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 UPI Behavioral Health Provider List (for UPI Behavioral Health Providers) 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

- The CU GME Health Plan has no Provider Network for dental services. Choose any licensed dentist.