2025 ANTHEM BLUECARD MEDICAL PLAN

THERE ARE NO CHANGES FOR 2025		
Plan Name	Anthem BlueCard Preferred Provider Organization (PPO) Plan (Outside California)	
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[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 Provider[1]**	**Non-Participating[1]**
Health Savings Account (HSA)	Not available	
Calendar Year Deductible	Includes all copayments $250 per person $750 family maximum	$750 per person $2,250 family maximum
Coinsurance/Copayment (Copay)	100% of the negotiated rate	80% of eligible charges after deductible
Out-of-Pocket/Copay Maximum (per calendar year)	Includes annual deductible and copayments, including prescription drug copayments: $1,500 per person[2] $3,000 family maximum[2]	$2,000 per person[2] $4,000 family maximum[2]
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	0% coinsurance Up to 20 visits per calendar year for participating and non-participating providers combined	20% coinsurance
Allergy Test/Treatment	0% coinsurance	20% coinsurance
Ambulance[3]	0% coinsurance	20% coinsurance
Chiropractic Care	0% coinsurance 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	20% coinsurance
Durable Medical Equipment/Hearing Aids[3]	0% coinsurance	20% coinsurance
Emergency Room Care	$250 deductible per admission and then 0% coinsurance for facility services, doctor, and other services. Copay waived if admitted.	Covered as In-Network

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	Participating Provider[1]	Non-Participating[1]
Home Health Care[3]	0% coinsurance	20% coinsurance
	Coverage for in-network provider and non-network provider combined is limited to 120 visit limit per benefit period, one visit by home health aide equals four hours or less, not covered while insured person receives hospice care	
Hospice Care	0% coinsurance	20% coinsurance
Hospitalization – Facility Fees, Doctor and other Services	0% coinsurance	20% coinsurance
	Facility fees: $250 deductible. Additional $500 deductible if you do not receive preauthorization. Apply to non-emergency admission.	
Infertility Diagnosis and Treatment	$10,000 calendar year maximum Outpatient and Inpatient Procedures: 80% covered (deductible waived) Imaging: Plan pays 100% (deductible waived)	
Infertility Prescription Drug Coverage	$15,000 lifetime maximum	
	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/nonpreferred ($100 max copay) (Plus, costs in excess of the Rx drug maximum allowed amount)
Live Health Online	0% coinsurance www.livehealthonline.com	0% coinsurance
Occupational Therapy	0% coinsurance	20% coinsurance,
	Up to 24 visits per calendar year for chiropractic care, physical therapy and occupational therapy combined (participating and non-participating combined) Costs may vary by site of service. Habilitation visits count towards your rehabilitation limit.	
Physical Therapy	0% coinsurance	20% coinsurance
	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	$20 copay per visit. Deductible does not apply	20% coinsurance
Pregnancy/Maternity Care (including Routine Nursery Care)	Office visits: $20 copay per visit. Deductible does not apply Inpatient hospital: $250 deductible per admission, then 100% covered	20% coinsurance Inpatient hospital: $250 deductible per admission, then 80% covered after calendar year deductible
Prescription Drug Coverage: Retail	For up to a 30-day supply: $15 copay for generic[4] $45 copay for brand-name formulary[4,5] $75 copay for brand-name non-formulary[4,5]	For up to a 30-day supply: 50% after $15 copay for generic[4] 50% after $45 copay for brand name formulary [4,5] 50% after $150 copay for brand-name non-formulary[4,5]

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	Participating Provider[1]	Non-Participating[1]
Prescription Drug Coverage: Mail	For up to a 90-day supply: $30 copay for generic $90 copay for brand-name formulary[4,5] $150 copay for brand-name non-formulary[4,5]	Not covered
Specialty Pharmacy	For up to a 30-day supply: $75 copay for specialty drugs	Not Covered
Preventive Care[6] • 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	20% coinsurance
Psychiatric Care: Inpatient	0% coinsurance	20% coinsurance
Psychiatric Care: Outpatient Day Treatment (or Outpatient Facility/Day Treatment)	Doctor Office Visit: $20 copay per visit 0% coinsurance for facility fees	20% coinsurance for office visit 20% facility fees
Psychiatric Care: Physician Office Visits	$20 copay per visit. Deductible does not apply.	30% coinsurance
Skilled Nursing Facility Care[3]	0% coinsurance	20% coinsurance Coverage for In-Network and Non-Network Provider combined is limited to 120 visit limit per benefit period
Speech Therapy	0% coinsurance	20% coinsurance
Substance Abuse: Inpatient	$250 deductible per admission, then 100% covered	$250 deductible per admission, then 80% covered after calendar year deductible
Substance Abuse: Outpatient Day Treatment (or Outpatient Facility/Day Treatment)	0% coinsurance	20% coinsurance
Substance Abuse: Physician Office Visits	$20 copay per visit	20% coinsurance
Surgery, Outpatient (see *Hospitalization* for inpatient surgery)	0% coinsurance for Hospital and Freestanding Surgical Center facility fees 0% coinsurance for doctor and other services	20% coinsurance for Hospital and Freestanding Surgical Center facility fees 20% coinsurance for doctor and other services.
Urgent Care Office Visit	$20 copay per visit. Deductible does not apply to in-network providers.	20% coinsurance
Vision Exams and Materials	Not covered in this plan Vision benefits are available through the Vision Service Plan (VSP) option	
X-ray and Lab[3]	0% coinsurance	20% coinsurance

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[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]Non-covered expenses do not apply to the out-of-pocket maximum. After you pay the individual out-of-pocket maximum or the combined expenses of all covered family members reach the family maximum in any calendar year, the plan begins providing 100% coverage for services applicable to the out-of-pocket maximum. You're still responsible for billed amounts above eligible charges when you use non-participating providers and for non-covered expense.

[3]These providers may not be represented in the Anthem PPO network. If there are PPO providers who can perform the service, and you receive the service from one of those PPO providers, your copayment will be the same as for participating providers. If there are PPO providers who can perform the service, but you choose to receive the service from a non-PPO provider, your copayment will be the same as for non-participating providers.

[4]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).

[5]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.

[6]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.

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.