ANTHEM HIGH-DEDUCTIBLE PPO 3000 MEDICAL PLAN

PLAN YEAR 2023 - HIGHLIGHTED ITEMS ARE CHANGES FOR 2023

Choice of Providers	Any licensed provider. No referrals needed. If you choose a non-participating provider, you are responsible for paying billed amounts that exceed Anthem's eligible charges. (Eligible charges are determined by Anthem allowances, which are based on reasonable and customary rates for the geographic area where services are provided.) Participating providers agree to charge no more than Anthem's negotiated rates	
Website (medical and prescription drugs)	www.anthem.com/ca/caltech	
Phone (medical)	(866) 820-0765 For claims questions, call the customer service number on your ID card	
Phone (prescription drugs)	Anthem Pharmacy Services: (833) 261-2460 CarelonRx Home Delivery Pharmacy: (833) 236-6196	
ID Card	When you first enroll, you'll receive an ID card — one card for both medical and prescription drugs — for each member of your family Contact Anthem for replacement cards	
	Participating Providers[1]	**Non-Participating Providers[1]**
Health Savings Account (HSA)	You can contribute up to $3,850 for employee only coverage, $7,750 for employee + family coverage (If you are age 55 or over, you may contribute up to $1,000 more)	
Annual Deductible (per calendar year)	Includes medical and prescription drug coinsurance Per Person: $3,000 Family Maximum (Employee + 1 or more dependents): $6,000	
How the Annual Deductible Works *For non-preventive care, coinsurance cost sharing begins when you reach the annual deductible*	You're responsible for the cost of all non-preventive care, including prescription drugs, up to the annual deductible If you enroll only yourself, the Individual Deductible applies. If you enroll yourself and one or more family members: No one member will pay more than the individual deductible and individual out-of-pocket maximum. Once 2 family members separately meet the individual deductible then the annual Family Maximum deductible is satisfied and coinsurance or cost sharing begins.	
Coinsurance (Plan Pays)	80% of negotiated rate after deductible	60% of eligible charges after deductible
Out-of-Pocket/Copay Maximum (per calendar year)	Includes annual deductible, medical and prescription drug coinsurance, and PreventiveRx prescription drug copayments Per Person: $4,000 Family Maximum: $8,000	Per Person: $8,000 Family Maximum: $16,000
How the Out-of-Pocket Maximum Works	Plan pays 100% of eligible expenses for covered services for the rest of the year after you reach the out-of-pocket maximum.	
Prior Authorization, Preservice/Concurrent Reviews	Required for certain procedures (e.g., bariatric weight-loss surgery, CT scans, MRIs, hospitalization). Make sure your doctor contacts Anthem before scheduling procedures; otherwise, your care may not be covered.	
Coverage for Specific Services		
Acupuncture	80% covered after deductible	60% covered after deductible
Allergy Test/Treatment	80% covered after deductible	60% covered after deductible

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	Participating Providers[1]		Non-Participating Providers[1]
Ambulance	80% of eligible charges covered after deductible		80% of eligible charges covered after deductible
Chiropractic Care	80% covered after deductible		60% covered after deductible
	Up to 24 visits per calendar year for chiropractic care, physical therapy and occupational therapy combined (participating and non-participating combined). Additional visits may be provided if authorized in advance by Anthem.		
Durable Medical Equipment/ Hearing Aids	80% covered after deductible		60% covered after deductible
Emergency Room Care	80% of eligible charges after deductible		
Home Health Care	80% covered after deductible		60% covered after deductible
	Up to 120 visits per calendar year for participating and non-participating combined		
Hospice Care	80% covered after deductible		60% covered after deductible
Hospitalization	80% covered after deductible		60% covered after deductible
	Preservice and concurrent reviews are required for hospital admissions, including residential treatment centers. If not obtained for a non-participating hospital admission, an additional $500 deductible applies.		
Blue Distinction Centers (BDC) [6] **For: transplants, cardiac care, spine surgery, knee & hip replacements)**	**Tier 1 In-Network Blue Distinction Centers** 85% covered after deductible	**Tier 2 In-Network (Non-BDC)** 75% covered after deductible	**Tier 3 Out-of-Network Providers** 60% covered after deductible
Infertility Diagnosis and Treatment	$10,000 calendar year maximum Outpatient and Inpatient Procedures: 80% covered after deductible Imaging: Plan pays 100% after deductible		
Infertility Prescription	$15,000 lifetime maximum		
Drug Coverage	47% coinsurance for generic ($50 max copay) 47% coinsurance for brand ($100 max copay) 47% coinsurance for specialty/non-preferred ($100 max copay)		50% coinsurance for generic ($50 max copay) 50% coinsurance for brand ($100 max copay) 50% coinsurance for specialty/non-preferred ($100 max copay) (Plus, costs in excess of the Rx drug maximum allowed amount)

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	Participating Providers[1]	Non-Participating Providers[1]
Live Health Online	"Telehealth" Internet chat with US board-certified doctors. Before deductible is met, you pay $59 for family medicine office visits and mental health visits range in cost depending on specialty. After deductible is met, visit is $0. Visit www.livehealthonline.com to learn more	Not covered
Occupational Therapy	80% covered after deductible	60% covered after deductible
	Up to 24 visits per calendar year for chiropractic care, physical therapy and occupational therapy combined (participating and non-participating combined). Additional visits may be provided if authorized in advance by Anthem.	
Physical Therapy	80% covered after deductible	60% covered after deductible
	Up to 24 visits per calendar year for chiropractic care, physical therapy and occupational therapy combined (participating and non-participating combined). Additional visits may be provided if authorized in advance by Anthem.	
Physician Office Visits	80% covered after deductible	60% covered after deductible
Pregnancy/Maternity Care (including Routine Nursery Care)	Office visits: 80% covered after deductible Inpatient hospital: 80% covered after deductible	60% covered after deductible
Prescription Drug Coverage: Retail5	Up to a 30-day supply: For PreventiveRx[4] drugs (deductible waived): $15 copay for generic $45 copay for brand-name formulary[3,4] $75 copay for brand-name non-formulary[3,4] For Non- PreventiveRx drugs (deductible[2] applies): - Once the deductible is satisfied, Rx has a 20% coinsurance up to $100 per prescription for *Generic*. -Once the deductible is satisfied, Rx has a 20% coinsurance up to $250 per prescription for *brand-name formulary*[3,] and *brand-name non-formulary*[3,]	Up to a 30-day supply: 60% covered after deductible[2]
Specialty Pharmacy	For up to a 30-day supply: $75 copay for specialty drugs	Not Covered

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	Participating Providers[1]	**Non-Participating Providers[1]**
Prescription Drug Coverage: Mail[5]	Up to a 90-day supply: For PreventiveRx[4] drugs (deductible waived): $30 copay for generic $90 copay for brand-name formulary[3,4] $150 copay for brand-name non-formulary[3,4] For Non- PreventiveRx drugs (deductible[2] applies): - Once the deductible is satisfied, Rx has a 20% coinsurance up to $200 per prescription for *Generic*. -Once the deductible is satisfied, Rx has a 20% coinsurance up to $500 per prescription for *brand-name formulary*[3,] and *brand-name non-formulary*[3,]	Not covered
Preventive Care[5] • Well Baby Exams and Immunizations • Annual Exams/Physicals (one per calendar year for adults and children age 3 and over) • Preventive Care Tests and Screenings[5]	100% covered (no deductible)	60% covered after deductible
Psychiatric Care: Inpatient	80% covered after deductible	60% covered after deductible
	Preservice and concurrent reviews are required for hospital admissions, including residential treatment centers. If not obtained for a non-participating hospital admission, an additional $500 deductible applies.	
Psychiatric Care: Outpatient Day Treatment (or Outpatient Facility/Day Treatment)	80% covered after deductible	60% covered after deductible
Psychiatric Care: Physician Office Visits	80% covered after deductible	60% covered after deductible
Skilled Nursing Facility Care	80% covered after deductible	60% covered after deductible
	Up to 120 days per calendar year for participating and non-participating combined.	
Speech Therapy	80% covered after deductible	60% covered after deductible
Substance Abuse: Inpatient	80% covered after deductible	60% covered after deductible
	Preservice and concurrent reviews are required for hospital admissions, including residential treatment centers. If not obtained for a non-participating hospital admission, an additional $500 deductible applies.	

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	Participating Providers[1]	Non-Participating Providers[1]
Substance Abuse: Outpatient Day Treatment (or Outpatient Facility/Day Treatment)	80% covered after deductible	60% covered after deductible
Substance Abuse: Physician Office Visits	80% covered after deductible	60% covered after deductible
Surgery, Outpatient (see *Hospitalization* for inpatient surgery)	80% covered after deductible	60% covered after deductible
Urgent Care Office Visit	80% covered after deductible	60% covered after deductible
Vision Exams and Materials	Not covered in these plans. Vision benefits are available through the Vision Service Plan (VSP) option.	
X-ray and Lab	80% covered after deductible	60% covered after deductible

[1]If you choose a non-participating provider, you are responsible for paying billed amounts that exceed Anthem's eligible charges. (Eligible charges are determined by Anthem allowances, which are based on reasonable and customary rates for the geographic area where services are provided.) Participating providers agree to charge no more than Anthem's negotiated rates, which are less than Anthem's eligible charges.

[2]Preauthorization is required for some drugs. For details, check with your pharmacy, call Anthem Pharmacy Services at (833) 261-2460, or visit www.anthem.com/ca/caltech (select Pharmacy, then Prior Authorization Listing). Certain non-preferred drugs are not covered unless your physician indicates Dispense as Written (DAW) or Do Not Substitute (DNS) on the prescription. For details, visit www.anthem.com/ca/caltech (select Pharmacy, then Preferred Drug Program).

[3]If you request a brand-name drug when a generic equivalent is available, you'll pay the generic drug copay plus the difference between the price of the generic drug and the price of the brand-name drug. The price is defined as Anthem's allowed amount. If your doctor indicates Dispense as Written (DAW) on your prescription, you pay only the brand copay.

[4]PreventiveRx drugs are prescription drugs commonly used to prevent illness and other health conditions. Some are maintenance drugs used to treat conditions that are considered chronic and long-term and which require regular, daily use of medicines. Examples include drugs used to treat high blood pressure, heart disease, and asthma. Some antibiotics are also on the PreventiveRx list. You can find the PreventiveRx list on the MyBenefits website and at www.anthem.com/ca/caltech.

[5]Preventive care coverage includes preventive services rated A or B by the U.S. Preventive Services Task Force, based on federal regulations and age and frequency guidelines. Coverage also includes certain over-the-counter prescription drugs when prescribed by your doctor and obtained at a pharmacy counter.

[6]Certain services for inpatient and surgical care have different coinsurance responsibilities available to you when those services are performed at Blue Distinction Centers. Please refer to your Anthem Evidence of Coverage booklet for the details around those services.

For Additional Information

For additional information, including plan limits and exclusions, see the plan's benefits booklet — also called an evidence of coverage (EOC) — on www.anthem.com/ca/caltech.

This 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. To permit a brief summary of benefits and services, use of actual contract language has been minimized. This summary does not replace the legal documents that establish the plans. Final interpretation of any provision of the plans will be governed by the master policies and service agreements, which are on file in the office of the plan administrator. The Institute expects and intends to continue the Caltech benefits program but reserves the right to amend, modify, suspend, or terminate it, in whole or in part, at any time and for any reason. If you are enrolled in Medicare, your Caltech medical plan coordinates with your Medicare Part A and B coverage.