Medicare [1]

CU Health Plan — Medicare, provided by Anthem Blue Cross Blue Shield, is available to Medicare-eligible retirees and their spouses/dependentsDependent 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 claimClaimA 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](71 pages)
- SilverScript Pharmacy Benefits Booklet [6] (126 pages)
- Anthem Preventative Care Guidelines [7]

Covered providers and medications

- Find a doctor [8]
  - Call 1-800-735-6072.
- Pharmacy coverage [9]
  - SilverScript Formulary [10]

- For pharmacy questions, call 1-833-252-6640.

Over/Under Plan

- The 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 B) and the member(s) not Medicare-eligible must enroll in the High Deductible Plan.
- 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.

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. [11]
Network	Medicare has a nationwide serivce. CU Health Plan - Medicare pays secondary for services covered by Medicare.
DeductibleDeductibleAn amount that you are required to pay before the plan will begin to reimburse for covered services. [12]	**Medical**: $240 per individual, per plan year **Pharmacy**: $0 per individual, per plan year

Features & Considerations

Out-of-pocket limitOut-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. [13]	**In-network medical services** : $1,200 per individual, up to $3,600 for family coverage **In-network pharmacy services** : $1,200 per individual, up to $3,600 for family coverage.
Preventative carePreventative Care - MedicalA 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 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%. [15] and no deductible DeductibleAn amount that you are required to pay before the plan will begin to reimburse for covered services. [12]

Features & Considerations

Office Visit (Primary/Specialist 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. [16]**)**	20% 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%. [15] after deductible DeductibleAn 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% 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%. [15] after deductible DeductibleAn 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

Features & Considerations	
EmergencyEmergency 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. [17]**/urgent careUrgent 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** [18]	20% 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%. [15] after deductible DeductibleAn 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

Prescription Benefits

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

Drug Tier	Coverage
Tier 1 (Generic drugs)	**CVS Retail or CVS Mail Order Pharmacy:** • $10 / prescription for up to a 30-day supply • $20 / prescription for a 31 to 90-day supply on maintenance choice medications **Caremark Retail Network Pharmacies:** • $10 / prescription for up to a 30-day supply • $30 / prescription for a 31 to 90-day supply
Tier 2 (Preferred brand drugs)	**CVS Retail or CVS Mail Order Pharmacy:** • $50 / prescription for up to a 30-day supply • $100 / prescription for a 31 to 90-day supply on maintenance choice medications **Caremark Retail Network Pharmacies:** • $50 / prescription for up to a 30-day supply • $150 / prescription for a 31 to 90-day supply

Drug Tier	Coverage
Tier 3 (non-preferred brand drugs)	**CVS Retail or CVS Mail Order Pharmacy:** • $75 / prescription for up to a 30-day supply • $150 / prescription for a 31 to 90-day supply on maintenance choice medications **Caremark Retail Network Pharmacies:** • $75 / prescription for up to a 30-day supply • $225 / prescription for a 31 to 90-day supply
Tier 4 (Specialty Orals and Injectable drugs)	**CVS Retail, CVS Mail Order or Caremark Retail Network Pharmacies:** • $100 / prescription for up to a 30-day supply

Groups audience:
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