

Exclusive ^[1]

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 ^[2]
, giving you access to a great number of doctors and specialists
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] **across the Front Range.**

You will receive care at UHealth facilities by physicians from the CU School of Medicine, UHealth 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 ^[4] manages your care, but you do not need a referral**Referral**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**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**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 doctor 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 2024-25 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.

See Anthem's instructions for applying [18] or call Anthem Blue Cross Blure Shield at 1-800-735-6072 to get started.

Features & Considerations

Plan Type

HMOHealth 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. [19] - CU network
NetworkThe facilities, providers and suppliers with whom your health insurer or plan has contracted to provide health care services [2]

Features & Considerations

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| Deductible | <p>\$350 per individual (Each member must meet their individual \$350)</p> <p>\$750 family maximum (3+ members)</p> |
| Out-of-Pocket Limits | <p>\$9,100/Individual; \$18,200/Family</p> |
| Office Visit | <p><u>Primary care provider</u><u>Primary Care Provider (PCP)</u> <u>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</u> ^[4] - \$30/visit</p> <p><u>Specialist</u><u>Specialist</u><u>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.</u> ^[3] - \$40/visit</p> <p><u>Urgent Care</u><u>Urgent Care</u><u>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</u> ^[20] - \$30/visit</p> <p><u>Office visit copays</u><u>Copayment (copay)</u><u>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.</u> ^[21] do not apply toward the deductible.<u>Deductible</u><u>An amount that you are required to pay before the plan will begin to reimburse for covered services.</u> ^[22]</p> |
| Outpatient/Inpatient Services | <p>Outpatient Services: \$100/visit, after deductible</p> <p>Inpatient Services: \$200/visit, after deductible</p> |

Features & Considerations

Emergency Care \$250 copay (waived if admitted)

Tier 1 \$10

Tier 3 \$75

Tier 2 \$50

Tier 4 \$100

Prescription Drug

Coverage (rx)

Up to 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 must be used for up to a 90-day supply ^[13].

*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 - Current Employee Sidebar

ES: Benefits & Wellness - Contact

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

Links

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[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>
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[10] <https://www.anthem.com/preventive-care/> [11] <https://www.cu.edu/es-benefits-glossary/provider>
[12] <https://www.anthem.com/mcr/cuhealthplan/find-care> [13] <https://www.cu.edu/employee-services/benefits-wellness/cvs-caremark-pharmacy-services> [14] <https://info.caremark.com/dig/acsdruelist>
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[17] <https://www.cu.edu/es-benefits-glossary/guest-membership> [18] <https://www.cu.edu/docs/cu-health-plan-exclusive-guest-membership> [19] <https://www.cu.edu/es-benefits-glossary/health-maintenance-organization-hmo> [20] <https://www.cu.edu/es-benefits-glossary/urgent-care> [21] <https://www.cu.edu/es-benefits-glossary/copayment-copay> [22] <https://www.cu.edu/es-benefits-glossary/deductible>