

FREQUENTLY ASKED QUESTIONS

Revised March 2021



FAQ for CHP:

Q. How do I get a new medical ID card?

A. Contact Anthem Customer Service at 1-866-698-0087 or log onto www.anthem.com and request one. If that does not work, you may call your Benefits Administrator at 303-861-0507 or toll free at 1-877-328-2671.

Q. What if my date of birth, name or Social Security number is incorrect with Anthem?

A. Contact your Entity's Designated County Health Pool Representative.

Q. How do I change my last name due to marriage?

A. Provide a copy of your drivers license or social security card that shows your new last name.

Q. How do I access Plan Documents for the benefits I elected?

A. Log onto www.ctsi.org, under Services, click on CHP, then "Click CHP Plan Documents".

Q. How can I verify that my provider is in the network?

A. Call Anthem customer service at 1-866-698-0087 or log on to www.anthem.com; Under "Find Care", Select plan type "PPO" for Medical and "Dental Complete" for Dental.

Q. What if I want to see a provider in another state?

A. Contact Anthem Customer Service at 1-866-698-0087 to verify the provider is in-network or log on to www.anthem.com, Go to "Find Care".

Q. What should I do when my dependent child turns 26 and is no longer covered under the Plan?

A. Your CHP Benefit Administrator will terminate coverage at the end of the month your dependent turns 26 years old. A COBRA Election Notice will be sent to the terminated dependent child. Your monthly premium will be adjusted as needed.

Q. What is the definition of a Dependent Child?

A. Employee/Participant's Dependent child (including a step-child, legally adopted or disabled child) under 26 years of age.

Revised March 2021



Q. If my claim is denied by Anthem is there another step I can take?

A. Yes, call Anthem customer service and ask to file an appeal. If it is still denied, notify in writing to CHP your appeal and it will be presented to the CHP Board of Directors. Refer to the Plan Document for more information on grievances and appeals. If you have any further questions, contact your CHP Benefit Administrator at 303-861-0507 or 1-877-328-2671.

Q. What is the definition of a Common-Law Spouse?

A. One who is married as common-law is interpreted by the courts of the State of Colorado. The requirements for a relationship to gain recognition as a common-law marriage are cohabitation and general reputation as married. Both factors must be present. Mere cohabitation is not sufficient. To establish the presumption of marriage by cohabitation and repute there must be clear, consistent, convincing and positive evidence.

Q. Can my Common-Law spouse be covered under my plan?

A. Yes. You would complete section 8 on the Enrollment Application. This section of the Enrollment Application must also be signed by the common-law spouse. CHP must receive the Enrollment Application within 31 days of the common-law marriage to have the common-law spouse covered.

Q. What is the definition of a Same-Sex Domestic Partner?

A. Two individuals, of the same sex, who live together in a long-term relationship of indefinite duration with an exclusive mutual commitment in which the Domestic Partners agree to be jointly responsible for each other's common welfare and to share financial obligations. A same-sex domestic partner can be covered under the Plan.

Q. What is required to cover my dependents after my coverage starts?

A. Complete an Enrollment Application listed them and provide proof of their loss of other coverage, within 31 days of them losing the other coverage.

Q. How soon do I need to add my newborn to my policy?

A. If you want your newborn to become a covered dependent under your plan, the newborn will need to be added within 31 days from birth.

Q. If I have a baby and I do not plan to add coverage for my newborn, are my newborn charges from the hospital and for the first 31 days paid under my coverage?

A. Yes. The first 31 days will be covered under the mother's policy, if she is a covered participant of the plan. To extend coverage for the newborn beyond

Revised March 2021



the first 31 days, the newborn must be enrolled within 31 days following the birth.

Q. How are contraceptives covered by CHP?

A. They are covered under the Prescription Drug Plan through Anthem/IngenioRx. Refer to the Plan Document for more information regarding your Prescription Drug Plan.

Q. How are Impacted Wisdom Teeth covered?

A. Impacted Wisdom Teeth are covered under our Medical Plan. Refer to the Medical Plan Document for more information or contact your CHP Benefits Administrator.

Q. Why does IngenioRx/Anthem have quantity limits on prescription drugs?

A. Taking too much medicine or using it too often isn't safe. It may even drive up your health care costs. Quantity limits, the amount of medicine that is covered by the plan for a certain length of time. For example, a drug may have a limit of 30 pills per 30 days at retail pharmacy.

Q. If I go to the Health Fair, what do I need to do to be reimbursed?

A. You need a receipt from the Health Fair with the date, services and the amount you paid. Mail the receipt along with a Health Fair Claim Form to Anthem. The Health Fair Claim Form is available at www.ctsi.org, or contact your Entity's CHP Representative. Make sure to keep copies for yourself. You must be age 19 or older and enrolled in a CHP medical plan. Maximum reimbursement is \$40 per year.

Q. If I want to take COBRA when my employment has been terminated, am I allowed to change the coverage I had previously?

A. No. It is a federal regulation that you must continue with the same plan you had before your termination. However, you don't necessarily have to choose to continue all lines of coverage that were in place while active at work, unless your entity has offered all benefits as a package deal. For example, if you have medical, dental and vision, you can choose to only elect medical coverage if your employer's offering is not set up as a package deal. You are allowed to drop coverage for any dependent when you enroll in COBRA.

Q. How do I file a claim for my CDL physical?

A. You will need to bring a CDL Claim Form with you to the doctor's office. The Claim Form is available at www.ctsi.org, or obtain from your Entity's CHP Representative. Your doctor can submit the claim manually to Anthem on

Revised March 2021



your behalf or you can submit to Anthem. This is a unique benefit for Members of the County Health Pool, when required for their employment.

Q. If I have vision coverage under CHP, can I see a non-vision provider for services?

A. Yes, you can, but you will need to pay the provider the full amount of the bill and request an itemized copy of the bill. You will need to submit a copy of your bill, receipt and claim form to VSP for reimbursement. The form is available at www.ctsi.org or your county contact can provide.

Q. Why do I not have a Vision (VSP) ID card?

A. VSP does not provide ID cards, but you can print one off their website at www.vsp.com. When making your appointment with a VSP provider, you tell them that you have VSP and they will obtain your benefits through VSP and will submit the claim to VSP, all you need to do is pay your copay to the provider.

Q. Are my Vision services annual?

A. No, vision services are not on a calendar year, but based on when you last had services. Example: If I had an eye exam in November last year, then I can't have another eye exam until November of this year. Every twelve months based on when you had your last exam.

Revised March 2021