



CU Health Plans New Hire FAQ

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General questions FAQ

Q. Can I change my elections if I have changed my mind?

A. You have 31 days from your official hire date to make your benefit elections. If you are within your 31 day deadline, you can change your elections by calling a benefits professional at 303-860-4200, option 3 to reopen your enrollment event in your employee portal. After your deadline expires, you cannot change your elections until the next Open Enrollment or for some [Qualifying Life Changes](#).

Q. What if I do not enroll or waive my benefits by my deadline?

A. If you do not enroll or waive your coverage within the deadline, you will be automatically enrolled in the following default plans: CU Health Plan – High Deductible Medical Plan and CU Health Plan – Essential Dental Plan. Both plans will be employee only and monthly premiums are \$0. These defaults remain for the plan year. You may not make any changes until the next Open Enrollment, unless you experience a [Qualifying Life Change](#). Please speak to a benefits professional if you had extenuating circumstances for not enrolling/waiving in time.

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. 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 just 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. I have health benefits, can I enroll at a later date?

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, such as having a baby, getting married, etc.

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.

Medical plan FAQ

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

A. If you are in need of medical, pharmacy or dental services and you already enrolled, you may check with a benefits professional and/or insurance company to see if your member ID cards have been issued. If you have an emergency and did not enroll, you cannot access any services and will need to work with a benefits professional to process an “urgent enrollment”.

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. 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” 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.
- Contact Employee Services (benefits@cu.edu) to initiate the J-2 spouse/child(ren) enrollment. 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 can enroll your J-2 spouse/child at the time of your New Hire Enrollment and no proof of “date of entry” will be required.
- You must provide Dependent Eligibility Verification (DEV) documentation for your J-2 spouse/child(ren).

Q. I am having a baby next month, do I need to enroll my baby now?

A. No, the child must be born first. 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.

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 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 need.

Q. How do I select a Primary Care Physician for the CU Health Plan – Exclusive (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 becomes effective the first of the month following your request.

Q. Do any of the CU Plans have pre-existing conditions clauses or waiting period 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 plan year benefit amount 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 plan year benefit amount.

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 \$20 copay. However, it does not include hardware (lenses and frames) benefits. If you want coverage for contact lenses or glasses, you may want to consider enrolling in the optional vision plan.