deducted from a paycheck from another employer are not considered an eligible expense.*

IMPORTANT

Administrative Fees

A plan administrative fee of $13.95 is included in the Caltech-sponsored Kaiser and Aetna Health Plan monthly premium rate. The HRA is administered by WEX. A monthly plan administrative fee of $13.95 will be deducted from your HRA if you are not participating in a Caltech-sponsored Kaiser or Aetna Health Plan.

Defined Dollar Credit (continued)

	NON-GRANDFATHERED RETIREE MONTHLY DDC AMOUNT		SPOUSE/SURVIVING SPOUSE MONTHLY DDC AMOUNT	
Years of service	**Medicare eligible**	**Non-Medicare eligible**	**Medicare eligible**	**Non-Medicare eligible**
10	$136	$302	$68	$151
11	$150	$332	$75	$166
12	$164	$362	$82	$181
13	$178	$392	$89	$196
14	$190	$422	$95	$211
15	$204	$452	$102	$226
16	$218	$482	$109	$241
17	$232	$512	$116	$256
18	$246	$542	$123	$271
19	$258	$572	$129	$286
20	$272	$602	$136	$301
21	$286	$632	$143	$316
22	$300	$662	$150	$331
23	$312	$692	$156	$346
24	$326	$722	$163	$361
25+	$340	$752	$170	$376

	GRANDFATHERED RETIREE MONTHLY DDC AMOUNT		SPOUSE/SURVIVING SPOUSE MONTHLY DDC AMOUNT	
Plan	Medicare eligible	Non-Medicare eligible	Medicare eligible	Non-Medicare eligible
Kaiser	Credit = cost of plan	$752	Credit = cost of plan	$376
All other plans	$340	$752	$170	$376

2027 Monthly Plan Premium Rates at a Glance

Review the premiums as you consider your plan options.

Medical Plans

MEDICARE-ELIGIBLE RETIREES	
Plan Option	**Rate per Individual**
Aetna Traditional Choice	$797.00
Aetna Medicare Advantage PPO – Premier Plan	$315.00
Aetna Medicare Advantage PPO – Value Plan	$79.00
Aetna Medicare Advantage HMO Plan	$348.00
Kaiser Permanente Senior Advantage HMO Plan (includes medical, dental, and vision)	$253.84

NON-MEDICARE-ELIGIBLE RETIREES				
Plan Option	**Individual**	**Individual + Spouse/Registered Domestic Partner**	**Individual + Child(ren)**	**Individual + Family**
Aetna Open Choice PPO - Medium Option Plan	$1,376.00	$2,751.00	$2,063.00	$3,437.00
Aetna Open Choice PPO - Low Option Plan	$942.00	$1,884.00	$1,414.00	$2,355.00
Aetna HMO Plan	$1,298.00	$2,596.00	$1,947.00	$3,245.00
Kaiser HMO Plan (includes medical and vision)	$1,188.92	$2,377.84	$2,140.06	$3,566.76

2027 Monthly Plan Premium Rates at a Glance (continued)

Dental Plan

MEDICARE- AND NON-MEDICARE-ELIGIBLE RETIREES				
Plan Option	**Individual**	**Individual + Spouse/Registered Domestic Partner**	**Individual + Child(ren)**	**Individual + Family**
Aetna Dental PPO Plan	$45.73	$91.47	$102.89	$148.63

Vision Plan

MEDICARE- AND NON-MEDICARE-ELIGIBLE RETIREES				
Plan Option	**Individual**	**Individual + Spouse/Registered Domestic Partner**	**Individual + Child(ren)**	**Individual + Family**
Aetna Vision Preferred Plan	$7.32	$14.46	$15.22	$23.17

2027 Medical Plans
(for Medicare-Eligible Retirees)

Navigate your Medicare-coordinated plan options and consider your coverage choices.

	AETNA MEDICARE ADVANTAGE PPO – PREMIER PLAN		AETNA MEDICARE ADVANTAGE PPO – VALUE PLAN	
Availability	Available to all retirees		Available to all retirees	
Your out-of-pocket costs (medical)	**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%
Non-preferred 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.*

*** *90-day supply available through home delivery mail order. When you obtain a 90-day supply at retail, you pay your mail order cost share.*

2027 Medical Plans (for Medicare-Eligible Retirees) (continued)

	AETNA MEDICARE ADVANTAGE HMO PLAN		KAISER PERMANENTE SENIOR ADVANTAGE HMO PLAN (INCLUDES DENTAL AND VISION)	AETNA TRADITIONAL CHOICE PLAN	
Availability	National – based on location		California residents - based on location	Available to all retirees	
Your out-of-pocket costs (medical)	**In-network only**		**In-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
Non-preferred brands	$45	$90	N/A	$45	$90

** Aetna Traditional Choice Plan Medical and Pharmacy 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.*

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

**** The member cost sharing applies to covered benefits incurred during a member's inpatient stay.*

***** 90-day supply available through home delivery mail order. When you obtain a 90-day supply at retail, you pay your mail order cost share.*

***NOTE:** If there is a difference between this guide and the Aetna or Kaiser plan documents, the plan documents are considered correct. You can request a copy of the plan documents by contacting your plan provider directly.*

2027 Medical Plans
(for Non-Medicare-Eligible Retirees)

Navigate your pre-Medicare options and consider your coverage choices.

	AETNA OPEN CHOICE PPO - MEDIUM OPTION		AETNA OPEN CHOICE PPO - LOW OPTION	
Availability	National – based on location		National – based on location	
Your out-of-pocket costs (medical)	**In network**	**Out of network**	**In network**	**Out of network**
Annual deductible	$3,500 individual/ $7,000 family	$5,500 individual/ $11,000 family	$3,950 individual/ $7,900 family	$3,950 individual/ $7,900 family
Annual out-of-pocket maximum	$6,000 individual/ $12,000 family	$10,000 individual/ $20,000 family	$6,250 individual/ $12,500 family	$10,000 individual/ $30,000 family
Preventive care	Covered 100%	50%	Covered 100%	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
Non-preferred generics/brands	50% up to $250	50% up to $500	50% up to $250	50% up to $500

** 90-day supply available through home delivery mail order. When you obtain a 90-day supply at retail, you pay your mail order cost share.*

2027 Medical Plans (for Non-Medicare-Eligible Retirees) (continued)

	AETNA HMO		KAISER HMO (INCLUDES VISION)
Availability	National – based on location		California - based on location
Your out-of-pocket costs (medical)	**In-network only**		**In-network only**
Annual deductible	$0 (individual and family)		$0 (individual and family)
Annual out-of-pocket maximum	$1,500 individual/$3,000 family		$1,500 individual/$3,000 family
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
Non-preferred generics/ brands	$40	$80	N/A

** 90-day supply available through home delivery or mail order. When you obtain a 90-day supply at retail, you pay your mail order cost share.*

2027 Dental, Vision, and Life Insurance Plans (for Medicare and Non-Medicare-Eligible Retirees)

Consider how these benefits support your well-being.

Included in Kaiser Permanente Senior Advantage HMO Plan – DeltaCare Dental HMO Benefits Plan

The DeltaCare Dental HMO benefit is included as part of the Kaiser Permanente Senior Advantage HMO Plan (for Medicare-eligible members only) and cannot be purchased as a stand-alone plan.

Aetna Dental® PPO Plan – Stand-Alone Dental Plan

Under the PPO dental plan, you may choose a PPO participating dentist or any non-participating dentist. If you select a participating dentist, savings are possible because participating dentists have agreed to provide care for covered services at negotiated rates. Non-participating benefits are subject to usual and prevailing charge limits, as determined by Aetna, and you may be balance billed for any charges not covered by the plan.

PLAN LIMITS	ANNUAL AMOUNT
Annual Deductible - Individual	$50
Annual Deductible - Family	$150
Annual benefit maximum	$1,250 per individual

	WHAT THE PLAN PAYS
Preventive services Partial list of services includes oral examinations, cleanings, X-rays (bitewings and full series)	80% (after deductible)
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% (after deductible)
Major services Partial list of services includes inlays, onlays, crowns, crown lengthening, full and partial dentures, pontics, general anesthesia/sedation, denture repairs, crown buildups, and more	50% (after deductible)
Orthodontic services Dependent children only (appliance must be placed prior to age 20)	50% up to $1,000 per individual

2027 Dental, Vision, and Life Insurance Plans (for Medicare and Non-Medicare-Eligible Retirees) (continued)

Aetna Vision℠ Preferred Plan – Stand-Alone Vision Plan

More than 113,000 vision providers participate, including neighborhood eye doctors, as well as your favorite chains such as LensCrafters®, Pearle Vision®, and Target Optical®. Please visit 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 caltechretireebenefits.com.

Life Insurance

The Institute provides eligible retirees with a no-cost $5,000 life insurance policy.

To designate a beneficiary:

- Visit caltechretireebenefits.com and click on the orange “click here for My Benefits” button at the top of the page.
- You can update your beneficiary at any time.

Life insurance beneficiaries and claims are processed by the Caltech Retiree Service Center.

Are You Turning 65 in 2027?

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. This transition is not automatic. You are required to make a new medical plan election when you become Medicare eligible.

- To enroll in a Caltech Medicare plan, you must be enrolled in Medicare Part A and Part B. This coverage must be in effect on the first day of the month you turn 65.
  - Visit ssa.gov or your local Social Security office to sign up.
  - **Note:** It can take 5–10 weeks for Medicare to process your application for Part B.
- **Do not enroll in Part D.** The Caltech Retiree Medical plans include a Part D component.

IMPORTANT

Enrolling in a Part D plan outside of the Caltech Retiree Medical Plan may jeopardize your Caltech Medicare coverage.

- On the first of the month when you or your spouse/registered domestic partner become Medicare eligible, the DDC will automatically reduce to the Medicare-eligible level even if you have not yet made a new plan election.

Personalized Support for Your Coverage Choices

Caltech is partnering with Alternative Health Solutions to give you access to licensed advisors, at no cost to you, who can help you understand all your health coverage options – whether you're considering a Caltech-sponsored plan or exploring plans available on the individual market using your Defined Dollar Credits.

Advisors provide:

- Personalized Medicare guidance
- Support with individual and family health insurance options across nationally recognized carriers
- Unbiased enrollment assistance to find the plan that best fits your needs

Their goal is simple: clear, tailored guidance so you can make confident, informed decisions about your health coverage.

To get started, call (833) 730-9657 or visit ahs.ajg.com/caltech.

Frequently Asked Questions

Supportive guidance for common questions.

General Questions – Future Retirees

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

Your retiree medical, dental, and vision coverage will begin on the first of the month following your last day of employment with the Institute. For example, if your last day of employment is June 15, your retiree benefits will begin on July 1. If you retire on the first of the month, your retiree coverage will begin on the first of the following month.

When can I make changes to my retiree benefits?

You can make changes to your retiree benefit elections during Open Enrollment each November. You can also make changes during the year if you experience a qualifying life event, such as marriage, death, or losing or gaining other coverage. You must contact the Caltech Retiree Service Center within 90 days of the life event.

Who is the Institute's COBRA administrator? If I elect medical coverage under COBRA, do I still qualify for the Defined Dollar Credit (DDC)?

HealthEquity/WageWorks is the Institute's COBRA administrator. HealthEquity/WageWorks will mail a COBRA enrollment offer via first-class mail to your home address within 45 days of your termination date. If you choose to extend your Caltech active medical coverage through COBRA, you cannot receive a Caltech DDC or enroll in a Caltech retiree medical plan.

Frequently Asked Questions (continued)

What happens to my current active Caltech benefits once I retire?

- Your active employee group coverage ends on the last day of the month in which your employment with the Institute ends.
- **Life insurance:** Your basic, supplemental, spouse, and child life and/or personal accident insurance coverage ends on the last day of the month in which you terminate employment. Contact Unum if you're interested in converting or porting a portion of your group life insurance to an individual policy.
- **Disability:** All disability coverage ends on your last day of employment with the Institute.
- **Flexible Spending Accounts (FSAs):** Your Healthcare FSA and/or your Dependent Day Care FSA ends on the last day of the month in which you terminate employment with the Institute. The last day to submit claims is March 31 of the calendar year following your last day of employment with the Institute. For example, if your termination date is June 2, 2026, you have until March 31, 2027 to submit claims incurred through June 30, 2026. Any remaining funds after the deadline are forfeited.
  - ***Note:*** *You may be eligible to continue participation through COBRA. Check your enrollment information that will be sent to you by HealthEquity/WageWorks.*
- **Health Savings Account (HSA):** You own the funds in your HSA through HealthEquity. You can continue to file claims for eligible medical expenses through HealthEquity.
  - ***Note:*** *You may be charged a monthly administrative fee after the end of your employment. Contact HealthEquity for details.*
- **Caltech retirement plans:** Generally, you can begin taking distributions from the Base Retirement Plan and the Voluntary Retirement Plan at age 59½ regardless of employment status or when your employment at the Institute ends. You can choose to leave your funds in your 403(b) retirement plan accounts after your employment ends, depending on your age. Contact TIAA for more information.
- **Caltech 457(b) deferred compensation plan:** If you were eligible for and made contributions to this plan, you must make a distribution election within 121 days following your last day with the Institute. You will receive a letter and election form from TIAA. If you do not make a distribution election within this 121-day period, your total account balance will be distributed in a taxable lump sum as soon as administratively feasible. Contact TIAA for more information.

What will be included in my final paycheck*?

Your final paycheck will include:

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

As a new retiree, do I have to call WEX to set up my HRA?

No. To enroll in the HRA, you will contact the Caltech Retiree Service Center, which will set up an account with WEX on your behalf.

Can I use my accrued vacation hours to extend my retirement date?

No. Once you determine a retirement date, your accrued, unused vacation hours will be paid out at the time of retirement.

** Vacation payouts, personal holiday pay, and sick leave credits are considered supplemental earnings by the IRS and may be subject to a higher tax-withholding rate than regular earnings.*

Frequently Asked Questions (continued)

General Questions – Current Retirees

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 rates may change even if you don't make changes.

Do I need to take any action if I am currently enrolled in automatic payments?

If you are currently set up on automatic payments and wish to continue for 2027, no action is required. If you would like to establish automatic payments or update your bank account information, you may do so through the payment portal at caltechretireebenefits.com or by calling 855-251-0910 to complete the authorization with a Benefit Counselor.

General Questions – Future and Current Retirees

Who should I call if I have a question or problem with my retiree benefits?

Call the Caltech Retiree Service Center, which serves as an extension of the Caltech and JPL Benefit offices.

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

Medicare Part A usually has no cost but Part B does have a monthly premium. Visit medicare.gov for rates.

Do I have to join the Caltech Retiree Medical Program?

You don't have to join the Caltech Retiree Medical Program and receive a DDC. However, if you are a non-grandfathered retiree or spouse/registered domestic partner, there are rules about when you can join:

- If you have other medical coverage (excluding Medicare), you will be able to join the Caltech Retiree Medical Program if that 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 maintained coverage (excluding Medicare), such as annual confirmation statements or premium receipts.
- If you don't have other medical coverage (excluding Medicare) and you choose not to participate in the Caltech Retiree Medical Program and receive a DDC, you have waived your right to join the Caltech Retiree Medical Program, including an HRA.

Frequently Asked Questions (continued)

Retiree Medical Program

Where can I access additional information regarding the Caltech Retiree Medical Program?

The Summary Plan Description is posted on the retiree website at caltechretireebenefits.com.

How do I make monthly premium payments?

If you select a plan that costs more than your DDC, you will be invoiced each month for the difference. The invoice will come from the Caltech Retiree Service Center. Here's what else you should know:

- You will receive the bill 30 days before the premium is due.
- Your premium is due by the first of each month.
- You may sign up to have your monthly premium payments automatically deducted from your bank account (which will take place on the fifth business day each month).
- If you pay by check, include your certificate number on your check, and mail your payment by the 20th of each month using the envelope included with your bill and your payment stub.
- Your coverage will be terminated if you fail to make timely payments, and coverage will not be reinstated until past-due premiums are paid in full.

Is my dependent child eligible for coverage?

Yes, children who are under age 26 or confirmed disabled by the medical plan you choose (regardless of age) can be on the plan. However, the Institute will not provide a DDC for dependent children. Contact the Caltech Retiree Service Center for assistance.

Can my spouse or registered domestic partner remain on the Caltech Retiree Medical Program if I pass away?

Yes, your DDC will end, but your spouse can remain on the plan as a surviving spouse and their DDC will continue.

Defined Dollar Credit (DDC)

Is my spouse/registered domestic partner eligible for coverage and/or a Defined Dollar Credit (DDC)?

Yes, your spouse/registered domestic partner as of the date of your retirement will be eligible for coverage and the Caltech DDC. If you remarry after retiring, the new spouse/registered domestic partner can join the plan but will not be eligible to receive DDC. If you are a dual family (both you and your spouse work for the Institute) and you will be covered on their active coverage as a dependent, both of you are not entitled to a DDC until your spouse separates from the Institute.

Frequently Asked Questions (continued)

Health Reimbursement Account

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

There are several ways to submit claims:

- Log in to WEX and submit a request online on the WEX website.
- Use the WEX mobile app to file a claim.
- Use online bill pay to pay your provider directly from your HRA.
- Fax or mail a paper "Out of Pocket Request Form" to WEX.

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.

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

Your unused HRA balance rolls over from year to year.

Who should I contact if I have a question about my HRA reimbursements or account balance?

WEX can assist you with your HRA account reimbursement questions.

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 contact the Caltech Retiree Service Center to enroll in the HRA.

Grandfathered Retirees

What are the grandfathering rules?

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

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

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

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

If you are a Medicare-eligible grandfathered retiree, you and your Medicare-eligible spouse/registered domestic partner will continue to be eligible for a free medical plan. If you select the free plan, you are not entitled to a DDC.

I am a non-Medicare-eligible grandfathered retiree or have a non-Medicare-eligible spouse/registered domestic partner. Can I enroll in the free plan?

No, Caltech provides you and your eligible spouse/registered domestic partner with a DDC to help pay for healthcare. Caltech will use the maximum service credit of 25+ years to calculate your DDC.

I am a grandfathered retiree. Can I choose a plan other than the free plan?

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

Calculating Your Monthly Credits and Costs

A simple tool to help you consider your costs and feel supported in your decisions.

Use the following worksheet to calculate how much your monthly cost or Health Reimbursement Account (HRA) contribution will be after your DDC is applied.

	EXAMPLE CALCULATION*	INSERT THE ACTUAL AMOUNT OF YOUR CREDITS AND THE PREMIUM COSTS OF THE PLANS YOU SELECTED BELOW
CREDITS		
Retiree DDC	$340.00	
Spouse/registered domestic partner DDC	$170.00	
Total DDC	**$510.00**	
COSTS		
Medical monthly premium	$315.00 (retiree)	
	$315.00 (spouse)	
Dental monthly premium	$91.47	
Vision monthly premium	$14.46	
TOTAL COSTS	**$735.93**	
Less the total DDC	*($510.00)*	
Your monthly bill or HRA contribution	**$225.93**	

If the difference between your total costs and your total DDC is a positive number, this is the amount of your monthly bill.

If the difference between your total costs and your total DDC is a negative number, this is the DDC amount that will be contributed to your HRA each month.

** Example for illustrative purposes only. Credits shown are based on a Medicare-eligible retiree with 25+ years of service and a Medicare-eligible spouse/registered domestic partner. Costs are shown based on the Aetna Medicare Advantage Premier PPO Plan (per person rate), Aetna Dental Plan (retiree and spouse/registered domestic partner rate), and Aetna Vision Plan (retiree and spouse/registered domestic partner rate). Grandfathered retirees who choose the Kaiser Permanente Senior Advantage HMO Plan are not eligible for the HRA.*

Resources and Key Contacts

Who to Contact

- **If you are preparing to retire from Caltech or JPL, please contact your benefits office.**
- **For all other questions regarding retiree plans, please contact the Caltech Retiree Service Center.**

RESOURCE	PHONE NUMBER	WEBSITE OR EMAIL	HOURS
Caltech Retiree Service Center			
Your Benefits Support Caltech administrator for all plans	(855) 251-0910	caltechretireebenefits.com	M–F, 5:30 a.m.–6 p.m. PT
WEX			
Health Reimbursement Account (HRA)	(844) 561-1334 Fax: (866) 451-3245	benefitslogin.wexhealth.com	M–F, 5:30 a.m.–5 p.m. PT
Aetna Member Services			
Medicare Advantage Plans (Medical)	(866) 648-0399	aetnaretireeplans.com	M–F, 8 a.m.–9 p.m. ET
Medicare Advantage Plans (Prescription)	(866) 648-0399	caremark.com	24/7
Traditional Choice (Medicare) Plan	(800) 328-9933	aetna.com	M–F, 8 a.m.–6 p.m. (all time zones)
Non-Medicare Plans	(800) 328-9933	aetna.com	M–F, 8 a.m.–6 p.m. (all time zones)
Vision Plan	(877) 973-3238	aetna.com	M–Sat., 4:30 a.m.–8 p.m. PT Sunday, 8 a.m.–5 p.m. PT
Dental Plan	(877) 238-6200	aetna.com	M–F, 8 a.m.–6 p.m. (all time zones)
SilverSneakers	(888) 423-4632	silversneakers.com	M–F, 5 a.m.–5 p.m. PT
Kaiser Member Services			
Senior Advantage and HMO Plans	(800) 464-4000	my.kp.org/caltech	24/7 (closed holidays)
DeltaCare Dental HMO	(800) 422-4234	deltadentalins.com Use the DeltaCare USA network when searching for a dentist	M–F, 5 a.m.–6 p.m. PT
One Pass	(877) 614-0618	youronepass.com	M–F, 6 a.m.–7 p.m. PT
TIAA			
Caltech Base and Voluntary Retirement Plans	(800) 842-2252	tiaa.org/caltech	M–F, 5 a.m.–7 p.m. PT
Schedule an appointment with a TIAA financial consultant	(800) 732-8353	tiaa.org/schedulenow	M–F, 5 a.m.–5 p.m. PT
Fidelity			
Legacy Retirement Plans	(800) 343-0860	fidelity.com	M–F, 9 a.m.–5 p.m. PT
Alternative Health Solutions			
Insurance Advisors	(833) 730-9657	ahs.ajg.com/caltech	M–F, 6 a.m.–4 p.m. PT
Unum			
Life Insurance	(800) 445-0402	unum.com/employees	M–F, 5 a.m.–5 p.m. PT
HealthEquity (active employees only)			
Healthcare and Dependent Day Care Spending Accounts and Health Savings Accounts	(866) 346-5800	learn.healthequity.com/caltech	24/7
Institute Benefit Offices			
Caltech	(626) 395-6443	hrbenefits@caltech.edu	M–F, 8 a.m.–5 p.m. PT
JPL AskHR	(818) 354-4447	humanresources@jpl.nasa.gov	M–Th, 8 a.m.–5 p.m. PT Friday, 8 a.m.–4 p.m. PT

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Disclaimer: *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 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.*

caltechretireebenefits.com

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