CU GME Health Benefits Plan

NOTE: Use in-network providers to maximize your benefits.

IN-NETWORK BENEFIT LEVEL

- **In-network providers and facilities**

  In-network providers for medical/surgical portion of the CU GME Health Plan are ONLY those listed in the Medical/Surgical Provider Directory and are in-network ONLY at the address in the directory.

  To locate in-network providers and facilities for Behavioral Health Services use the Search Tool (for Mines & Associates Providers) and the CU Medicine Behavioral/Mental Health Provider List (for CU Medicine behavioral health providers on the Anschutz campus) on this webpage.

- **When an in-network provider is seen:**

  - No Deductible
  - Office Visit (per visit) $20 co-pay
  - MR, CT, PET (outpatient) $100 per scan co-pay
  - Maternity (per global physician fee) $200 co-pay
  - Inpatient Hospital $200 co-pay
  - Outpatient Surgery $100 co-pay

  For additional co-payments and details see plan document.

OUT-OF-NETWORK BENEFIT LEVEL

- $750 per person ($1200 per family) out-of-pocket deductible per plan year. Plan pays 50% of usual, customary, and reasonable charges (UCR) after deductible is met.

DENTAL COVERAGE

You do not need to use network providers, however, CU GME Health Plan members have access to the Aetna Dental Administrators Network.

When covered care is received from a network provider, you are eligible for discounts and the provider will file claims for you. To locate a CU GME Dental Network provider you can call 1-800-513-7177, Option 7 (remain on the line to speak to a live representative) or at www.aetna.com/Dental Administrators.

*NOTE: Providers should contact the Health Plan Claims Administrator, AmeriBen, to verify your eligibility at the number printed on your ID card.*