

Extended ^[1]

You'll have access to Anthem's nationwide network of physicians and facilities under this Anthem-administered plan. A primary care physician^{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 ^[2] is not required, and members can refer themselves to doctors of their choice within Anthem's network^{Network}The facilities, providers and suppliers with whom your health insurer or plan has contracted to provide health care services ^[3], including specialists^{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. ^[4].

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 ^[5].

There is no out-of-network coverage except for urgent and/or emergency care.

Plan details

- CU Health Plan - Extended Benefits Coverage Summary ^[6](13 pages)
- CU Health Plan - Extended Benefits Booklet ^[7] (117 pages)
- Anthem Preventative Care Guidelines ^[8]

Covered providers^{Provider}**An individual or facility that provides health care services such as a doctor, nurse, chiropractor, hospital, rehabilitation center, etc.** ^[9] **and medications**

- Find a provider/urgent care ^[10]
 - Call 1-855-646-4752
- Prescription coverage ^[11]
 - CVS Formulary ^[12]
 - Call 1-888-964-0121
- WINFertility ^[13]

Features and considerations

Plan type

PPO^{Preferred 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. ^[14] - Anthem's Nationwide Network

Deductible
Deductible
An amount that you are
required to pay before
the plan will begin to
reimburse for covered
services. ^[15]

Plan Year 2023-24: \$750 per Individual (each member must meet their \$750)
Plan Year 2024-25: \$1,000 per Individual (each member must meet their \$1,000)

Plan Year 2023-24: \$1,500 family max (2+ members)
Plan Year 2024-25: \$2,000 family max (2+ members)

10% coinsurance after deductible is met

Out-of-pocket limit

\$9,100/individual; \$18, 200/family for in-network providers

Primary care provider - \$40/visit
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. ^[4] - \$50/visit
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 ^[16] - \$40/visit

Office visit

Office visit **copays****Copayment (copay)**A fixed-dollar amount that you must pay out of your pocket at the time of service to a provider or a facility for a specific health covered service. **Copays do not apply to the deductible requirement. For example, an office visit may have a copay of \$30 under the Exclusive Plan and \$40 under the Extended. You must pay the amount at the time of service.** ^[17] do not apply toward the deductible.**Deductible****An amount that you are required to pay before the plan will begin to reimburse for covered services.** ^[15]

Emergency care
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. ^[18]

\$250 copay
Copayment (copay) A fixed-dollar amount that you must pay out of your pocket at the time of service to a provider or a facility for a specific health covered service. Copays do not apply to the deductible requirement. For example, an office visit may have a copay of \$30 under the Exclusive Plan and \$40 under the Extended. You must pay the amount at the time of service. ^[17] (waived if admitted)

Tier 1: \$10

Tier 3: \$75

Tier 2: \$50

Prescription Drug (Rx)
30-day supply*

Tier 4: \$100

*Maintenance medications may be purchased at a CVS Network Retail Pharmacy. After three fills, a CVS Retail Pharmacy, Costco, King Soopers, City Market or CVS Mail Order ^[19] 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 must be used.

Tier 1: \$20

Tier 3: \$150

Mail Order Rx
90-day supply

Tier 2: \$100

Tier 4 \$75**

**For a 30-day supply

Groups audience:
Employee Services

Right Sidebar:

ES: Benefits & Wellness - Current Employee Sidebar

ES: Benefits & Wellness - Contact

Source URL:<https://www.cu.edu/employee-services/extended>

Links

[1] <https://www.cu.edu/employee-services/extended> [2] <https://www.cu.edu/es-benefits-glossary/primary-care-provider-pcp> [3] <https://www.cu.edu/es-benefits-glossary/network> [4] <https://www.cu.edu/es-benefits-glossary/specialist> [5] <https://www.cu.edu/employee-services/benefits-wellness/mental-health-resources> [6] <https://www.cu.edu/docs/cu-health-plan-extended-benefits-summary> [7] <https://www.cu.edu/docs/cu-health-plan-extended-benefits-booklet> [8] <https://www.anthem.com/preventive-care/> [9] <https://www.cu.edu/es-benefits-glossary/provider> [10] <https://www.anthem.com/cuhealthplan/find-a-doctor/> [11] <https://www.cu.edu/employee-services/benefits-wellness/cvs-caremark-pharmacy-services> [12] <https://info.caremark.com/dig/acsduglist> [13] <https://managed.winfertility.com/cuhealthplan/> [14] <https://www.cu.edu/es-benefits-glossary/preferred-provider-organization-ppo> [15] <https://www.cu.edu/es-benefits-glossary/deductible> [16] <https://www.cu.edu/es-benefits-glossary/urgent-care> [17] <https://www.cu.edu/es-benefits-glossary/copayment-copay> [18] <https://www.cu.edu/es-benefits-glossary/emergency-care> [19] <http://node/242837>