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Medical Plan Options [1]

2026–27 plan year information

This page provides details about the **2026–27 benefits plan year**. For plan year 2025–26 (ending June 30, 2026) information, visit the Benefits & Wellness page [2].

Regardless of which plan you choose, you will have the following coverage:

- Preventive carePreventive Care - MedicalA routine health care check-up that will include tests or exams, flu and routine shots, and patient counseling to prevent or discover illness, disease or other health problems. All recommended preventive services would be covered as required by the Affordable Care Act (ACA) and applicable state law. [3] is fully covered: no deductibleDeductibleAn amount that you are required to pay before the plan will begin to reimburse for covered services. [4], no 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].
- All plans provide one no-cost preventive mental health visit per plan year. Learn more about your mental health benefit options on our Mental Health Resources page [6].
- Emergencies are never planned. That's why all urgentUrgent 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 [7] and 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. [8] is covered (copaysCopayment (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] may apply), both in and outside the U.S.
- Affordable prescription drug prices from CVS Caremark [9] and Kaiser Permanente [10].

Click on a tile to learn more about each 2026–27 plan



[11]



[12]



[13]



[14]

How to choose a plan

The Benefits Toolkit can show you what factors to consider.

Learn more [15]

Compare plans

Compare CU's medical plans
side-by-side.

Get started [16]

Quick plan comparison [17]

Plan premiums

See what you'll pay each month for CU's medical plans.

Plan rates [18]

Brand new to CU? See your Medical plan options [19] for the current plan year, ending June 30.

Groups audience:
Employee Services
Right Sidebar:
ES: Benefits & Wellness - Dual Coverage

Source URL:https://www.cu.edu/employee-services/open-enrollment/current-employees/medical-plans

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