Extended [1]

You’ll have access to Anthem’s nationwide network of physicians and facilities under this Anthem-administered plan. A primary care 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 [2] is not required, and members can refer themselves to doctors of their choice within Anthem’s network [3]. The facilities, providers and suppliers with whom your health insurer or plan has contracted to provide health care services, including specialists, 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].

This plan will also provide one no-cost preventative mental health visit per plan year beginning on July 1, 2022. Learn more about your mental health benefit options on our Mental Health Resources page [5].

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

Plan details

- CU Health Plan - Extended Benefits Coverage Summary [6] (12 pages)
- CU Health Plan - Extended Benefits Booklet [7] (116 pages)
- Anthem Preventative Care Guidelines [8]

Covered providers

An individual or facility that provides health care services such as a doctor, nurse, chiropractor, hospital, rehabilitation center, etc. [9] and medications

- Find a provider/urgent care [10]
- Call Anthem at 1-855-646-4752
- Learn about prescription coverage and see FAQs [11]
- Call CVS Caremark at 1-888-964-0121
- WINFertility [12]

Features and considerations

Plan type

PPOPreferred Provider Organization (PPO)A health care plan that has a contractual agreement with providers to offer health care services at discounted, negotiated fees within a network. The PPO plans may require some cost-sharing with deductibles, copays and/or coinsurance. [13] - Anthem's Nationwide Network
Deductible
An amount that you are required to pay before the plan will begin to reimburse for covered services. [14]

$750 per Individual (each member must meet their $750)
$1,500 family max (2+ members)
10% coinsurance after deductible is met

Out-of-pocket limit

2022-23 Plan Year: $8,700/individual; $17,400/family for in-network providers

Primary care provider - $40/visit
SpecialistA 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] - $50/visit
Urgent 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 [15] - $40/visit

Office visit copays

Office visit copaysCopayment (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. [16] do not apply toward the deductible.DeductibleAn amount that you are required to pay before the plan will begin to reimburse for covered services. [14]
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. [17]

$250 copayCopayment (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. [16] (waived if admitted)

Prescription drug (Rx) [11]

30-day supply

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

Mail order Rx

Available for 90-day supply for maintenance medications (not required)

Groups audience:
Employee Services

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

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

Links
[5] https://www.cu.edu/employee-services/benefits-wellness/mental-health-resources
[12] https://managed.winfertility.com/cuhealthplan/