



A Summary of Benefits for Members with Double Coverage

Primary vs. Secondary Coverage: When analyzing benefits for members with double coverage, it is important to understand which plan is primary and which plan is secondary. An employee is always primary on his/her active (coverage provided through his employer as an active/non-retired employee); any other coverage is secondary to his/her active coverage. In most cases, children have primary coverage under the parent with the earliest birthdate in the calendar year.

Standard Coordination of

Benefits: Coordination of benefits (COB) determines how a secondary plan will pay after a claim is processed by the primary plan. BSSP plans coordinate as secondary medical benefits, under standard coordination of benefits rules. Prescriptions may be processed under either primary or secondary but not both. Members are encouraged to submit the

	Primary Plan MEC HSA	Secondary Plan 80% J \$30	Combined Result
Allowed amount of claim	\$1000	\$1000	\$1000
Deductible (A)	-1000	-750	-750
Subtotal	0	250	250
Co-insurance (B)	0	(20%) -50	-50
Plan pays	0	\$200	\$200
Primary pays	\$0	\$0	0
Secondary pays	n/a	\$200	200
Member pays (A+B)	\$1000	\$800	\$800

prescription under the richest prescription benefit

This example is applicable to participating provider claims, only. Non-participating provider claims are paid from the non-par fee schedule. Members could incur additional expenses for non-par claims. The member's responsibility would be the same (\$100 between the two plans) if 80% J \$30 were primary and MEC HSA secondary. There would no payment by the secondary (MEC HSA) plan because the member's responsibility was already at its lowest amount under the primary 80% J \$30 plan.

Under standard coordination of benefits provisions, a secondary plan will pay to its limits after deducting the primary plan's payment but the member's responsibility will be no less than if the secondary were primary coverage. In short, *a person with double coverage has the best of the two plans but no more.* The chart above illustrates an example where the employee is covered under MEC HSA (primary) and 80% J \$30 (secondary).

Other facts about coordination of medical benefits

- Standard coordination of benefits does not provide true double coverage to members. As an example, a member is not entitled to 24 chiropractic/acupuncture visits under his primary coverage and an additional 24 visits under his secondary coverage.
- Benefit limits are not shared between family members; benefit limits apply to each covered individual. (A husband and wife are not limited to 24 chiropractic visits between the two; each is entitled to 24 visits.)
- While there is no true benefit to being covered with double medical benefits, a family can minimize their cost for double coverage by electing a lower-cost plan as secondary coverage.

Administrative fee for double-coverage: Because prescription will be available under secondary coverage effective July 1, 2017, the administrative fee will no longer be available.

How does double-coverage work for dental and vision benefits?

- Dental: Two plans add together but cannot exceed 100% of the allowed amount, i.e. two plans paying 50% orthodontia with a lifetime limit of \$2000 limit would each pay \$2000 towards a \$4000 service.
- Vision: Two plans add together, i.e. annual frames under each plan would allow the member two frames per year.