

UNLIMITED YOU



ANAHEIM UNION HIGH SCHOOL DISTRICT

COORDINATION OF BENEFITS (COB) (Dual Coverage)

MEDICAL/MENTAL HEALTH

- COB usually applies when you or a covered dependent are covered by multiple health plans at the same time. For example, you and your spouse have coverage through each other's employers; you each cover yourself and/or dependents.
- COB designates the order in which the multiple health plans are to pay benefits. Under a COB provision, one plan is determined to be primary and its benefits are applied to the claim first. The unpaid balance is usually paid by the secondary plan to the limit of its responsibility. Benefits are thus "coordinated" among all of the health plans.
- The provision is designed so that the payments by all plans do not exceed 100 percent of billed charges for the covered services. COB does not double your coverage; however, it may reduce your out-of-pocket costs.
- When you are covered under two medical plans that coordinate coverage, your plan is your primary plan and the separate plan your spouse/domestic partner elects is his/her primary plan. (In other words, the plan which covers you as a dependent is your secondary plan.) Please communicate to your providers which plan is primary and which plan is secondary at the time you provide them with both of your medical ID cards.
- Coordination of benefits only applies if both health plans allow for coordination of coverage. At AUHSD, the PPO plan coordinates coverage while the EPO plan does not coordinate coverage.
- "BIRTHDAY RULE" - When both parents cover an eligible dependent child, the plan for the parent whose birthday (month and day, not year) comes first in the calendar year is primary for the eligible dependent child. A divorce agreement or other court ruling may supersede the birthday rule. Please remind your providers which plan is primary for your child(ren).
- In order for your District plan to pay the maximum allowable amount, providers must submit each claim to the primary plan **first**, and once paid, the provider **must bill** the secondary plan and include the primary explanation of benefits. Any deviation from this order will result in a denied claim and the provider may attempt to collect the balance from you directly.

DENTAL

- COB works the same way whether you are covered by two Delta Dental plans or by Delta Dental and another insurance company.
- The plan that covers you as an enrollee is the primary plan and the plan that covers you as a dependent is the secondary plan.
- The birthday rule applies for your child(ren)'s coverage.
- Example - If both of your plans provide two cleanings a year, each with 80 percent coverage, then:
 - You would not be entitled to four cleanings a year.
 - The primary plan pays its benefit as if there is no other insurance.
 - The secondary plan will act as a supplement to the primary plan with its payments limited to the lesser of its normal benefit or the patient's out-of-pocket costs under the primary plan.
- Non-duplication of benefits clause - Some dental benefit plans have "non-duplication of benefits" provisions. This means that the secondary plan will not pay any benefits if the primary plan paid the same or more than what the secondary plan allows for that dentist.
 - For example, if both the primary and secondary carrier pay for the service at 80% level but the primary allows \$100 and the secondary carrier normally allows \$80 for the same treatment, the secondary carrier would not make any additional payment. However, if the primary carrier only pays 50% of the dentist's allowed fee, then the secondary carrier would reduce its payment by the amount paid by the primary plan and pay the difference. In this case, the secondary carrier would pay \$14 ($\$80 \times 80\% - \$50 = \14).

VISION

- VSP allows coordination of benefits for members eligible for coverage by more than one vision plan.
- The plan that covers you as an enrollee is the primary plan and the plan which covers you as a dependent is the secondary plan.
- The birthday rule applies for your child(ren)'s coverage.
- When VSP administers the secondary plan, you will receive a specified allowance for each service (exam, lenses, frame or contacts) that will be used to pay up to, but not more than the billed amount. Only services received on the primary benefit may be used for coordinating like services on the secondary benefit. Secondary allowances are applied first to the same service of the primary plan. Any remaining amount may be used to cover additional expenses on other services.
- Services from non-VSP providers - VSP will reimburse the patient according to each benefit's out-of-network schedule of allowances, not to exceed the actual exam fee and the cost of corrective eyewear.