

APPENDIX I\*

Benefit Program – Affiliate Organizations

If you are employed by:	Available plans:
California Association for Research and Astronomy (CARA)	<ul style="list-style-type: none"> <li>• Travel Accident Insurance Plan</li> </ul>
Caltech Children’s Center (CCC)	<ul style="list-style-type: none"> <li>• Medical Plans</li> <li>• Dental Plans</li> <li>• Personal Accident Insurance Plan</li> </ul>
Child Educational Center - JPL (CEC)	<ul style="list-style-type: none"> <li>• Medical Plans</li> <li>• Dental Plans</li> <li>• Personal Accident Insurance Plan</li> </ul>
Caltech Federal Employees Credit Union	<ul style="list-style-type: none"> <li>• Medical Plans</li> <li>• Dental Plans</li> <li>• Group Life Insurance Plans</li> <li>• Group Long Term Disability Plan</li> <li>• Personal Accident Insurance Plan</li> </ul>
Caltech Y	<ul style="list-style-type: none"> <li>• Medical Plans</li> <li>• Dental Plans</li> <li>• Group Life Insurance Plans</li> <li>• Group Long Term Disability Plan</li> <li>• Personal Accident Insurance Plan</li> </ul>
CELT Development Corporation	<ul style="list-style-type: none"> <li>• Medical Plans</li> <li>• Dental Plans</li> <li>• Group Life Insurance Plans</li> <li>• Group Long Term Disability Plan</li> <li>• Personal Accident Insurance Plan</li> <li>• Business Travel Accident Insurance</li> </ul>

Appendices

Check with your employer regarding cost-sharing and plan enrollment.

*\*As referenced on page 2.3.*

## APPENDIX II\*

### Medical Plan:

#### Pre-April 1, 1991 Retiree Transition Eligibility Rules

When you retire, you will qualify for the pre-April 1, 1991 medical plan retiree cost-sharing rules providing you were “Actively At Work” and had a minimum of ten years of continuous service immediately prior to April 1, 1991, **and** you met at least one of the following criteria as of April 1, 1991:

- You had attained age 55.
- Your age plus your years of service was greater than or equal to 72.
- Your years of service plus three times your age was greater than or equal to 175.

If you have any questions about these transition rules, please contact the Campus or JPL Benefits Office.

*\*As referenced on page 2.15.*

## APPENDIX III\*

California Institute of Technology  
Important Notice of Your Right  
to Documentation of Health Coverage

Federal law may affect your health coverage if you are enrolled or become eligible to enroll in health coverage that excludes coverage for pre-existing medical conditions.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) limits the circumstances under which coverage may be excluded for medical conditions present before you enroll. Under the law, pre-existing condition exclusion generally may not be imposed for more than 12 months (18 months for a late enrollee). The 12-month (or 18-month) exclusion period is reduced by your prior health coverage. You are entitled to a "certificate of creditable coverage" that will show evidence of your prior health coverage.

You, your Spouse, your Registered Domestic Partner, your Same-Sex Domestic Partner and/or Dependent child(ren) who lose group health coverage must receive certification of your coverage under the program. You may need this certification in the event you later become covered by a new plan under a different employer, or under an individual policy.

You, your Spouse, your Registered Domestic Partner, your Same-Sex Domestic Partner and/or Dependent child(ren) will receive a coverage certificate when your coverage terminates, again when COBRA coverage terminates (if applicable and if you elected COBRA), and again upon your request (if the request is made within 24 months following either termination of coverage).

You should keep a copy of the coverage certificate(s) you receive, as you may need to prove you had prior coverage when you join a new health plan. For example, if you obtain new employment and your new employer's plan has a pre-existing condition limitation (which delays coverage for conditions treated before you were eligible for the new plan), the employer may be required to reduce the duration of the limitation by one day for each day you had prior coverage (subject to certain requirements).

If you are purchasing individual coverage, you may need to present the coverage certificate to your insurer at that time as well. A certificate of prior coverage may help you obtain coverage without a pre-existing condition exclusion. Contact your state insurance department for further information.

Check with your new plan administrator to see if your new plan excludes coverage for pre-existing conditions and if you need to provide a certificate or other documentation of your previous coverage.

To get a certificate, complete the attached form and return it to:

California Institute of Technology  
1200 E. California Boulevard, 161-84  
Pasadena, CA 91125  
626-395-6443

The certificate must be provided to you promptly. Keep a copy of this completed form. You may also request certificates for any of your Dependents (including your Spouse, Registered Domestic Partner and Same-Sex Domestic Partner) who are enrolled under your health coverage.

*\*As referenced on page 8.1.*

REQUEST FOR CERTIFICATE OF HEALTH COVERAGE

**REQUEST FOR CERTIFICATE OF HEALTH COVERAGE**

Name of Participant: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date: \_\_\_\_\_

Name and relationship of any Dependents for whom certificates are requested (and their address if different from above): \_\_\_\_\_

*Appendices*

## APPENDIX IV\*

### **Notice of Creditable Prescription Drug Coverage**

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

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

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

Individuals can enroll in a Medicare prescription drug plan when they first become eligible, and each year from November 15 through December 31. Individuals leaving Caltech coverage may be eligible for a Medicare Special Enrollment Period.

If you are covered by a Caltech prescription drug plan, you'll be interested to know that coverage is, on average, at least as good as standard Medicare prescription drug coverage for 2009. This is called creditable coverage. Coverage under a Caltech plan will help you avoid a late Part D enrollment penalty if you are or become eligible for Medicare and later decide to enroll in a Medicare prescription drug plan.

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

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

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

For more information about your options under Medicare prescription drug coverage

More detailed information about Medicare plans that offer prescription drug coverage is in the Medicare & You handbook. Medicare participants will get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare prescription drug plans. Here's how to get more information about Medicare prescription drug plans:

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

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

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

For more information about this notice or your prescription drug coverage, please contact:

Campus	JPL
Human Resources Monday – Friday 7:30 a.m. – 5:00 p.m. 399 South Holliston  (626) 395-6443	JPL Benefits Office Monday – Friday 7:30 a.m. – 4:30 p.m. T1720-B  (818) 354-3760  <a href="mailto:benefits@jpl.nasa.gov">benefits@jpl.nasa.gov</a>

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