



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](http://www.aetna.com/DentalAdministrators).

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