

Caltech Student Benefits at a Glance (2024/2025)

Caltech provides students and their eligible dependents [access to comprehensive medical, dental and vision plans](#) to support their health and emotional well-being. All registered students are required to have medical and dental insurance — enrollment in the Institute’s medical and dental plans may [be waived if requirements are met through an alternative means](#).

The Institute’s benefits plans provide enrollees, including eligible dependents, with access to no-cost services, such as preventive care visits, the first 25 in-network mental health visits and virtual telehealth consultations. Graduate students and their eligible dependents are also eligible to receive the Institute’s medical and dental subsidy.

In addition to these student insurance benefits, [Student Wellness Services \(SWS\)](#) can provide health and counseling services to eligible enrolled students. Caltech also provides graduate students with a subsidized benefit for backup childcare and they may apply for the Caltech Childcare Assistance Program (CCAP). More information on these services, contact information and commonly asked questions are available at hr.caltech.edu/studentbenefits/faqs.

2024 – 25 Caltech Student Medical		
	When You Use Anthem PPO Providers (Preferred/In-Network)	When You Use Other Providers (Non-Preferred/Out-of-Network)
	You Pay:	You Pay:
Deductible — the amount you pay before the Plan provides coverage (excludes copays and prescription drugs)*	\$250 per person per policy year (Sept 1 – Aug 31)	\$1,000 per person per policy year (Sept 1 – Aug 31)
Out-of-Pocket Maximum — once you reach this amount, the Plan pays 100% of covered services for the rest of the policy year (includes deductible, coinsurance, copays and prescription drugs)	\$1,000 per person per policy year (\$2,000 max for all insured family members)	\$5,500 per person per policy year (\$11,000 max for all insured family members)
After the applicable deductible has been met, eligible expenses are payable as follows:		
PREVENTIVE CARE BENEFITS		
Annual Physicals, GYN Exams, Routine Screenings and Immunizations	No charge	40% of reasonable charge
PRESCRIPTION DRUGS		
Retail Pharmacy (30-day supply)	Lesser of the drug cost or flat copays \$10 tier 1 drugs \$30 tier 2 drugs \$50 tier 3 drugs	\$10 copay tier 1 drugs \$30 copay tier 2 drugs
MENTAL HEALTH AND SUBSTANCE ABUSE BENEFITS		
Outpatient Mental Health/Substance Abuse Expenses (treatment by licensed or accredited health service organization or hospital or licensed practitioner)	No copay for first 25 visits** You pay \$15 copay per visit for additional visits** (no deductible)**	40% of reasonable charge
Inpatient Mental Health Expenses	20% of negotiated charge	40% of reasonable charge
SURGICAL (INPATIENT AND OUTPATIENT) BENEFITS		
Surgical Expenses	20% of negotiated charge	40% of reasonable charge
Anesthetist Expense & Assistant Surgeon Expenses	20% of negotiated charge	40% of reasonable charge
INPATIENT BENEFITS		
Hospital Room and Board Expenses	20% of negotiated charge	40% of reasonable charge
OUTPATIENT BENEFITS		
Physician’s Office Visit Expenses	\$15 copay per visit (no deductible)**	40% of reasonable charge
Urgent Care Office Visit Expenses	\$15 copay per visit (no deductible)**	40% of reasonable charge
Emergency Care Expenses	20% of negotiated charge after \$150 copay (copay waived if admitted)	20% of reasonable charge after \$150 copay (copay waived if admitted)
ADDITIONAL BENEFITS		
Emergency Ambulance Expenses	For covered medical expenses, you pay 20% of the reasonable charge.	
Telehealth through LiveHealth Online	Covered at no cost to you. Visit livehealthonline.com to learn more and register.	N/A

* Most out-of-network services are subject to the deductible. If you choose an out-of-network provider, that provider can charge you the difference between their bill and Anthem’s maximum allowed amount (except for emergency care).

** Any extra care, such as lab work or x-rays, is subject to the deductible and coinsurance.

The benefit summary provides a snapshot of Caltech’s student benefits program. It describes health benefits in general terms. Consult the plan booklets for specific details of benefit coverage.

2024 – 25 Caltech Student Dental

	When You Use Anthem PPO Dentists
Deductible — what you pay each policy year before the Plan begins to pay (does not apply to diagnostic, preventive, and orthodontic care)	\$50 per person per policy year \$100 per family per policy year
Benefits Maximum — the most the Plan pays each policy year	\$1,500 per person per policy year for Anthem PPO dentists \$1,000 per person per policy year for non-PPO dentists
Diagnostic and Preventive Care — oral exams, cleanings (prophylaxis), x-rays, examinations of tissue biopsy, fluoride treatment, space maintainers, specialist consultation	Diagnostic and preventive care are covered at 100% and not subject to the deductible when visiting an Anthem PPO dentist. Have your dentist confirm with Anthem what is considered a diagnostic and preventive visit.
Basic Care — oral surgery (extractions), fillings, root canals, periodontic (gum) treatment, sealant, tissue removal (biopsy)	After you pay the deductible, the Plan pays a specific percentage, which is typically 80% or 50% based on the type of service.
Crowns, Jackets and Other Cast Restorations — crowns, inlays, onlays	Review the Summary of Benefits to see how much the Plan pays for the applicable dental service.
Prosthodontic Care — bridges, partial dentures, full dentures, implants	
Orthodontic Care (adults and dependent children)	Plan pays 50% up to \$500 per person per lifetime

2024 – 25 Caltech Student Vision

	When You Use EyeMed Providers (In-Network)	When You Use Other Providers (Out-of-Network)
Eye exam , with dilation as necessary (covered once per policy year)	You pay a \$10 copay	Plan pays up to \$49; you pay the rest
Frames (covered once per policy year)	The plan provides up to a \$100 allowance, and you pay the balance over \$100 (with a 20% discount)	Plan pays up to \$70; you pay the rest
Single Vision Eyeglass Lenses (covered once per policy year)	You pay a \$25 copay	Plan pays up to \$25; you pay the rest
Additional Eyeglass Lens Options	See the Summary of Benefits for your costs for lens option such as tinting, scratch resistant coating, polycarbonate, UV coating, anti-reflective coating	N/A
Contacts Lenses (covered once every policy year in lieu of eyeglass lenses)	You pay a \$0 copay; the plan provides up to a \$115 allowance, and you pay the balance over \$115 (with a 15% discount)	Plan pays up to \$92; you pay the rest
Medically Necessary Contact Lenses	You pay a \$0 copay; plan pays in full	Plan pays up to \$300
Additional Discounts	40% off additional pairs of glasses 20% off non-covered items 20% off non-prescription sunglasses	N/A

Additional information on enrollee eligibility, coverage, costs, contact information and more is available at hr.caltech.edu/studentbenefits. Students may also contact the Caltech Benefits Office and Anthem Concierge with individual questions about the program and how to enroll/waive coverage.