

CU-Health Plan - Medicare ^[1]

CU Health Plan — Medicare, provided by Anthem Blue Cross Blue Shield, is available to Medicare-eligible retirees and their spouses/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. ^[2] **You cannot participate in this plan if you are not enrolled in Medicare Parts A and B. This is not a Medicare supplement or MediGap plan.**

Medicare Parts A and B is your primary coverage for any claimClaimA written request such as a reimbursement of a health care expense made by you or your health care provider to the plan administrator whether is medical, dental, vision or a flexible spending account. ^[3]. CU Health Plan — Medicare pays secondary for services covered by Medicare. The plan will not cover services that Medicare does not pay. CU Health Plan — Medicare will pay up to the allowable amount set by Medicare Parts A and B for that specific service. Most medical services or supplies not covered under Medicare are not covered benefits under this plan.

Plan details

- [CU Health Plan - Medicare Benefits Coverage Summary](#) ^[4] (7 pages)
- [CU Health Plan - Medicare Benefits Booklet](#) ^[5] (74 pages)
- [Anthem Preventative Care Guidelines](#) ^[6]

Covered providers and medications

- [Find a doctor](#) ^[7]
 - Call 1-800-735-6072.
- [Pharmacy coverage](#) ^[8]
 - [CVS Caremark Formulary](#) ^[9]
 - For pharmacy questions, call 1-888-964-0121.

Over/Under Plan

CU Health Plan — Medicare/High Deductible is available only to covered CU retirees and their spouses/dependents when at least one member is eligible for Medicare and at least one member is non-Medicare eligible. The partner who is not Medicare-eligible must enroll in CU Health Plan - High Deductible to keep their CU medical coverage. Please review details of

both the Medicare and High Deductible Plans if you are considering this option.

You cannot pair the University of Colorado's Health Savings Account (HSA) (Health Savings Account) A tax-savings account that must be paired with a High-Deductible Health Plan, which can be used to pay for qualified health care expenses now or in the future. An HSA is a savings account that you own. The funds in an HSA carry forward year after year, even if you change employers or retire. ^[10] with the Over/Under plan, but you may enroll in a HSA

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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. ^[11]

Network

Medicare has a nationwide service. CU Health Plan - Medicare pays secondary for services covered by Medicare.

Deductible Deductible An amount that you are required to pay before the plan will begin to reimburse for covered services. ^[12]

\$240 per individual, per plan year

Out-of-pocket limit Out-of-Pocket Limit/Maximum (OMP) The maximum amount of money you will pay for covered medical services during the plan year. These costs include deductibles, copays and coinsurance. This maximum is designed to protect you from catastrophic health care costs. After you reach this amount, the plan will pay 100% of the allowed amount. ^[13]

\$2,400/Single; \$7,200/Family

Preventative care**Preventative Care - Medical**
A routine health care check-up that will
include tests or exams, flu and routine shots,
and patient counseling to prevent or discover
illness, disease or other health problems. All
recommended preventive services would be
covered as required by the Affordable Care
Act (ACA) and applicable state law. ^[14] Visit

Office Visit (Primary/Specialist**Specialist**
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.

^[16])

Diagnostic tests/imaging

\$0 coinsurance**Coinsurance**
The portion of expenses that you have to pay for
certain covered services, calculated as a
percentage. For example, if the
coinsurance rate is 20%, then you are
responsible for paying 20% of the bill,
and the insurance company will pay
80%. ^[15] and no **deductible****Deductible**
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of the bill, and the insurance company
will pay 80%. ^[15] after **deductible**
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Coverage for Medicare-approved
charges not reimbursed by Medicare

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EmergencyEmergency CareA 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]/urgent care 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 [18]

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Prescription Benefits

Plan coverage is determined by medication type, supply amount and pharmacy services:

Up to a 90-day supply

	10% coinsurance after deducitble at CVS Retail Network Pharmacies
Tier 1	5% coinsurance after deducitble at CVS Retail Pharmacies or CVS Mail Order Pharmacy
	20% coinsurance after deducitble at CVS Retail Network Pharmacies
Tier 2	15% coinsurance after deducitble at CVS Retail Pharmacies or CVS Mail Order Pharmacy
	20% coinsurance after deductible at CVS Retail Network Pharmacies
Tier 3	15% coinusrance after deducitble at CVS Retail Pharmacies or CVS Mail Order Pharmacy
	20% coinsurance after deductible for up to a 30-day supply at CVS Retail Network Pharmacies
Tier 4	15% coinsuranceafter deducitble for up to a 30-day supply a at CVS Retail Pharmacies or CVS Mail Order Pharmacy

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.

Groups audience:

Employee Services

Right Sidebar:

ES: Benefits & Wellness - Retiree Medicare Eligible

ES: Benefits & Wellness - IWT 401(a) Medicare Eligible Medical

ES: Benefits & Wellness - Contact

Source URL:<https://www.cu.edu/employee-services/benefits-wellness/retiree/retiree-401a-medicare-eligible/cu-health-plan-medicare>

Links

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