Under this Kaiser-administered plan, you can choose any healthcare provider within one single statewide network. It is recommended that you select a Primary Care Physician to direct your care. In most cases, referrals are required. However, you may self-refer to certain specialists. In place of a deductible, enrollees will be responsible for a copay for medical visits, diagnostic testing and hospital/facilities services.

Out-of-network care is not covered except for emergency and/or urgent care.

**Plan details**

- CU Health Plan - Kaiser Benefits Coverage Summary [2] (9 pages)
- Kaiser Preventative Care Guidelines [4]

**Covered providers and medications**

- Find a provider/urgent care [5]
- Visit Kaiser's microsite [6]
- Call 1-877-883-6698

**Out-of-area benefit for dependents only**

This benefit applies to services listed in the Summary Chart (page 128 of Benefits Booklet).

**Office visit**  
Primary care, Specialty, Mental Health/Chemical Dependency, Well Child prevention, Gynecological and Allergy injection visits are covered. All other visits are not covered.  

Office visit limits (procedures and labs are excluded)  
5 visits per plan year  
20% coinsurance  
5 per plan year  

**Diagnostic X-ray service limits (X-ray and Ultrasound only)**  

**Prescription Drug**  
Brand/Generic  
5 combined visits per plan year  

**Physical, Occupational & Speech Therapies**
### Features and considerations

<table>
<thead>
<tr>
<th>Feature</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan type</strong></td>
<td>EPO - Kaiser network</td>
</tr>
<tr>
<td><strong>Deductible</strong></td>
<td>$0</td>
</tr>
<tr>
<td><strong>Out-of-pocket limit</strong></td>
<td>$7,900/Individual; $15,800/Family</td>
</tr>
<tr>
<td><strong>Office visit</strong></td>
<td>PCP - $30/visit&lt;br&gt;Specialist - $40/visit&lt;br&gt;Urgent Care - $30/visit</td>
</tr>
<tr>
<td><strong>Emergency care</strong></td>
<td>$250 (waived if admitted)</td>
</tr>
<tr>
<td><strong>Prescription drug (Rx)</strong></td>
<td>Generic: $15&lt;br&gt;Non-Preferred Brand: Not Covered</td>
</tr>
<tr>
<td><strong>30-day supply</strong></td>
<td>Preferred Brand: $35&lt;br&gt;Specialty: 20% of cost up to $75</td>
</tr>
<tr>
<td><strong>Mail Order (Rx)</strong></td>
<td>Cost Savings: 90-day supply for the prices of a 60-day supply</td>
</tr>
</tbody>
</table>

**Groups audience:**
Employee Services

**Right Sidebar:**
ES: Benefits & Wellness - Current Employee Sidebar
ES: Benefits & Wellness - Contact

**Source URL:** https://www.cu.edu/employee-services/benefits-wellness/current-employee/medical-plans/kaiser

**Links**
[1] https://www.cu.edu/employee-services/benefits-wellness/current-employee/medical-plans/kaiser
[4] https://healthy.kaiserpermanente.org/health/care/lut/p/a0/FchNDs3iAyVQje2O3ytY2E0lsSShBC9fnH33c5X7iNaot-D2gV4y_1IBMoo2cYR_0AMXMGUshJs7dYpDFYULouPgx_lf6cZA!!/