

# MEDICAL Plans

## Kaiser Permanente Medical Plans

The University offers three medical plan options through Kaiser Permanente: the HSA-qualified high-deductible health plan (HDHP), the HMO, and the triple-option POS. Each plan has a different employee contribution, which is the amount you pay out of your paycheck on a pre-tax basis. Options with lower contributions have higher deductibles, copay amounts, and out-of-pocket maximums. As you consider which plan best meets the needs of you and your family, think about whether you prefer to pay more each paycheck but less when you need care, or less per paycheck but more when you need care.



**The HSA-qualified HDHP and HMO plan offer in-network benefits only. The Triple-Option POS offers you the freedom to seek care in- and out-of-network, and offers three levels of benefits:**

- Kaiser provider network, which offers the highest level of benefits.
- Preferred provider network (PHCS), which offers a middle level of benefits.
- Non-network providers, which offer the lowest level of benefits.

## Preventive Care

The medical plans cover in-network preventive care at 100%. This includes routine screenings and checkups, as well as counseling to prevent illness, disease, or other health problems.

Talk to your primary care physician to find out which screenings, tests, and vaccines are right for you, when you should get them, and how often. Please be aware that you will be responsible for the cost of any non-preventive care services you receive at your preventive care exam. Learn more about preventive care at <https://my.kp.org/du>.

## Health Reform Law Individual Mandate

**You and your family members are required to have health insurance or pay a penalty to the government.** Learn more about the health reform law requirements at [www.healthcare.gov](http://www.healthcare.gov).

## Learn the Lingo

- **Premium:** The amount that you pay out of your paycheck in order to be enrolled in the medical, dental and vision plans.
- **Deductible:** The amount that you must pay each year for certain covered health services before the plan will begin to pay.
- **Copayment:** A fixed dollar amount that you may pay for certain covered health services. Typically, your copay is due up front at the time of service. For example, HMO members pay a copay for office visits and prescription drugs.
- **Coinsurance:** After you meet your deductible, you may pay coinsurance, which is your share of the costs of a covered health care service. For example, if the health plan's allowed amount for lab work is \$100 and your coinsurance is 20%, once you meet your deductible, you will pay 20% of \$100, which is \$20. The health plan will pay the remaining \$80.
- **Out-of-Pocket Maximum:** The most you will pay for covered health services during the calendar year. Copays, deductibles and coinsurance payments count toward the out-of-pocket maximum. Once you meet your out-of-pocket maximum, your insurance plan will pay 100% of covered health services for the remainder of the calendar year.



## Kaiser Permanente Medical Plans

The table below summarizes the key features of the medical plans. The copay and coinsurance amounts listed reflect the member's responsibility. Locate a Kaiser provider at <https://my.kp.org/du>.

This summary of health insurance benefits is provided to assist you in comparing plans. It is not a complete description of plan benefits; additional restrictions and limitations may apply. The group contracts between the University of Denver and the health plans take precedence in case of any dispute. Please refer to plan descriptions and certificates of coverage for full details of coverage, limitations, exclusions, etc., which are available on the [DU website > Faculty & Staff > Human Resources > Benefits & Compensation](#).

Summary of Covered Benefits	HMO Plan	Triple-Option POS Plan			HSA-Qualified HDHP
	Kaiser Providers	Kaiser Providers	PHCS Network	Non-Network	Kaiser Providers
<b>Calendar Year Deductible</b> Individual/Family	None	None	\$1,000/\$3,000	\$1,200/\$3,600	\$1,500/\$3,000
<b>Calendar Year Out-of-Pocket Max</b> Individual/Family	\$2,000/\$4,500	\$2,000/\$4,500	\$4,000/\$8,000	\$7,000/\$14,000	\$3,000/\$6,000
<b>Preventive Care</b>	Plan pays 100%	Plan pays 100%	Plan pays 100%	\$70 copay	Plan pays 100%
<b>Physician Services</b>					
Primary Care Physician	\$25 copay	\$25 copay	\$25 copay	50% after ded.	20% after ded.
Specialist	\$40 copay	\$40 copay	\$40 copay	50% after ded.	20% after ded.
Urgent Care	\$50 copay	\$50 copay	20% after ded.	50% after ded.	20% after ded.
<b>Lab/X-Ray</b>					
Diagnostic Lab/X-Ray	Plan pays 100%	Plan pays 100%	20% after ded.	50% after ded.	20% after ded.
High-Tech Services (MRI, CT, PET)	\$100 per procedure	\$100 per procedure	20% after ded. <sup>1</sup>	50% after ded. <sup>1</sup>	20% after ded.
<b>Maternity Care</b>					
Prenatal	20% coinsurance	20% coinsurance	20% after ded.	50% after ded.	20% after ded.
Delivery & Inpatient	20% coinsurance	20% coinsurance	20% after ded. <sup>1</sup>	50% after ded. <sup>1</sup>	20% after ded.
<b>Hospital Services</b>					
Inpatient	20% coinsurance	20% coinsurance	20% after ded. <sup>1</sup>	50% after ded. <sup>1</sup>	20% after ded.
Outpatient	20% coinsurance	20% coinsurance	20% after ded. <sup>1</sup>	50% after ded. <sup>1</sup>	20% after ded.
<b>Emergency Room</b>	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance	20% after ded.
<b>Chiropractic Care</b> (up to 20 visits per year)	\$20 copay	\$20 copay	\$40 copay	Not covered	Not covered
<b>Prescription Drugs</b> (up to 30-day supply)			At MedImpact Pharmacies:		After ded.:
Generic	\$15 copay	\$15 copay	\$25 copay	50% after ded.	\$15 copay
Brand	\$30 copay	\$30 copay	\$35 copay	50% after ded.	\$30 copay
Specialty (30-day supply)	\$75 copay	\$75 copay	\$75 copay	50% after ded.	\$75 copay
Mail Order	\$30/\$60/\$75	\$30/\$60/\$75	\$50/\$70/\$75	Not available	\$30/\$60/\$75
(up to 90-day supply)					
<b>Vision Exam</b>	\$25 per visit	\$25 per visit	Not covered	Not covered	20% after ded.

(1) Contact Kaiser Permanente before service is provided.

**Important Notes:** For the HSA-qualified HDHP, if you elect dependent coverage, the full family deductible must be satisfied before the plan begins to cover eligible expenses for any individual covered on the plan. Plan deductibles and out-of-pocket maximums are reset on a calendar year basis, NOT a plan year.

