

GME Qualifying Life Change Qualified Medical Child Support Order (QMCSO)

The following guide outlines permissible changes to benefit elections and how to make them when you have a Qualified Medical Child Support Court Order.

Permissible Changes

When an employee has a Qualified Medical Child Support Order, they must make certain changes to their benefit elections pursuant to the terms of the QMCSO. If the employee is not currently enrolled and does not make elections, CU will follow the court order and enroll employee and the QMCSO child(ren) in the default plan(s): CU Health Plan- High Deductible and CU Health Plan- Essential Dental. New elections will **be effective the first of the month** following the date of the court order.

Plan Change Eligibility:

- CU Health Plans medical, dental, vision: changes mandatory based on QMCSO
- Flexible Spending Accounts (Health Care FSA & Dependent Care FSA): permissible changes

Plan resources

- GME Rates (PDF)
- GME Benefits Website

CU Health Plans: medical, dental, vision

Enrollment:

- **Employee:** If the employee currently does not have coverage under the CU Health Plan, they must enroll, provided the court ordered child is enrolling.
- **Spouse/partner and Dependent children (not subject to court order):** The employee cannot enroll a spouse/partner or other dependent children outside of the court order at this time, only the child(ren) subject to the court order.
- Children (subject to court order): The employee must enroll their child(ren) subject to the court order. If they are not currently covered with a CU Health Plan, they must also enroll themselves. If employee is not currently enrolled and does not make the court ordered elections, CU will follow the court order and enroll both the employee and the QMCSO child in the following default plans: CU Health Plan-High Deductible and CU Health Plan-Essential Dental, if applicable.

Cancellation: The employee can cancel CU coverage with proof of gain of group coverage under another plan or if the QMCSO requires the spouse, former spouse or other individual to provide coverage for the child.

Flexible Spending Accounts (FSA)

Health Care Flexible Spending Account HCFSA

- The employee can enroll or increase to accommodate only the child(ren) subject to the QMCSO.
- The employee can decrease or cancel election if the QMCSO requires another legal guardian to provide coverage for the QMCSO child. In no event can a new election be reduced to an amount that is less than the expenses incurred prior to the new election date.

Dependent Care Flexible Spending Account DCFSA

- The employee cannot enroll until Open Enrollment based on a QMCSO.
- The employee may be able to make changes if their dependent care needs have changed. They can enroll, increase, decrease or cancel based on changes such as significant cost increase, changes in need for childcare, childcare hours or changes in provider.

How to Make Changes

The employee has **31 days** from the date of the Qualified Medical Child Support Order to make changes by submitting the required documentation.

How to add your QMCSO dependent child(ren)

- 1. Submit the Benefits Enrollment/Change Form GME (PDF).
- 2. Submit documentation for newly eligible QMCSO child(ren) if dependents are not already verified.

Eligible Dependents and the Required Documentation:

- Child under age 27: Birth or adoption certificate OR court documents signed by a judge for parental responsibility or qualified medical support order
- Child with a disability over age 27: Birth or adoption certificate AND a medical certificate of disability or notice of determination from the Social Security Administration
- 3. Submit copy of the Qualified Medical Child Support Order (QMCSO).

Submission instructions

- Submission instructions for all documentation are found on the Benefits Enrollment/Change Form.
- You can check the *Benefits Summary* in your <u>employee portal</u> to verify enrollment accuracy after forms are processed.
- If you have further questions, contact a benefits professional at 303-860-4200, option 3.

Payroll deductions

If you are canceling or removing dependent coverage and expect a reduction in your cost of monthly premiums, you must submit all documentation by the 10th of the month in which the change would take effect. If documentation is received after the 10th of the month, premium adjustments will be reflected in the next payroll cycle.

Questions?

Contact a benefits professional via email at benefits@cu.edu or call during business hours at 303-860-4200 option 3.

Definitions

Consistency rule: Under the Consistency Rule, the election change is on account of and corresponds with the Qualifying Life Change that affects eligibility for coverage under an employer's plan. Changes to benefit plans must be consistent with the Qualifying Life Change and correspond with a gain or loss of eligibility for coverage.

Gain of eligibility for group coverage: When canceling CU coverage, CU requires proof that employee and/or dependents have or will have coverage. We require a letter or other document from dependent's employer or insurer stating:

- The individuals that gained group coverage (by name).
- The effective date of group coverage.
- The types of plans that were gained, specifically medical, and dental and/or vision.