

2025 ANTHEM OWENS VALLEY MEDICAL PLAN

THERE ARE NO CHANGES FOR 2025

Plan Name	Anthem Preferred Provider Organization (PPO) Plan (Owens Valley)
Choice of Providers	Any licensed provider. Referrals are needed for out-of-network providers (except for emergency and urgent care). If you choose a non-participating provider, you are responsible for paying billed amounts that exceed Anthem's eligible charges. ¹
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) 261-2467 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
Plan Features	Participating and Non-Participating Providers¹
Health Savings Account (HSA)	Not available
Annual Deductible (per calendar year)	No deductible
Coinsurance/Copayment (Copay)	100% of the negotiated rate; \$15 copay per office visit
Out-of-Pocket/Copay Maximum (per calendar year)	Not applicable
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	100% covered Up to 12 visits per calendar year for participating and non-participating combined
Allergy Test/Treatment	100% covered
Ambulance	100% covered
Chiropractic Care	100% covered Up to 24 visits per calendar year for chiropractic care, physical 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	100% covered
Emergency Room Care	\$250 copay (waived if admitted), then 100% covered
Home Health Care	100% covered, up to 120 visits per calendar year
Hospice Care	100% covered
Hospitalization	\$250 copay per admission, then 100% covered Preservice and concurrent reviews are required for hospital admissions, including residential treatment centers If not obtained for a non-emergency hospital admission, an additional \$500 deductible applies

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Infertility Diagnosis and Treatment	\$10,000 calendar year maximum Outpatient and Inpatient Procedures: Plan pays 80% Imaging: Plan pays 100%	
Infertility Prescription Drug Coverage	\$15,000 lifetime maximum	
	Participating Providers 47% coinsurance for generic (\$50 max copay) 47% coinsurance for brand (\$100 max copay) 47% coinsurance for specialty/non-preferred (\$100 max copay)	Non-Participating Providers¹ 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)
LiveHealth Online	\$0 copay per “telehealth” Internet chat with US board-certified doctors www.livehealthonline.com	
Occupational Therapy	100% covered Up to 24 visits per calendar year for chiropractic care, physical therapy and occupational therapy (participating and non-participating combined) Additional visits may be provided if authorized in advance by Anthem	
Physical Therapy	100% covered Up to 24 visits per calendar year for chiropractic care, physical therapy and occupational therapy (participating and non-participating combined) Additional visits may be provided if authorized in advance by Anthem	
Physician Office Visits	\$15 copay per visit	
Pregnancy/Maternity Care (including Routine Nursery Care)	Office visits: \$15 copay per office visit Inpatient hospital: \$250 copay per admission, then 100% covered	
Prescription Drug Coverage: Retail	For up to a 30-day supply: \$15 copay for generic ² \$45 copay for brand-name formulary ^{2,3} \$75 copay for brand-name non-formulary ^{2,3}	
Prescription Drug Coverage: Mail	For up to a 90-day supply: \$30 copay for generic ² \$90 copay for brand-name formulary ^{2,3} \$150 copay for brand-name non-formulary ^{2,3}	
Preventive Care⁴ <ul style="list-style-type: none"> • Well Baby Exams and Immunizations • Annual Exams/Physicals (one per calendar year for adults and children age 3 and over) • Women’s Preventive Care 	100% covered	

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Psychiatric Care: Inpatient	\$250 copay per admission, then 100% covered Preservice and concurrent reviews are required for hospital admissions, including residential treatment centers If not obtained for a non-emergency hospital admission, an additional \$500 deductible applies
Psychiatric Care: Outpatient Day Treatment (or Outpatient Facility/Day Treatment)	100% covered
Psychiatric Care: Physician Office Visits	\$15 copay per visit
Skilled Nursing Care	100% covered, up to 120 visits per calendar year
Speech Therapy	100% covered
Substance Abuse: Inpatient	\$250 copay per admission, then 100% covered Preservice and concurrent reviews are required for hospital admissions, including residential treatment centers If not obtained for a non-emergency hospital admission, an additional \$500 deductible applies
Substance Abuse: Outpatient Day Treatment (or Outpatient Facility/Day Treatment)	100% covered
Substance Abuse: Physician Office Visits	\$15 copay per visit
Surgery, Outpatient (see <i>Hospitalization</i> for inpatient surgery)	100% covered
Urgent Care Office Visit	\$15 copay per visit
Vision Exams and Materials	Not covered in this plan. Vision benefits are available through the Vision Service Plan (VSP) option
X-ray and Lab	100% covered

1If 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.

²Preauthorization is required for some drugs. For details, check with your pharmacy, call Anthem Pharmacy Services at (833) 261-2467, 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).

³If 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.

⁴Preventive 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 drug when prescribed by your doctor and obtained at a pharmacy counter. See the plan’s EOC for details.

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SB 245 – Health Care Coverage: Abortion Services: Cost Sharing

This law requires a health plan contract issued, amended, renewed, or delivered on or after January 1, 2025, to provide coverage for abortion and abortion related services, including pre-abortion and follow-up services without imposing a deductible, coinsurance, copayment, or any other cost-sharing requirement. For a HDHP (high deductible health plan), the cost-sharing limits only apply once an enrollee's deductible has been satisfied.

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.