



Coordination of benefits (“COB”) exists when an enrollee is also covered by another plan and determines which plan pays first.

Benefits will be coordinated to the extent permitted by law with other types of insurance coverage that pay for health care services and supplies. These other types of coverage may include:

- Auto insurance;
- Homeowners’ insurance;
- Government benefits;
- Medicare; and
- Health plans (“Health Plans”), including group and non-group health insurance contracts, health maintenance organization plans, nonprofit medical or hospital service corporation plans, and self-insured plans.

When there is COB, it will be based upon the Plan Maximum Allowed Amount for any service that is covered at least in part by any of the plans involved. If a Provider is paid under a capitation arrangement, COB will be based on the reasonable value of such services.

When a Member is covered by more than one Health Plan, one plan will be considered primary. The primary plan pays benefits first as though there were no other coverage. The benefits of secondary and tertiary plan(s) are determined after those of the primary plan. Secondary and tertiary plan benefits may be reduced by the primary plan’s benefit and capped at the primary plan’s maximum allowed amount. To the extent required by law, when a Member is covered by more than one Health Plan, payments made by the primary plan, payments made by the Member, and payments made from a health savings account or similar fund for benefits covered under the secondary plan will be credited toward the deductible of the secondary plan.