

ACA BENEFITS

Colorado State University



HUMAN RESOURCES
COLORADO STATE UNIVERSITY



hr.colostate.edu/current-employees/benefits/other-employee-types



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Employees who are not eligible for the University-sponsored medical plans based upon their classification or full-time equivalency (FTE), may be eligible for coverage under Affordable Care Act (ACA). This guide describes the coverage available to those employees who are eligible under the ACA.

ELIGIBILITY

- Variable hour employees (student, non-student hourly, graduate students) who work 30 hours or more per week over the course of 12 months are eligible for coverage under the ACA.
- Once deemed eligible, if you elect a University-sponsored medical plan, that coverage will continue for 12 months as long as you remained employed by the University.

DEPENDENT ELIGIBILITY

- You have the option to enroll eligible individuals in your medical plan through CSU. This includes:
 - Spouse, common-law spouse
 - Same or opposite gender domestic partner or civil union partner
 - Your child, your child over the age of 26 with a disability
- You are required to provide official documentation (marriage certificate, birth certificate, etc.) to substantiate dependent status.





KNOW YOUR OPTIONS

- You are not required to change your current medical coverage or to enroll in the University-sponsored medical plans.
- You may drop your current coverage and accept this offer of coverage from CSU. However, we encourage you to check with your current plan to determine their termination rules. This way, you avoid paying for coverage under two plans.
- You may continue your current coverage and enroll in the University-sponsored medical plan; however, being enrolled in more than one plan may cause an issue with [coordination of benefits](#).

WHAT TO DO

- Read the letter that was mailed to your home regarding your eligibility for Colorado State University's medical plans under the ACA.
- Review this guide to determine if you are interested in electing coverage. **NOTE:** This offer is for medical coverage only; it does not include dental, vision, or other benefits.
- Complete the ACA Enrollment/Change Form and return it to the Human Resources office.

Mailing Address:

Human Resources—Benefits Unit
6004 Campus Delivery
Fort Collins, CO 80523

Email:

MyHR@colostate.edu

Fax:

(970) 491-6302

HIPAA NOTICE

You have certain rights under the federal Health Insurance Portability and Accountability Act (HIPAA) related to the confidentiality of your personal health information. Information about these rights, as well information about how Colorado State University's Self-funded plan may use or disclose your medical information can be found on the Human Resources website at hr.colostate.edu/wp-content/uploads/sites/25/2020/06/hipaa-privacy-practices.pdf.

MEDICAL PLAN COMPARISON

This chart is a limited description of the benefit coverage available through CSU's group plan. Coverage is governed at all times by the complete terms of the Master Group Insurance Policy issued to CSU. In the event of any discrepancies between the information in this guide and in other related documents, Anthem's coverage certificate will govern ([Green](#), [POS](#), [Ram-HDHP](#)).

*The Gold plan is frozen to new enrollment as of January 1, 2018.

Benefit Component	Point-of-Service PPO Plan		Green Plan	Ram Plan-HDHP
	PPO Participating Providers	Non-PPO Participating Providers	Participating and Non-participating Providers	Participating and Non-participating Providers
ANNUAL DEDUCTIBLE				
Individual	None	\$500	\$1,000, & a separate deductible of \$150 for prescription drugs	\$1,500
Family	None	\$1,000 for all family members No one family member may meet more than \$500 of the \$1,000 family deductible.	\$2,000, & a separate deductible of \$300 for prescription drugs No one family member may meet more than \$1,000 of the \$2,000 family deductible. No one family member may meet more than \$150 of the \$300 family Rx deductible.	\$3,000 If you select family membership, no individual deductible applies and the family deductible must be met.
COINSURANCE*	Refer to the below benefits for specific details.	You pay 30% or 10% after deductible.	You pay 20% after deductible.	You pay 20% after deductible.
<p>Coinsurance options reflect the amount You will pay. The difference between what you pay and 100% is the amount the Plan pays for PPO (participating) providers. For non-participating providers you also pay the difference between Anthem's Maximum allowed amount and the amount billed by the non-participating provider.</p> <p>*Coinsurance is required up to the out-of-pocket annual maximum. Subject to certain exclusions as identified below .</p>				
OUT-OF POCKET ANNUAL MAXIMUM (OOP)¹				
Individual	<ul style="list-style-type: none"> \$1,250 in coinsurance, <i>plus</i> Copayments 	<ul style="list-style-type: none"> \$3,000 in coinsurance, <i>plus</i> Deductible, <i>plus</i> Copayments 	<ul style="list-style-type: none"> \$5,000 in coinsurance, <i>plus</i> Deductible, <i>plus</i> \$1,000 in coinsurance for prescription drugs 	<ul style="list-style-type: none"> \$6,550 includes deductible and coinsurance
Family	<ul style="list-style-type: none"> \$2,500 in coinsurance, <i>plus</i> Copayments. 	<ul style="list-style-type: none"> \$6,000 in coinsurance, <i>plus</i> Deductible, <i>plus</i> Copayments 	<ul style="list-style-type: none"> \$10,000 in coinsurance, <i>plus</i> Deductible, <i>plus</i> \$2,000 in coinsurance for prescription drugs 	<ul style="list-style-type: none"> \$13,100 includes deductible and coinsurance
ROUTINE VISITS OFFICE VISITS	Covered in full after you pay \$15 per office visit copayment and 10% for laboratory and x-ray services.	You pay 30% after deductible	You pay 20% after deductible	You pay 20% after deductible

MEDICAL PLAN COMPARISON CONT.

Benefit Component	Point-of-Service PPO Plan		Green Plan	Ram Plan-HDHP
	PPO Participating Providers	Non-PPO Participating Providers	Participating and Non-participating Providers	Participating and Non-participating Providers
PREVENTIVE CARE	Covered in full	You pay 30% after deductible	Participating Provider: Covered in full not subject to deductible Non-Participating Provider: You pay 20% not subject to deductible	Participating Provider: Covered in full not subject to deductible Non-Participating Provider: You pay 20% not subject to deductible
MATERNITY				
Prenatal care	Covered in full after you pay \$15 per office visit copayment and 10% for laboratory and x-ray services	You pay 30% after deductible	You pay 20% after deductible	You pay 20% after deductible
Delivery & inpatient well baby care	You pay 10% after \$125 per admission copayment	You pay 30% after deductible	You pay 20% after deductible	You pay 20% after deductible
ROUTINE OFFICE VISITS	Covered in full after you pay \$15 per office visit copayment and 10% for laboratory and x-ray services.	You pay 30% after deductible	You pay 20% after deductible	You pay 20% after deductible
INPATIENT HOSPITAL*	You pay 10% after \$125 per admission copayment	You pay 30% after deductible	You pay 20% after deductible	You pay 20% after deductible
	* Pre-certification from Anthem BCBS must be received before a hospital admission or within 5 days after an emergency admission for full benefits to be payable. Consultation for a second opinion (and third if necessary) is paid at 100%. If you use a non-participating provider, you are responsible for making sure this pre-certification has been obtained.			
OUTPATIENT/ AMBULATORY SURGERY	You pay 10% after you pay \$125 per admission copayment. This includes colonoscopies with a medical diagnosis.	You pay 30% after deductible. This includes colonoscopies with a preventive or medical diagnosis.	You pay 20% after deductible. This includes colonoscopies with a medical diagnosis.	You pay 20% after deductible. This includes colonoscopies with a medical diagnosis.
LABORATORY AND X-RAY	You pay 10%	You pay 30% after deductible	You pay 20% after deductible	You pay 20% after deductible
EMERGENCY CARE²	You pay 10% after \$60 copayment per emergency room visit, applied to inpatient hospital copayment if admitted.	You pay 30% after deductible	You pay 20% after deductible	You pay 20% after deductible

MEDICAL PLAN COMPARISON CONT.

Benefit Component	Point-of-Service PPO Plan		Green Plan	Ram Plan-HDHP
	PPO Participating Providers	Non-PPO Participating Providers	Participating and Non-participating Providers	Participating and Non-participating Providers
AMBULANCE				
Ground	You pay 10% after \$60 per trip copayment	You pay 10% after \$60 per trip copayment	You pay 20% after deductible	You pay 20% after deductible
Air	You pay 10% after \$125 per trip copayment	You pay 10% after \$125 per trip copayment	You pay 20% after deductible	You pay 20% after deductible
URGENT, NON-ROUTINE AFTER HOURS CARE				
Inpatient Care	You pay 10% after \$125 per admission copayment	You pay 30% after deductible	You pay 20% after deductible	You pay 20% after deductible
Outpatient Care	Covered in full after you pay \$15 per office visit copayment and 10% for laboratory and x-ray services.	You pay 30% after deductible	You pay 20% after deductible	You pay 20% after deductible
PRESCRIPTION DRUGS*	Copayments for retail & specialty pharmacy for each 34-day supply: Tier 1 - \$10 Tier 2 - \$20 Tier 3 - \$40 Copayments for mail order service (90-day supply maximum): Tier 1 - \$20 Tier 2 - \$40 Tier 3 - \$80	Not covered	You pay 20% after separate deductible for retail or specialty prescription drugs of \$150 per member or \$300 per family up to separate OOP annual max for retail or specialty prescription drugs of \$1,000 per member or \$2,000 per family. Deductibles for prescription drugs apply toward meeting annual OOP max	You pay 20% after deductible
	<p>Note: Prescription Drugs will always be dispensed as ordered by your provider and by applicable State Pharmacy Regulations, however you may have higher out-of-pocket expenses. You may request, or your provider may order, the brand-name drug. However, if a generic drug is available, you will be responsible for the cost difference between the generic and the brand-name drug, in addition to your tier 1 copayment. By law, generic and brand-name drugs must meet the same standards for safety, strength and effectiveness. Anthem reserves the right, at our discretion, to remove certain higher cost generic drugs from this policy. For drugs on our approved list, contact Customer Service at (800) 843-5621 or access our website at www.anthem.com.*</p> <p>Specialty Pharmacy: Participating pharmacy (34-day supply). Specialty pharmacy drugs often require special handling such as temperature controlled packaging and overnight delivery and are often unavailable at a retail pharmacy or through the mail order service. Benefits are only provided when you receive services from a specialty pharmacy as determined by Anthem for those specialty pharmacy drugs included on Anthem's specialty drug list.</p> <p>Smoking Cessation Prescription Drugs: Includes coverage for smoking cessation prescription legend drugs when enrolled in a smoking cessation counseling program approved by Anthem.</p> <p>Birth Control: Certain oral, injection and contraceptive devices obtained by a physician's prescription are covered at 100%.</p> <ul style="list-style-type: none"> • Prescription drugs are covered only when received from a participating pharmacy (34 to 90-day supply), participating specialty pharmacy (34-day supply) or participating mail order service. • Retail Pharmacy: Participating Pharmacy (34-day supply). 			

¹ "Out-of-pocket maximum" The maximum amount you will have to pay for allowable covered expenses under a medical Plan, which may or may not include the deductible or copayments, depending on the contract for that Plan.

² "Emergency care" means services delivered by an emergency care facility which are necessary to screen and stabilize a covered person. The Plan must cover this care if a prudent lay person having average knowledge of health services and medicine and acting reasonably would have believed that an emergency medical condition or life-or limb-threatening emergency existed.

MONTHLY MEDICAL PLAN RATES

Premiums are subject to change; notification of such changes will typically be during the annual benefits open enrollment period.

	Ram Plan—HDHP	Green Plan	POS Plan
Employee Only			
Total Premium	\$617	\$617	\$847
CSU's Contribution	\$617	\$617	\$617
You Pay	\$0	\$0	\$230
Employee + 1			
Total Premium	\$1,099	\$1,099	\$1,549
CSU's Contribution	\$835	\$835	\$835
You Pay	\$264	\$264	\$714
Family			
Total Premium	\$1,545	\$1,545	\$2,197
CSU's Contribution	\$1,174	\$1,174	\$1,174
You Pay	\$371	\$371	\$1,023

FIND A PROVIDER

To see if your doctor is in Anthem's network, follow these three easy steps:

1. Go to anthem.com
2. If you are a member, log in for personalized plan results and select "Find a Doctor"
 - If you are searching as a guest, select "Find a Doctor" and follow the steps:
 - a. Select what you are looking for (i.e. doctor, hospital, pharmacy, etc.)
 - b. Enter doctor's name or select a Specialty from the drop down box
 - c. Enter your zip code
 - d. Click the button next to "I have an insurance card..." Then enter "OLU" in the box.
3. Click on the Search button





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Every effort was made to provide accurate information in this benefits guide. However, it is possible that actual benefits and amounts may differ from those shown. In the event of a conflict between this information and the official plan or program documents, the plan and program documents will govern. This guide does not constitute a contract of employment or guarantee of benefits for future employment. Contact Human Resources with questions.