



CU Health Plans

Frequently Asked Questions

This guide answers some of the most frequently asked questions for CU employees about CU Health Plans and Pretax Savings options. More resources are available at www.cu.edu/benefits, or you can contact a benefits professional at 303-860-4200, option 3.

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General Enrollment Questions

Q. When do I need to enroll in medical, dental and vision plans?

A. It depends on the qualifying event:

New Hire: You must enroll within 31 days from date of hire. Otherwise, the next opportunity to enroll will be during Open Enrollment or if you experience a Qualifying Life Change. Your healthcare plans will be effective on your benefits eligibility date through the end of the plan year, from July 1 to next June 30.

Open Enrollment: This is an event held every spring that allows you to change plans, enroll or disenroll dependents with an effective date of July 1, which marks the beginning of the new plan year.

Qualifying Life Change: Events such as having a newborn or getting married will allow you to enroll or make changes to certain benefits. You must do it within 31 days from date of the Qualifying Life Change. Effective date is the first of the month following event with the exception of birth which is effective the date of birth.

Q. Who can I enroll in benefits?

A. As an eligible employee, you can add the following dependents to your plans: spouse, common-law spouse, civil union partner, domestic partner, dependent children up to age 27 and qualifying disabled children over age 27 however, you must provide Dependent Eligibility Verification (DEV) documentation.

Q. What is Dependent Eligibility Verification (DEV)?

A. It is required documentation to verify your dependent(s). When you enroll your spouse/partner and/or eligible dependent children, in any of your CU medical, dental, vision, life insurance or tuition assistance benefits, you must submit documentation of eligibility for each dependent as listed in [Dependent Eligibility Verification \(DEV\)](#). If you do not provide the necessary documentation, your unverified dependents will be removed from your benefit plans. Once a dependent is verified in our system, you do not need to send DEV for any future enrollment changes unless requested by Employee Services. DEV can be submitted electronically through your portal or via paper form by fax (303-860-4299).

Q. Can I enroll my dependents if I don't have my Dependent Eligibility Verification (DEV) documentation available and need to request them?

A. Yes, we encourage you to submit your enrollment, so you do not miss your deadline. If documentation is not available and you need to request them, please work with a benefits professional so they can make a note on your enrollment record.

Q. Can I change my healthcare plans at any time?

A. No, your current elections will be effective for the remainder of the plan year (July 1 to June 30 of the following year). However, if you are a new hire, you can make changes **only** if you are within your 31-day from your hire date by calling Employee Services at 303-860-4200, option 3. After the 31 days, your elections will be effective until next plan year unless you experience certain [Qualifying Life Changes](#) or during Open Enrollment.

Q. When is the plan year?

A. The plan year is from July 1 – June 30. Your enrollment as a new hire will be effective for the remainder of the plan year.

Q. What and when is Open Enrollment?

A. Open Enrollment is a three-week event, usually held in springtime, which allows you to enroll, disenroll or make changes to your plans and/or your dependents' coverage. Your new elections will be effective as of July 1, which is the beginning of the new plan year.

Q. Can I enroll in medical, dental or vision, or do I have to enroll in all three?

A. Your benefit elections are *à la carte*. This means you can elect one or all coverages. For example, you may choose to have medical coverage for all members of the family, dental coverage for you and children and vision just for you.

Q. Can I enroll my eligible dependent in medical, dental and vision if I do not enroll?

A. No, the employee must be enrolled in those benefits for dependents to have coverage.

Q. Can I enroll in benefits at a later date if I currently have health benefits?

A. No, your CU benefits effective date is determined by your hire date. However, you may be able to enroll at a later time if you experience a Qualifying Life Change event,(e.g., having a baby, getting married, etc.) or you can enroll during Open Enrollment.

If you have COBRA benefits (continuation of health coverage) for few months through a prior employer, this is not a Qualifying Life Change to allow you to enroll at a later time, unless the COBRA period (usually 18 months) has expired. Please check with a benefits professional for further information.

Q. Are the rates per child or per person?

A. There are four tiers for premiums: employee only, employee + spouse/partner, employee + child(ren) and family. The employee + children level includes as many eligible children and/or stepchildren you may have. The family level includes the spouse/partner and all eligible children.

Q. I have a J-1 Visa, how do I enroll my spouse and/or children (J-2 Visa)?

A. You can enroll your J-2 spouse/child at the time of your new hire enrollment and no proof of "date of entry" to USA will be required. Their coverage will begin when your coverage begins.

However, if you have a J-1 Visa and your spouse/child (J-2 Visa) is entering the United States after you, it is considered a [Qualifying Life Change](#), which allows you to add them to your existing plans when they arrive in the United States.

- You have 31 days from the "date of entry" of your spouse/child(ren) (J-2 Visa) into the United States. If you miss the deadline, you will have to wait until Open Enrollment in the spring.
- You will need to provide proof of entry date documentation (e.g., seal of USA Immigration on Passport or Visa). You must provide a translation document if it is in a foreign language.
- Effective coverage for the J-2 begins the first of the month following the "date of entry."
- You must provide [Dependent Eligibility Verification \(DEV\)](#) documentation for your J-2 spouse/child(ren).
- Contact Employee Services (benefits@cu.edu) to initiate the J-2 spouse/child(ren) enrollment.

Medical Plan FAQ

Q. Can I go to a doctor and/or dentist without my ID card?

A. If you need medical, pharmacy or dental services and you are enrolled, you may download your digital ID cards. Digital ID cards can be printed or used on a device. If you have an emergency and are enrolled, you cannot access any services and will need to work with a benefits professional to process an “urgent enrollment.”

To obtain your medical ID cards:

- [Anthem](#)
- [Caremark \(pharmacy Anthem plans\)](#)
- [Kaiser](#)
- [Delta](#)

Q. I have a J-1 Visa, what medical plans comply with my Visa?

A. If you have a J-1 Visa, you can participate in any one of our plans. However, only the CU Health Plan - Exclusive and CU Health Plan - Kaiser meet the low deductible requirement of the J-1 Visa.

Q. How and when do I enroll a newborn child?

A. Having a baby is a [Qualifying Life Change](#). You will have 31 days from the date of birth to enroll your new child and copy of official birth certificate will be required. We recommend you enroll the newborn as soon as possible so the baby can access medical services right away. If the birth certificate is delayed, please reach out to a benefits professional immediately to ensure enrollment.

Q. What medical plans are available for out-of-state eligible dependents? (e.g., college student, spouse) living out of state

A. In the event of an out-of-state dependent, you will need to consider each plan’s network or access to care. CU offers two medical plans that have nationwide networks: CU Health Plan - Extended and CU Health Plan - High Deductible. The CU Health Plan – Exclusive has a [Guest Membership \(PDF\)](#) in some states for dependent children, and CU Health Plan – Kaiser has limited dependent coverage for out-of-state dependent children. Explore each plan’s network to determine what best meets your needs.

Q. How do I select a primary care physician for the CU Health Plan – Exclusive? A PCP is required at the time of enrollment.

A. If you would like to name you and your dependent’s PCPs at the time of enrollment in the CU Health Plan – Exclusive, you will need to utilize the [Find a Doctor](#) search engine for the CU Health Plan - Exclusive to find the ID number needed at the time of enrollment.

If you do not select a PCP at the time of your enrollment, Anthem will assign a PCP according to your zip code. You can always change the PCP by calling Anthem. New PCP selections become effective the first of the month following your request.

Q. Do any of the CU Plans have pre-existing conditions clauses or waiting periods for my chronic conditions, such as diabetes, asthma, cancer, etc.?

A. No, there is no waiting period or pre-existing conditions applicable. You will have coverage on your effective date and be able to use your insurance for all covered services.

Q: Am I covered for a current pregnancy?

A. Yes, if your benefits effective date is prior to your delivery. CU medical plans have no pre-existing clauses or waiting periods.

Dental Plan FAQ

Q. What does the plan year benefit mean for the dental plans? (Essential Dental \$2,000 and Choice Dental \$2,500)

A. The benefit amount for the plan year refers to the most that the plan will pay in a plan year towards dental covered services for each member. Any amount over the limit becomes the employee's responsibility.

Q. Is the orthodontic amount limit separate than the plan year's total benefit?

A. Yes, orthodontic benefit amounts are in addition to the benefit amount per plan year.

Vision Plan FAQ

Q. If I enroll in CU Health Plan – Exclusive, do I need the vision plan?

A. CU Health Plan – Exclusive has an eye exam benefit of a yearly eye exam for a low copay. However, it does not include hardware (lenses and frames) benefits. If you want coverage for contact lenses and/or glasses, you may want to consider enrolling in the optional vision plan.