CU & CU Medicine Open Enrollment 2022







Today you will hear about:



- The CU Health Plan
- Exclusive Network
- Medical Plans offered in 2022
- Vision Plan
- Anthem's Digital Solution
 Sydney Health
- Customer Service



CU Health Plan Key Dates



"First Impressions" – (855) 646-4752

Open Enrollment period:

- CU from 4/18 to 5/6
- CU Medicine from 4/25 to 5/6

Members of Anthem team will be on 'Virtual' OE Webinar

April 29, 2022 9:00am

Effective Date for new plan year: July 1, 2022

Welcome to the CU Health Plan





Why is Exclusive Network Unique?







- Limited network of providers
- Available to any eligible employee or pre-65 retiree
- Primary Care Physicians should be directing specialist care
- Only available in Colorado

What Anthem Plans will be Offered?



CU Health Plan - Exclusive

CU Health Plan - Extended

CU Health Plan – High Deductible Health Plan/H.S.A. Compatible

CU Health Plan – Medicare Prime (**CU Retirees Only**)

Note: Kaiser is also an option



What's Changed?



Medical Plans

Exclusive & Extended Plans - Increased Out-of-Pocket maximums to \$8,700/\$17,400

Adding Fertility Coverage – WIN
WIN Phoneline will be open for Open Enrollment
CU Health Plan: 866-430-6068

ID Cards – Will be mailed to *Newly* enrolled members and members who make plan changes unless members have elected to receive electronically

Members who do not make any changes may continue to use their current ID card





Plan Designs



CU Health Plan - Exclusive

CU Health Plan - Exclusive				
Type of Plan	rpe of Plan HMO - PCP Required			
Network	Custom			
Benefits	In-Network Only			
Individual Deductible	\$250			
Family Deductible	\$750			
Individual OOP Max	\$8,700			
Family OOP Max	\$17,400			
	PCP - \$30 copay/visit			
	Specialist - \$40 copay/visit			
Office Visits	(same-day services covered at 100%)			
E-Visit (UCHealth)	\$15 copay/visit			
Diagnostic Services (Lab/X-ray)	100% after deductible (services in conjunction w/office visit not subject to deductible)			
Inpatient Hospital	100% after deductible			
Outpatient/Ambulatory Surgery	100% after deductible			
Emergency Care	\$250 copay/visit			
Preventive Care	Covered 100%			





CU Health Plan – Extended

CU Health Plan - Extended					
Type of Plan	PPO				
Network	BlueCard PPO				
Benefits	In-Network Only	Out-of-Network			
Individual Deductible	\$750	Limited Out-of-Network Services. Applies to In-			
Family Deductible	\$1,500	Network Deductible			
Individual OOP Max	\$8,700	Limited Out-of-Network Services. Applies to In-			
Family OOP Max	\$17,400	Network Out-of-Pocket			
	PCP - \$40 copay/visit				
Office Visits	Specialist - \$50 copay/visit	Not Covered			
E-Visit (UCHealth)	\$15 copay/visit	Not Covered			
Diagnostic Services (Lab/X-ray	10% after deductible				
Inpatient Hospital	10% after deductible	Not Covered			
Outpatient/Ambulatory Surge	10% after deductible	Not Covered			
Emergency Care	\$250 copay/visit				
Preventive Care	Covered 100%	Not Covered			





CU Health Plan – High Deductible

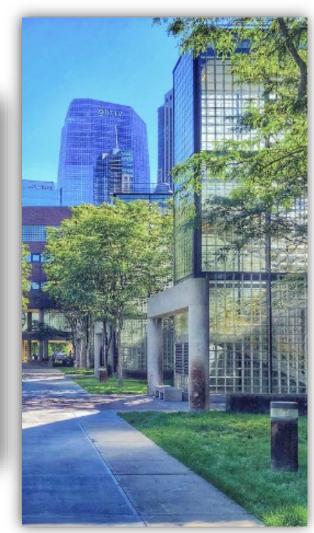
CU Health Plan - High Deductible				
Type of Plan	PPO			
Network	BlueCard PPO			
Benefits	In-Network Only	Out-of-Network		
Individual Deductible	\$1,500	\$3,000.00		
Family Deductible	\$3,000	\$6,000.00		
Individual OOP Max	\$3,000	\$6,000.00		
Family OOP Max	\$6,000	\$12,000.00		
Office Visits	15% coinsurance after ded	35% coinsurance after ded		
E-Visit (UCHealth)	15% coinsurance after ded	35% coinsurance after ded		
Diagnostic Services (Lab/X-ray	15% coinsurance after ded	Not Covered		
Inpatient Hospital	15% coinsurance after ded	35% coinsurance after ded		
Outpatient/Ambulatory Surge	15% coinsurance after ded	35% coinsurance after ded		
Emergency Care	15% coinsurance after ded			
Preventive Care	Covered 100% 35% coinsurance after ded			





CU Health Plan – Medicare

CU Health Plan - Medicare Prime				
Type of Plan	Medicare Primary			
Network	Providers Accepting Medicare Assignment			
Benefits	In-Network Only			
Individual Deductible	\$240			
Family Deductible	\$240 per individual			
Individual OOP Max	\$2,400			
Family OOP Max	\$7,200			
Office Visits	20% after deductible			
E-Visit (UCHealth)	20% after deductible			
Diagnostic Services (Lab/X-ray)	20% after deductible			
Inpatient Hospital	20% after deductible			
Outpatient/Ambulatory Surgery	20% after deductible			
Emergency Care	20% after deductible			
Preventive Care	Covered 100%			





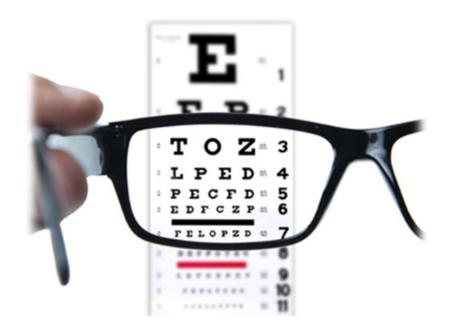
Vision



Who gets what vision products?

Blue View Vision annual eye exam is included with the Exclusive Plan

CU and CU Medicine employees may buy the additional Anthem Full Service Vision coverage which includes glasses, contacts, frames, etc. plus an additional annual eye exam.



Health Plan

Exam Only Plan YOUR BLUE VIEW VISION PLAN AT-A-GLANCE



OPTIONAL SAVINGS AVAILABLE FROM BLUE VIEW VISION IN-NETWORK PROVIDERS ONLY

Voluntary Buy Up Full Service Vision Plan YOUR BLUE VIEW VISION PLAN AT-A-GLANCE





YOUR BLUE VIEW VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY			
Routine Eye Exam						
A comprehensive eye examination	\$20 copay	Up to \$35 reimbursement	Once every 12 months			
Eyeglass Frames						
One pair of eyeglass frames	\$155 allowance, then 20% off any remaining balance	Up to \$45 reimbursement	Once every 12 months			
Eyeglass Lenses (instead of contact lenses)						
One pair of standard plastic prescription lenses: o Single vision lenses o Bifocal lenses o Trifocal lenses	\$30 copay \$30 copay \$30 copay	Up to \$25 reimbursement Up to \$40 reimbursement Up to \$55 reimbursement	Once every 12 months			
Eyeglass Lens Enhancements When obtaining covered eyewear from a Blue View Vision provide	r, you may choose to add any	of the following lens enhancemen	ts at no extra cost.			
Transitions: Lenses (for a child under age 19) Standard polycarbonate (for a child under age 19) Factory scratch coating	\$0 copay \$0 copay \$0 copay	No allowance when obtained out-of-network	Same as covered eyeglass lenses			
Contact Lenses (instead of eyeglass lenses) Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.						
Elective conventional (non-disposable) OR	\$155 allowance, then 15% off any remaining balance	Up to \$80 reimbursement				
Elective disposable OR	\$155 allowance (no additional discount)	Up to \$80 reimbursement	Once every 12 months			
Non-elective (medically necessary)	Covered in full	Up to \$210 reimbursement				



Customer Service



Provider Information



PCP Changes (HMO Product)

- Change Effective the 1st of the month following receipt of request
- Exclusive Member portal or Customer Service

Anthem Behavioral Heath

- CU Health Plan microsite Find a Doctor link
- Locating Out-of-State Providers
- CU Health Plan microsite provides 'How to' instructions

Livehealth Online

 Medical & Behavioral Health online services

Find Care link:

https://www.anthem.com/cuhealthpla n/find-care/

Sydney Health!



Sydney Health makes healthcare easier

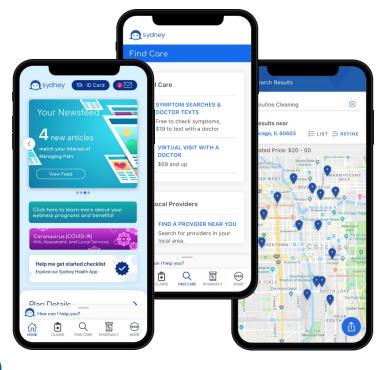
Access personalized health and wellness information wherever you are

Such as:

- Find Care and compare costs
- See what's covered and check claims
- View and use Digital ID cards
- Access Virtual Care (LiveHealth Online)
- Covid-19 Vaccination Record (Health Pass)

These are just a few tools Sydney offers











Use your smartphone camera to scan this OR code

Livehealth Online



Connect with virtual support using Sydney Health

Visit with a doctor for common health concerns such as:

- Coronavirus
- > Flu
- Cold and fever
- Minor rashes
- Sore throat
- Headaches
- Sleep Disorders

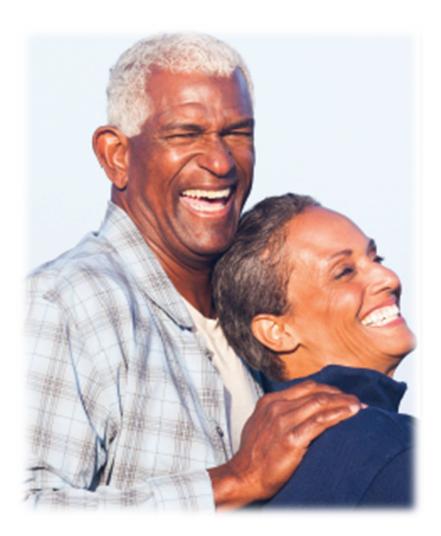
You can also visit with a mental health provider for the following conditions:

- Anxiety
- > Stress
- Depression
- Grief
- Bipolar disorder
- Obsessive-compulsive disorder
- Post-traumatic stress disorder





Medicare



- Must Be Enrolled in Part A
 & B
- Coordination of Benefits
 - Medicare Cross Over
- Silver Sneakers
- Deductibles (Medicare/Anthem)
- Network
 - Medicare Assignment



Additional Tips

Continuity of Care – New Anthem Enrollees

- From out of network to Anthem Network
- 60 days

Guest Membership

- Exclusive Dependent Children Only
 - Medical Only Coverage
- Use CVS ID card for Out of State Pharmacy
- Annual re-enrollment required



CU Health Plan



Microsite

www.anthem.com/cuhealthplan





Stay informed about the coronavirus (COVID-19).

University of Colorado Health and Welfare Trust Plan

Welcome CU Health Plan Members!

