

## **Pathway** <sup>[1]</sup>

### **2026–27 plan year information**

This page provides details about the **2025–26 benefits plan year**. For plan year 2026–27 (beginning July 1, 2026) information, visit the [Open Enrollment page](#) <sup>[2]</sup>.

**The Pathway plan provides access to high-quality health care in Colorado through Anthem’s Pathway network**  
**Network****The facilities, providers and suppliers with whom your health insurer or plan has contracted to provide health care services** <sup>[3]</sup>.

Colorado in-network hospital systems include Rocky Mountain Children’s Hospital, Boulder Community Hospital, HCA Hospitals and UC Health Hospitals.

**Exciting news: Children’s Hospital Colorado is now an in-network provider for the Pathway Plan, starting April 1, 2026**

Members living outside of Colorado will have access to Anthem’s full national PPO network on the Pathway plan, the same out-of-state network as the High Deductible plan.

Your 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 <sup>[4]</sup> manages your care, but you do not need a referral **Referral** 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. <sup>[5]</sup> to see a specialist. No out-of-network coverage is available except for urgent **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 <sup>[6]</sup> and/or emergency care **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. <sup>[7]</sup>.

### **Plan details**

- [CU Health Plan - Pathway Benefits Coverage Summary](#) <sup>[8]</sup>(15 pages)
- [CU Health Plan - Pathway Benefits Booklet](#) <sup>[9]</sup> (117 pages)
- [Anthem Preventive Care Guidelines](#) <sup>[10]</sup>

### Covered providers and medication

- [Find a doctor or urgent care](#) <sup>[11]</sup>
  - Call 1-855-646-4752
- [Prescription coverage](#) <sup>[12]</sup>
  - [Access the CVS Formulary](#) <sup>[13]</sup>
  - For pharmacy questions, call 1-888-964-0121
- [Find an in-network pharmacy](#) <sup>[14]</sup>
- [WINFertility](#) <sup>[15]</sup>

## Features & Considerations

### Plan Type

EPO Exclusive Provider Organization (EPO) A health care system designed to give you access to quality, cost-effective service. With an EPO, such as the case of our CU Health Plan Kaiser, you will have access to providers within the Kaiser Network. Your Primary Care Provider, in most cases, will manage and coordinate any care of a specialist you may need by providing you with a referral within the network. There are no out-of-network benefits with the exception of emergency care. <sup>[16]</sup>  
- Anthem Network

Deductible Deductible An amount that you are required to pay before the plan will begin to reimburse for covered services. <sup>[17]</sup>

\$500 per individual (each member must meet their \$500)

\$1,000 family maximum (2+ members)

**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.** <sup>[18]</sup>

\$9,200 for individuals; \$18,400 for family

**Office Visit**

Primary Care: \$30/visit  
Specialist: \$40/visit  
Urgent Care: \$30/visit

Office visit copays do not apply toward the deductible.

**Emergency Care**

\$250 copay (waived if admitted)

Tier 1: \$10  
Tier 3: \$75

Tier 2: \$50  
Tier 4: \$100

**Prescription Drug (Rx)  
30-day supply\***

\*Maintenance medications may be purchased at a CVS Network Retail Pharmacy. After three fills, a CVS Retail Pharmacy, Costco, King Soopers, City Market or CVS Mail Order must be used for up to a 90-day supply. <sup>[12]</sup>

\*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**

Tier 1: \$20  
Tier 3: \$150

Tier 2: \$100  
Tier 4 \$75\*\*

\*\*For a 30-day supply

**Groups audience:**

Employee Services

**Right Sidebar:**

ES: Benefits & Wellness - Retiree 401(a) Non-Medicare

ES: Benefits & Wellness - Contact

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**Links**

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