Under this Anthem-administered plan, you can choose any health care provider within one single statewide network. The facilities, providers and suppliers with whom your health insurer or plan has contracted to provide health care services, giving you access to a great number of doctors and specialists. 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, across the Front Range. You will receive care at UCHealth facilities by physicians from the CU School of Medicine, UCHealth Medical Group and others.

Your primary care provider Primary 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 manages your care, so you'll need to get referrals. 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. The tradeoff is that you'll save money by doing so.

There is no out-of-network coverage except for urgent and/or emergency care.

Plan details

- CU Health Plan - Exclusive Benefits Coverage Summary [7] (13 pages)
- CU Health Plan - Exclusive Benefits Booklet [8] (112 pages)
- Anthem Preventative Care Guidelines [9]

Covered providers Provider An individual or facility that provides health care services such as a doctor, nurse, chiropractor, hospital, rehabilitation center, etc. and medications
CU Health Plan - Exclusive Guest Membership

If you have dependents—such as an 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—covered by this plan who will be living out-of-state during the 2021-21 plan year, you may enroll them in CU Health Plan - Exclusive Guest Membership. This “away from home care” program allows your dependent children to have coverage outside the CU Health Plan Exclusive service area and is available only in certain states. For additional, temporary coverage in participating states, Guest Membership allows your dependent children to have coverage outside the CU Health Plan Exclusive service area and is available only in certain states. 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, or call Anthem Blue Cross Blue Shield at 1-800-735-6072.

Features and considerations

**Plan type**

HMO

Health Maintenance Organization (HMO)

A managed health care system designed to give you access to quality, cost-effective service while optimizing utilization and cost of service. 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.

[1] - CU network

The facilities, providers and suppliers with whom your health insurer or plan has contracted to provide health care services.
Deductible - Exclusive Plan
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.

$250 per individual (Each member must meet their individual $250)

$750 family maximum (3+ members)

Out-of-pocket limit

$8,550/individual; $17,100/family for in-network providers

Office visit

Primary care provider: 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]

Specialist: 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]

Urgent Care: 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. [18]

Office visit 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. [19] do not apply toward the deductible.

Deductible: An amount that you are required to pay before the plan will begin to reimburse for covered services. [20]
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. [21]

$250 copay

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. [19] (waived if admitted)

Tier 1 $13-15
Tier 3 $50
Tier 2 $35
Tier 4 $75

Prescription drug coverage (Rx) [12]
30-day supply*

*Maintenance and specialty medications may be purchased at retail pharmacy. After three fills, UCHealth Retail Pharmacies or Mail Order must be used.

Mail order Rx
90-day supply

Must be used for 90-day supply for maintenance medications.

Cost Savings: 90-day supply for the price of a 60-day supply.

Groups audience:
Employee Services

Right Sidebar:
ES: Benefits & Wellness - Current Employee Sidebar
ES: Benefits & Wellness - Contact

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

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