Published on *University of Colorado* (https://www.cu.edu)

Medicare [1]

2027 plan year information

This page provides details about the 2027 benefits plan year. For plan year 2026 information (ending Dec. 31, 2026), visit the Retiree 401(a) Medicare Eligible page [2].

CU Health Plan — Medicare, provided by Anthem Blue Cross Blue Shield, is available to Medicare-eligible participants 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. [3] 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.
- CU Health Plan — Medicare pays secondary for services covered by Medicare.
- The plan will not cover services that Medicare does not pay.
- CU 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.
- Enrollment into any other Medicare Plan, Medical or Rx, will terminate your CU coverage.

Over/Under Option

- 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 PremiumThe monthly cost to participate in the plan. Typically, it is shared between the employee and the employer. Premiums are deducted from your monthly paycheck.

[4] for this option are bundled. See your rate sheet [5] for pricing details.
- Over/Under plan rates are subject to change twice a year based on each plan's renewal date: Jan. 1 for CU Medicare plans and July 1 for the CU Health Plan — High Deductible.

Plan details

- CU Health Plan — Medicare Benefits Coverage Summary [6] (8 pages)
- CU Health Plan — Medicare Benefits Booklet [7](68 pages)
- SilverScript Pharmacy Benefits Booklet [8] (120 pages)
- Anthem Preventive Care Guidelines [9]

Covered providers and medications

- Find a doctor or urgent care [10]
  - Call 1-800-735-6072
- Access the CVS Formulary [11]
  - For pharmacy questions, call 1-888-964-0121
- Find an in-network pharmacy [12]

Features and 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. [13]
NetworkNetwork The facilities, providers and suppliers with whom your health insurer or plan has contracted to provide health care services [14]	Medicare has a nationwide serivce. CU Health Plan - Medicare pays secondary for services covered by Medicare.

Features and Considerations

Deductible DeductibleAn amount that you are required to pay before the plan will begin to reimburse for covered services. [15]	**Medical:** $240 per individual, per plan year. **Pharmacy:** $0 per individual, per plan year.
Out-of-Pocket Limit 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. [16]	**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.

Features and Considerations

Preventive Care **Preventive 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.** [17]**? Visit**	$0 coinsuranceCoinsuranceThe 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%. [18] and no deductibleDeductibleAn amount that you are required to pay before the plan will begin to reimburse for covered services. [15]

Features and Considerations

Office Visit (Primary 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 [19]/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. [20])	20% coinsuranceCoinsuranceThe 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%. [18] after deductible DeductibleAn amount that you are required to pay before the plan will begin to reimburse for covered services. [15] - Coverage for Medicare-approved charges not reimbursed by Medicare

Features and Considerations	
Diagnostic Tests/Imaging	20% coinsuranceCoinsuranceThe 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%. [18] after deductible DeductibleAn amount that you are required to pay before the plan will begin to reimburse for covered services. [15] - Coverage for Medicare-approved charges not reimbursed by Medicare

Features and Considerations

Emergency 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. [21]**?/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** [22]	20% coinsuranceCoinsuranceThe 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%. [18] after deductible DeductibleAn amount that you are required to pay before the plan will begin to reimburse for covered services. [15] - 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
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:
Employee Services

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