

CU Health Plans

Frequently Asked Questions

This guide answers some of the most frequently asked questions about CU Health Plans and Pretax Savings options. More resources are available on the [CU Benefits website](#) or you can contact a Benefits Professional via email at benefits@cu.edu or call 303-860-4200, option 3 during regular business hours.

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General Enrollment Questions

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

A. Your enrollment deadline depends on the qualifying event:

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

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: During events such as having a newborn or getting married you must take action to make the desired benefits changes. Qualifying events allow you to enroll or make changes to certain benefits. You must take action 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. Learn how to take action on the [Qualifying Life Change website](#).

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. 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 such as birth certificate, marriage license, etc. 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). Visit the [Dependent Eligibility Verification website](#) to learn more.

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 by calling Employee Services at 303-860-4200, option 3, so they can note on your enrollment record.

Q. If I have a baby, adopt a child or gain legal guardianship, is the new child automatically added to my health plans?

A. No. If you have a baby, adopt a child or gain legal guardianship you must contact Employee Services within 31 days of the birth or legal event in order to make changes to your benefits elections. You can learn about this qualifying life change by visiting the [Qualifying Life Change website](#).

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 window from your hire date by calling Employee Services at 303-860-4200, option 3. After the 31 days, your elections will be effective until the next plan year unless you experience certain Qualifying Life Changes or during Open Enrollment. View more information on how to make changes on the [Qualifying Life Changes website](#).

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. As a new hire, 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., loss of other coverage, having a baby, getting married, etc.) or you can enroll during annual Open Enrollment.

If you have COBRA benefits (continuation of health coverage) for a 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 the 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. Visit the [Qualifying Life Change website](#) to learn more.

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). Visit the [Dependent Eligibility Verification website](#) to verify dependents.

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 website](#)
- [Caremark website \(pharmacy Anthem plans\)](#)
- [Kaiser New Member website](#)
- [Delta Dental website](#)

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, CU Health Plan – Pathway 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 a copy of the 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. View more information on the [Qualifying Life Change website](#).

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 – Pathway and CU Health Plan – High Deductible. The CU Health Plan – Exclusive has a [Guest Membership \(PDF\)](#) in some states for dependent children, and the 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. 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 are no waiting period or pre-existing condition clauses 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 condition 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, Pathway or Kaiser, do I need the optional vision plan?

A. CU Health Plan – Exclusive, CU Health Plan – Pathway and CU Health Plan – Kaiser have built-in vision coverage for eye exams only. CU Health Plan – Exclusive and Pathway covers a routine eye exam with a \$20 copay in-network along with savings for other services. This is a benefit bundled with this health plan. See details in the [CU Health Plan – Exclusive and Pathway Vision Benefits Coverage Summary](#).

CU Health Plan – Kaiser covers routine vision exams and routine eye exams (eye refractions) provided by Kaiser network optometrists (\$30 copay) or ophthalmologists (\$40 copay) to determine the need for vision correction and to provide a prescription for eyeglasses or contact lenses are covered. See page 61 of the [CU Health Plan - Kaiser Benefits Booklet](#) for details.