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Kaiser [1]

2026–27 plan year information

This page provides details about the **2025–26 benefits plan year**. For plan year 2026–27 (beginning July 1, 2026) information, visit the Open Enrollment page [2].

Under this Kaiser-administered plan, you can choose any healthcare providerProviderAn individual or facility that provides health care services such as a doctor, nurse, chiropractor, hospital, rehabilitation center, etc. [3] within one single statewide network.NetworkThe facilities, providers and suppliers with whom your health insurer or plan has contracted to provide health care services [4]

It is recommended that you select a primary care physician to direct your care. In most cases, referralsReferralA written order from your primary care provider for you to see a specialist or receive certain health care services for any covered service that cannot be performed by your primary care provider. This applies to our Anthem Exclusive and Kaiser plans. [5] are required. However, you may self-refer to certain specialistsSpecialistA physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has more training in a specific area of health care. [6].

In place of a deductibleDeductible - Kaiser PlanAn amount that you are required to pay before the plan will begin to reimburse for covered services. This plan has no deductible. [7], enrollees will be responsible for a copayCopayment (copay)A fixed-dollar amount that you must pay out of your pocket at the time of service to a provider or a facility for a specific health covered service. Copays do not apply to the deductible requirement. For example, an office visit may have a copay of $30 under the Exclusive Plan and $40 under the Extended. You must pay the amount at the time of service. [8] for medical visits, diagnostic testing and hospital/facilities services.

This plan provides one no-cost preventive mental health visit per plan year. Learn more about your mental health benefit options on our Mental Health Resources page [9].

Out-of-networkOut-of-NetworkNon-participating providers or facilities that do not enter into a network agreement, usually resulting in higher out of pocket expenses to you. [10] care is not covered except for emergencyEmergency CareA medical or behavioral health condition that must be treated at the emergency department of a hospital due to an illness, injury, symptom or condition severe enough to risk serious danger to your health (or, with respect to a pregnant woman, the health of her unborn child) if you didn’t get medical attention. See where and when to get care.

[11] and/or urgent careUrgent CareCare for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care [12].

Plan details

- CU Health Plan - Kaiser Benefits Coverage Summary [13] (9 pages)
- CU Health Plan - Kaiser Benefits Booklet [14] (144 pages)
- Kaiser Preventive Care Guidelines [15]

Covered providers and medications

- Find a provider/urgent care [16]
- Visit Kaiser's microsite [17]
- Access the Kaiser Formulary [18]
- Preventive tier drug list [19]
- Call 1-877-883-6698

Out-of-area benefit for dependents only

This benefit applies to services listed in the Summary Chart (page 119 of Benefits Booklet).

Office visit Primary care, Specialty, Mental Health/Chemical Dependency, Well Child prevention, Gynocological and Allergy injection visits are covered. All other visits are not covered.	$30
Office visit limits (procedures and labs are excluded)	10 visits per plan year
Diagnostic X-ray service limits (X-ray and Ultrasound only)	20% coinsurance 10 per plan year
Prescription Drug	Brand/Generic
Physical, Occupational & Speech Therapies	10 combined visits per plan year

Features & Considerations

Plan type	EPOExclusive Provider Organization (EPO)A health care system designed to give you access to quality, cost-effective service. With an EPO, such as the case of our CU Health Plan Kaiser, you will have access to providers within the Kaiser Network. Your Primary Care Provider, in most cases, will manage and coordinate any care of a specialist you may need by providing you with a referral within the network. There are no out-of-network benefits with the exception of emergency care. [20] - Kaiser network
DeductibleDeductible - Kaiser Plan An amount that you are required to pay before the plan will begin to reimburse for covered services. This plan has no deductible. [7]	$0
Out-of-pocket limitOut-of-Pocket Limit/Maximum (OMP) The maximum amount of money you will pay for covered medical services during the plan year. These costs include deductibles, copays and coinsurance. This maximum is designed to protect you from catastrophic health care costs. After you reach this amount, the plan will pay 100% of the allowed amount. [21]	$9,200 for individuals; $18,400 for family for in-network providers

Office visit	Primary care provider - $30/visit SpecialistSpecialistA physician specialist focuses on a specific area of medicine or a group of patients to diagnose, manage, prevent, or treat certain types of symptoms and conditions. A non-physician specialist is a provider who has more training in a specific area of health care. [6] - $40/visit Urgent care Urgent CareCare for an illness, injury or condition serious enough that a reasonable person would seek care right away, but not so severe as to require emergency room care [12]- $30/visit
Emergency careEmergency Care A medical or behavioral health condition that must be treated at the emergency department of a hospital due to an illness, injury, symptom or condition severe enough to risk serious danger to your health (or, with respect to a pregnant woman, the health of her unborn child) if you didn't get medical attention. See where and when to get care. [11]	$250 (waived if admitted)
Prescription drug (Rx) 30-day supply	Generic: $10 Non-Preferred Brand: not covered Preferred Brand: $50 Specialty: 20% of cost up to $100 Access the Kaiser formulary [18] to check your medication's coverage.

Mail Order (Rx) **90-day supply**	Generic: $20 Non-Preferred Brand: Not Covered Preferred Brand: $100 Specialty: 20% of cost up to $100 **up to a 30-day supply**

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