Kaiser [1]

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.

<table>
<thead>
<tr>
<th>Service</th>
<th>Limit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic X-ray service limits (X-ray and Ultrasound only)</td>
<td>5 per plan year</td>
</tr>
<tr>
<td>Prescription Drug</td>
<td>Brand/Generic</td>
</tr>
<tr>
<td>Physical, Occupational &amp; Speech Therapies</td>
<td>5 combined visits per plan year</td>
</tr>
</tbody>
</table>

Office visit limits (procedures and labs are excluded) 20% coinsurance 5 visits per plan year
## 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>
</tbody>
</table>
| **Office visit**                 | - PCP - $30/visit  
- Specialist - $40/visit  
- Urgent Care - $30/visit |
| **Emergency care**               | $250 (waived if admitted) |
| **Prescription drug (Rx) 30-day supply** | - Generic: $15  
- Non-Preferred Brand: Not Covered  
- Preferred Brand: $35  
- Specialty: 20% of cost up to $75 |
| **Mail Order (Rx) 90-day supply** | Cost Savings: 90-day supply for the prices of a 60-day supply |

**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/ut/p/a0/FchND0MgEEDhs3iAyVQrje2O3ytY2E0lsSSChBC9fnH33cDgyXgjFo9Me3_rQ26hfkoNZ6_OuKJDVpytidDmAzsz5X7iNaot-D2gV4y_11BMoo2cYR_0AMXMGUshJs7dYpDFYUloPgx_if6cZA!!/  