High Deductible [1]

CU Health Plan — High Deductible is an Anthem-administered plan that gives you broad access to health care services inside and outside your network. 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. [2] — but requires that you first meet your deductible. [3] Once you've satisfied the deductible, you'll be responsible for paying coinsurance. [4] 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%. Out-of-Pocket Maximum The most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100 percent of the allowed amount. This limit never includes your premium, balance-billed charges, or health care your plan doesn’t cover. Some plans don't count all of your copayments, deductibles, coinsurance payments, out-of-network payments or other expenses toward this limit. [5] for the plan year. This plan offers Anthem's nationwide network. The facilities, providers and suppliers with whom your health insurer or plan has contracted to provide health care services. [6] of providers and facilities. You'll also have the flexibility to schedule your own appointments with specialists. [7] — no primary care provider. 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. [8] or referrals. [9] 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.

Plan details

- CU Health Plan - High Deductible Benefits Coverage Summary [10] (7 pages)
- Anthem Preventative Care Guidelines [12]

Find a doctor or a pharmacy

- Find a doctor [13]
- Call Anthem at 1-800-735-6072
- Learn about prescription coverage and see FAQ [14]
- Call CVS Caremark at 1-888-964-0121
This Over/Under option is offered to our retirees when a retiree or dependent is Medicare eligible. The member(s) eligible for Medicare must enroll in the CU Medicare (must be enrolled in Medicare Part A and Part B) and the member(s) not Medicare-eligible must enroll in the High Deductible Plan. Although the CU Medicare and High Deductible are two different plans, the premiums are bundled. Please see rate sheet. The monthly cost to participate in the plan. Typically, it is shared between the employee and the employer. Premiums are deducted from your monthly paycheck. are bundled. Please see rate sheet.

Please review details of both the Medicare and High Deductible Plans if you are a considering this option.

You cannot contribute to a Health Savings Account (HSA). 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 once enrolled in Medicare.

### Features and considerations

<table>
<thead>
<tr>
<th>Plan type</th>
<th>Preferred Provider Organization (PPO)</th>
<th>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.</th>
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<tbody>
<tr>
<td>In-network Providers</td>
<td>$1,500 single coverage</td>
<td>$3,000 single coverage</td>
</tr>
<tr>
<td></td>
<td>$3,000 family coverage (2+ members)</td>
<td>$6,000 family coverage (2+ members)</td>
</tr>
<tr>
<td>Deductible</td>
<td>Any member may contribute to overall deductible.</td>
<td>Any member may contribute to overall deductible.</td>
</tr>
<tr>
<td>Out-of-pocket limit</td>
<td>$3,000 single coverage</td>
<td>$6,000 single coverage</td>
</tr>
<tr>
<td></td>
<td>$6,000 family coverage (2+ members)</td>
<td>$12,000 family coverage (2+ members)</td>
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</tbody>
</table>
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. [19] visit

Office visit 15% coinsurance after deductible 35% coinsurance after 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. [20]

Prescription drug [14] (Rx) 30-day supply
15% coinsurance after deductible Covered as In-Network

Mail order Rx UCH Health
20% coinsurance after deductible Available for 90-day supply maintenance medications (not required)

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/high-deductible

Links
[1] https://www.cu.edu/employee-services/benefits-wellness/retiree/retiree-401a-medicare-eligible/high-deductible