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 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 <u>premiums</u> 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. [2] for this option are bundled. See your <u>rate sheet</u> [3] for pricing details.
 - Rates for this plan are subject to change July 1 when the CU Health Plan High Deductible plan rates changes.

About the High Deductible plan

CU Health Plan — High Deductible is an Anthem-administered plan gives you broad access to health care services inside and <u>outside your networkOut-of-NetworkNon-participating</u> <u>providers or facilities that do not enter into a network agreement, usually resulting in higher out of pocket expenses to you. [4] — but requires that you first meet your <u>deductible Deductible An amount that you are required to pay before the plan will begin to reimburse for covered services. [5].</u></u>

Once you've satisfied the deductible, you'll be responsible for paying coinsuranceCoinsurance 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%. [6] for care until you reach your out-of-pocket maximumOut-of-Pocket MaximumThe most you pay during a policy period (usually a year) before your health insurance or plan begins to pay 100 percent of the allowed amount This limit never includes your premium, balance-billed charges, or health care your plan doesn't cover. Some plans don't count all of your copayments, deductibles, coinsurance payments, out-of-network payments or other expenses toward this limit. [7] for the plan year. This plan offers Anthem's nationwide networkNetworkThe facilities, providers and suppliers with whom your health insurer or plan has contracted to provide health care services [8] of providers and facilities. You'll also have the flexibility to schedule your own appointments with specialistSpecialistA 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.

[9] — no primary care providerPrimary 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 [10] 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. [11] needed.

Plan details

- CU Health Plan High Deductible Benefits Coverage Summary [12] (7 pages)
- CU Health Plan High Deductible Benefits Booklet [13] (90 pages)
- Anthem Preventative Care Guidelines [14]

Find a doctor or a pharmacy

- Find a doctor [15]
 - o Call 1-800-735-6072.
- Pharmacy coverage [16]
 - CVS Caremark Formulary [17]
 - o For pharmacy questions, call 1-888-964-0121.
- WINFertility [18]

Features & considerations

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. [19] / 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. [20]

Plan type

In-network Providers

Out-of-networkOut-of-NetworkNon-participating providers or facilities that do not enter into a network agreement, usually resulting in higher out of pocket expenses to you. [4] Providers

	\$1,650 single coverage	\$3,300 single coverage
Deductible	\$3,300 family coverage (2+members)	\$6,600 family coverage (2+ members)
	Any member may contribute to overall deductible.	Any member may contribute to overall deductible.
	\$3,300 single coverage	\$6,600 single coverage
Out-of-pocket limit	\$3,300 Sirigle Coverage	φο,ουο single coverage
	\$6,600 family coverage (2+ members)	\$13,200 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

<u>applicable</u>

state law. [21]

visit

Office visit

15% coinsurance after deductible

\$0 coinsurance and no

deductible

35% 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,

<u>injury,</u>

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. [22]

Prescription

<u>drug</u> [16] (Rx)

30-day supply

15% coinsurance after deductible

Covered as in-network

20% coinsurance after deductible

20% coinsurance after deductible

Mail order Rx **UCHealth**

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

Groups audience:

Employee Services

Right Sidebar:

ES: Benefits & Wellness - OE Enrollment Tool

ES: Benefits & Wellness - OE Resources

Source URL:https://www.cu.edu/employee-services/open-enrollment/medicare-eligible-survivingspouses/high-deductible

N/A

Links

[1] https://www.cu.edu/employee-services/open-enrollment/medicare-eligible-surviving-spouses/highdeductible [2] https://www.cu.edu/es-benefits-glossary/premium [3] https://www.cu.edu/employeeservices/open-enrollment/monthly-rates [4] https://www.cu.edu/es-benefits-glossary/out-network [5] https://www.cu.edu/es-benefits-glossary/deductible [6] https://www.cu.edu/es-benefitsglossary/coinsurance [7] https://www.cu.edu/es-benefits-glossary/out-pocket-maximum [8] https://www.cu.edu/es-benefits-glossary/network [9] https://www.cu.edu/es-benefits-glossary/specialist [10] https://www.cu.edu/es-benefits-glossary/primary-care-provider-pcp [11] https://www.cu.edu/esbenefits-glossary/referral [12] https://www.cu.edu/docs/cu-health-plan-high-deductible-benefits-summary [13] https://www.cu.edu/docs/cu-health-plan-high-deductible-benefits-booklet [14] https://www.anthem.com/preventive-care/ [15] http://www.anthem.com/cuhealthplan/find-a-doctor/

- [16] https://www.cu.edu/employee-services/benefits-wellness/cvs-caremark-pharmacy-services
- [17] https://info.caremark.com/dig/acsdruglist [18] https://managed.winfertility.com/cuhealthplan/
- [19] https://www.cu.edu/es-benefits-glossary/preferred-provider-organization-ppo [20]

https://www.cu.edu/es-benefits-glossary/hsa-health-savings-account [21] https://www.cu.edu/es-benefitsglossary/preventative-care-medical [22] https://www.cu.edu/es-benefits-glossary/emergency-care