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Kaiser [1]

This Kaiser-administered plan allows you to choose any health care provider within a single statewide network NetworkThe facilities, providers and suppliers with whom your health insurer or plan has contracted to provide health care services [2].

It is recommended that you select a primary care physicianPrimary Care Provider (PCP) A physician (medical doctor or doctor of osteopathic medicine), nurse practitioner, clinical nurse specialist or physician assistant, as allowed under state law, who provides, coordinates or helps a patient access a range of health care services [3] 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. [4] are required, but you may self-refer to certain specialists.

In place of a deductible, you 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. [5] 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. [6] care is not covered except for emergency and urgent care.

Plan details

- CU Health Plan - Kaiser Benefits Coverage Summary [7] (11 pages)
- CU Health Plan - Kaiser Benefits Booklet [8] (117 pages)
- Kaiser Preventive Care Guidelines [9]

Covered providers and medications

- Find a provider/urgent care [10]
- Visit Kaiser's microsite [11]
    - Call 1-877-883-6698
- Access the Kaiser formulary [12]

Out-of-area benefit for dependents only

This benefit applies to services listed in the Summary Chart (page 116 of the 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)	10 visits per plan year
Diagnostic X-ray service limits (X-ray and Ultrasound only)	20% coinsurance Up to 10 per plan year
Prescription Drug	Applicable cost share applies
Physical, Occupational & Speech Therapies	$30 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. [13] - Kaiser network

Features & Considerations

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. [14]	$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. [15]	$10,600/individual; $21,200/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. [16] - $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 [17] - $30/visit

Features & Considerations

Emergency careEmergency 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. [18]	$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 per prescription Access the Kaiser formulary [12] 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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Employee Services

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