

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. 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 UCHealth facilities by physicians from the CU School of Medicine, UCHealth Medical Group and others. Your 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. 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. 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 provider 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 [dependents](#)[Dependent](#)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. ^[16] 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 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. ^[17] 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. ^[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 Blue Shield at 1-800-735-6072 to get started.

Features & Considerations

Plan Type	<p><u>HMOHealth Maintenance Organization (HMO)</u> <u>A managed health care system designed to give you</u> <u>access to quality, cost-effective service while</u> <u>optimizing utilization and cost of service. With an</u> <u>HMO, such as the case of our CU Health Plan</u> <u>Exclusive, you must choose a primary care provider</u> <u>from a network of physicians, facilities and other</u> <u>providers affiliated to CU. Your primary care</u> <u>provider will manage and coordinate any care of</u> <u>most specialists you may need by providing you with</u> <u>a referral within the network.</u> ^[19] - <u>CU network</u> <u>NetworkThe facilities, providers and suppliers with</u> <u>whom your health insurer or plan has contracted to</u> <u>provide health care services</u> ^[2]</p>
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>\$9,200 for individual</p> <p>\$18,400 for family</p>

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 ^[4]

- \$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. ^[3] - \$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 ^[20] - \$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. ^[21] do not apply toward
the deductible.DeductibleAn amount that you are
required to pay before the plan will begin to
reimburse for covered services. ^[22]

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 ^[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 - Contact

ES: Benefits & Wellness - GME Medical Resident Sidebar

Source URL:<https://www.cu.edu/employee-services/benefits-wellness/gme-medical-residents/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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