

High Deductible ^[1]

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. ^[2] — 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. ^[3]. Once you've satisfied the deductible, you'll be responsible for paying 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%. ^[4] 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. ^[5] 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 ^[6] 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. ^[7] — 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 ^[8] 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. ^[9] needed.

Plan details

- [CU Health Plan - High Deductible Benefits Coverage Summary](#) ^[10] (8 pages)
- [CU Health Plan - High Deductible Benefits Booklet](#) ^[11] (112 pages)
- [Anthem Preventative Care Guidelines](#) ^[12]

Find a doctor or a pharmacy

- [Find a doctor](#) ^[13]
 - Call 1-800-735-6072.
- [Pharmacy coverage](#) ^[14]
 - [CVS Caremark Formulary](#) ^[15]
 - For pharmacy questions, call 1-888-964-0121.

- [WINFertility](#) ^[16]

This Over/Under option is offered to our retirees when a retiree or dependent is Medicare eligible. The member(s) eligible for Medicare must enroll in the CU Medicare (must be enrolled in Medicare Part A and Part B) and the member(s) not Medicare-eligible must enroll in the High Deductible Plan. Although the CU Medicare and High Deductible are two different plans, the premiumsPremiumThe monthly cost to participate in the plan. Typically, it is shared between the employee and the employer. Premiums are deducted from your monthly paycheck. ^[17] are bundled. Please see rate sheet. ^[18]

Please review details of both the Medicare and High Deductible Plans if you are a considering this option.

You cannot contribute to a [Health Savings Account \(HSA\)](#)[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. ^[19] once enrolled in Medicare.

Features and 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. ^[20] / 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. ^[19]	
	In-network Providers	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. ^[2] Providers
Deductible	Plan Year 2023-24: \$1,500 single coverage Plan Year 2024-25: \$1,600 single coverage	Plan Year 2023-24: \$3,000 single coverage Plan Year 2024-25: \$3,200 single coverage
	Plan Year 2023-24: \$3,000 family coverage (2+ members) Plan Year 2024-25: \$3,200 family coverage (2+ members)	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.	Any member may contribute to overall deductible.

Out-of-pocket limit	Plan Year 2023-24: \$3,000 single coverage	Plan Year 2023-24: \$6,000 single coverage
	Plan Year 2024-25: \$3,200 single coverage	Plan Year 2024-25: \$6,400 single coverage
	Plan Year 2023-24: \$6,000 family coverage (2+ members)	Plan Year 2023-24: \$12,000 family coverage (2+ members)
	Plan Year 2024-25: \$6,400 family coverage (2+ members)	Plan Year 2024-25: \$12,800 family coverage (2+ members)
<u>Preventative care</u> <u>Preventative Care - Medical</u> <u>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.</u> ^[21] <u>visit</u>		
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. [22]

15% coinsurance after deductible

Covered as In-Network

Prescription
drug [14] **(Rx)**
30-day supply

20% coinsurance after deductible

20% coinsurance after deductible

Mail order Rx
UCHealth

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

N/A

Groups audience:

Employee Services

Right Sidebar:

ES: Benefits & Wellness - Retiree Medicare Eligible

ES: Benefits & Wellness - IWT 401(a) Medicare Eligible Medical

ES: Benefits & Wellness - Contact

Source URL:<https://www.cu.edu/employee-services/benefits-wellness/retiree/retiree-401a-medicare-eligible/high-deductible>

Links

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