Medicare [1]

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. [2] 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. A 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] (41 pages)
- Anthem Preventative Care Guidelines [6] (14 pages)

Find a doctor or a pharmacy

- Find a doctor [7]
- Call Anthem at 1-800-735-6072
- Learn about prescription coverage and see FAQs [8]
- Call CVS Caremark at 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) 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.
with the Over/Under plan, but you may enroll in a 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. [9] outside of CU.

### Features and Considerations

<table>
<thead>
<tr>
<th>Plan type</th>
<th>PPO &lt;br&gt;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. [10]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Network</td>
<td>Medicare has a nationwide service. CU Health Plan - Medicare pays secondary for services covered by Medicare.</td>
</tr>
<tr>
<td>Deductible</td>
<td>$240 per individual, per plan year</td>
</tr>
<tr>
<td>Out-of-pocket limit</td>
<td>$2,400/Single; $7,200/Family</td>
</tr>
<tr>
<td>Preventative care</td>
<td>$0 coinsurance &lt;br&gt;Coinsurance &lt;br&gt;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%. [14] and no deductible &lt;br&gt;Deductible &lt;br&gt;An amount that you are required to pay before the plan will begin to reimburse for covered services. [11]</td>
</tr>
</tbody>
</table>

**Features and Considerations**

- **Plan type**: PPO (Preferred Provider Organization)
- **Network**: Medicare has a nationwide service. CU Health Plan - Medicare pays secondary for services covered by Medicare.
- **Deductible**: $240 per individual, per plan year
- **Out-of-pocket limit**: $2,400/Single; $7,200/Family
- **Preventative care**: $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%. [14] and no deductible.
- **Deductible**: An amount that you are required to pay before the plan will begin to reimburse for covered services. [11]
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. [15]

Diagnostic tests/imaging

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. [16/urgent 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. [17]

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%. [14] after deductible

Deductible
An amount that you are required to pay before the plan will begin to reimburse for covered services. [11] - Coverage for Medicare-approved charges not reimbursed by Medicare

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%. [14] after deductible

Deductible
An amount that you are required to pay before the plan will begin to reimburse for covered services. [11] - Coverage for Medicare-approved charges not reimbursed by Medicare
20% 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%. [14] after deductible

Deductible

An amount that you are required to pay before the plan will begin to reimburse for covered services. [11]

Up to 90-day supply for Generic, Preferred Brand and Non-Preferred Brand drugs at retail or mail order outlets.

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/medicare

Links
[1] https://www.cu.edu/employee-services/benefits-wellness/retiree/retiree-401a-medicare-eligible/medicare
[8] https://www.cu.edu/employee-services/benefits-wellness/cvs-caremark-pharmacy-services
[16] https://www.cu.edu/es-benefits-glossary/emergency-care