

## **Kaiser** <sup>[1]</sup>

Under this Kaiser-administered plan, you can choose any healthcare provider  
An individual or facility that provides health care services such as a doctor, nurse,  
chiropractor, hospital, rehabilitation center, etc. <sup>[2]</sup> within one single statewide network.  
NetworkThe facilities, providers and suppliers with whom your health insurer or plan has  
contracted to provide health care services <sup>[3]</sup> 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. <sup>[4]</sup> 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. <sup>[5]</sup>  
. 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. <sup>[6]</sup>,  
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. <sup>[7]</sup> for medical visits, diagnostic testing and  
hospital/facilities services.

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. <sup>[8]</sup> 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. <sup>[9]</sup> 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 <sup>[10]</sup>.

### **Plan details**

- [CU Health Plan - Kaiser Benefits Coverage Summary](#) <sup>[11]</sup> (6 pages)
- [CU Health Plan - Kaiser Benefits Booklet](#) <sup>[12]</sup> (133 pages)
- [Kaiser Preventative Care Guidelines](#) <sup>[13]</sup>

### **Covered providers and medications**

- [Find a provider/urgent care](#) <sup>[14]</sup>

- [Visit Kaiser's microsite](#) <sup>[15]</sup>
- 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. \$30

**Office visit limits (procedures and labs are excluded)** 5 visits per plan year

**Diagnostic X-ray service limits (X-ray and Ultrasound only)** 20% coinsurance  
5 per plan year

**Prescription Drug** Brand/Generic

**Physical, Occupational & Speech Therapies** 5 combined visits per plan year

## Features and considerations

### Plan type

EPO Exclusive 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. <sup>[16]</sup> - Kaiser network

Deductible **Deductible - 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.** <sup>[6]</sup>

\$0

**Out-of-pocket limit**  
**Out-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.** [17]

\$8,550/individual; \$17,100/family

**Office visit**

Primary care provider - \$30/visit  
**Specialist**  
**Specialist**  
**A 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.** [5] - \$40/visit  
**Urgent care**  
**Urgent Care**  
**Care 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** [10]- \$30/visit

**Emergency care**  
**Emergency 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.** [9]

\$250 (waived if admitted)

**Prescription drug (Rx)**  
**30-day supply**

Generic: \$15  
Non-Preferred Brand: Not Covered

**Mail Order (Rx)**  
**90-day supply**

Preferred Brand: \$35  
Specialty: 20% of cost up to \$75

**Groups audience:**  
Employee Services

Cost Savings: 90-day supply for the prices of a 60-day supply

## Right Sidebar:

ES: Benefits & Wellness - New Employee Sidebar

ES: Benefits & Wellness - Contact

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

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- [2] <https://www.cu.edu/es-benefits-glossary/provider>
- [3] <https://www.cu.edu/es-benefits-glossary/network>
- [4] <https://www.cu.edu/es-benefits-glossary/referral>
- [5] <https://www.cu.edu/es-benefits-glossary/specialist>
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- [11] <https://www.cu.edu/docs/cu-health-plan-kaiser-benefits-summary>
- [12] <https://www.cu.edu/docs/cu-health-plan-kaiser-benefits-booklet>
- [13] [https://healthy.kaiserpermanente.org/learn/preventive-services?kp\\_shortcut\\_referrer=kp.org/prevention](https://healthy.kaiserpermanente.org/learn/preventive-services?kp_shortcut_referrer=kp.org/prevention)
- [14] <https://healthy.kaiserpermanente.org/colorado-denver-boulder-mountain-northern/doctors-locations#/search-form>
- [15] [http://my.kp.org/universityofcolorado/?kp\\_shortcut\\_referrer=kp.org%2Fcuhealthplan](http://my.kp.org/universityofcolorado/?kp_shortcut_referrer=kp.org%2Fcuhealthplan)
- [16] <https://www.cu.edu/es-benefits-glossary/exclusive-provider-organization-epo>
- [17] <https://www.cu.edu/es-benefits-glossary/out-pocket-limitmaximum-omp>