

High Deductible ^[1]

CU Health Plan - High Deductible/HSA Compatible 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. ^[2] is perfect for planners and savers. This Anthem-administered plan gives you broad access to health care services inside and outside your network. Network The facilities, providers and suppliers with whom your health insurer or plan has contracted to provide health care services ^[3] — but requires that you first meet your deductible. Once you've satisfied the deductible, you'll be responsible for paying 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%. ^[4] for care. This plan offers Anthem's nationwide network. Network The facilities, providers and suppliers with whom your health insurer or plan has contracted to provide health care services ^[3] of providers and facilities. You'll also have the flexibility to schedule your own appointments with 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. ^[5] — no Primary Care Provider. 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 ^[6] or referrals. Referral A 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. ^[7] needed.

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](#) ^[8].

Plan details

- [CU Health Plan - High Deductible \(HSA Compatible\) Benefits Coverage Summary](#) ^[9] (14 pages)
- [CU Health Plan - High Deductible \(HSA Compatible\) Benefits Booklet](#) ^[10] (112 pages)
- [Anthem Preventative Care Guidelines](#) ^[11]

Covered providersProviderAn individual or facility that provides health care services such as a doctor, nurse, chiropractor, hospital, rehabilitation center, etc. [12] and medications

- Find a provider/urgent care [13]
 - Call 1-855-646-4752
- Prescription coverage [14]
 - Access the CVS Formulary [15]
 - Call 1-888-964-0121
- WINFertility [16]

Features and considerations

Plan type	<u>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. [17]</u>	
	<u>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. [2]</u>	
	In-network Providers	<u>Out-of-networkOut-of-Network Non-participating providers or facilities that do not enter into a network agreement, usually resulting in higher out of pocket expenses to you. [18] Providers</u>

Deductible
Deductible -
High
Deductible Plan
An amount that
you are
required to pay
before the plan
will begin to
reimburse for
covered
services. This
plan has \$1,500
deductible for
single
coverage or an
“aggregate
deductible” of
\$3,000 for
family
coverage (2+
members). This
means than
one or all
members can
contribute
collectively to
the \$3,000
deductible. [19]

**Out-of-pocket
limit**

Plan Year 2023-24: \$1,500 single coverage
Plan Year 2024-25: \$1,600 single coverage

Plan Year 2023-24: \$3,000 family coverage (2+members)
Plan Year 2024-25: \$3,200 family coverage (2+ members)

Any member may contribute to overall deductible.

Plan Year 2023-24: \$3,000 single coverage
Plan Year 2024-25: \$3,200 single coverage

Plan Year 2023-24: \$6,000 family coverage (2+ members)
Plan Year 2024-25: \$6,400 family coverage (2+ members)

Plan Year 2023-24: \$3,000 single coverage
Plan Year 2024-25: \$3,200 single coverage

Plan Year 2023-24: \$6,000 family coverage (2+ members)
Plan Year 2024-25: \$6,400 family coverage (2+ members)

Any member may contribute to overall deductible.

Plan Year 2023-24: \$6,000 single coverage
Plan Year 2024-25: \$6,400 single coverage

Plan Year 2023-24: \$12,000 family coverage (2+ members)
Plan Year 2024-25: \$12,800 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 applicable
state law. ^[20]
visit

\$0 coinsurance and no deductible

35% coinsurance after deductible

Office visit

15% 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,
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. [21]

15% coinsurance after deductible

Covered as In-Network

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 [22]

15% coinsurance after deductible

35% coinsurance after deductible

Prescription Benefits

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

	30-day supply	90-day supply
	<u>In-Network</u> <u>The providers, facilities and suppliers that CU Health Plans have contracted with to provide health care services.</u> ^[23] Providers	<u>Out-of-Network</u> <u>Out-of-Network Non-participating providers or facilities that do not enter into a network agreement, usually resulting in higher out of pocket expenses to you.</u> ^[18] Providers
Tier 1	10% coinsurance after deductible at CVS Retail Network Pharmacies	20% coinsurance
Tier 2	20% coinsurance after deductible at CVS Retail Network Pharmacies	5% coinsurance at CVS Retail Pharmacies or Mail Order
Tier 3	20% coinsurance after deductible at CVS Retail Network Pharmacies	20% coinsurance
Tier 4	20% coinsurance after deductible at CVS Retail Network Pharmacies 15% coinsurance at CVS Retail Pharmacies or Mail Order	15% coinsurance at CVS Retail Pharmacies or Mail Order N/A
<p>Maintenance medications may be purchased at a CVS Network Retail Pharmacy. After three fills, a <u>CVS Retail Pharmacy, Costco, King Soopers, City Market or CVS Mail Order</u> ^[14] must be used for up to a 90-day supply.</p> <p>Specialty medications (Tier 4) may be purchased at a CVS Network Retail Pharmacy. After three fills, CVS Specialty Pharmacy must be used.</p>		

Groups audience:
Employee Services
Right Sidebar:

ES: Benefits & Wellness - Contact

ES: Benefits & Wellness - GME Medical Resident Sidebar

Source URL:<https://www.cu.edu/employee-services/benefits-wellness/gme-medical-residents/medical-plans/high-deductible>

Links

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