Extended [1]

You'll have access to Anthem's nationwide network of physicians and facilities under this Anthem-administered plan. A primary care physician [1], or 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 [2] is not required, and members can refer themselves to doctors of their choice within Anthem's network [3]. The facilities, providers and suppliers with whom your health insurer or plan has contracted to provide health care services, including specialists [4], are part of the network. A non-physician specialist is a provider who has more training in 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 [9] An individual or facility that provides health care services such as a doctor, nurse, chiropractor, hospital, rehabilitation center, etc. and medications

- Find a provider/urgent care [10]
  - Call 1-855-646-4752
- Prescription coverage [11]
  - CVS Formulary [12]
  - Call 1-888-964-0121
- WINFertility [13]

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

Primary care provider - $40/visit
Specialist
A 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. [4] - $50/visit
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 [16] - $40/visit

Office visit
Office visit copays
Copayment (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] do not apply toward the deductible.

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. [18] $250 copay

Copayment (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:  
[1] https://www.cu.edu/employee-services/extended  
[5] https://www.cu.edu/employee-services/benefits-wellness/mental-health-resources  
[18] https://www.cu.edu/es-benefits-glossary/emergency-care