

Get ready for the new benefits plan year on July 1 ^[1]

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CU Health Plan enrollees can get ready to roll before the new benefits plan year begins July 1.

Whether you decided to keep or update your health plans during Open Enrollment, there are important changes you should know about, including no-cost generic drug coverage, getting your ID cards and more.

Get in gear for the new plan year by reading up on your plan changes.

Check your enrollment and submit important documents

Prior to July 1, [log in to the employee portal](#) ^[3] to check your enrollment. The effective date for next year's benefits is July 1, 2024.

If you've added dependents to your plan, remember to submit a [Dependent Eligibility Form](#) ^[4] along with supporting documentation.

What to expect July 1

The new plan year that starts July 1 will feature four key changes to the CU Health Plans:

- All plans will offer no-cost generic drugs used to prevent or treat chronic conditions such as cardiovascular disease, respiratory issues and many others.
- The High Deductible medical plan's deductible will increase to \$1,600 for single in-network coverage and \$3,200 for family in-network coverage. This represents the lowest deductible allowed for high deductible plans that pair with a health savings account.
- Extended plan's deductible will increase to \$1,000 for single coverage and \$2,000 for family coverage.
- Monthly plan rates increased for two of CU's four medical plans, certain dental plan coverage levels, and for the vision plan. See your [rate sheet](#) ^[5] for details.

No-cost generic drug details

Expanded no-cost generic drug coverage represents this year's most significant plan change. A big part of staying healthy is finding and treating problems before they get serious. That's one reason CU Health Plan is expanding coverage for no-cost preventive generic drugs.

These drugs are used as preventive care to treat a range of disease states and conditions,

from cardiovascular conditions and hypertension to mental health treatments and more. When prescribed eligible drugs by your doctor, you'll be able to fill these at \$0 cost at an in-network pharmacy, even if you haven't met your medical plan deductible (if applicable).

Generic drugs are an excellent option for cost savings, containing the exact same effective ingredient(s) as brand-name medications and formulated with the same quality, dosage, safety and effectiveness as the original drugs.

Covered no-cost preventive generic drugs were determined by the Affordable Care Act and IRS regulations, and covered drug lists are updated quarterly. To see the current list of covered drugs for Anthem plans, visit the [CVS Caremark pharmacy webpage](#) [6]. For Kaiser, visit the [Kaiser plan webpage](#) [7] and open the preventive tier drug list PDF.

Anthem plan members should also read up on the [expansion of their pharmacy options](#) [8] for filling maintenance prescriptions, which added Kroger, King Soopers and City Market pharmacies to locations to fill maintenance medications.

ID cards

Members enrolled in Anthem-administered plans (Extended, Exclusive or High Deductible) will receive new physical ID cards in the mail due to updated formatting of the information included on the cards.

For Kaiser enrollees, new physical ID cards will only be administered if you have changed plans.

Access digital ID cards

All medical and dental plans will have access to digital ID cards through mobile apps provided by Anthem, CVS Caremark, Kaiser and Delta Dental.

These services allow members to have their insurance cards anytime, anywhere if they have their mobile device. You can also save your ID cards to your Apple Wallet or other digital wallet apps or log in from a computer to print off a paper copy.

If mail delays prevent your physical ID card from arriving in time for an appointment, digital options can give you instant access.

See the [digital ID cards page](#) [9] for steps on accessing your card.

Life changes

When [life changes](#) [10], you may be able to update your coverage and add or remove dependents to meet your specific needs. So, stay prepared! When something happens that changes how you use your health benefits, visit the [Life Changes webpage for faculty and staff](#) [11] or the [Life Changes webpage for GMEs](#) [12] to learn what changes you can make and how to make them with the 31-day deadline.

How to get help

Plan year 2024-25 benefits information is available on the [Employee Services' website](#) [13]. For

specific plan information, reach out to your plan provider.

If you have questions, contact an Employee Services benefits professional by email at benefits@cu.edu [14] or call 303-860-4200, option 3.

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