

2022-2023

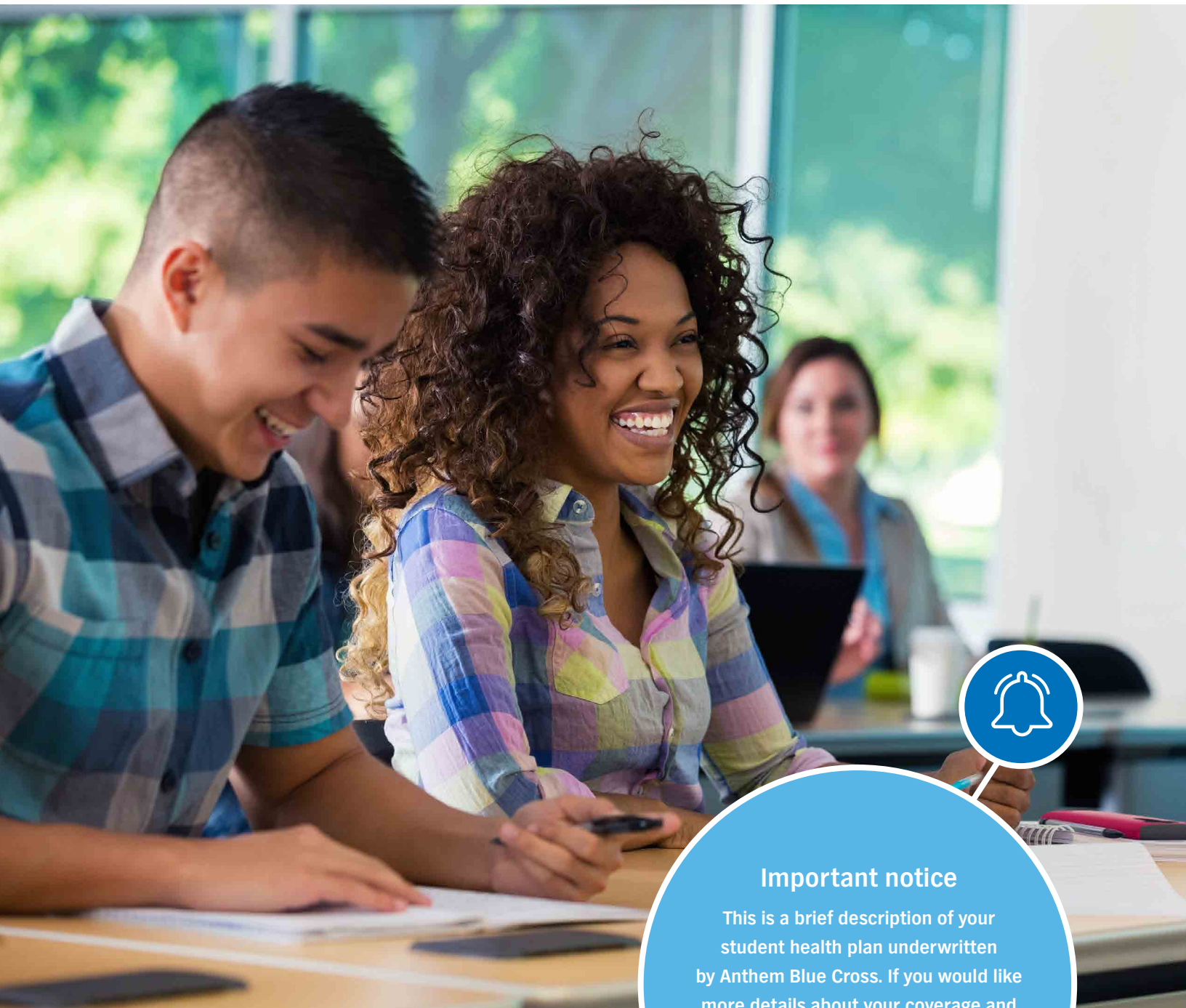


Caltech Student Health Insurance Plan

www.anthem.com/studentadvantageca

Anthem Student Advantage

Keeping you at your personal best



Important notice

This is a brief description of your student health plan underwritten by Anthem Blue Cross. If you would like more details about your coverage and costs, you can find the complete terms in the policy or plan document online at www.anthem.com/ca.

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A close-up photograph of a young Black woman with voluminous, curly dark hair. She is smiling warmly at the camera, showing her teeth. She is wearing a teal-colored short-sleeved shirt. The background is blurred, showing other people in a similar setting, suggesting a classroom or a group activity. A large teal circle is overlaid on the bottom left of the image, containing white text.

**Welcome
to Anthem
Student
Advantage**



As your new school year begins, it's important to understand your health care benefits and how they work. Your Anthem Student Advantage plan will help guide you through that process with information about who is eligible, what is covered, how much it costs, and the best ways to access care.

What you need to know about Anthem Student Advantage



Who is eligible?

- › If you're a registered Caltech undergraduate or graduate student, you're eligible for Caltech student medical insurance.
- › For an additional charge, you may also enroll your spouse or domestic partner and eligible dependent children.
- › Coverage is required! All registered students must have medical insurance — either Caltech insurance or other insurance that meets Caltech's waiver requirements.

Coverage periods and rates



Coverage will become effective at 12:01 a.m., and will end at 11:59 p.m. on the dates shown below.

Costs and dates of coverage

Session	Student only*	Student and 1 dependent	Student and 2 or more dependents
Annual (9/1/2022 – 8/31/2023)	\$4,251	\$8,502	\$12,753

*Student only rates are for undergraduate students only. For graduate student rates please visit the Caltech Student Benefits site.

† The above rates include premiums for the plan and commissions and administrative fees.
‡ Rates are pending approval with the state and subject to change.





Important dates for the coverage period



Waiver deadlines

You can waive your Anthem Student Advantage if you have comparable coverage.

8/19/2022



If you have **questions about enrollment and waiver options**, visit studentca.anthem.com/student or call 1-833-332-0797.

Keep in touch with your benefits information



Student Wellness Services

1239 Arden Road
Pasadena, CA 91125
Health 1-626-395-6393
Counseling 1-626-395-8331
<https://wellness.caltech.edu>
Monday – Friday
8:00am – 5:00pm
Closed on Institute Holidays



Benefits, eligibility, enrollment and claims

1-833-332-0797
<https://studentca.anthem.com/student>
Anthem Blue Cross Life and Health Insurance Company
P.O. Box 60007
Los Angeles, CA 90060-0007

Easy access to care

Access the care you need, when you need it, and in the way that works best for you.



Sydney Health app

With the Sydney Health¹ app through Anthem Student Advantage, you have instant access to:

- › Your member ID card.
- › The Find a Doctor tool.
- › More information about your plan benefits.
- › Health tips that are tailored to you.
- › LiveHealth Online and 24/7 NurseLine.
- › Student support specialists (through click-to-chat or by phone).

Access the Sydney Health app

Go to the App StoreSM or Google PlayTM and search for the Sydney Health app to download it today.



24/7 NurseLine

Call **1-844-545-1429** to speak to a registered nurse who can help you with health issues like fever, allergy relief, cold and flu symptoms and where to go for care. Nurses can also help you enroll in health management programs if you have specific health conditions, remind you about scheduling important screenings and exams, and more.



Provider finder

Use www.anthem.com/ca/find-doctor/ to find the right doctor or facility close to where you are.



LiveHealth Online

From your mobile device or computer with a webcam, you can use LiveHealth Online to visit with a board-certified doctor, psychiatrist or licensed therapist through live video.²

To use, go to your Sydney Health app or www.livehealthonline.com. You can also download the free LiveHealth Online app to sign up.



Anthem Student Advantage Caltech website

Use www.anthem.com/studentadvantageca to see your health plan information, including providers, benefits, claims, covered drugs and more.

¹ Sydney Health is a service mark of CareMarket, Inc.

² Appointments subject to availability of a therapist. Psychologists or therapists using LiveHealth Online cannot prescribe medications. Online counseling is not appropriate for all kinds of problems. If you are in crisis or have suicidal thoughts, it's important that you seek help immediately. Please call 1-800-784-2433 (National Suicide Prevention Lifeline) or 911 and ask for help. If your issue is an emergency, call 911 or go to your nearest emergency room. LiveHealth Online does not offer emergency services.

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.



Your summary of benefits

Anthem Blue Cross

Student health insurance plan:
Caltech

Your network:
Prudent Buyer PPO



This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC) will prevail. Plan benefits are pending approval with the state and subject to change.

Medical

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Overall Deductible		
See notes section to understand how your deductible works. Your plan may also have a separate Prescription Drug Deductible. See Prescription Drug Coverage section.	\$250 per person	\$1,000 per person
Out-of-Pocket Limit		
When you meet your out-of-pocket limit, you will no longer have to pay cost- shares during the remainder of your benefit period. See notes section for additional information regarding your out of pocket maximum.	\$1,000 person / \$2,000 family	\$5,500 person / \$11,000 family
Preventive care/screening/immunization		
In-network preventive care is not subject to deductible, if your plan has a deductible.	No charge	40% coinsurance after deductible is met
Doctor Home and Office Services		
Primary Care Visit to treat an injury or illness	\$15 copay per visit, deductible does not apply	40% coinsurance after deductible is met
Specialist Care Visit	\$15 copay per visit, deductible does not apply	40% coinsurance after deductible is met
Prenatal and Post-natal Care	\$15 copay per visit, deductible does not apply	40% coinsurance after deductible is met
Other Practitioner Visits:		
Retail Health Clinic Visit	\$15 copay per visit, 20% coinsurance, deductible does not apply	40% coinsurance after deductible is met
Preferred On-line Visit Includes Primary Care, Mental/Behavioral Health and Substance Abuse. Live Health Online is the preferred telehealth solution. (www.livehealthonline.com).	No charge	40% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
On-line Visit <i>Includes Primary Care, Mental/Behavioral Health and Substance Abuse.</i>	\$15 copay per visit, deductible does not apply	40% coinsurance after deductible is met
Chiropractic / Manipulation Therapy <i>Coverage is unlimited visits per benefit period.</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Acupuncture	\$15 copay per visit, 20% coinsurance, deductible does not apply	40% coinsurance after deductible is met
Other Services in an Office:		
Allergy Testing	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Chemo/Radiation Testing	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Dialysis/Hemodialysis	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Prescription Drugs – <i>Dispensed in the office</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Diagnostic Services		
Lab:		
Office	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Outpatient Hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met
X-Ray:		
Office	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Outpatient Hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Advanced Diagnostic Imaging (for example, MRI/PET/CAT scans):		
Office	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Outpatient Hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Emergency and Urgent Care		
Urgent Care	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Emergency Room Facility Services <i>Copay waived if admitted.</i>	\$150 copay per admission plus 20% coinsurance, deductible does not apply	Covered as In-Network
Emergency Room Doctor and Other Services	20% coinsurance, deductible does not apply	Covered as In-Network
Emergency Ambulance Transportation	20% coinsurance after deductible is met	Covered as In-Network

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Outpatient Mental Health and Substance Use Disorder		
Doctor Office Visit and Online Visit <i>Copay waived for first 25 visits.</i>	\$15 copay per visit, deductible does not apply	40% coinsurance after deductible is met
Facility visit:		
Facility Fees	0% coinsurance after deductible is met	40% coinsurance after deductible is met
Doctor Services	0% coinsurance after deductible is met	40% coinsurance after deductible is met
Outpatient Surgery		
Facility fees:		
Hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Freestanding Surgical Center	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Doctor and Other Services:		
Hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Freestanding Surgical Center	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Hospital Stay (all inpatient stays including Maternity, Mental / Behavioral Health, and Substance Abuse)		
Facility fees	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Doctor and other services	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Recovery & Rehabilitation		
Home Health Care <i>Coverage is limited to 100 visits per year.</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Rehabilitation services <i>Physical therapy and occupational therapy combined is unlimited visits per benefit period. Coverage for speech therapy is unlimited visits per benefit period.</i>		
Office	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Outpatient Hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Habilitation services (for example, physical / speech / occupational therapy): <i>Unlimited visits per benefit period.</i>		
Office	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Outpatient Hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Cardiac rehabilitation <i>Cardiac rehabilitation: Unlimited visits per benefit period.</i>		
Office	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Outpatient Hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Skilled Nursing Care (in a facility) <i>Coverage is unlimited per benefit period.</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Hospice	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Durable Medical Equipment	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Prosthetic Devices	20% coinsurance after deductible is met	40% coinsurance after deductible is met





Pharmacy

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Pharmacy Deductible	None	None
Pharmacy Out of Pocket	Combined with medical	Combined with medical
Prescription Drug Coverage <i>Traditional Drug List</i> <i>No coverage for non-formulary drugs. Home delivery is not covered out-of-network.</i>		
Tier 1 - Typically Generic <i>30 day supply (retail pharmacy). 90 day supply (home delivery).</i>	Tier 1 - \$10 copay per prescription (retail) \$20 copay per prescription (home delivery)	Tier 1 - \$10 copay per prescription (retail) Home delivery not covered
Tier 2 - Typically Preferred Brand <i>30 day supply (retail pharmacy). 90 day supply (home delivery).</i>	Tier 2- \$30 copay per prescription (retail) \$60 copay per prescription (home delivery)	Tier 2- \$30 copay per prescription (retail) Home delivery not covered
Tier 3 - Typically Non-Preferred Brand/Specialty Drugs <i>30 day supply (retail pharmacy). 90 day supply (home delivery).</i>	Tier 3 - \$50 copay per prescription (retail) \$100 copay per prescription (home delivery)	Not covered

Pediatric Vision *Limited to covered persons under the age of 19.*

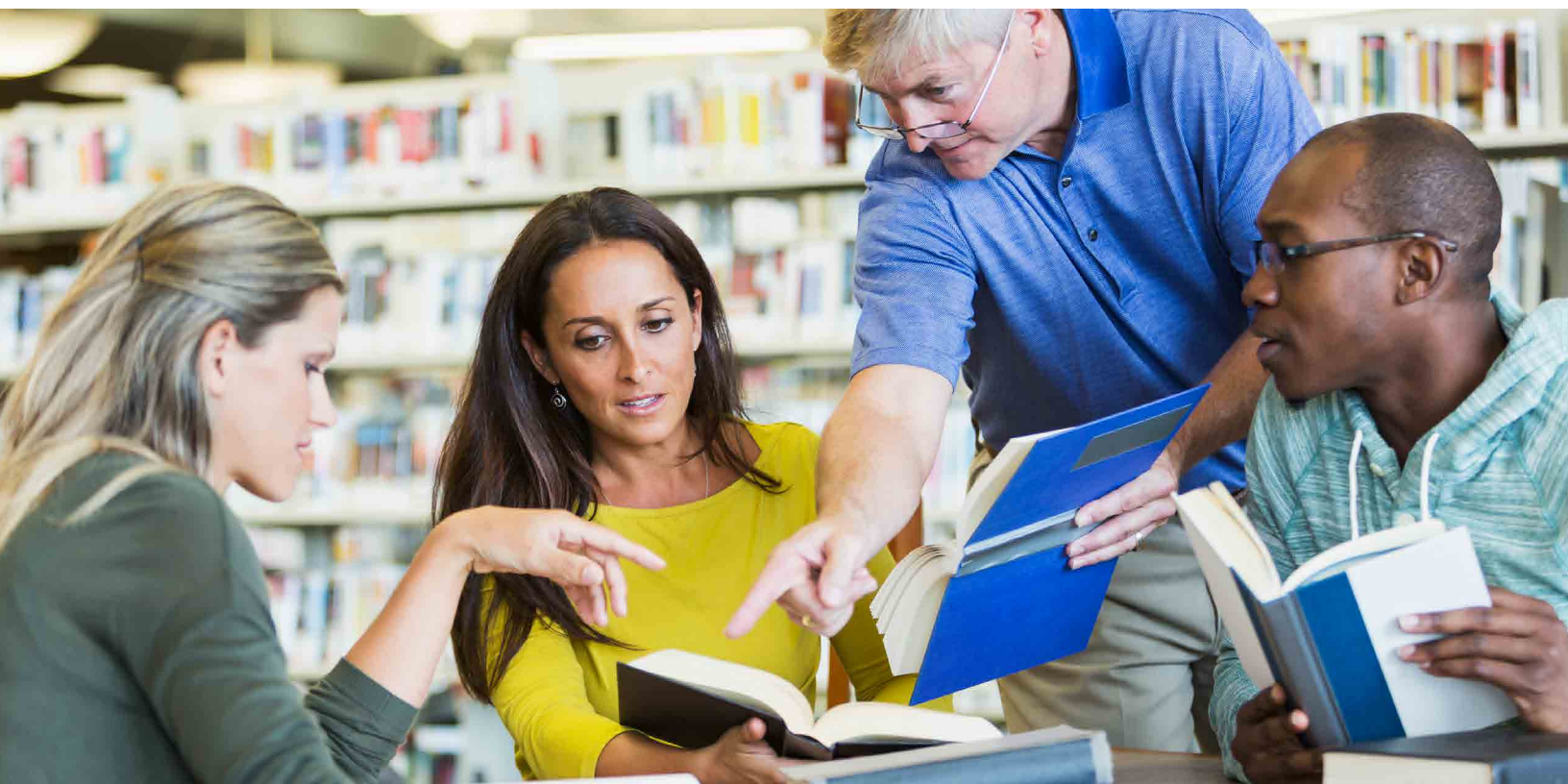
Covered Vision Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
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This is a brief outline of your vision coverage. Not all cost shares for covered services are shown below. Benefits include coverage for student's choice of eyeglass lenses or contact lenses, but not both. For a full list, including benefits, exclusions and limitations, see the combined Evidence of Coverage/Disclosure form/Certificate. If there is a difference between this summary and either Evidence of Coverage/Disclosure form/Certificate, the Evidence of Coverage/Disclosure form/Certificate will prevail. Only children's vision services count towards your out of pocket limit.

Children's Vision Essential Health Benefits (up to age 19)

Limited to covered persons under the age of 19.

Child Vision Deductible	\$0	\$0
Vision exam <i>Coverage for In-Network Providers and Out-of-Network Providers is limited to 1 exam per benefit period.</i>	\$0 Copay	\$0 Copay up to Maximum Allowed Amount
Frames <i>Coverage for In-Network Providers and Out-of-Network Providers is limited to 1 unit per benefit period.</i>	\$0 Copay	\$0 Copay up to Maximum Allowed Amount
Lenses <i>Coverage for In-Network Providers and Out-of-Network Providers is limited to 1 unit per benefit period.</i>	\$0 Copay	\$0 Copay up to Maximum Allowed Amount
Elective contact lenses <i>Coverage for In-Network Providers and Out-of-Network Providers is limited to 1 unit per benefit period.</i>	\$0 Copay	\$0 Copay up to Maximum Allowed Amount
Non-Elective contact lenses <i>Coverage for In-Network Providers and Out-of-Network Providers is limited to 1 unit per benefit period.</i>	\$0 Copay	\$0 Copay up to Maximum Allowed Amount





Pediatric Dental *Limited to covered persons under the age of 19.*

Covered Dental Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
<p>This is a brief outline of your dental coverage. Not all cost shares for covered services are shown below. For a full list, including benefits, exclusions and limitations, see the combined Evidence of Coverage/Disclosure form/Certificate. If there is a difference between this summary and either Evidence of Coverage/Disclosure form/Certificate, the Evidence of Coverage/Disclosure form/Certificate will prevail. Only children's dental services count towards your out of pocket limit.</p>		
Children's Dental Essential Health Benefits (up to age 19) <i>Limited to covered persons under the age of 19.</i>		
Diagnostic and preventive <i>Includes cleanings, exams, x-rays, sealants, fluoride.</i>	No charge	No charge
Basic services <i>Includes filling and simple extractions</i>	20% coinsurance	20% coinsurance
Major services/Prosthodontic	50% coinsurance	50% coinsurance
Endodontic, Periodontics, Oral Surgery	50% coinsurance	50% coinsurance
Medically Necessary Orthodontia services	50% coinsurance	50% coinsurance
Deductible	Not applicable	Not applicable
Adult Dental	Not covered	Not covered

Benefits that go with you



You can count on medical coverage anywhere worldwide with GeoBlue.¹ Easily access international doctors by phone or video and use our 24/7 help center for emergency health questions. Anthem Student Advantage and GeoBlue provides the right support and services when you need them the most.



Visit <https://www.geobluestudents.com> to learn more.

GeoBlue benefits for the 2022-2023 school year

Use of benefits must be coordinated and approved by GeoBlue.

International telemedicine services²

Global TeleMD™

Confidential access to international doctors by telephone or video call.

Coverage outside the U.S., excluding student's home country.

Medical Expenses

Maximum benefit up to \$250,000 per coverage year, no deductibles or copays. Consult coverage certificate for benefit limitations and exclusions.³

Coverage worldwide except within 100 miles of primary residence for U.S. students.

Coverage worldwide, excluding home country for international students.

Emergency medical evacuation

Unlimited

Repatriation of remains

Unlimited

Emergency family travel arrangements

Maximum benefit up to \$5,000 per coverage year

Political emergency and natural disaster evacuation
(Available only when traveling outside the United States)⁴

Covered 100% up to \$100,000 per person. Subject to a combined \$5,000,000 limit per any one covered event for all people covered under the plan.

Accidental death and dismemberment

Maximum benefit up to \$10,000 per coverage year

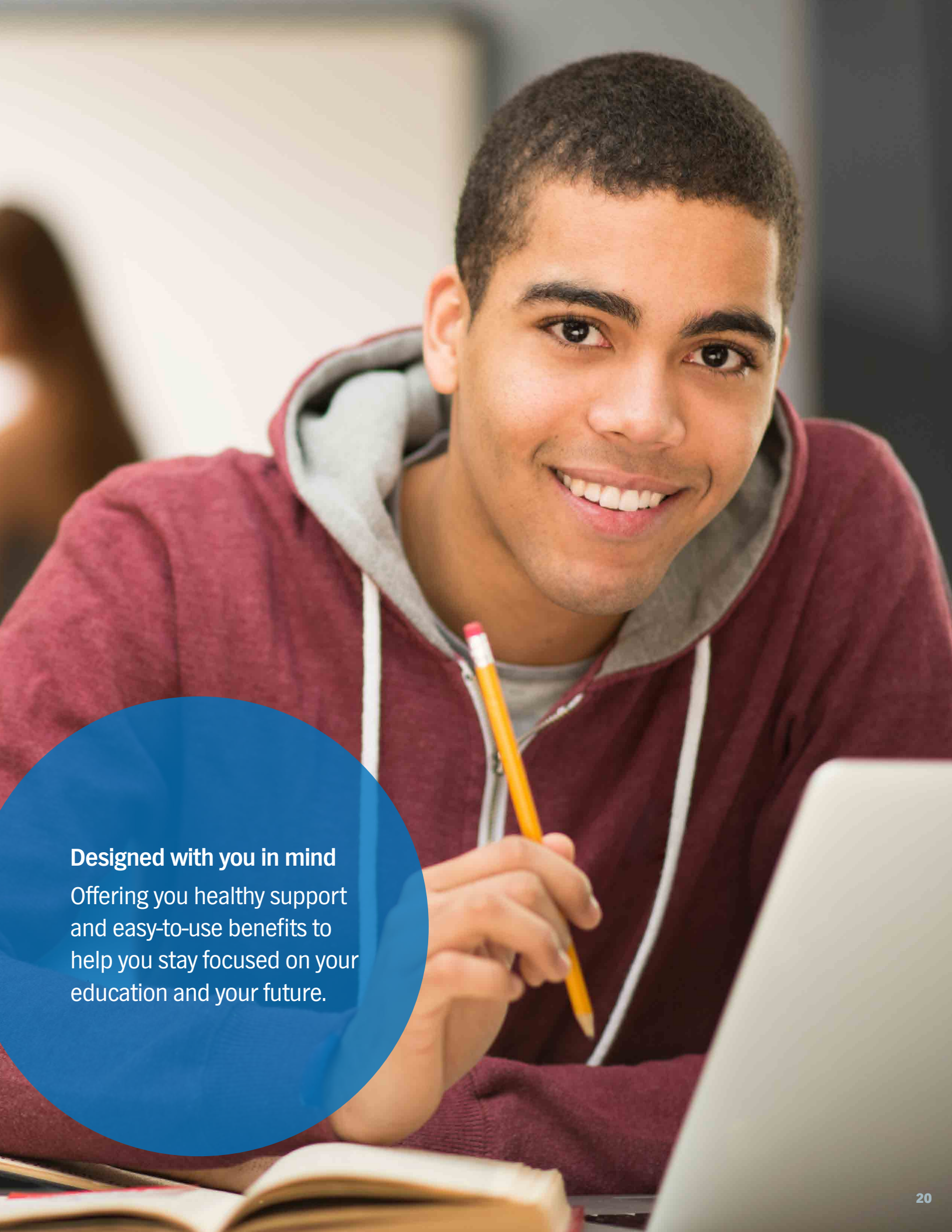


¹ GeoBlue is the trade name of Worldwide Insurance Services, LLC (Worldwide Services Insurance Agency, LLC in California and New York), an independent licensee of the Blue Cross and Blue Shield Association. GeoBlue is the administrator of coverage provided under insurance policies issued by 4 Ever Life International Limited, Bermuda, an independent licensee of the Blue Cross Blue Shield Association. Coverage is not available in all states. Some restrictions apply.

² Telemedicine services are provided by Teladoc Health, directly to members. GeoBlue assumes no liability and accepts no responsibility for information provided by Teladoc Health and the performance of the services by Teladoc Health. Support and information provided through this service does not confirm that any related treatment or additional support is covered under a member's health plan.

³ These medical expenses are limited and are subject to limitations and exclusions. See full certificate of insurance for a full description of services and coverage of what is and isn't covered.

⁴ The Political, Military and Natural Disaster Evacuation Services (PEND) are provided through Crisis24, an independent third party, non-affiliated service provider. Crisis24 does not supply Blue Cross or Blue Shield products or other benefits, and is therefore solely responsible for PEND and other collateral services it provides. GeoBlue makes no warranty, express or implied, and accepts no responsibility resulting from the provision or use of Crisis24 PEND or other Crisis24 services.



Designed with you in mind

Offering you healthy support
and easy-to-use benefits to
help you stay focused on your
education and your future.

Notes

- › All medical and prescription drug deductibles, copayments and coinsurance apply toward the out-of-pocket maximum.
- › No charge means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
- › If your plan includes out-of-network benefits, In-network and out-of-network deductibles, copayments, coinsurance and out-of-pocket maximum amounts are separate and do not accumulate toward each other
- › For additional information on limitations and exclusions and other disclosure items that apply to this plan, go to https://le.anthem.com/pdf?x=CA_SH_PPO



If you have
questions, call
1-833-332-0797
or visit us at
[www.anthem.com/
studentadvantageca](http://www.anthem.com/studentadvantageca).

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