

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

**This Anthem-administered plan lets you choose health care providers within a single statewide network. The facilities, providers and suppliers with whom your health insurer or plan has contracted to provide health care services** <sup>[2]</sup>, **giving you access to doctors and specialists across the Front Range.**

You'll receive care at UHealth facilities by physicians from the CU School of Medicine, UHealth Medical Group and others. Your Primary Care Provider (PCP) <sup>[3]</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>[3]</sup> manages your care, but you do not need a referral <sup>[4]</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>[4]</sup> to see a specialist.

No out-of-network coverage is available except for urgent care <sup>[5]</sup> 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 <sup>[5]</sup> and/or emergency care <sup>[5]</sup> 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. <sup>[6]</sup>.

### **Plan details**

- [CU Health Plan - Exclusive Benefits Coverage Summary](#) <sup>[7]</sup> (12 pages)
- [CU Health Plan - Exclusive Benefits Booklet](#) <sup>[8]</sup> (118 pages)
- [Anthem Preventive Care Guidelines](#) <sup>[9]</sup>

### **Covered providers and medications**

- [Find a doctor or urgent care](#) <sup>[10]</sup>
  - Call 1-855-646-4752
- [Prescription coverage](#) <sup>[11]</sup>
  - [Access the CVS Formulary](#) <sup>[12]</sup>
  - For pharmacy questions, call 1-888-964-0121

- [Find an in-network pharmacy](#) <sup>[13]</sup>
- [WINFertility](#) <sup>[14]</sup>

## CU Health Plan - Exclusive Guest Membership

If you have dependents covered by this plan who live out-of-state during the 2026-27 plan year, you may enroll them in CU Health Plan - Exclusive Guest Membership for additional, temporary coverage in participating states. [Guest Membership](#)[Guest Membership](#)An “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>[15]</sup> coverage ends with the health plan year. To receive and maintain this benefit, **you must apply for and enroll in this program during each Open Enrollment.** See [Anthem's instructions for applying](#) <sup>[16]</sup> or call Anthem Blue Cross Blue Shield at 1-800-735-6072 to get started.

## Features & Considerations

<b>Plan Type</b>	<p><a href="#">HMO</a><a href="#">Health Maintenance Organization (HMO)</a>  <a href="#">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.</a> <sup>[17]</sup> - <a href="#">CU network</a>  <a href="#">Network</a><a href="#">The facilities, providers and suppliers with whom your health insurer or plan has contracted to provide health care services</a> <sup>[2]</sup></p>
<b>Deductible</b>	<p>\$500 per individual (Each member must meet their individual \$350)</p> <p>\$1,000 family maximum (2+ members)</p>
<b>Out-of-Pocket Limits</b>	<p>\$10,600/individual; \$21,200/family</p>

## Features & Considerations

	<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> <sup>[3]</sup> - \$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> <sup>[18]</sup> - \$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> <sup>[5]</sup> - \$30/visit</p>
<b>Office Visit</b>	<p><u>Office visit</u><u>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> <sup>[19]</sup> do not apply toward the <u>deductible.</u><u>Deductible</u><u>An amount that you are required to pay before the plan will begin to reimburse for covered services.</u> <sup>[20]</sup></p>
<b>Outpatient/Inpatient Services</b>	<p>Outpatient Services: \$100/visit, after deductible</p> <p>Inpatient Services: \$200/visit, after deductible</p>
<b>Emergency Care</b>	<p>\$250 copay (waived if admitted)</p>

## Features & Considerations

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>[11]</sup>.

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

Access the CVS formulary <sup>[12]</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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