

Extended ^[1]

You'll have access to Anthem's nationwide network of physicians and facilities under this Anthem-administered plan. A primary care physician 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 Network The facilities, providers and suppliers with whom your health insurer or plan has contracted to provide health care services ^[3], including specialists 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].

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

Plan details

- [CU Health Plan - Extended Benefits Coverage Summary](#) ^[5] (12 pages)
- [CU Health Plan - Extended Benefits Booklet](#) ^[6] (111 pages)
- [Anthem Preventative Care Guidelines](#) ^[7]

Covered providers Provider An individual or facility that provides health care services such as a doctor, nurse, chiropractor, hospital, rehabilitation center, etc. ^[8] **and medications**

- [Find a provider/urgent care](#) ^[9]
- Call Anthem at 1-855-646-4752
- [Learn about prescription coverage and see FAQs](#) ^[10]
- Call CVS Caremark at 1-888-964-0121

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. ^[11] - Anthem's Nationwide Network

Deductible
An amount that you are required to pay before the plan will begin to reimburse for covered services. [12]

\$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

\$8,550/individual; \$17,100/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 [13] - \$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. [14] do not apply toward the deductible.
Deductible
An amount that you are required to pay before the plan will begin to reimburse for covered services. [12]

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. [15]

\$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. [14] (waived if admitted)

Prescription drug (Rx) [10]
30-day supply

Tier 1 \$15
Tier 3 \$50
Tier 2 \$35
Tier 4 \$75

Mail order Rx Available for 90-day supply for maintenance medications (not required)

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>
- [2] <https://www.cu.edu/es-benefits-glossary/primary-care-provider-pcp>
- [3] <https://www.cu.edu/es-benefits-glossary/network>
- [4] <https://www.cu.edu/es-benefits-glossary/specialist>
- [5] <https://www.cu.edu/docs/cu-health-plan-extended-benefits-summary>
- [6] <https://www.cu.edu/docs/cu-health-plan-extended-benefits-booklet>
- [7] <https://www.anthem.com/preventive-care/>
- [8] <https://www.cu.edu/es-benefits-glossary/provider>
- [9] <https://www.anthem.com/cuhealthplan/find-a-doctor/>
- [10] <https://www.cu.edu/employee-services/benefits-wellness/cvs-caremark-pharmacy-services>
- [11] <https://www.cu.edu/es-benefits-glossary/preferred-provider-organization-ppo>
- [12] <https://www.cu.edu/es-benefits-glossary/deductible>
- [13] <https://www.cu.edu/es-benefits-glossary/urgent-care>
- [14] <https://www.cu.edu/es-benefits-glossary/copayment-copay>
- [15] <https://www.cu.edu/es-benefits-glossary/emergency-care>