Published on *University of Colorado* (https://www.cu.edu)

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 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. [2] for this option are bundled. See your rate sheet [3] for pricing details.
- Over/Under plan rates are subject to change twice a year based on each plan's renewal date: Jan. 1 for CU Medicare plans and July 1 for the CU Health Plan — High Deductible.

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 outside your 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] — but requires that you first meet your deductibleDeductible An amount that you are required to pay before the plan will begin to reimburse for covered services. [5].

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 specialistsSpecialistA 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] (14 pages)
- CU Health Plan — High Deductible Benefits Booklet [13] (114 pages)
- Anthem Preventive Care Guidelines [14]

Find a doctor or a pharmacy

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

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. [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]

Features & considerations

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**	
Deductible	$1,700 single coverage $3,400 family coverage (2+members) Any member may contribute to overall deductible.	$3,400 single coverage $6,800 family coverage (2+ members) Any member may contribute to overall deductible.
Out-of-pocket limit	$3,400 single coverage $6,800 family coverage (2+ members)	$6,800 single coverage $13,600 family coverage (2+ members)

Features & considerations

Preventive care Preventive 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. [21] **visit**	$0 coinsurance and no deductible	35% coinsurance after deductible
Office visit	15% coinsurance after deductible	35% coinsurance after deductible

Features & considerations

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.** [22]	15% coinsurance after deductible	Covered as in-network

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
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

30-day supply	31 to 90-Day Supply	Non-Network Provider

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 [16] 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.

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Employee Services

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