Under this Kaiser-administered plan, you can choose any healthcare provider [2] within one single statewide network. It is recommended that you select a primary care physician to direct your care. In most cases, referrals [3] are required. However, you may self-refer to certain specialists [4]. In place of a deductible [6], enrollees will be responsible for a copay [7] for medical visits, diagnostic testing and hospital/facilities services.

Out-of-network care is not covered except for emergency care [8] if you didn’t get medical attention. See where and when to get care [9].

Plan details

- CU Health Plan - Kaiser Benefits Booklet [12] (133 pages)
- Kaiser Preventative Care Guidelines [13]

Covered providers and medications

- Find a provider/urgent care [14]
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, Gynocological 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

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**Features and considerations**

**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. [16] - Kaiser network

**Deductible**
An amount that you are required to pay before the plan will begin to reimburse for covered services. This plan has no deductible. [6]

$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
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

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
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 - Retiree 401(a) Non-Medicare
ES: Benefits & Wellness - IWT 401(a) Non-Medicare Eligible Medical