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High Deductible [1]

The High Deductible plan pairs with Medicare for an over/under option for situations when at least one member is eligible for Medicare and at least one other member is not.

Over/Under Basics

- The member(s) eligible for Medicare will be enrolled in the CU Medicare Plan (must be enrolled in Medicare Part A and Part B) and the member(s) not Medicare-eligible will be enrolled in the High Deductible Plan.
- Although the CU Medicare and High Deductible are two different plans, the premiums are bundled. See your rate sheet [2] for pricing details.

About the High Deductible plan

This Anthem-administered plan gives you broad access to health care services inside and outside your networkNetworkThe facilities, providers and suppliers with whom your health insurer or plan has contracted to provide health care services [3] — but requires that you first meet your deductible.

Once you've satisfied the deductible, you'll be responsible for paying coinsuranceCoinsurance 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%. [4] for care. This plan offers Anthem's nationwide networkNetworkThe facilities, providers and suppliers with whom your health insurer or plan has contracted to provide health care services [3] of providers and facilities. You'll also have the flexibility to schedule your own appointments with specialists SpecialistA 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. [5] — no Primary Care ProviderPrimary 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 [6] or referralsReferralA 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. [7] needed.

This plan provides one no-cost preventive mental health visit per plan year. Learn more about your mental health benefit options on our Mental Health Resources page [8].

Plan details

- CU Health Plan - High Deductible (HSA Compatible) Benefits Coverage Summary [9] (14 pages)
- CU Health Plan - High Deductible (HSA Compatible) Benefits Booklet [10] (114 pages)
- Anthem Preventive Care Guidelines [11]

Covered providersProviderAn individual or facility that provides health care services such as a doctor, nurse, chiropractor, hospital, rehabilitation center, etc. [12] and medications

- Find a doctor or urgent care [13]
  - Call 1-855-646-4752
- Prescription coverage [14]
  - Access the CVS Formulary [15]
  - Call 1-888-964-0121
- WINFertility [16]

Medicare/High Deductible

The High Deductible plan pairs with Medicare for an over/under option for situations when at least one member is eligible for Medicare and at least one other member is not.

- 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. See your rate sheet [17] for pricing details.
- Over/Under plans have different enrollment periods and plan years:
  - October enrollment for Medicare with the plan year running from Jan. 1 to Dec. 31.
  - April/May enrollment for High Deductible with the plan year running from July 1 to June 30.
- You cannot contribute to a Health Savings Account (HSA) once enrolled in Medicare.
- If you are a considering this option, please review details of the both Medicare [18] and High Deductible Plans.

Features & Considerations

Plan type	PPOPreferred 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. [19] / HSA CompatibleHSA (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. [20]
	In-Network Providers **Out-of-Network Providers**

Deductible Deductible - High Deductible PlanAn amount that you are required to pay before the plan will begin to reimburse for covered services. This plan has $1,500 deductible for single coverage or an “aggregate deductible” of $3,000 for family coverage (2+ members). This means than one or all members can contribute collectively to the $3,000 deductible. [21]	$1,700 single coverage $3,400 family coverage (2+ members) Any member may contribute to overall deductible.	$3,400 single coverage $6,800 family coverage (2+ members) Any member may contribute to overall deductible.
Out-of-pocket limit	$3,400 single coverage $6,800 family coverage (2+ members)	$6,800 single coverage $13,600 family coverage (2+ members)

Preventive care Preventive 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. [22] **visit**	$0 coinsurance and no deductible	35% coinsurance after deductible
Office visit	15% coinsurance after deductible	35% coinsurance after deductible

Emergency care Emergency 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. [23]	15% coinsurance after deductible	Covered as in-network

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 [24]	15% coinsurance after deductible	35% coinsurance after deductible

Prescription Benefits

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

	30-day supply	31 to 90-Day Supply	Non-Network Provider
Tier 1	10% coinsurance after deductible for up to a 30-day supply at Caremark Retail Network Pharmacies	5% coinsurance for a 31 to 90-day supply at CVS Retail, Costco, Kroger or CVS mail order	20% coinsurance after deductible for up to a 30-day supply
Tier 2	20% coinsurance after deductible for up to a 30-day supply at Caremark Retail Network Pharmacies	15% coinsurance for a 31 to 90-day supply at CVS Retail, Costco, Kroger or CVS mail order	20% coinsurance after deductible for up to a 30-day supply
Tier 3	20% coinsurance after deductible for up to a 30-day supply at Caremark Retail Network Pharmacies	15% coinsurance for a 31 to 90-day supply at CVS Retail, Costco, Kroger or CVS mail order	20% coinsurance after deductible for up to a 30-day supply

	30-day supply	31 to 90-Day Supply	Non-Network Provider
Tier 4	20% coinsurance after deductible for up to a 30-day supply at Caremark Retail Network Pharmacies or 15% coinsurance at CVS Retail, Costco, Kroger or CVS mail order for up to a 30-day supply		20% coinsurance after deductible for up to a 30-day supply

Specialty medications (Tier 4): Per fill, a maximum of up to 30 days of Specialty medication may be purchased at a retail pharmacy. After three fills, CVS Specialty Pharmacy must be used for Specialty medication to be covered.

Maintenance medications: Per fill, a maximum of up to 30 days of maintenance medication may be purchased at a retail pharmacy. After three fills, a CVS Retail Pharmacy, Costco, King Soopers, City Market or CVS Mail Order [14] must be used for up to a 90-day supply to be covered.

Generic preventive therapy drugs: Certain medications and supplies may be obtained at in network pharmacies with no applicable copayment (100% covered). Please contact CVS member services for additional information at 1-888-964-0121.

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ES: Benefits & Wellness - IWT PERA Non-Medicare Eligible Medical
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