Making the move to retirement

Thank you for your service to the Institute and congratulations on your retirement.

As an Institute retiree, you and your eligible family members will have several plan options to choose from. Many factors go into your decision, so it’s important to understand your options and compare plans carefully. That’s why Aetna Marketplace is here to help.

Aetna Marketplace is a one-stop resource that provides Institute retirees with individual, guided support. You can consider Aetna Marketplace service advisors an extension of the Campus and JPL Benefit Offices.

Use this guide to learn about:

• Retirement Planning Checklist
• Your Retiree Health Benefits
• 2017 Monthly Defined Dollar Credit Amounts
• 2017 Monthly Plan Premium Rates At-A-Glance
• 2017 Medical Plans (for Medicare eligible retirees)
• 2017 Medical Plans (for non-Medicare eligible retirees)
• 2017 Dental Plans (for Medicare and non-Medicare eligible retirees)
• 2017 Vision Plans (for Medicare and non-Medicare eligible retirees)
• Frequently Asked Questions
• Important Phone Numbers
• Calculating Your Retiree Monthly Credits and Costs
Retirement Planning Checklist

1. Request a planning meeting with your benefits office 90 days before you plan to retire. Contact Campus at hrbenefits@caltech.edu or JPL at benefits@jpl.nasa.gov

2. Inform your manager of your intent to retire (in writing) as soon as possible

3. Learn about your Aetna and Kaiser Permanente plan options

4. Compare coverage and costs to decide which plan is right for you

5. Contact TIAA regarding your retirement savings account

Once you retire, you can get help from the Institute’s retiree medical plan administrator, Aetna Marketplace.

Call Aetna Marketplace toll free at 1-844-210-8389 (TTY:771) Monday – Friday from 5 a.m. to 6 p.m. PT. or visit www.caltechretiree.hrintouch.com.

• Find detailed benefit summaries and information about how each plan works
• See plan recommendations matched to your needs
• Look at plans side-by-side to see coverage and costs
Your Retiree Health Benefits

The Institute will provide you and your eligible spouse with a Defined Dollar Credit

Your Defined Dollar Credit is a monthly amount intended to help you pay for the cost of your medical 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. Since Medicare is your primary coverage, these plans cost less and the defined dollar credit for Medicare-eligible retirees is also less. You can find information about your Defined Dollar Credit amount on page 6.

You have three ways to participate in the Caltech Retiree Medical Plan:

- **Participate in a Caltech-sponsored plan. You will pay the monthly plan premium(s) less your Defined Dollar Credit.**
  
  If your plan(s) costs more than the amount of your Defined Dollar Credit, you will receive a monthly invoice from our billing administrator, WageWorks.
  
  If your plan(s) costs less than the amount of your Defined Dollar Credit, the extra Defined Dollar Credit will be available to you through a Health Reimbursement Account (HRA). You can use your HRA to pay eligible health care expenses. The HRA is administered by WageWorks.

- **Have your entire Defined Dollar Credit available to you through a Health Reimbursement Account (HRA).**
  
  Enroll in the HRA and use your Define Dollar Credit to purchase a non-Institute health plan and pay other eligible health care expenses. Any premiums deducted from a paycheck must be paid on an **after tax basis** to be eligible for reimbursement by the HRA account. For more information, see the FAQs on page 18.

- **Opt out of the Caltech program entirely.**
  
  If you choose to opt out of the Caltech Retiree Medical Plan, you will not receive a Defined Dollar Credit. (To receive your Defined Dollar Credit, you must enroll in an Institute-sponsored medical plan or HRA.) If you do not enroll in the Caltech Retiree Medical Plan within two years after your retirement date, and you do not have other continuous medical coverage (other than Medicare), you waive your right to participate in the Caltech retiree medical plan.
Understanding your Medicare eligibility and retirement

The institute offers a variety of medical plan options for retirees based on your Medicare eligibility. **Here’s what to expect if you:**

**Retire before you are eligible for Medicare**
- You are eligible to select from:
  - 5 medical plans (pages 10-11)
  - 1 dental plan (pages 12-13)
  - 1 vision plan (pages 14-15)
- As you approach age 65 and become eligible for Medicare, you will work with Aetna Marketplace to make a new plan election. The transition to a Medicare-eligible plan is not automatic because Medicare requires you to make an independent medical plan election.
- The Defined Dollar Credit is higher for you and/or your non-Medicare-eligible spouse than the Defined Dollar Credit for a Medicare-eligible retiree. Once you or your spouse become eligible for Medicare, the Defined Dollar Credit will automatically reduce to the Medicare-eligible level even if you fail to make a new election in a Medicare plan.
- You’re guaranteed to be accepted in a Caltech Retiree Medical Plan regardless of your current health status.

**Retire after you are eligible for Medicare**
- You are eligible to select from:
  - 6 medical plans (pages 8-9)
  - 1 dental plan (pages 12-13)
  - 1 vision plan (pages 14-15)
- Caltech Medicare Plans require you be enrolled, and remain enrolled, in Medicare Part A and Part B.
- Your Medicare Part A and Part B coverage should be in effect on the first day of the month in which you are eligible for retirement.
- You do not need to enroll in Medicare Part D. The Caltech Retiree Medical plans include a Part D component. If you enroll in a Medicare Part D plan outside of the Caltech Retiree Medical Plan you may jeopardize your enrollment in the Caltech Retiree Medicare Plan.
- The Defined Dollar Credit is lower for a Medicare-eligible retiree or spouse because Medicare is your primary coverage and these plans cost less than non-Medicare plans.
- You’re guaranteed to be accepted in a Caltech Retiree Medical plan regardless of your current health status.

**Life Insurance**

The Institute provides Medicare and non-Medicare eligible retirees with a $5,000 life insurance policy. Please make sure you elect a beneficiary, online or by phone, with Aetna Marketplace.
## 2017 Monthly Defined Dollar Credit Amounts

### Grandfathered retiree (See page 19 for Grandfathering rules)

<table>
<thead>
<tr>
<th>Plan</th>
<th>Grandfathered retiree</th>
<th>Spouse/Surviving Spouse*</th>
<th>Child</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Medicare eligible</td>
<td>Non-Medicare eligible</td>
<td></td>
</tr>
<tr>
<td>Kaiser</td>
<td>Credit = cost of plan</td>
<td>$619</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Credit = cost of plan</td>
<td>$433</td>
<td>$0</td>
</tr>
<tr>
<td>All other plans</td>
<td>$277</td>
<td>$619</td>
<td>$194</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$433</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$0</td>
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</table>

### Retiree

<table>
<thead>
<tr>
<th>Years of service</th>
<th>Retiree Medicare eligible</th>
<th>Retiree Non-Medicare eligible</th>
<th>Spouse/Surviving Spouse* Medicare eligible</th>
<th>Spouse/Surviving Spouse* Non-Medicare eligible</th>
<th>Child</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>$111</td>
<td>$248</td>
<td>$78</td>
<td>$173</td>
<td>$0</td>
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<td>11</td>
<td>$122</td>
<td>$272</td>
<td>$85</td>
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<tr>
<td>12</td>
<td>$133</td>
<td>$297</td>
<td>$93</td>
<td>$208</td>
<td>$0</td>
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<tr>
<td>13</td>
<td>$144</td>
<td>$322</td>
<td>$101</td>
<td>$225</td>
<td>$0</td>
</tr>
<tr>
<td>14</td>
<td>$155</td>
<td>$347</td>
<td>$109</td>
<td>$243</td>
<td>$0</td>
</tr>
<tr>
<td>15</td>
<td>$166</td>
<td>$371</td>
<td>$116</td>
<td>$260</td>
<td>$0</td>
</tr>
<tr>
<td>16</td>
<td>$177</td>
<td>$396</td>
<td>$124</td>
<td>$277</td>
<td>$0</td>
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<tr>
<td>17</td>
<td>$188</td>
<td>$421</td>
<td>$132</td>
<td>$295</td>
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<tr>
<td>18</td>
<td>$200</td>
<td>$446</td>
<td>$140</td>
<td>$312</td>
<td>$0</td>
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<tr>
<td>19</td>
<td>$211</td>
<td>$470</td>
<td>$147</td>
<td>$329</td>
<td>$0</td>
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<tr>
<td>20</td>
<td>$222</td>
<td>$495</td>
<td>$155</td>
<td>$347</td>
<td>$0</td>
</tr>
<tr>
<td>21</td>
<td>$233</td>
<td>$520</td>
<td>$163</td>
<td>$364</td>
<td>$0</td>
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<tr>
<td>22</td>
<td>$244</td>
<td>$545</td>
<td>$171</td>
<td>$381</td>
<td>$0</td>
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<tr>
<td>23</td>
<td>$255</td>
<td>$569</td>
<td>$178</td>
<td>$399</td>
<td>$0</td>
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<tr>
<td>24</td>
<td>$266</td>
<td>$594</td>
<td>$186</td>
<td>$416</td>
<td>$0</td>
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<tr>
<td>25+</td>
<td>$277</td>
<td>$619</td>
<td>$194</td>
<td>$433</td>
<td>$0</td>
</tr>
</tbody>
</table>

*2017 Spouse Defined Dollar Credit is 70% of Retiree Rate. 2018 Spouse Defined Dollar Credit will be 60% of Retiree Rate. 2019 Spouse Defined Dollar Credit will be 50% of Retiree Rate.
# 2017 Monthly Plan Premium Rates At-A-Glance

## Medical Plans for Medicare Eligible Retirees

<table>
<thead>
<tr>
<th>Plan Option</th>
<th>Retiree</th>
<th>Retiree + Spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna Traditional Choice with Rx 1505</td>
<td>$474.09</td>
<td>$948.18</td>
</tr>
<tr>
<td>Aetna Medicare PPO – Premier Plan</td>
<td>$306.41</td>
<td>$612.82</td>
</tr>
<tr>
<td>Aetna Medicare PPO – Medium Plan</td>
<td>$242.00</td>
<td>$484.00</td>
</tr>
<tr>
<td>Aetna Medicare PPO – Value Plan</td>
<td>$72.08</td>
<td>$144.16</td>
</tr>
<tr>
<td>Aetna Medicare HMO Plan</td>
<td>$283.94</td>
<td>$567.88</td>
</tr>
<tr>
<td>Kaiser Permanente Senior Advantage HMO Plan (includes medical, dental and vision)</td>
<td>$196.52</td>
<td>$393.04</td>
</tr>
</tbody>
</table>

## Medical Plans for Non-Medicare Eligible Retirees

<table>
<thead>
<tr>
<th>Plan Option</th>
<th>Retiree</th>
<th>Retiree + Spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna Choice PPO – High Option</td>
<td>$1,503.19</td>
<td>$3,008.65</td>
</tr>
<tr>
<td>Aetna Choice PPO – Medium Option</td>
<td>$1,057.23</td>
<td>$2,116.73</td>
</tr>
<tr>
<td>Aetna Choice PPO – Low Option</td>
<td>$663.29</td>
<td>$1,328.84</td>
</tr>
<tr>
<td>Aetna HMO</td>
<td>$885.78</td>
<td>$1,823.56</td>
</tr>
<tr>
<td>Kaiser HMO (includes medical and vision)</td>
<td>$704.06</td>
<td>$1,398.14</td>
</tr>
</tbody>
</table>

## Dental Plans for Medicare and Non-Medicare Eligible Retirees

<table>
<thead>
<tr>
<th>Plan Option</th>
<th>Retiree</th>
<th>Retiree + Spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna Dental PPO Plan</td>
<td>$42.14</td>
<td>$84.28</td>
</tr>
</tbody>
</table>

## Vision Plans for Medicare and Non-Medicare Eligible Retirees

<table>
<thead>
<tr>
<th>Plan Option</th>
<th>Retiree</th>
<th>Retiree + Spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna Vision Preferred Plan</td>
<td>$7.32</td>
<td>$14.46</td>
</tr>
</tbody>
</table>
## 2017 Medical Plans (for Medicare eligible retirees)

### Plan Options

<table>
<thead>
<tr>
<th>Plan name</th>
<th>Traditional Choice plan option</th>
<th>Premier PPO plan option</th>
<th>Medium PPO plan option</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Aetna Traditional Choice with Rx 1505</td>
<td>Aetna Medicare&lt;sup&gt;SM&lt;/sup&gt; Plan (PPO) with ESA — Premier plan Medicare S02 ESA PPO with Rx 1337</td>
<td>Aetna Medicare&lt;sup&gt;SM&lt;/sup&gt; Plan (PPO) — Medium plan Medicare C01 PPO with Rx 1337</td>
</tr>
<tr>
<td>Availability</td>
<td>Available to all retirees</td>
<td>Available to all retirees</td>
<td>National – based on location</td>
</tr>
<tr>
<td>Monthly premium per person</td>
<td>$474.09</td>
<td>$306.41</td>
<td>$242.00</td>
</tr>
</tbody>
</table>

### Medical Costs

<table>
<thead>
<tr>
<th>Network</th>
<th>Providers must be Medicare eligible/qualified</th>
<th>Same benefit level In network/ out of network</th>
<th>In network</th>
<th>Out of network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual deductible</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Out-of-pocket maximum</td>
<td>N/A</td>
<td>$6,700 individual</td>
<td>$6,700 individual</td>
<td>$10,000 individual</td>
</tr>
<tr>
<td>Preventive care (Routine exams)</td>
<td>Covered 100%</td>
<td>Covered 100%</td>
<td>Covered 100%</td>
<td>25%</td>
</tr>
<tr>
<td>Physician/PCP&lt;sup&gt;***&lt;/sup&gt; visit</td>
<td>$0 (plan pays up to the Medicare allowed amount)</td>
<td>$25 per visit</td>
<td>15% per visit</td>
<td>25% per visit</td>
</tr>
<tr>
<td>Specialist visit</td>
<td>$0 (plan pays up to the Medicare allowed amount)</td>
<td>$25 per visit</td>
<td>15% per visit</td>
<td>25% per visit</td>
</tr>
<tr>
<td>Inpatient hospital&lt;sup&gt;+&lt;/sup&gt;</td>
<td>$0 (plan pays up to the Medicare allowed amount)</td>
<td>$250 per stay</td>
<td>$500 per stay</td>
<td>25% per stay</td>
</tr>
<tr>
<td>Outpatient hospital</td>
<td>$0 (plan pays up to the Medicare allowed amount)</td>
<td>$0</td>
<td>15%</td>
<td>25%</td>
</tr>
</tbody>
</table>

### Pharmacy Costs

<table>
<thead>
<tr>
<th>Pharmacy&lt;sup&gt;++&lt;/sup&gt;</th>
<th>up to 30-day supply</th>
<th>up to 90-day supply</th>
<th>up to 30-day supply</th>
<th>up to 90-day supply</th>
<th>up to 30-day supply</th>
<th>up to 90-day supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Generics</td>
<td>$5</td>
<td>$10</td>
<td>$5</td>
<td>$10</td>
<td>$5</td>
<td>$10</td>
</tr>
<tr>
<td>Preferred brands</td>
<td>$25</td>
<td>$50</td>
<td>$30</td>
<td>$60</td>
<td>$30</td>
<td>$60</td>
</tr>
<tr>
<td>Nonpreferred brands</td>
<td>$45</td>
<td>$90</td>
<td>$60</td>
<td>$120</td>
<td>$60</td>
<td>$120</td>
</tr>
</tbody>
</table>

### Other Costs

| Eyewear               | n/a                 | n/a                 | n/a                 |
| Hearing aids          | One hearing aid every 36 months | Plan pays $500 once every 36 months | Plan pays $500 once every 36 months |

<sup>***</sup>If you live outside the Aetna Medicare network service area, you may be eligible for these plans. For details, contact the Aetna Marketplace at 1-844-210-8389.

<sup>+++</sup>The Kaiser Permanente Senior Advantage HMO is available at no cost to grandfathered retirees after age 65.

<sup>+++</sup>Primary Care Physician (PCP) includes services of an internist, general physician, family practitioner for routine care as well as diagnosis and treatment of an illness or injury and in-office surgery.
<table>
<thead>
<tr>
<th>Value PPO plan option*</th>
<th>Aetna HMO plan option</th>
<th>Kaiser Permanente HMO plan option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna Medicare® Plan (PPO) — Value plan Medicare V02 PPO with Rx 1201</td>
<td>Aetna Medicare® Plan (HMO) Medicare P02 HMO with Rx 1505</td>
<td>Kaiser Permanente Senior Advantage (HMO) (Includes Dental and Vision)</td>
</tr>
<tr>
<td>National – based on location</td>
<td>National – based on location</td>
<td>Available to retirees in CA</td>
</tr>
<tr>
<td>$72.08</td>
<td>$283.94</td>
<td>$196.52**</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In network</th>
<th>Out of network</th>
<th>Network only</th>
<th>Network only</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>$3,400 individual</td>
<td>$10,000 individual</td>
<td>$3,400 individual</td>
<td>$1,500 individual</td>
</tr>
<tr>
<td>Covered 100%</td>
<td>30%</td>
<td>Covered 100%</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>$15 per visit</td>
<td>30% per visit</td>
<td>$10 per visit</td>
<td>$15 per visit</td>
</tr>
<tr>
<td>$40 per visit</td>
<td>30% per visit</td>
<td>$15 per visit</td>
<td>$15 per visit</td>
</tr>
<tr>
<td>$200 per day 1 – 7</td>
<td>30% per day 1 – 7</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>$185</td>
<td>30%</td>
<td>$0</td>
<td>$15</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>up to 30-day supply</th>
<th>up to 90-day supply</th>
<th>up to 30-day supply</th>
<th>up to 90-day supply</th>
<th>up to 100 day supply</th>
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<tbody>
<tr>
<td>$260</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
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<tr>
<td>20%</td>
<td>20%</td>
<td>$5</td>
<td>$10</td>
<td>$10</td>
</tr>
<tr>
<td>25%</td>
<td>25%</td>
<td>$25</td>
<td>$50</td>
<td>$20</td>
</tr>
<tr>
<td>45%</td>
<td>45%</td>
<td>$45</td>
<td>$90</td>
<td>$20</td>
</tr>
<tr>
<td>n/a</td>
<td>n/a</td>
<td>You pay the amount in excess of $150 allowance every 24 months for eyewear purchased at plan medical offices or plan optical sales offices</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Plan pays $500 once every 36 months

+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.
# 2017 Medical Plans (for non-Medicare eligible retirees)

<table>
<thead>
<tr>
<th>Plan name</th>
<th>High PPO plan option</th>
<th>Medium PPO plan option</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>High Option Network</td>
<td>Mid Option Network</td>
</tr>
<tr>
<td></td>
<td>Aetna Choice® PPO</td>
<td>Aetna Open Choice® PPO</td>
</tr>
</tbody>
</table>

| Availability               | National–based on location | National–based on location |

<table>
<thead>
<tr>
<th>Monthly premium</th>
<th></th>
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</tr>
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<tbody>
<tr>
<td>Retiree only°</td>
<td>$1,503.19</td>
<td>$1,057.23</td>
</tr>
<tr>
<td>Retiree + spouse</td>
<td>$3,008.65</td>
<td>$2,116.73</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Medical</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Network</td>
<td>In network</td>
<td>In network</td>
</tr>
<tr>
<td></td>
<td>Out of network</td>
<td>Out of network</td>
</tr>
<tr>
<td>Annual deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>$1,200</td>
<td>$1,200</td>
</tr>
<tr>
<td>Family</td>
<td>$2,400</td>
<td>$2,400</td>
</tr>
<tr>
<td>Out-of-pocket maximum</td>
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</tr>
<tr>
<td>Individual</td>
<td>$2,800</td>
<td>$2,800</td>
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<tr>
<td>Family</td>
<td>$5,600</td>
<td>$5,600</td>
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<tr>
<td>Preventive care</td>
<td>Covered 100%</td>
<td>Covered 100%</td>
</tr>
<tr>
<td></td>
<td>Covered 40%</td>
<td>Covered 50%</td>
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<tr>
<td>Physician visit</td>
<td>20%</td>
<td>30%</td>
</tr>
<tr>
<td></td>
<td>40%</td>
<td>50%</td>
</tr>
<tr>
<td>Specialist visit</td>
<td>20%</td>
<td>30%</td>
</tr>
<tr>
<td></td>
<td>40%</td>
<td>50%</td>
</tr>
<tr>
<td>Inpatient hospital</td>
<td>20%</td>
<td>30%</td>
</tr>
<tr>
<td></td>
<td>40%</td>
<td>50%</td>
</tr>
<tr>
<td>Outpatient hospital</td>
<td>20%</td>
<td>30%</td>
</tr>
<tr>
<td></td>
<td>40%</td>
<td>50%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pharmacy**</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>up to 30-day supply</td>
<td>up to 90-day supply</td>
</tr>
<tr>
<td>Deductible</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Generics</td>
<td>$10</td>
<td>$10</td>
</tr>
<tr>
<td>Preferred brands</td>
<td>$40</td>
<td>$120</td>
</tr>
<tr>
<td>Nonpreferred brands</td>
<td>40%</td>
<td>40%</td>
</tr>
<tr>
<td>Specialty preferred generics</td>
<td>$70</td>
<td>n/a</td>
</tr>
<tr>
<td>Specialty nonpreferred generics</td>
<td>40%</td>
<td>n/a</td>
</tr>
<tr>
<td>Specialty preferred brands</td>
<td>$70</td>
<td>n/a</td>
</tr>
<tr>
<td>Specialty nonpreferred brands</td>
<td>40%</td>
<td>n/a</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Eyewear</td>
<td>n/a</td>
<td>n/a</td>
</tr>
<tr>
<td>Hearing aids</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

°Surviving Spouse only cost is same as Retiree only cost.

**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.
<table>
<thead>
<tr>
<th>Low PPO plan option</th>
<th>Aetna HMO plan option</th>
<th>Kaiser Permanente HMO plan option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Option Network</td>
<td>Aetna Aexcel® Open Access® Managed Choice® POS</td>
<td></td>
</tr>
<tr>
<td>National—based on location</td>
<td>National—based on location</td>
<td>CA residents only</td>
</tr>
<tr>
<td>$663.29</td>
<td>$885.78</td>
<td>$704.06</td>
</tr>
<tr>
<td>$1,328.84</td>
<td>$1,823.56</td>
<td>$1,398.14</td>
</tr>
<tr>
<td>In network</td>
<td>Out of network</td>
<td>Network only</td>
</tr>
<tr>
<td>$3,950</td>
<td>$3,950</td>
<td>$0</td>
</tr>
<tr>
<td>$7,900</td>
<td>$7,900</td>
<td>$1,500</td>
</tr>
<tr>
<td>$6,250</td>
<td>$10,000</td>
<td>$3,000</td>
</tr>
<tr>
<td>Covered 100%</td>
<td>Covered 40%</td>
<td>Covered 100%</td>
</tr>
<tr>
<td>20%</td>
<td>40%</td>
<td>$10</td>
</tr>
<tr>
<td>20%/30%</td>
<td>40%</td>
<td>$10</td>
</tr>
<tr>
<td>20%</td>
<td>40%</td>
<td>$100 per admission</td>
</tr>
<tr>
<td>20%</td>
<td>40%</td>
<td>$100</td>
</tr>
<tr>
<td>up to 30-day supply</td>
<td>up to 90-day supply</td>
<td>up to 30-day supply</td>
</tr>
<tr>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>0%</td>
<td>0%</td>
<td>$15</td>
</tr>
<tr>
<td>25%</td>
<td>25%</td>
<td>$25</td>
</tr>
<tr>
<td>50%</td>
<td>50%</td>
<td>$40</td>
</tr>
<tr>
<td>0%</td>
<td>n/a</td>
<td>$15</td>
</tr>
<tr>
<td>0%</td>
<td>n/a</td>
<td>$15</td>
</tr>
<tr>
<td>25%</td>
<td>n/a</td>
<td>$25</td>
</tr>
<tr>
<td>50%</td>
<td>n/a</td>
<td>$40</td>
</tr>
<tr>
<td>n/a</td>
<td>n/a</td>
<td>You pay the amount in excess of $150 allowance every 24 months for eyewear purchased at plan medical offices or plan optical sales offices</td>
</tr>
<tr>
<td>n/a</td>
<td>n/a</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Eyewear

You pay the amount in excess of $150 allowance every 24 months for eyewear purchased at plan medical offices or plan optical sales offices.
2017 Dental Plans
(for Medicare and non-Medicare eligible retirees)

Aetna Dental® Preferred Provider Organization (PPO) 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.

<table>
<thead>
<tr>
<th>Monthly premium</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Retiree only or Surviving spouse only</td>
<td>$42.14</td>
<td>Retiree + spouse</td>
</tr>
<tr>
<td>Retiree + child(ren)</td>
<td>$94.81</td>
<td>Retiree + family</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Annual deductible*</th>
<th>You pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual</td>
<td>$50</td>
</tr>
<tr>
<td>Family</td>
<td>$150</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Preventive services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Partial list of services includes oral examinations, cleanings, X-rays and more.</td>
<td>80%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Basic services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>60%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Major services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>50%</td>
</tr>
</tbody>
</table>

| Annual benefit maximum           | $1,000                         |
| Office visit copay               | n/a                            |
| Orthodontic services**           | 50%                            |
| Orthodontic deductible           | None                           |
| Orthodontic lifetime maximum     | $1,000                         |

*The deductible applies to preventive, basic and major services.
**Orthodontia is covered only for children (appliance must be placed prior to age 20).
<table>
<thead>
<tr>
<th>Preventive care</th>
<th>Retiree pays</th>
<th>Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Periodic and comprehensive oral evaluation</td>
<td>No cost</td>
<td>Twice in a calendar year</td>
</tr>
<tr>
<td>Bitewing X-rays</td>
<td>No cost</td>
<td>Once in a calendar year for adults ages 19 and over</td>
</tr>
<tr>
<td>Prophylaxis</td>
<td>$15</td>
<td>Twice in a calendar year</td>
</tr>
<tr>
<td>Fluoride treatments</td>
<td>100%</td>
<td>Only for children up to age 19, twice in a calendar year</td>
</tr>
<tr>
<td>Space maintainers</td>
<td>100%</td>
<td>Removable — unilateral</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Retiree pays</th>
<th>Limitations</th>
</tr>
</thead>
<tbody>
<tr>
<td>$5</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Restorative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fillings — primary or permanent amalgam</td>
</tr>
<tr>
<td>Composite crowns — resin-based</td>
</tr>
<tr>
<td>Crown — porcelain</td>
</tr>
<tr>
<td>Inlay — metallic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Oral and maxillofacial surgery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extraction</td>
</tr>
<tr>
<td>Surgical removal of erupted tooth</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Periodontics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintenance</td>
</tr>
<tr>
<td>Scaling and root planing</td>
</tr>
<tr>
<td>Surgery — osseous (includes flap entry and closure)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Prosthodontics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete denture</td>
</tr>
<tr>
<td>Reline maxillary or mandibular denture — chairside</td>
</tr>
<tr>
<td>Reline maxillary or mandibular denture — laboratory</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Endodontics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapeutic pulpotomy</td>
</tr>
<tr>
<td>Root amputation</td>
</tr>
<tr>
<td>Root canal — anterior</td>
</tr>
<tr>
<td>Root canal — molar</td>
</tr>
</tbody>
</table>

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.
## 2017 Vision Plans (for Medicare and non-Medicare eligible retirees)

### Kaiser Permanente Traditional Plan

Medical plan benefits include a $150 allowance every 24 months for eyewear purchased at Kaiser plan medical offices or Kaiser plan optical sales offices. You pay the amount in excess of the $150 allowance.

### Kaiser Permanente Senior Advantage Plan

Medical plan benefits include routine eye exams with a plan optometrist. You pay a $15 copay per visit. It also includes a $150 allowance every 24 months for eyewear purchased at plan medical offices or plan optical sales offices. You pay the amount in excess of the $150 allowance.

### Aetna Vision℠ Preferred Plan

60,000+ vision providers¹ that participate — including neighborhood eye doctors, as well as your favorite chains such as LensCrafters®, Pearle Vision®, Sears Optical®, Target Optical®, and JCPenney Optical®.

### Monthly premium

<table>
<thead>
<tr>
<th></th>
<th>Retiree only</th>
<th>Retiree + spouse</th>
<th>Retiree + child(ren)</th>
<th>Retiree + family</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$7.32</td>
<td>$14.46</td>
<td>$15.22</td>
<td>$23.17</td>
</tr>
</tbody>
</table>

### Exams

<table>
<thead>
<tr>
<th></th>
<th>In network</th>
<th>Out of network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine/comprehensive eye exam</td>
<td>$10 copay</td>
<td>$25 reimbursement</td>
</tr>
<tr>
<td>Standard contact lens fit/follow-up</td>
<td>You pay discounted fee of $40</td>
<td>Not covered</td>
</tr>
<tr>
<td>Premium contact lens fit/follow-up</td>
<td>You pay 90% of retail</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

### Eyeglass lenses/lens options

<table>
<thead>
<tr>
<th></th>
<th>In network</th>
<th>Out of network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single vision lenses</td>
<td>$10 copay</td>
<td>$20 reimbursement</td>
</tr>
<tr>
<td>Bifocal vision lenses</td>
<td>$10 copay</td>
<td>$40 reimbursement</td>
</tr>
<tr>
<td>Trifocal vision lenses</td>
<td>$10 copay</td>
<td>$65 reimbursement</td>
</tr>
<tr>
<td>Lenticular vision lenses</td>
<td>$10 copay</td>
<td>$65 reimbursement</td>
</tr>
<tr>
<td>Standard progressive vision lenses</td>
<td>$75 copay</td>
<td>$40 reimbursement</td>
</tr>
<tr>
<td>Premium progressive vision lenses¹</td>
<td>$75 Copay + [(80% of Charge) less $120 allowance]</td>
<td>$40 reimbursement</td>
</tr>
<tr>
<td>UV treatment</td>
<td>You pay discounted fee of $15</td>
<td>Not covered</td>
</tr>
<tr>
<td>Tint (solid and gradient)</td>
<td>You pay discounted fee of $15</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

¹EyeMed provider data as of December 2013.
<table>
<thead>
<tr>
<th>Eyeglass lenses/lens options (continued)</th>
<th>In network</th>
<th>Out of network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard plastic scratch coating</td>
<td>You pay discounted fee of $15</td>
<td>Not covered</td>
</tr>
<tr>
<td>Standard polycarbonate lenses — adult</td>
<td>You pay discounted fee of $40</td>
<td>Not covered</td>
</tr>
<tr>
<td>Standard polycarbonate lenses — children to age 19</td>
<td>You pay discounted fee of $40</td>
<td>Not covered</td>
</tr>
<tr>
<td>Standard anti-reflective coating</td>
<td>You pay discounted fee of $45</td>
<td>Not covered</td>
</tr>
<tr>
<td>Photochromic/transitions plastic</td>
<td>You pay 80% of retail</td>
<td>Not covered</td>
</tr>
<tr>
<td>Polarized</td>
<td>You pay 80% of retail</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Contact lenses</th>
<th>In network</th>
<th>Out of network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use your contact lens coverage once every calendar year to purchase either one pair of eyeglass lenses or one order of contact lenses.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conventional contact lenses</td>
<td>$115 allowance Additional 15% off balance over the allowance</td>
<td>$80 reimbursement</td>
</tr>
<tr>
<td>Disposable contact lenses</td>
<td>$115 allowance</td>
<td>$80 reimbursement</td>
</tr>
<tr>
<td>Medically necessary contact lenses</td>
<td>$0 copay</td>
<td>$200 reimbursement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Frames</th>
<th>In network</th>
<th>Out of network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use your frame coverage once every calendar year.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any frame available, including frames for prescription sunglasses</td>
<td>$130 allowance Additional 20% off balance over the allowance</td>
<td>$65 reimbursement</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Discounts</th>
<th>In network</th>
<th>Out of network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discounts cannot be combined with any other discounts or promotional offers and may not be available on all brands.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Additional pairs of eyeglasses or prescription sunglasses — discount applies to purchases made after the plan allowances have been exhausted</td>
<td>Up to a 40% discount</td>
<td>No discount</td>
</tr>
<tr>
<td>Non-covered items such as cleaning cloths and contact lens solution</td>
<td>20% discount</td>
<td>No discount</td>
</tr>
<tr>
<td>Lasik laser vision correction or photorefractive keratectomy (PRK) from U.S. Laser Network only — call 1-800-422-6600</td>
<td>15% discount off retail or 5% discount off the promotional price</td>
<td>No discount</td>
</tr>
<tr>
<td>Retinal imaging</td>
<td>You pay a discounted fee up to $39</td>
<td>No discount</td>
</tr>
<tr>
<td>Replacement contact lenses</td>
<td>Receive significant savings after your lens benefit has been exhausted on replacement contacts by ordering online — visit <a href="http://www.aetnavision.com">http://www.aetnavision.com</a> for details</td>
<td>No discount</td>
</tr>
</tbody>
</table>
Frequently Asked Questions

Am I eligible for retiree benefits?
You are eligible for retiree benefits when you are age 55 or older with 10 or more years of continuous benefit-based service with the Institute. You may also be retirement eligible when you are age 55 or older with 20 years of total service as long as you are a benefit-based employee during the last 12 months of your employment.

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. (Example: If your last work day 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 the following month.

When can I make changes to my retiree benefits?
You will be able to make changes to your retiree benefit elections during the annual open enrollment period each fall. You can also make changes if you experience a qualified life event such as marriage or losing or gaining other coverage.

Current Group Benefits

When will my current group medical, dental and vision coverage end?
Your group medical coverage as an active employee ends on the last day of the month in which your termination of employment occurs. (Example: if your last day of work is June 25, your active employee benefits end June 30.)

Who is the Institute COBRA administrator?
WageWorks is the Institute’s COBRA administrator. WageWorks will mail a COBRA enrollment offer via first class mail to your home address within 45 days of your termination date.

What happens to my current life insurance once I retire?
Your Basic Life, Supplemental Life, Spouse Life, Child Life and/or Personal Accident Insurance coverage ends on the last day of the month in which you terminate employment. You may elect to convert all or a portion of your group life insurance to an individual policy. Please contact Aetna Life for more information.

When does my Long Term Disability Coverage end?
Your Long-Term Disability coverage ends on your last day of employment.

Health Care and Dependent Care
Flexible Spending Accounts

When does coverage under the flexible spending accounts end and how long do I have to submit my claims?
Your Health Care Flexible Spending Account and/or Dependent Day Care Flexible Spending Account coverage ends on the last day of the month in which you terminate employment. You may submit claims for eligible Health Care and Dependent Day Care expenses incurred through the end of the month in which you separate. The last day to submit these claims is March 31 of the calendar year following your last day of employment. (Example: If your termination date is June 3, 2017, you have until March 31, 2018 to submit claims incurred in 2017 through June 30, 2017.)
What will happen to any remaining funds in my flexible spending accounts after I submit my claims?

Funds that are left in your Health Care Spending Account and/or Dependent Day Care Flexible Spending Account will be forfeited.

Can I extend my coverage with the Health Care Spending Account so that I can get reimbursed for medical expenses incurred after the end of the month in which I terminate?

Yes, you may be eligible to continue participating through COBRA. Under this program you will make after-tax contributions to your FSA accounts through the end of the current calendar year. WageWorks will mail a COBRA enrollment offer via first class mail to your home address within 45 days of your termination date.

Health Savings Accounts

What happens to any funds left in my 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. Please note that you may be charged a monthly administrative fee after the end of your employment. Contact HealthEquity for current fees.

Retirement Plan Benefits

How and when can I take a distribution from my 403(b) Retirement Plan(s)?

Generally, you can begin taking distributions from your Base Retirement Plan once your employment with the Institute ends. Distribution from the Voluntary Retirement Plan may be taken anytime after age 59 1/2, regardless of employment status. Please contact TIAA for more information about your distribution options.

Can I leave my funds in my 403(b) Retirement Plan(s) after I leave?

Yes, you can leave your funds in your TIAA account after your employment ends. After you attain the age of 70 1/2, you will be required to begin taking Required Minimum Distributions from your retirement plan accounts. Please contact TIAA for more information.

Retirement Sick Leave Credits

What is the Sick Leave Credit?

Upon retirement, a percentage of your unused, accrued sick leave hours may be eligible to be paid to you in your final paycheck (less applicable taxes) or directed to your Voluntary Retirement Plan with TIAA (less applicable taxes) up to your annual IRS maximum deferral limit.

Your Final Paycheck

What will be included in my final paycheck?

Your final paycheck will include:

• All wages due through your last day of work
• All unused, accrued vacation hours
• Your unused Personal holiday
• Retirement Sick Leave Credit, if requested

Will my accrued vacation hours, unused personal holiday and/or sick leave credit be taxed?

Yes, IRS regulations consider these monies “Supplemental Earnings” and require that we withhold taxes at a higher rate than regular earnings.
Frequently Asked Questions (continued)

Retiree Medical Program

What expenses can I claim with the Health Reimbursement Account?

Examples of eligible expenses for you and your eligible spouse may include:
• Medicare Part B premiums deducted from your Social Security check
• Prescription drug copays
• Medical copays
• Dental expenses (non-cosmetic)
• Vision expenses
• Hearing Aid expenses
• After tax health plan premiums deducted from a paycheck. (IRS Regulations state that any premiums deducted from a paycheck must be paid on an after-tax basis to be eligible for reimbursement from the HRA.)

Is my spouse/surviving spouse eligible for coverage and/or a Defined Dollar Credit?

Yes, your spouse/partner, as of the date of retirement, will be eligible for coverage and the Caltech Defined Dollar Credit. If a retiree re-maries after retiring, the new spouse can join the plan, but the Institute will not provide a Defined Dollar Credit toward the new spouse’s coverage.

How do I make monthly premium payments?

If you select a plan that costs more than your Defined Dollar Credit, you will be invoiced each month for the difference. The invoice will come from WageWorks, the Institute’s benefit billing administrator.

Payments are due the first of each month. Payments must be postmarked within 90 days of the payment due date in order to avoid termination of coverage.

You can make payments with a check or by setting up a recurring payment through your bank.

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.

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

• Fax or mail a paper “Pay Me Back” form to WageWorks
• Log in to WageWorks and submit a request online
• Use online bill pay to pay your provider directly from your HRA

How will I be reimbursed by WageWorks 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 HRA balance rolls over from year to year.

Is the Defined Dollar Credit taxable income?

No.

Is my dependent child eligible for coverage?

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

Do I have to join the Caltech retiree medical program?

You don’t have to join the Caltech retiree medical program. However, if you are a non-grandfathered retiree or spouse, there are rules about when you can join.

• If you have other medical coverage (other than Medicare), you will be able to join the Caltech retiree medical program if that other coverage ends. You must notify Caltech or Aetna Marketplace within 90 days of the date the other coverage ends, and you must provide proof that you have maintained continuous medical coverage (other than Medicare) such as annual confirmation statements or premium receipts.

• If you don’t have other medical coverage (other than Medicare) and you choose not to participate in the Caltech retiree medical plan, you will waive your right to join the Caltech retiree medical program, including an HRA.
Once I’m retired, who should I call if I have a question or problem with my benefits?

You can get help from the Institute’s retirement plan administrator, Aetna Marketplace. Consider them an extension of the Campus and JPL Benefit offices.

Of course, you are always welcome to call the Campus and JPL benefits office too.

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

WageWorks can assist you with billing or HRA balance questions. If you have a question about coverage, please contact the Aetna Marketplace.

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

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

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

If you are a Medicare-eligible grandfathered retiree age 65 or older, you and your Medicare-eligible spouse will continue to be eligible for a free medical plan. In 2017, the free plan is the Kaiser HMO plan option.

I am a Grandfathered retiree, can I have my leftover Defined Dollar Credit in an HRA if I am on the free Kaiser plan?

No, if you choose the free plan, you are not entitled to a Defined Dollar Credit.

I am a Grandfathered retiree, but my spouse is not eligible for Medicare yet, can my spouse have the free Kaiser plan?

No, spouses who are not eligible for Medicare will receive a Defined Dollar Credit to purchase an Aetna or Kaiser plan. Caltech will use the maximum service credit of 25+ years to calculate their Defined Dollar Credit.

I am a Non-Medicare eligible Grandfathered retiree (or Non-Medicare eligible spouse), can I enroll in the free Kaiser plan?

No, Caltech provides you and your eligible spouse with a Defined Dollar Credit to help pay for your health care. Caltech will use the maximum service credit of 25+ years to calculate your Defined Dollar Credit.

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 Defined Dollar Credit. Caltech will use the maximum service credit of 25+ years to calculate your Defined Dollar Credit.
# Important Phone Numbers

<table>
<thead>
<tr>
<th>Resource</th>
<th>Phone number</th>
<th>Email or Website</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Institute Benefit Offices</strong></td>
<td></td>
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</tr>
<tr>
<td>Caltech</td>
<td>1-626-395-6443</td>
<td><a href="mailto:HRBenefits@Caltech.edu">HRBenefits@Caltech.edu</a></td>
<td>9 a.m. – 5 p.m. PT; Monday – Friday</td>
</tr>
<tr>
<td>JPL</td>
<td>1-818 354-3760</td>
<td><a href="mailto:benefits@jpl.nasa.gov">benefits@jpl.nasa.gov</a></td>
<td>9 a.m. – 5 p.m. PT; Monday – Friday</td>
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<tr>
<td><strong>Aetna Marketplace Service Center</strong></td>
<td></td>
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<td></td>
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<tr>
<td>Enrollment service center for all plans</td>
<td>1-844-210-8389</td>
<td><a href="http://www.caltechretiree.hrintouch.com">http://www.caltechretiree.hrintouch.com</a></td>
<td>5 a.m. – 6 p.m. PT; Monday – Friday</td>
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<tr>
<td><strong>Aetna Member Services</strong></td>
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<tr>
<td>Medicare</td>
<td>1-888-267-2637</td>
<td><a href="http://www.aetna.com">http://www.aetna.com</a></td>
<td>8 a.m. – 8 p.m. All Time Zones; Monday – Friday</td>
</tr>
<tr>
<td>Non-Medicare</td>
<td>1-800-328-9933</td>
<td><a href="http://www.aetna.com">http://www.aetna.com</a></td>
<td>8 a.m. – 6 p.m. All Time Zones; Monday – Friday</td>
</tr>
<tr>
<td>Vision Plan</td>
<td>1-877-973-3238</td>
<td><a href="http://www.aetna.com">http://www.aetna.com</a></td>
<td>4:30 a.m. – 8 p.m. PT; Monday – Saturday 8 a.m. – 5 p.m. PT; Sunday</td>
</tr>
<tr>
<td>Dental</td>
<td>1-877-238-6200</td>
<td><a href="http://www.aetna.com">http://www.aetna.com</a></td>
<td>8 a.m. to 6 p.m. All Time Zones; Monday – Friday</td>
</tr>
<tr>
<td>Life</td>
<td>1-877-503-3448</td>
<td><a href="http://www.aetna.com">http://www.aetna.com</a></td>
<td>8 a.m. to 6 p.m. All Time Zones; Monday – Friday</td>
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<tr>
<td>Resource</td>
<td>Phone number</td>
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<tr>
<td>Kaiser Member Services</td>
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<tr>
<td>Existing members</td>
<td>1-800-464-4000</td>
<td><a href="http://www.kp.org">http://www.kp.org</a></td>
<td>8 a.m.–7 p.m. PT; Monday – Friday</td>
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<tr>
<td></td>
<td>Potential or new members</td>
<td>1-877-547-4909</td>
<td><a href="http://www.kp.org/newmember">http://www.kp.org/newmember</a></td>
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<tr>
<td></td>
<td>DeltaCare Dental HMO</td>
<td>1-800-422-4234</td>
<td><a href="http://www.deltadentalins.com/deltacareusa/">http://www.deltadentalins.com/deltacareusa/</a></td>
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<tr>
<td>WageWorks</td>
<td></td>
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<tr>
<td>HRA and billing for all plans</td>
<td>1-844-319-7858</td>
<td><a href="http://www.wageworks.com">http://www.wageworks.com</a></td>
<td>5 a.m.–5 p.m. PT; Monday – Friday</td>
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<tr>
<td>Retirement Savings Account</td>
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<tr>
<td>TIAA</td>
<td>1-800-842-2252</td>
<td><a href="http://www.tiaa.org">http://www.tiaa.org</a></td>
<td>5:00 a.m.–7 p.m. PT; Monday–Friday</td>
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<td></td>
<td></td>
<td></td>
<td>6 a.m.–3 p.m. PT; Saturday</td>
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<tr>
<td>Fidelity</td>
<td>1-800-343-0860</td>
<td><a href="http://www.fidelity.com">http://www.fidelity.com</a></td>
<td>9 a.m.–5 p.m. PT; Monday – Friday</td>
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<tr>
<td>Health Care and Dependent Day Care Spending Accounts and Health Savings Accounts</td>
<td></td>
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<td></td>
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<tr>
<td>HealthEquity (Active Employees Only)</td>
<td>1-866-346-5800</td>
<td><a href="http://www.HealthEquity.com">http://www.HealthEquity.com</a></td>
<td>24 hours a day, 7 days a week</td>
</tr>
</tbody>
</table>
Calculating Your Retiree 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.

<table>
<thead>
<tr>
<th>Example*</th>
<th>Insert the actual amount of your credits and the premium costs of the plans you selected below</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Credits</strong></td>
<td></td>
</tr>
<tr>
<td>Retiree Defined Dollar Credit</td>
<td>$277.00</td>
</tr>
<tr>
<td>Spouse Defined Dollar Credit</td>
<td>$194.00</td>
</tr>
<tr>
<td>Total Defined Dollar Credit</td>
<td>$471.00</td>
</tr>
<tr>
<td><strong>Costs</strong></td>
<td></td>
</tr>
<tr>
<td>Medical Monthly Premium (Retiree)</td>
<td>$306.41</td>
</tr>
<tr>
<td>Medical Monthly Premium (Spouse)</td>
<td>$306.41</td>
</tr>
<tr>
<td>Dental Monthly Premium</td>
<td>$84.28</td>
</tr>
<tr>
<td>Vision Monthly Premium</td>
<td>$14.46</td>
</tr>
<tr>
<td><strong>Total costs</strong></td>
<td>$711.56</td>
</tr>
<tr>
<td>Less the Total Defined Dollar Credit</td>
<td>($471.00)</td>
</tr>
<tr>
<td><strong>Your Monthly Bill or HRA Contribution</strong></td>
<td>$240.56</td>
</tr>
</tbody>
</table>

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

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

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