Regardless of which plan you choose, you will have the following coverage:

- **Preventative care**
  - A routine health care check-up that will include tests or exams, flu and routine shots, and patient counseling to prevent or discover illness, disease or other health problems. All recommended preventive services would be covered as required by the Affordable Care Act (ACA) and applicable state law.

- **Deductible**
  - An amount that you are required to pay before the plan will begin to reimburse for covered services.

- **Copayment (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.

  - All plans will also provide one no-cost preventative mental health visit per plan year beginning on July 1, 2022. Learn more about your mental health benefit options on our Mental Health Resources page.

- **Emergencies**
  - Urgent 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 and 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.
  - Covered (copays) 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. May apply, both in and outside the U.S.
  - Decide where you should go to receive care here.

- **Affordable prescription drug prices** from CVS Caremark and Kaiser Permanente.

Dual Coverage: You cannot be covered as both an employee and dependent for any CU medical, dental or vision plan.
Plan rates
See what you'll pay each month for CU's medical plans.

Rates [15]

Compare plans
Use this tool to compare CU's four medical plans.

2023-24 Plan Year [16]

Plan microsites
Find a doctor, access your member portal and more.

- Anthem [17]
- Kaiser [18]
Understand your Medicare options before you act

Active CU employees enrolled in a CU Health Plan have a lot to consider before enrolling in Medicare. Employees Services can explain the multiple considerations behind the decision to enroll – or not.

Get started

Groups audience:
Employee Services

Right Sidebar:
ES: Benefits & Wellness - Current Employee Sidebar
ES: Benefits & Wellness - IWT Current Employee Medical Plans
ES: Benefits & Wellness - Contact

Sub Title:
You’ve got access to quality, personalized medical care with CU's medical plans. CU contributes 85% to 100% of your premiums, making medical care affordable for you and your dependents.

Source URL: https://www.cu.edu/employee-services/benefits-wellness/current-employee/medical-plans

Links
[1] https://www.cu.edu/employee-services/benefits-wellness/current-employee/medical-plans