

## **Medicare** <sup>[1]</sup>

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. <sup>[2]</sup> 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.

### **Plan details**

- [CU Health Plan - Medicare Benefits Coverage Summary](#) <sup>[3]</sup> (7 pages)
- [CU Health Plan - Medicare Benefits Booklet](#) <sup>[4]</sup> (72 pages)
- [Anthem Preventative Care Guidelines](#) <sup>[5]</sup>

### **Covered providers and medications**

- [Find a doctor or urgent care](#) <sup>[6]</sup>
  - Call 1-800-735-6072
- [Access the CVS Formulary](#) <sup>[7]</sup>
  - For pharmacy questions, call 1-888-964-0121
- [Find an in-network pharmacy](#) <sup>[8]</sup>
- **New for July 1:** [Generic drug coverage expanded](#) <sup>[9]</sup>

### **Over/Under Option**

CU Health Plan — Medicare/High Deductible is available only to covered CU retirees 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] when at least one member is eligible for Medicare and at least one member is non-Medicare eligible. The partner who is not Medicare-eligible must enroll in CU Health Plan - High Deductible to keep their CU medical coverage. Please review details of both the Medicare and High Deductible Plans if you are considering this option.

You cannot pair the University of Colorado's Health Savings Account (HSA) (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. [10] with the Over/Under plan, but you may enroll in a HSA (HSA) (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. [10] outside of CU.

## Features and Considerations

### Plan Type

PPO (Preferred Provider Organization) 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]

**Network** The facilities, providers and suppliers with whom your health insurer or plan has contracted to provide health care services [12]

Medicare has a nationwide service. CU Health Plan - Medicare pays secondary for services covered by Medicare.

**Deductible** An amount that you are required to pay before the plan will begin to reimburse for covered services. [13]

\$240 per individual, per plan year

**Out-of-Pocket Limit** 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. [14]

\$2,400/Single; \$7,200/Family

**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. <sup>[15]</sup> **Visit**

**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 <sup>[17]</sup>**/Specialist**  
Specialist  
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.  
<sup>[18]</sup>)

## **Diagnostic Tests/Imaging**

**\$0 coinsurance**  
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%. <sup>[16]</sup> **and no deductible**  
Deductible  
An amount that you are required to pay  
before the plan will begin to reimburse  
for covered services. <sup>[13]</sup>

**20% coinsurance**  
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%. <sup>[16]</sup> **after deductible**  
Deductible  
An amount that  
you are required to pay before the plan  
will begin to reimburse for covered  
services. <sup>[13]</sup> - Coverage for Medicare-  
approved charges not reimbursed by  
Medicare

**20% coinsurance**  
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%. <sup>[16]</sup> **after deductible**  
Deductible  
An amount that  
you are required to pay before the plan  
will begin to reimburse for covered  
services. <sup>[13]</sup> - Coverage for Medicare-  
approved charges not reimbursed by  
Medicare

**EmergencyEmergency 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. [19]?/Urgent CareUrgent CareCare 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 [20]**

**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%. [16] after deductibleDeductibleAn amount that you are required to pay before the plan will begin to reimburse for covered services. [13] - Coverage for Medicare-approved charges not reimbursed by Medicare**

**Prescription Benefits**

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

Up to a 90-day supply	
Tier 1	10% coinsurance after deductible at CVS Retail Network Pharmacies as well as UCHealth Pharmacies
	5% coinsurance after deductible at CVS Retail Pharmacies, CVS Mail Order Pharmacy as well as UCHealth Pharmacies or mail order service
Tier 2	20% coinsurance after deductible at CVS Retail Network Pharmacies as well as UCHealth Pharmacies
	15% coinsurance after deductible at CVS Retail Pharmacies, CVS Mail Order Pharmacy as well as UCHealth Pharmacies or mail order service
Tier 3	20% coinsurance after deductible at CVS Retail Network Pharmacies as well as UCHealth Pharmacies
	15% coinusrance after deductible at CVS Retail Pharmacies, CVS Mail Order Pharmacy as well as UCHealth Pharmacies or mail order service

20% coinsurance after deductible at CVS Retail Network Pharmacies as well as UCHealth Pharmacies

#### **Tier 4**

15% coinsurance after deductible for up to a 30-day supply at CVS Retail Pharmacies, CVS Mail Order Pharmacy as well as UCHealth Pharmacies and mail order service

**Maintenance medications** may be purchased at a CVS Network Retail Pharmacy. After three fills, a CVS Retail Pharmacy, CVS Mail Order Pharmacy as well as UCHealth Pharmacies or mail order service must be used for up to a 90-day supply.

**Specialty medications** (Tier 4) may be purchased at a CVS Network Retail Pharmacy. After three fills, CVS Specialty Pharmacy, UCHealth Pharmacies or UCHealth mail order service must be used.

#### **Groups audience:**

Employee Services

#### **Right Sidebar:**

ES: Benefits & Wellness - OE Enrollment Tool

ES: Benefits & Wellness - OE Vendor Fair

---

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

#### **Links**

[1] <https://www.cu.edu/employee-services/open-enrollment/retirees/401a-medicare-eligible-retirees/medicare> [2] <https://www.cu.edu/es-benefits-glossary/dependent> [3] <https://www.cu.edu/docs/cu-health-plan-medicare-benefits-summary> [4] <https://www.cu.edu/docs/cu-health-plan-medicare-benefits-booklet> [5] <https://www.anthem.com/preventive-care/> [6] <https://www.anthem.com/cuhealthplan/find-a-doctor/> [7] <https://info.caremark.com/dig/acsduglist> [8] <http://www.caremark.com/> [9] <https://www.cu.edu/employee-services/open-enrollment/whats-new> [10] <https://www.cu.edu/es-benefits-glossary/hsa-health-savings-account> [11] <https://www.cu.edu/es-benefits-glossary/preferred-provider-organization-ppo> [12] <https://www.cu.edu/es-benefits-glossary/network> [13] <https://www.cu.edu/es-benefits-glossary/deductible> [14] <https://www.cu.edu/es-benefits-glossary/out-pocket-limitmaximum-omp> [15] <https://www.cu.edu/es-benefits-glossary/preventative-care-medical> [16] <https://www.cu.edu/es-benefits-glossary/coinsurance> [17] <https://www.cu.edu/es-benefits-glossary/primary-care-provider-pcp> [18] <https://www.cu.edu/es-benefits-glossary/specialist> [19] <https://www.cu.edu/es-benefits-glossary/emergency-care> [20] <https://www.cu.edu/es-benefits-glossary/urgent-care>