



University of Denver

High Deductible/Coinsurance HMO

IMPORTANT: This synopsis is not a contract with Kaiser Permanente. It only briefly summarizes the benefits in the Agreement between Kaiser Permanente and your group. Please consult your Evidence of Coverage for complete details of benefits as well as exclusions and limitations. In the event of ambiguity and/or conflict between this synopsis and your Evidence of Coverage, the Evidence of Coverage shall control.

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| Urgent Care | 20% coinsurance each visit after deductible is met at a Kaiser Permanente designated Urgent Care Plan Facility inside the Service Area |
| Lab and X-Ray | |
| Laboratory | 20% coinsurance after deductible is met at a Plan Medical Office or in a contracted free-standing facility |
| X-Ray | Diagnostic X-rays: 20% coinsurance after deductible is met Therapeutic X-rays: 20% coinsurance after deductible is met |
| Special Procedures: MRI/CT/PET/Nuclear Medicine | 20% coinsurance after deductible is met |
| Mental Health and Chemical Dependency | |
| Mental Health Outpatient | 20% coinsurance each office visit after deductible is met |
| Mental Health Inpatient | 20% coinsurance after deductible is met |
| Chemical Dependency Outpatient | 20% coinsurance each office visit after deductible is met |
| Chemical Dependency Inpatient Medical Detoxification | 20% coinsurance after deductible is met Detoxification is limited to removing toxic substance from the body |
| Chemical Dependency Inpatient Residential Rehabilitation | 20% coinsurance after deductible is met |
| Prescription Drugs | |
| Prescription Deductible | Medical annual deductible applies |
| Retail: Generic | \$15 copay after deductible is met |
| Retail: Brand | \$30 copay after deductible is met |
| Retail: Non-Preferred | \$60 copay after deductible is met |
| Retail: Day Supply | Up to a 30 day supply |
| Mail Order | Mail order drugs are available for up to a 90 day supply after deductible is met for two copayments Certain drugs limited to a 30 day supply Prescriptions for second and on-going maintenance medications must be filled at a pharmacy in a Kaiser Permanente medical office or through Kaiser Permanente Mail Order |
| Specialty Drugs Including Self-Injectables | 20% coinsurance up to a maximum of \$75 per drug dispensed after deductible is met |
| Other | |
| Skilled Nursing Facility | 20% coinsurance up to 100 days per calendar year after deductible is met Not covered outside the Service Area |
| Hospice Care | 20% coinsurance after deductible is met Not covered outside the Service Area |
| Home Health Care | 20% coinsurance after deductible is met for prescribed medically necessary part-time home health services Not covered outside the Service Area |
| Durable Medical Equipment | 20% coinsurance after deductible is met Prosthetic arms and legs covered at 20% coinsurance after deductible is met no annual maximum benefit. See policy for types and circumstances of coverage. |
| Hearing Care | 20% coinsurance after deductible is met; hardware not covered Hearing aid coverage available to children under 18; limitations apply |
| Chiropractic Care | 20% coinsurance up to 20 visits |
| Acupuncture | Not covered |
| Vision Care | 20% coinsurance after deductible is met; ; hardware not covered |
| Active & Fit | Not Covered |
| First Responder | Not Covered |

Colorado Region Service Areas:

| HDHP Plus Benefits | |
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| Maximum Benefit per Individual per Calendar Year | 20 combined total visits |
| Primary Care Visit Specialty Care Visit | 20% coinsurance after deductible is met |

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