

Medicare ^[1]

CU Health Plan — Medicare, provided by Anthem Blue Cross Blue Shield, is available to Medicare-eligible participants and their spouses/dependentsDependentAn employee's spouse, common-law spouse, civil union partner, domestic partner, children under the age of 27, and qualifying disabled children over age 27 of the employee or of the spouse/partner who are biological, legally adopted or for whom there are parental responsibility documents issued by a court. ^[2] who are enrolled in Medicare Parts A and B.

You cannot participate in this plan if you are not enrolled in Medicare Parts A and B. This is not a Medicare supplement or MediGap plan.

- Medicare Parts A and B is your primary coverage for any claim.
- CU Health Plan — Medicare pays secondary for services covered by Medicare.
- The plan will not cover services that Medicare does not pay.
- CU Medicare will pay up to the allowable amount set by Medicare Parts A and B for that specific service.
- Most medical services or supplies not covered under Medicare are not covered benefits under this plan.
- Enrollment into any other Medicare Plan, Medical or Rx, will terminate your CU coverage.

Over/Under Option

- The member(s) eligible for Medicare will be enrolled in the CU Medicare Plan (must be enrolled in Medicare Part A and Part B) and the member(s) not Medicare-eligible will be enrolled in the High Deductible Plan.

- Although the CU Medicare and High Deductible are two different plans, the premiums PremiumThe monthly cost to participate in the plan. Typically, it is shared between the employee and the employer. Premiums are deducted from your monthly paycheck. [3] for this option are bundled. See your rate sheet [4] for pricing details.
 - Rates for this plan are subject to change July 1 when the CU Health Plan - High Deductible plan rates change.

Plan details

- CU Health Plan - Medicare Benefits Coverage Summary [5] (8 pages)
- CU Health Plan - Medicare Benefits Booklet [6](71 pages)
- SilverScript Pharmacy Benefits Booklet [7] (126 pages)
- Anthem Preventative Care Guidelines [8]

Covered providers and medications

- Find a doctor or urgent care [9]
 - Call 1-800-735-6072
- Access the CVS Formulary [10]
 - For pharmacy questions, call 1-888-964-0121
- Find an in-network pharmacy [11]

Features and 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. [12]

NetworkNetwork

The facilities, providers and suppliers with whom your health insurer or plan has contracted to provide health care services [13]

Medicare has a nationwide service.

CU Health Plan - Medicare pays secondary for services covered by Medicare.

Features and Considerations

Deductible

DeductibleAn

amount that you are
required to pay
before the plan will
begin to reimburse
for covered
services. ^[14]

Medical: \$240 per individual, per plan year.

Pharmacy: \$0 per individual, per plan year.

Out-of-Pocket Limit

Out-of-Pocket

Limit/Maximum

(OMP)The maximum
amount of money
you will pay for
covered medical
services during the
plan year. These
costs include
deductibles, copays
and coinsurance.
This maximum is
designed to protect
you from
catastrophic health
care costs. After
you reach this
amount, the plan
will pay 100% of the
allowed amount. ^[15]

In-network medical services: \$1,200 per individual, up to \$3,600 for family coverage.

In-network pharmacy services: \$1,200 per individual, up to \$3,600 for family coverage.

Features and Considerations

Preventative Care
Preventative Care -
MedicalA 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.

^[16]? Visit

\$0 coinsuranceCoinsuranceThe 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%. ^[17] and no deductibleDeductibleAn
amount that you are required to pay before the
plan will begin to reimburse for covered services. ^[14]

Features and Considerations

Office Visit (Primary 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

^[18]/Specialist
SpecialistA
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. ^[19])

20% coinsuranceCoinsuranceThe 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%. ^[17] after deductible
DeductibleAn amount that you are required to pay
before the plan will begin to reimburse for covered
services. ^[14] - Coverage for Medicare-approved
charges not reimbursed by Medicare

Features and Considerations

Diagnostic Tests/Imaging

20% coinsuranceCoinsuranceThe 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%. ^[17] after deductible DeductibleAn amount that you are required to pay before the plan will begin to reimburse for covered services. ^[14] - Coverage for Medicare-approved charges not reimbursed by Medicare

Features and Considerations

Emergency
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. ^[20] 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 ^[21]

20% coinsuranceCoinsuranceThe 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%. ^[17] after deductibleDeductibleAn amount that you are required to pay before the plan will begin to reimburse for covered services. ^[14] - Coverage for Medicare-approved charges not reimbursed by Medicare

Prescription Benefits

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

Drug Tier	Coverage
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CVS Retail or CVS Mail Order Pharmacy:

- \$10 / prescription for up to a 30-day supply
- \$20 / prescription for a 31 to 90-day supply on maintenance choice medications

Tier 1 (Generic drugs)

Caremark Retail Network Pharmacies:

- \$10 / prescription for up to a 30-day supply
- \$30 / prescription for a 31 to 90-day supply

CVS Retail or CVS Mail Order Pharmacy:

- \$50 / prescription for up to a 30-day supply
- \$100 / prescription for a 31 to 90-day supply on maintenance choice medications

Tier 2 (Preferred brand drugs)

Caremark Retail Network Pharmacies:

- \$50 / prescription for up to a 30-day supply
- \$150 / prescription for a 31 to 90-day supply

CVS Retail or CVS Mail Order Pharmacy:

- \$75 / prescription for up to a 30-day supply
- \$150 / prescription for a 31 to 90-day supply on maintenance choice medications

Tier 3 (non-preferred brand drugs)

Caremark Retail Network Pharmacies:

- \$75 / prescription for up to a 30-day supply
- \$225 / prescription for a 31 to 90-day supply

Tier 4 (Specialty Orals and Injectable drugs)

CVS Retail, CVS Mail Order or Caremark Retail Network Pharmacies:

- \$100 / prescription for up to a 30-day supply

Groups audience:

Employee Services

Right Sidebar:

ES: Benefits & Wellness - OE Enrollment Tool

Source URL:<https://www.cu.edu/employee-services/open-enrollment/401a-medicare-eligible-retirees/medicare>

Links

[1] <https://www.cu.edu/employee-services/open-enrollment/401a-medicare-eligible-retirees/medicare>

[2] <https://www.cu.edu/es-benefits-glossary/dependent> [3] <https://www.cu.edu/es-benefits-glossary/premium>

[4] <https://www.cu.edu/employee-services/open-enrollment/monthly-rates>

[5] <https://www.cu.edu/docs/cu-health-plan-medicare-benefits-summary> [6] <https://www.cu.edu/docs/cu-health-plan-medicare-benefits-booklet>

[7] <https://www.cu.edu/docs/cu-health-plan-medicare-pharmacy-benefits-booklet>

[8] <https://www.anthem.com/preventive-care/> [9] <https://www.anthem.com/cuhealthplan/find-a-doctor/>
[10] <https://info.caremark.com/dig/acsduglist> [11] <http://www.caremark.com/> [12] <https://www.cu.edu/es-benefits-glossary/preferred-provider-organization-ppo> [13] <https://www.cu.edu/es-benefits-glossary/network> [14] <https://www.cu.edu/es-benefits-glossary/deductible> [15] <https://www.cu.edu/es-benefits-glossary/out-pocket-limitmaximum-omp> [16] <https://www.cu.edu/es-benefits-glossary/preventative-care-medical> [17] <https://www.cu.edu/es-benefits-glossary/coinsurance>
[18] <https://www.cu.edu/es-benefits-glossary/primary-care-provider-pcp> [19] <https://www.cu.edu/es-benefits-glossary/specialist> [20] <https://www.cu.edu/es-benefits-glossary/emergency-care>
[21] <https://www.cu.edu/es-benefits-glossary/urgent-care>