

High Deductible ^[1]

The High Deductible plan pairs with Medicare for an over/under option for situations when at least one member is eligible for Medicare and at least one other member is not.

Over/Under Basics

- The member(s) eligible for Medicare must enroll in the CU Medicare (must be enrolled in Medicare Part A and Part B) and the member(s) not Medicare-eligible must enroll in the High Deductible Plan.
- Although the CU Medicare and High Deductible are two different plans, the premiums are bundled. See your [rate sheet](#) ^[2] for pricing details.
- Over/Under plans have different enrollment periods and plan years:
 - October enrollment for Medicare with the plan year running from Jan. 1 to Dec. 31.
 - April/May enrollment for High Deductible with the plan year running from July 1 to June 30.
- You cannot contribute to a Health Savings Account (HSA) once enrolled in Medicare.
- If you are considering this option, please review details of the both Medicare and High Deductible Plans.

About the High Deductible plan

This Anthem-administered plan gives you broad access to health care services inside and outside your network. The facilities, providers and suppliers with whom your health insurer or plan has contracted to provide health care services ^[3] — but requires that you first meet your deductible.

Once you've satisfied the deductible, you'll be responsible for paying [coinsurance](#). The 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%. ^[4] for care. This plan offers Anthem's nationwide network. The facilities, providers and suppliers with whom your health insurer or plan has contracted to provide health care services ^[3] of providers and facilities. You'll also have the flexibility to schedule your own appointments with [specialists](#). 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. ^[5] — no Primary Care Provider. 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

[6] or referralsReferralA written order from your primary care provider for you to see a specialist or receive certain health care services for any covered service that cannot be performed by your primary care provider. This applies to our Anthem Exclusive and Kaiser plans. [7] needed.

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](#) [8].

Plan details

- [CU Health Plan - High Deductible \(HSA Compatible\) Benefits Coverage Summary](#) [9] (14 pages)
- [CU Health Plan - High Deductible \(HSA Compatible\) Benefits Booklet](#) [10] (112 pages)
- [Anthem Preventative Care Guidelines](#) [11]

Covered providers**Provider**An individual or facility that provides health care services such as a doctor, nurse, chiropractor, hospital, rehabilitation center, etc. [12] **and medications**

- [Find a doctor or urgent care](#) [13]
 - Call 1-855-646-4752
- [Prescription coverage](#) [14]
 - [Access the CVS Formulary](#) [15]
 - Call 1-888-964-0121
- [WINFertility](#) [16]

Features & 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. [17] / HSA CompatibleHSA (Health Savings Account) A tax-savings account that must be paired with a High-Deductible Health Plan, which can be used to pay for qualified health care expenses now or in the future. An HSA is a savings account that you own. The funds in an HSA carry forward year after year, even if you change employers or retire. [18]	
	In-Network Providers	Out-of-Network Providers

Deductible
Deductible -
High
Deductible
PlanAn
amount that
you are
required to
pay before
the plan will
begin to
reimburse for
covered
services.
This plan has
\$1,500
deductible
for single
coverage or
an
“aggregate
deductible”
of \$3,000 for
family
coverage (2+
members).
This means
than one or
all members
can
contribute
collectively
to the \$3,000
deductible. ^[19]

**Out-of-pocket
limit**

\$1,600 single coverage
\$3,200 family coverage (2+ members)
Any member may contribute to overall deductible.

\$3,200 single coverage
\$6,400 family coverage (2+ members)

\$3,200 single coverage
\$6,400 family coverage (2+ members)
Any member may contribute to overall deductible.

\$6,400 single coverage
\$12,800 family coverage (2+ members)

Preventative care
Preventative Care - Medical
A 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. ^[20]

Office visit

\$0 coinsurance and no deductible

35% coinsurance after deductible

15% coinsurance after deductible

35% coinsurance after deductible

Emergency
care
Emergency
CareA
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. [\[21\]](#)

15% coinsurance after deductible

Covered as in network

**Urgent Care
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** ^[22]

15% coinsurance after deductible

35% coinsurance after deductible

Prescription Benefits

Plan coverage is determined by medication type, supply amount and pharmacy services:

	30-day supply	31 to 90-Day Supply	Non-Network Provider
Tier 1	10% coinsurance after deductible for up to a 30-day supply at Caremark Retail Network Pharmacies	5% coinsurance for a 31 to 90-day supply at CVS Retail, Costco, Kroger or CVS mail order	20% coinsurance after deductible for up to a 30-day supply
Tier 2	20% coinsurance after deductible for up to a 30-day supply at Caremark Retail Network Pharmacies	15% coinsurance for a 31 to 90-day supply at CVS Retail, Costco, Kroger or CVS mail order	20% coinsurance after deductible for up to a 30-day supply
Tier 3	20% coinsurance after deductible for up to a 30-day supply at Caremark Retail Network Pharmacies	15% coinsurance for a 31 to 90-day supply at CVS Retail, Costco, Kroger or CVS mail order	20% coinsurance after deductible for up to a 30-day supply

	30-day supply	31 to 90-Day Supply	Non-Network Provider
Tier 4	20% coinsurance after deductible for up to a 30-day supply at Caremark Retail Network Pharmacies or 15% coinsurance at CVS Retail, Costco, Kroger or CVS mail order for up to a 30-day supply		20% coinsurance after deductible for up to a 30-day supply

Specialty medications (Tier 4): Per fill, a maximum of up to 30 days of Specialty medication may be purchased at a retail pharmacy. After three fills, CVS Specialty Pharmacy must be used for Specialty medication to be covered.

Maintenance medications: Per fill, a maximum of up to 30 days of maintenance medication may be purchased at a retail pharmacy. After three fills, a CVS Retail Pharmacy, Costco, King Soopers, City Market or CVS Mail Order ^[14] must be used for up to a 90-day supply to be covered.

Generic preventive therapy drugs: Certain medications and supplies may be obtained at in network pharmacies with no applicable copayment (100% covered). Please contact CVS member services for additional information at 1-888-964-0121.

Groups audience:

Employee Services

Right Sidebar:

ES: Benefits & Wellness - SS Non-Medicare

ES: Benefits & Wellness - IWT SS Non-Medicare Eligible Medical

ES: Benefits & Wellness - Contact

Source URL: <https://www.cu.edu/employee-services/high-deductible-0>

Links

[1] <https://www.cu.edu/employee-services/high-deductible-0>

[2] <https://www.cu.edu/docs?text=rate%20&dept=All> [3] <https://www.cu.edu/es-benefits-glossary/network>

[4] <https://www.cu.edu/es-benefits-glossary/coinsurance> [5] <https://www.cu.edu/es-benefits-glossary/specialist>

[6] <https://www.cu.edu/es-benefits-glossary/primary-care-provider-pcp>

[7] <https://www.cu.edu/es-benefits-glossary/referral>

[8] <https://www.cu.edu/employee-services/benefits-wellness/mental-health-resources>
[9] <https://www.cu.edu/docs/cu-health-plan-high-deductible-benefits-summary> [10] <https://www.cu.edu/docs/cu-health-plan-high-deductible-benefits-booklet>
[11] <https://www.anthem.com/preventive-care/> [12] <https://www.cu.edu/es-benefits-glossary/provider>
[13] <https://www.anthem.com/mcr/cuhealthplan/find-care> [14] <https://www.cu.edu/employee-services/benefits-wellness/cvs-caremark-pharmacy-services> [15] <https://info.caremark.com/dig/acsdruglist>
[16] <https://managed.winfertility.com/cuhealthplan/> [17] <https://www.cu.edu/es-benefits-glossary/preferred-provider-organization-ppo> [18] <https://www.cu.edu/es-benefits-glossary/hsa-health-savings-account>
[19] <https://www.cu.edu/es-benefits-glossary/deductible-high-deductible-plan> [20] <https://www.cu.edu/es-benefits-glossary/preventative-care-medical> [21] <https://www.cu.edu/es-benefits-glossary/emergency-care>
[22] <https://www.cu.edu/es-benefits-glossary/urgent-care>