CU-Health Plan — Medicare, provided by Anthem Blue Cross Blue Shield, is available to Medicare-eligible retirees and their spouses/dependents. 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, who are enrolled in Medicare Parts A and B. 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 claim. 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 (7 pages)
- CU Health Plan - Medicare Benefits Booklet (74 pages)
- Anthem Preventative Care Guidelines

Covered providers and medications

- Find a doctor
  - Call 1-800-735-6072.
- Pharmacy coverage
  - CVS Caremark Formulary
  - 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 a considering this option.

You cannot pair the University of Colorado's Health Savings Account HSA (Health Savings Account) with the Over/Under plan, but you may enroll in a HSA outside of CU.

**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.

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

**Deductible**
- An amount that you are required to pay before the plan will begin to reimburse for covered services.
- $240 per individual, per plan year

**Out-of-pocket limit**
- 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.
- $2,400/SINGLE; $7,200/FAMILY
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 $0 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
An amount that you are required to pay before the plan will begin to reimburse for covered services. [12]
Office Visit (Primary/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]
20% 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] after deductible
Deductible
An amount that you are required to pay before the plan will begin to reimburse for covered services. [12] - Coverage for Medicare-approved charges not reimbursed by Medicare
Diagnostic tests/imaging
20% 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] after deductible
Deductible
An amount that you are required to pay before the plan will begin to reimburse for covered services. [12] - Coverage for Medicare-approved charges not reimbursed by Medicare
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.

Urgent Care

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.

Prescription Benefits

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

<table>
<thead>
<tr>
<th>Tier</th>
<th>Coverage Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>10% coinsurance after deductible at CVS Retail Network Pharmacies</td>
</tr>
<tr>
<td></td>
<td>5% coinsurance after deductible at CVS Retail Pharmacies or CVS Mail Order Pharmacy</td>
</tr>
<tr>
<td>Tier 2</td>
<td>20% coinsurance after deductible at CVS Retail Network Pharmacies</td>
</tr>
<tr>
<td></td>
<td>15% coinsurance after deductible at CVS Retail Pharmacies or CVS Mail Order Pharmacy</td>
</tr>
<tr>
<td>Tier 3</td>
<td>20% coinsurance after deductible for up to a 30-day supply at CVS Retail Network Pharmacies</td>
</tr>
<tr>
<td></td>
<td>15% coinsurance after deductible for up to a 30-day supply at CVS Retail Pharmacies or CVS Mail Order Pharmacy</td>
</tr>
</tbody>
</table>

20% 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%.

After deductible

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

Coverage for Medicare-approved charges not reimbursed by Medicare.
**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**