You'll have access to Anthem's nationwide network of physicians and facilities under this Anthem-administered plan. A primary care 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 [2] is not required, and members can refer themselves to doctors of their choice within Anthem's network. The facilities, providers and suppliers with whom your health insurer or plan has contracted to provide health care services [3], including specialists, focus 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. [4].

This plan provides one no-cost preventative mental health visit per plan year. Learn more about your mental health benefit options on our Mental Health Resources page [5].

There is no out-of-network coverage except for urgent and/or emergency care.

Plan details

- CU Health Plan - Extended Benefits Coverage Summary [6] (12 pages)
- CU Health Plan - Extended Benefits Booklet [7] (117 pages)
- Anthem Preventative Care Guidelines [8]

Covered providers

- Find a provider/urgent care [9]
  - Call 1-855-646-4752
- Prescription coverage [10]
    - Call 1-888-964-0121
- WINFertility [12]

Features and considerations

Plan type

PPO

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. [14] - Anthem's Nationwide Network
**Deductible**
An amount that you are required to pay before the plan will begin to reimburse for covered services. [15]

- $750 per Individual (each member must meet their $750)
- $1,500 family max (2+ members)
- 10% coinsurance after deductible is met

**Out-of-pocket limit**
$9,100/individual; $18,200/family for in-network providers

**Office visit**
- Primary care provider - $40/visit
- Specialist - $50/visit
- Urgent Care - $40/visit

**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. [18]

- $250 copay

Copayments (copay) A fixed-dollar amount that you must pay out of your pocket at the time of service to a provider or a facility for a specific health covered service. Copays do not apply to the deductible requirement. For example, an office visit may have a copay of $30 under the Exclusive Plan and $40 under the Extended. You must pay the amount at the time of service. [17] (waived if admitted)
Prescription Drug (Rx)
30-day supply*

Tier 1: $10
Tier 3: $75
Tier 2: $50
Tier 4: $100

*Maintenance medications may be purchased at a CVS Network Retail Pharmacy. After three fills, a CVS Retail Pharmacy or CVS Mail Order must be used for up to a 90-day supply.

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 - Current Employee Sidebar
ES: Benefits & Wellness - Contact

Source URL: https://www.cu.edu/employee-services/extended

Links