

## **Exclusive** <sup>[1]</sup>

### **2026–27 plan year information**

This page provides details about the **2025–26 benefits plan year**. For plan year 2026–27 (beginning July 1, 2026) information, visit the [Open Enrollment page](#) <sup>[2]</sup>.

**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** <sup>[3]</sup>, **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.** <sup>[4]</sup>  
**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 \(PCP\)](#) <sup>[5]</sup> **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** <sup>[5]</sup> manages your care, but you do not need a [referral](#) <sup>[6]</sup> **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.** <sup>[6]</sup> to see a specialist.

This plan provides one no-cost preventive mental health visit per plan year. Learn more about your mental health benefit options on our [Mental Health Resources page](#) <sup>[7]</sup>.

There is no [out-of-network](#) <sup>[8]</sup> **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.** <sup>[8]</sup> coverage except for urgent and/or emergency care.

## Plan details

- [CU Health Plan - Exclusive Benefits Coverage Summary](#) <sup>[9]</sup> (12 pages)
- [CU Health Plan - Exclusive Benefits Booklet](#) <sup>[10]</sup> (115 pages)
- [Anthem Preventive Care Guidelines](#) <sup>[11]</sup>

## **Covered providers****Provider****An individual or facility that provides health care services such as a doctor, nurse, chiropractor, hospital, rehabilitation center, etc.** <sup>[12]</sup> **and medications**

- [Find a provider or urgent care](#) <sup>[13]</sup>
  - Call 1-855-646-4752
- [Prescription coverage](#) <sup>[14]</sup>
  - [CVS Caremark Formulary](#) <sup>[15]</sup>
  - Call 1-888-964-0121
- [WINFertility](#) <sup>[16]</sup>

## 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. <sup>[17]</sup> covered by this plan who will be living out-of-state during the 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. <sup>[18]</sup> 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. <sup>[18]</sup> 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](#) <sup>[19]</sup> or call Anthem Blue Cross Blue Shield at 1-800-735-6072 to get started.

## Features & Considerations

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. <sup>[20]</sup> - CU network  
Network  
The facilities, providers and suppliers with  
whom your health insurer or plan has contracted to  
provide health care services <sup>[3]</sup>

**Plan Type**

**Deductible**

\$350 per individual (Each member must meet their individual \$350)

\$750 family maximum (3+ members)

**Out-of-Pocket Limits**

\$9,200 for individual

\$18,400 for family

Primary care providerPrimary 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 [5]

- \$30/visit

SpecialistSpecialistA 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. [4] - \$40/visit

Urgent CareUrgent CareCare 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 [21] - \$30/visit

## Office Visit

Office visitcopaysCopayment (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. [22] do not apply toward  
the deductible.DeductibleAn amount that you are  
required to pay before the plan will begin to  
reimburse for covered services. [23]

## Outpatient/Inpatient Services

Outpatient Services: \$100/visit, after deductible  
Inpatient Services: \$200/visit, after deductible

## 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 <sup>[14]</sup>.

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

Access the CVS formulary <sup>[15]</sup> 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 - Contact

ES: Benefits & Wellness - GME Medical Resident Sidebar

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