

Exclusive ^[1]

Under this Anthem-administered plan, you can choose any health care provider within one single statewide network^[2]. The facilities, providers and suppliers with whom your health insurer or plan has contracted to provide health care services ^[2], giving you access to a great number of doctors and specialists^[3]. A physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has more training in a specific area of health care. ^[3] across the Front Range. You will receive care at UCHHealth facilities by physicians from the CU School of Medicine, UCHHealth Medical Group and others. Your Primary Care Provider^[4] (PCP) A physician (medical doctor or doctor of osteopathic medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services ^[4] manages your care, but you do not need a referral^[5]. A written order from your primary care provider for you to see a specialist or receive certain health care services for any covered service that cannot be performed by your primary care provider. This applies to our Anthem Exclusive and Kaiser plans. ^[5] to see a specialist.

This plan provides one no-cost preventative mental health visit per plan year. Learn more about your mental health benefit options on our Mental Health Resources page ^[6].

There is no out-of-network^[7]. Out-of-Network Non-participating providers or facilities that do not enter into a network agreement, usually resulting in higher out of pocket expenses to you. ^[7] coverage except for urgent and/or emergency care.

Plan details

- CU Health Plan - Exclusive Benefits Coverage Summary ^[8] (12 pages)
- CU Health Plan - Exclusive Benefits Booklet ^[9] (115 pages)
- Anthem Preventative Care Guidelines ^[10]

Covered providers^[11] Provider An individual or facility that provides health care services such as a doctor, nurse, chiropractor, hospital, rehabilitation center, etc. ^[11] and medications

- Find a provider or urgent care ^[12]
 - Call 1-855-646-4752
- Prescription coverage ^[13]
 - CVS Caremark Formulary ^[14]
 - Call 1-888-964-0121
- WINFertility ^[15]

CU Health Plan - Exclusive Guest Membership

If you have dependentsDependentAn employee’s spouse, common-law spouse, civil union partner, domestic partner, children under the age of 27, and qualifying disabled children over age 27 of the employee or of the spouse/partner who are biological, legally adopted or for whom there are parental responsibility documents issued by a court. ^[16] covered by this plan who will be living out-of-state during the 2023-24 plan year, you may enroll them in CU Health Plan - Exclusive Guest MembershipGuest MembershipAn “away from home care” program that allows your dependent children to have coverage outside the CU Health Plan Exclusive service area and is available only in certain states. ^[17] for additional, temporary coverage in participating states. Guest MembershipGuest MembershipAn “away from home care” program that allows your dependent children to have coverage outside the CU Health Plan Exclusive service area and is available only in certain states. ^[17] coverage ends with the health plan year. You must apply for and enroll in this program during each Open Enrollment to receive and maintain this benefit.

To get started, see Anthem’s instructions for applying:

- Guest Membership ^[18]

Or call Anthem Blue Cross Blue Shield at 1-800-735-6072.

Features and considerations

Plan type	<u>HMO</u> <u>Health Maintenance Organization (HMO)</u> A managed health care system designed to give you access to quality, cost-effective service while optimizing utilization and cost of service. <u>With an HMO, such as the case of our CU Health Plan Exclusive, you must choose a primary care provider from a network of physicians, facilities and other providers affiliated to CU. Your primary care provider will manage and coordinate any care of most specialists you may need by providing you with a referral within the network.</u> ^[19] - CU network <u>Network</u> The facilities, providers and suppliers with whom your health insurer or plan has contracted to provide health care services ^[2]
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**DeductibleDeductible -
Exclusive PlanAn
amount that you are
required to pay before
the plan will begin to
reimburse for covered
services. Copay
services, such as office
visits, do not apply to
deductibles. This plan
has an “individual
deductible” of \$250 up
to \$750 maximum for
family coverage. This
means that when each
member satisfies their
individual deductible,
that member is eligible
for benefits. When there
are more than three (3)
covered members, the
full amount of \$750 can
be reached collectively.**

[20]

\$350 per individual (Each member must meet their individual \$350)

\$750 family maximum (3+ members)

Out-of-pocket limit

\$9,100/individual; \$18,200/family for in-network providers

Primary care providerPrimary Care Provider (PCP)A physician (medical doctor or doctor of osteopathic medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services ^[4] - \$30/visit

SpecialistSpecialistA physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has more training in a specific area of health care. ^[3] - \$40/visit

Urgent CareUrgent CareCare for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care ^[21] - \$30/visit

Office visit

Office visitcopaysCopayment (copay)A fixed-dollar amount that you must pay out of your pocket at the time of service to a provider or a facility for a specific health covered service. Copays do not apply to the deductible requirement. For example, an office visit may have a copay of \$30 under the Exclusive Plan and \$40 under the Extended. You must pay the amount at the time of service. ^[22] do not apply toward the deductible.DeductibleAn amount that you are required to pay before the plan will begin to reimburse for covered services. ^[23]

Emergency care
Emergency Care
A medical or behavioral health condition that must be treated at the emergency department of a hospital due to an illness, injury, symptom or condition severe enough to risk serious danger to your health (or, with respect to a pregnant woman, the health of her unborn child) if you didn't get medical attention. See where and when to get care. ^[24]

\$250copayCopayment (copay)A fixed-dollar amount that you must pay out of your pocket at the time of service to a provider or a facility for a specific health covered service. Copays do not apply to the deductible requirement. For example, an office visit may have a copay of \$30 under the Exclusive Plan and \$40 under the Extended. You must pay the amount at the time of service. ^[22] (waived if admitted)

Outpatient/Inpatient Services

Outpatient Services: \$100/visit, after deductible
Inpatient Services: \$200/visit, after deductible

Tier 1 \$10

Tier 3 \$75

Tier 2 \$50

Tier 4 \$100

**Prescription drug
coverage (Rx) [13]**
30-day supply*

*Maintenance and specialty medications may be purchased at a CVS Network Retail Pharmacy. After three fills, CVS Retail Pharmacies, Costco, King Soopers, City Market or CVS Mail Order [25] must be used for up to 90-day supply. Specialty medications may be purchased at a retail pharmacy. After three fills, CVS Specialty Pharmacy must be used.

Access the CVS formulary [14] to check your medication's coverage.

Tier 1: \$20

Tier 3: \$150

Mail Order Rx
Up to 90-day supply

Tier 2: \$100

Tier 4: \$75**

**30-day supply

Groups audience:

Employee Services

Right Sidebar:

ES: Benefits & Wellness - SS Non-Medicare

ES: Benefits & Wellness - IWT SS Non-Medicare Eligible Medical

ES: Benefits & Wellness - Contact

Source URL: <https://www.cu.edu/employee-services/benefits-wellness/surviving-spouse/exclusive>

Links

[1] <https://www.cu.edu/employee-services/benefits-wellness/surviving-spouse/exclusive>

[2] <https://www.cu.edu/es-benefits-glossary/network> [3] <https://www.cu.edu/es-benefits-glossary/specialist>

[4] <https://www.cu.edu/es-benefits-glossary/primary-care-provider-pcp> [5] <https://www.cu.edu/es-benefits-glossary/referral> [6] <https://www.cu.edu/employee-services/benefits-wellness/mental-health-resources>

[7] <https://www.cu.edu/es-benefits-glossary/out-network> [8] <https://www.cu.edu/docs/cu-health-plan-exclusive-benefits-summary> [9] <https://www.cu.edu/docs/cu-health-plan-exclusive-benefits-booklet>

[10] <https://www.anthem.com/preventive-care/> [11] <https://www.cu.edu/es-benefits-glossary/provider>

[12] <https://www.anthem.com/cuhealthplan/find-a-doctor/> [13] <https://www.cu.edu/employee-services/benefits-wellness/cvs-caremark-pharmacy-services> [14] <https://info.caremark.com/dig/acsduglist>

[15] <https://managed.winfertility.com/cuhealthplan/> [16] <https://www.cu.edu/es-benefits-glossary/dependent>

[17] <https://www.cu.edu/es-benefits-glossary/guest-membership> [18] <https://www.cu.edu/doc/guest-membership-v61522pdf> [19] <https://www.cu.edu/es-benefits-glossary/health-maintenance-organization-hmo> [20] <https://www.cu.edu/es-benefits-glossary/deductible-exclusive-plan> [21] <https://www.cu.edu/es-benefits-glossary/urgent-care>

[21] <https://www.cu.edu/es-benefits-glossary/urgent-care>

[22] <https://www.cu.edu/es-benefits-glossary/copayment-copay> [23] <https://www.cu.edu/es-benefits-glossary/deductible> [24] <https://www.cu.edu/es-benefits-glossary/emergency-care> [25] <http://node/242837>