

Exclusive ^[1]

This Anthem-administered plan lets you choose health care providers within a 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 doctors and specialists across the Front Range. You'll receive care at UCHealth facilities by physicians from the CU School of Medicine, UCHealth Medical Group and others. Your Primary Care Provider (PCP) ^[3] 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 ^[3] manages your care, but you do not need a referral^[4]. 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. ^[4] to see a specialist.

No out-of-network coverage is available except for urgent^[5] Care 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 ^[5] and/or emergency^[6] 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. ^[6].

Plan details

- [CU Health Plan - Exclusive Benefits Coverage Summary](#) ^[7] (12 pages)
- [CU Health Plan - Exclusive Benefits Booklet](#) ^[8] (115 pages)
- [Anthem Preventative Care Guidelines](#) ^[9]

Covered providers and medications

- [Find a doctor or urgent care](#) ^[10]
 - Call 1-855-646-4752
- [Prescription coverage](#) ^[11]
 - [Access the CVS Formulary](#) ^[12]
 - For pharmacy questions, call 1-888-964-0121
- [Find an in-network pharmacy](#) ^[13]
- **New for July 1:** [Generic drug coverage expanded](#) ^[14]
- [WINFertility](#) ^[15]

CU Health Plan - Exclusive Guest Membership

If you have dependents covered by this plan who live out-of-state during the 2024-25 plan year, you may enroll them in CU Health Plan - Exclusive Guest Membership 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. ^[16] coverage ends with the health plan year. To receive and maintain this benefit, **you must apply for and enroll in this program during each Open Enrollment.** See Anthem's instructions for applying ^[17] or call Anthem Blue Cross Blue Shield at 1-800-735-6072 to get started.

Features and Considerations

Plan Type	HMO - CU network
<u>Deductible</u> <u>Deductible - Exclusive Plan</u> An 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. ^[18]	\$350 per Individual (Each member must meet their individual \$350) \$750 Family Maximum (3+ members)
<u>Out-of-Pocket Limit</u> <u>Out-of-Pocket Limit/Maximum (OMP)</u> The maximum amount of money you will pay for covered medical services during the plan year. These costs include deductibles, copays and coinsurance. This maximum is designed to protect you from catastrophic health care costs. After you reach this amount, the plan will pay 100% of the allowed amount. ^[19]	\$9,100/Individual; \$18,200/Family
Office Visit	Primary care: \$30/visit Specialist: \$40/visit Urgent Care: \$30/visit Office visit copays do not apply toward the deductible.
Outpatient/Inpatient Services	Outpatient Services: \$100/visit, after deductible Inpatient Services: \$200/visit, after deductible
Emergency Care	\$250 copay (waived if admitted)

**Prescription Drug Coverage (Rx)
Up to 30-day supply***

Tier 1: \$10

Tier 3: \$75

Tier 2: \$50

Tier 4: \$100

*Maintenance 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 must be used for up to a 90-day supply. ^[11]

*Specialty medications may be purchased at a retail pharmacy. After three fills, CVS Specialty Pharmacy must be used.

**Mail Order Rx
Up to 90-day supply**

Tier 1: \$20

Tier 3: \$150

Tier 2: \$100

Tier 4: \$75**

**30-day supply

Groups audience:

Employee Services

Right Sidebar:

ES: Benefits & Wellness - OE Enrollment Tool

ES: Benefits & Wellness - OE Vendor Fair

Source URL:<https://www.cu.edu/employee-services/open-enrollment/current-employees/medical-plans/exclusive>

Links

[1] <https://www.cu.edu/employee-services/open-enrollment/current-employees/medical-plans/exclusive>
[2] <https://www.cu.edu/es-benefits-glossary/network> [3] <https://www.cu.edu/es-benefits-glossary/primary-care-provider-pcp> [4] <https://www.cu.edu/es-benefits-glossary/referral> [5] <https://www.cu.edu/es-benefits-glossary/urgent-care> [6] <https://www.cu.edu/es-benefits-glossary/emergency-care>
[7] <https://www.cu.edu/docs/cu-health-plan-exclusive-benefits-summary> [8] <https://www.cu.edu/docs/cu-health-plan-exclusive-benefits-booklet> [9] <https://www.anthem.com/preventive-care/>
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