2025 Medical Plan Comparison

Caltech

Category/Service	Anthem High Deductible PPO Plan		Anthem HMO Plan	Kaiser SoCal Plan
	In network (Participating Providers[1])	*Out of network (Non-Participating Providers[1])*		
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.		Anthem Advantage HMO providers only. Primary care doctor or medical group selection required for each family member (may be a pediatrician for a child). All benefits must be provided or authorized by the primary care doctor or medical group. Referrals required for most specialists (except OBGYN)	Kaiser providers only. Referrals required for some specialists (excluding: eye exam, mental health, & ob/gyn).
Website (medical and prescription drugs)	**www.anthem.com/ca/caltech**			**http://my.kp.org/caltech**
Phone (medical)	For claims questions, call the customer service number on your ID card. (866) 820-0765			(800) 464-4000 For claims questions, call the customer service number on your ID card.
Annual Deductible (per calendar year)	Employee Only: $3,300 Family: $6,600		No deductible	No deductible
Out-of-Pocket/Co-pay Maximum	$4,500 per person $9,000 per family	$8,000 per person $16,000 per family	$1,500 per person $3,000 per family	$1,500 per person $3,000 per family
Health Savings Account (HSA) Eligible	✓		N/A	N/A
Flexible Spending Account (FSA) Eligible			✓	✓

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	In network (Participating Providers[1])	*Out of network (Non-Participating Providers[1])*		
Acupuncture	80% covered after deductible	60% covered after deductible	$20 copay per visit Up to 24 visits per calendar year for acupuncture and chiropractic combined. Provided through the ASHP network. Call **(800) 678-9133** for details. A referral is not required; however, if referred by your primary care doctor/medical group, you pay the applicable primary care doctor/medical group copay — $25 or $45.	$25 copay per visit; Acupuncture Services (typically provided only for the treatment of nausea or as part of a comprehensive pain management program for the treatment of chronic pain)
Allergy Test/Treatment	80% covered after deductible	60% covered after deductible	100% covered	$35 copay for testing; Allergy injections no charge
Ambulance	80% of eligible charges covered after deductible	80% of eligible charges covered after deductible	100% covered when emergency criteria are met or when ordered or approved by your medical group	100% covered when emergency criteria are met
Chiropractic Care	80% covered after deductible	60% covered after deductible	$20 copay per visit Up to 24 visits per calendar year for acupuncture and chiropractic combined. Provided through the ASHP network. Call (800) 678- 9133 for details. A referral is not required; however, if referred by your primary care doctor/medical group, you pay the applicable primary care doctor/medical group copay — $25 or $45.	$15 copay per visit; covered up to 20 visits per year – Find an ASH Plan Participating Provider near you **ashlink.com/ash/kp** or **800-678-9133** M-F 5am to 6pm PST
	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	100% covered	100% according to DME formulary/within service area; Hearing Aids covered up to $2,000 every 36 months

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Emergency Room Care	80% of eligible charges after deductible			$250 copay (waived if admitted); notify your medical group; follow-up care must be authorized by your medical group	$250 copay (waived if admitted); if out-of-network, notify Kaiser within 24 hours; out-of-network follow-up care is not covered
Home Health Care	80% covered after deductible	60% covered after deductible		$25/$45 copayment up to 100 visits	100% covered, up to 100 days per calendar year
	Up to 120 visits per calendar year for participating and non-participating combined				
Hospice Care	80% covered after deductible	60% covered after deductible		100% covered	100% covered
Hospitalization	80% covered after deductible	60% covered after deductible		$250 copay per admission, then 100% covered (semi-private room)	$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-participating hospital admission, an additional $500 deductible applies (waived for emergency admissions).				
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	N/A	N/A

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	In network (Participating Providers[1])	*Out of network (Non-Participating Providers[1])*		
Infertility Diagnosis and Treatment	$10,000 calendar year maximum Outpatient and Inpatient Procedures: 80% covered after deductible Imaging: Plan pays 100% after deductible		$10,000 calendar year maximum Outpatient and Inpatient Procedures: Plan pays 80% Imaging: Plan pays 100%	Covers services for diagnosis and treatment through artificial insemination only. Excludes treatment services such as GIFT, ZIFT, IVF, ovum transplants; donor (anonymous or spousal) sperm; egg procurement and storage. Applicable copays apply (see office visit, outpatient surgery and inpatient hospitalization copays). Contact Kaiser for details.
Infertility Prescription Drug Coverage	$15,000 lifetime maximum		$15,000 lifetime maximum	
	47% coinsurance for generic ($50 max copay)	50% coinsurance for generic ($50 max copay)	47% coinsurance for generic ($50 max copay)	
	47% coinsurance for brand ($100 max copay)	50% coinsurance for brand ($100 max copay)	47% coinsurance for brand ($100 max copay)	
	47% coinsurance for specialty/non-preferred ($100 max copay)	50% coinsurance for specialty/non-preferred ($100 max copay)	47% coinsurance for specialty/Non-preferred ($100 max copay)	
		(Plus, costs in excess of the Rx drug maximum allowed amount)		

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Live Health Online	"Telehealth" Internet chat with US board-certified doctors. Before deductible is met, you pay $55 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	$0 copay per "telehealth" Internet chat with US board- certified doctors **www.livehealthonline.com**	Contact Kaiser Member Services.
Occupational Therapy	80% covered after deductible	60% covered after deductible	$25 or $45 copay per visit. A referral is required. Coverage is limited to a 60- day period of care after an illness or injury, 60-day period of care is combined for Occupational, Physical and Speech therapy visits (additional visits may be covered when approved by your primary care doctor/medical group).	$25 copay per visit; covered by physician order
	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.			

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Physical Therapy	80% covered after deductible	60% covered after deductible	$25 or $45 copay per visit. A referral is required. Coverage is limited to a 60- day period of care after an illness or injury, 60-day period of care is combined for Occupational, Physical and Speech therapy visits (additional visits may be covered when approved by your primary care doctor/medical group).	$25 copay per visit; covered by physician order
	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	$25 or $45 per visit	$25 copay per visit
Specialist Office Visits	80% covered after deductible	60% covered after deductible	$25 or $45 per visit	$35 copay per visit
Pregnancy/Maternity Care (Including Routine Nursery Care)	Office visits: 80% covered after deductible Inpatient hospital: 80% covered after deductible	60% covered after deductible	Office visits: $25 or $45 per visit Inpatient hospital: $250 copay per admission, then 100% covered	Office visits: $25 copay with PCP, $35 copay with OB/GYN, for 1st visit; no charge for additional prenatal office visits Inpatient hospital: $250 copay per admission for hospital/ancillary services, then 100% covered

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Prescription Drug Coverage: Retail [5]	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]	Up to a 30-day supply: $15 copay for generic $50 copay for brand-name formulary[1,2] $75 copay for brand-name non- formulary[1,2]	Generic: $15 for up to a 30-day supply[2] Brand: $50 for up to a 30-day supply[2]

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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	Up to a 90-day supply: $30 copay for generic $90 copay for brand-name formulary[1,2] $150 copay for brand-name non-formulary[1,2]	Generic: $30 copay for up to 100- day supply[2] Brand: $100 copay for up to 100-day supply[2]

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Prescription Drug Specialty Pharmacy	For up to a 30-day supply: $75 copay for specialty drugs	Not Covered	For up to a 30-day supply: $75 copay for specialty drugs	N/A
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	100% covered	100% covered
Psychiatric Care: Inpatient	80% covered after deductible	60% covered after deductible	$250 copay per admission, then 100% covered (provided through Behavioral Health Network; contact Anthem for details)	$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-participating hospital admission, an additional $500 deductible applies (waived for emergency admissions).			
Psychiatric Care: Outpatient Day Treatment (or Outpatient Facility/Day Treatment)	80% covered after deductible	60% covered after deductible	100% covered	$25 copay per visit; $12 copay per group visit
Psychiatric Care: Physician Office Visits	80% covered after deductible	60% covered after deductible	$25 or $45 copay per visit	$25 copay per visit; $12 copay per group visit

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Skilled Nursing Facility Care	80% covered after deductible	60% covered after deductible	100% covered; up to 100 days per calendar year	100% covered, up to 100 days per calendar year
	Up to 120 days per calendar year for participating and non-participating combined.			
Speech Therapy	80% covered after deductible	60% covered after deductible	$25 or $45 copay per visit. A referral is required. Coverage is limited to a 60- day period of care after an illness or injury, 60-day period of care is combined for Occupational, Physical and Speech therapy visits (additional visits may be covered when approved by your primary care doctor/medical group).	$25 copay per visit; covered by physician order
Substance Abuse: Inpatient	80% covered after deductible	60% covered after deductible	$250 copay per admission, then 100% covered (provided through Behavioral Health Network; contact Anthem for details)	$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-participating hospital admission, an additional $500 deductible applies (waived for emergency admissions)			
Substance Abuse: Outpatient Day Treatment (or Outpatient Facility/Day Treatment)	80% covered after deductible	60% covered after deductible	100% covered	$25 copay per visit; $5 copay per group visit
Substance Abuse: Physician Office Visits	80% covered after deductible	60% covered after deductible	$25 or $45 copay per visit	$25 copay per visit; $5 copay per group visit

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Surgery, Outpatient (see *Hospitalization* for inpatient surgery)	80% covered after deductible	60% covered after deductible	$150 copay, then 100% covered	$150 per procedure, then 100% covered
Urgent Care Office Visit	80% covered after deductible	60% covered after deductible	$25 or $45 copay per visit	$25 copay per visit
Vision Exams and Materials	Not covered in these plans. Vision benefits are available through the Vision Service Plan (VSP) option.		Not covered in this plan. Vision benefits are available through the Vision Service Plan (VSP) option.	$0 copay per visit Routine eye exams with a Kaiser optometrist Additional vision benefits are available through the Vision Service Plan (VSP) option
X-ray and Lab	80% covered after deductible	60% covered after deductible	100% covered	100% covered

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.

End Notes

Anthem High Deductible PPO Plan

[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.

Anthem HMO

[1]Anthem: Preauthorization 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).

[2]If you request a brand-name drug when a generic version 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.

[3]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.

Kaiser SoCal Plan

[1]Drugs prescribed by non-Kaiser physicians are not covered, except for dental prescriptions. Medications to shorten the duration of the common cold and treatments for hair loss or hair growth are not covered. Compounded drugs are covered only if the product is on the drug formulary or if one of the ingredients requires a prescription by law. Drugs for treatment of sexual dysfunction are covered at 50% of the member rate with a maximum of 27 doses for a 100-day supply. For drugs dispensed in limited amounts due to market shortages, the pharmacist may fill the prescription for a supply of less than 30 days but still require the full copay.

[2]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. See the plan's EOC for details.

Anthem and Kaiser SoCal Plans

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.