

Understanding Coordination of Benefits

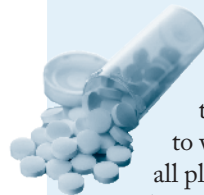


How to maximize coverage if you have more than one benefit plan.

How does COB work with claims that can be billed directly?

Many benefits plans use direct billing for prescription drug, dental, vision, hospital and ambulance claims (also called pay direct). With direct billing, the service provider (dentist, pharmacy, ambulance operator, etc.) submits the claim on your behalf. You are only responsible for paying amounts not eligible through your plan at the time of purchase/service.

For claims that are not billed directly to Alberta Blue Cross, please see "How do I submit reimbursement claims?" on reverse.



Prescription drug & health services claims

Be sure to inform Alberta Blue Cross that you are coordinating benefits prior to visiting your service provider, and have all plan identification numbers available at the time of purchase/service.

Depending on your coverage, you may encounter one of the following situations for prescription drug and health services direct bill claims:

Both direct bill plans are with Alberta Blue Cross

Alberta Blue Cross will automatically determine your Coordination of Benefits order based on coverage and eligibility of both plans, provided you have previously informed Alberta Blue Cross that you are coordinating benefits. You do not have to determine which is the primary plan and you do not have to submit a claim form to Alberta Blue Cross; the service provider will submit the claim on your behalf.



Remember to inform Alberta Blue Cross or your service provider if your spousal situation or coverage changes.

Have all identification numbers available.

Dental claims

Many general dentists and denturists in Alberta use direct billing (also called assignment billing) for their patients' dental claims. If your dentist uses direct billing, you do not have to submit any claims to your benefits carriers; the office will submit the claims to both of your plans on your behalf. Be sure to tell your dentist you are coordinating benefits and have all plan identification numbers available.

Both plans are direct bill—one with Alberta Blue Cross and one with another benefits carrier

The service provider will submit your claim to your primary plan for reimbursement according to your coverage and benefits. Be sure to tell your service provider that you are coordinating benefits with another benefits carrier, so that they can also submit the claim under your secondary plan.

One plan is direct bill and the other is reimbursement

• Direct bill plan is primary

Your service provider will submit your claim to the primary plan for reimbursement according to your coverage and benefits. You will still be required to pay amounts not eligible through your plan at the time of purchase/service. Your service provider will give you a receipt for the amount you paid. You can then submit a claim for assessment to the secondary plan.

• Reimbursement plan is primary

You must pay 100 per cent of the cost of the product/service and then submit a claim form to your primary plan carrier for reimbursement. After you receive an Explanation of Benefits or statement from your primary plan, you can submit a claim to the secondary plan. See "How do I submit reimbursement claims?" on reverse.

Each spouse must submit to his or her own plan first.

How long will it take to process my claim?

Alberta Blue Cross does everything possible to process your claim quickly. For the fastest service, please ensure you enclose all receipts and that you have used the correct claim form and it is filled out completely. Be sure to indicate that you are coordinating benefits and include all plan identification numbers.

Important note

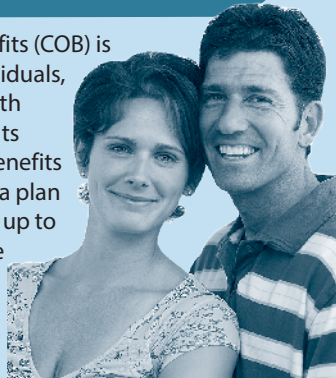
Coordination of Benefits may vary with each benefits plan and benefits carrier. Please consult your plan contract, benefit booklet or your benefits carrier for full details about your coverage and benefits.

What if I have questions?

Please call Alberta Blue Cross Customer Services for assistance with Coordination of Benefits or any aspect of your Alberta Blue Cross benefits.

What is Coordination of Benefits?

Coordination of Benefits (COB) is a process where individuals, couples or families with more than one benefits plan combine their benefits coverage. This allows a plan participant to receive up to the maximum eligible amount for eligible prescription drug, dental and health services benefits.



Coordination of Benefits is standard practice among benefits carriers in Canada. COB allows people with more than one plan to maximize their coverage.

How does it work?

With COB, you submit claims to your benefits carrier first for adjudication and payment according to your coverage and benefits. Once you have received an Explanation of Benefits or statement from that benefits carrier, you can submit a claim for the eligible outstanding amount to your spouse's plan or your second plan.

How do I begin to use my COB coverage?

When you submit a claim to Alberta Blue Cross, you must indicate on the claim form that you have coverage under an additional plan (whether the other plan is with Alberta Blue Cross or another benefits carrier). It is also important to contact Alberta Blue Cross if your spousal situation or coverage changes.

Which plan pays first?

To know which plan to submit your claims to first, you must determine which plan is **primary** and which is **secondary**. The primary plan always pays first. The secondary plan pays towards the outstanding balance, for eligible expenses.

For individuals

Determining the primary and secondary plans for individuals with multiple plans depends on your coverage. Claims will be pro-rated between plans or benefits carriers, where you are the cardholder, to ensure you receive coverage for up to the maximum eligible amount for eligible claims. Call Alberta Blue Cross Customer Services for details.

For couples

Each individual's plan is considered primary for his or her own claims. Therefore, your claims should be submitted to your plan first, whether the plan is with Alberta Blue Cross or another benefits carrier. The outstanding balance may then be sent to your spouse's plan—the secondary plan. If you are both Alberta Blue Cross plan participants, then only one claim needs to be submitted for payment under both plans. For direct bill plans, the provider (dentist, pharmacy, etc.) will submit the claims to the appropriate benefits carrier(s) on your behalf.

Example:
John has an Alberta Blue Cross plan. Mary's plan is with another benefits carrier. John submits all of his claims to Alberta Blue Cross first. Mary submits all of her claims to her benefits carrier first. After the Explanation of Benefits or statements are returned to them, each submits a claim for the outstanding amount to their spouse's plan.

Claim forms are available from your group plan administrator or on our web site at www.ab.bluecross.ca.

For families with dependent children

The parent whose birth month falls earlier in the calendar year is considered holder of the primary plan for the dependent children. If both parents' birthdays are in the same month, then the parent whose day of birth is earlier is primary. The year of birth does not matter.

Example:
John's birth date is February 19 and he is an Alberta Blue Cross plan participant. Mary's birth date is June 24 and her plan is with another benefits carrier. Sarah is their dependent child. John's Alberta Blue Cross plan is primary for Sarah's claims because John's birth month falls before Mary's.

Same birthdays

If both parents' birth dates are on the same month and day (regardless of the year), the parent whose first letter of their given name falls closer to the beginning of the alphabet is primary.

Example:
If John and Mary were both born on June 24, John's plan would be primary for their dependent children.

Separation or divorce

If the parents are separated or divorced, claims for dependents should be submitted in the same manner as above for joint custody. For sole custody arrangements, please call Alberta Blue Cross Customer Services for details.



Please sign into our secure member services web site at www.ab.bluecross.ca/online_services for online claiming capability as most Alberta Blue Cross plans offer this service.

How do I submit reimbursement claims?

If your plan uses direct bill, please see reverse. For reimbursement plans, use the following steps to submit your COB claims.

Both plans are with Alberta Blue Cross

Complete one Alberta Blue Cross claim form for reimbursement under both plans. Alberta Blue Cross will automatically coordinate your benefits, as long as you:

- Fill out an Alberta Blue Cross claim form*. Indicate in the space provided that you are coordinating benefits and provide both identification numbers.
- Make a photocopy of your receipt(s) for your own records.
- Submit the claim form and the original receipt(s) to Alberta Blue Cross. The original receipt(s) will not be returned.

One plan is with Alberta Blue Cross; one plan is with another benefits carrier

Two claims are required—one for each benefits carrier.

- Determine which plan is primary.
- Fill out a claim form*. Indicate in the space provided that you are coordinating benefits and provide both identification numbers. The form you use must be from the benefits carrier to which you are submitting the claim.
- Make two photocopies of your receipt(s); one for the secondary plan carrier and one for your own records.
- Submit the claim form and the original receipt(s) to the primary plan carrier. The original receipt(s) will not be returned.
- You will receive an Explanation of Benefits or statement from the primary plan carrier indicating the amount not eligible under your plan. You may wish to make a copy of this statement for your own records.
- Fill out a claim form for the secondary plan carrier. Submit the form, the Explanation of Benefits or statement from the primary plan carrier, and a photocopy of the original receipt(s) to the secondary plan carrier to have the outstanding balance assessed.

***Important:** To ensure your Alberta Blue Cross claims are processed quickly, use the *Dental Claim Form* for dental claims and the *Health Services Claim Form* for health services and prescription drug claims.