Extended [1]

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 [3], including specialists [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

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 the 2021-22 plan year
(Up from $8,150/Individual; $16,300/Family for the 2020-21 plan year)

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. [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] do not apply toward the deductible.

[12] [13] [14] [15]
**Prescription drug (Rx)**

<table>
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<tr>
<th>Tier</th>
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</table>

**30-day supply**

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