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 is not required, and members can refer themselves to doctors of their choice within Anthem's network. 

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.

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

Plan details

- CU Health Plan - Extended Benefits Coverage Summary
- CU Health Plan - Extended Benefits Booklet
- Anthem Preventative Care Guidelines

Covered providers

Find a provider/urgent care
- Call 1-855-646-4752
- Prescription coverage
- CVS Formulary
- Call 1-888-964-0121
- WINFertility

Features and considerations

Plan type

PPO
Preferred 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. - Anthem's Nationwide Network
**Deductible**

An amount that you are required to pay before the plan will begin to reimburse for covered services. [15]

- $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**

- $9,100/individual; $18,200/family for in-network providers

**Office visit**

Primary care provider - $40/visit

Specialist - $50/visit

Urgent Care - $40/visit

Office visit copays

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. [17] do not apply toward the deductible.

**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. [18]

$250 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. [17] (waived if admitted)
Prescription Drug (Rx)  
30-day supply*

<table>
<thead>
<tr>
<th>Tier</th>
<th>Price</th>
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<tbody>
<tr>
<td>Tier 1</td>
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<tr>
<td>Tier 4</td>
<td>$100</td>
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</tbody>
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*Maintenance medications may be purchased at a CVS Network Retail Pharmacy. After three fills, a CVS Retail Pharmacy or CVS Mail Order must be used for up to a 90-day supply. Specialty medications (Tier 4) may be purchased at a CVS Network Retail Pharmacy. After three fills, CVS Specialty Pharmacy must be used.

Mail Order Rx  
90-day supply

<table>
<thead>
<tr>
<th>Tier</th>
<th>Price</th>
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<tbody>
<tr>
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**For a 30-day supply