

COORDINATION OF BENEFITS (COB) GUIDE FOR TAFT-HARTLEY ERISA PLAN MEMBERS

INTRODUCTION

The Coordination of Benefits (COB) process ensures that when you have coverage from multiple health insurance plans, the benefits are coordinated to avoid overpayment and ensure all covered services are paid appropriately.

This guide provides a high-level overview of how COB works for members of your Taft-Hartley ERISA health plan.

WHAT IS COORDINATION OF BENEFITS [COB]?

COB is a process used when a member is covered by more than one health insurance plan. It determines which plan pays first (primary) and how much the other plan(s) will contribute (secondary) to cover your medical expenses.

KEY COB CONCEPTS

1. Primary vs. Secondary Coverage

- **Primary Plan:** The plan that pays first on your claims.
- **Secondary Plan:** The plan that pays after the primary plan, covering remaining eligible expenses according to its policy.

2. Determination of Primary Coverage

- **Employee vs. Dependent:** Typically, the plan covering you as an employee (not as a dependent) is primary. Dependent Children: The "birthday rule" often applies, where the parent whose birthday falls earlier in the year provides primary coverage.
- **Other Situations:** COB rules also address other scenarios like retirees, disabled members, custodial parents, and COBRA participants.

HOW COB WORKS

1. Submitting Claims:

- Submit your claim first to the primary plan.
- Once processed, submit any unpaid balances to the secondary plan, including the explanation of benefits (EOB) from the primary plan.

2. Payment Process:

- The primary plan pays its share according to its terms.
- The secondary plan then reviews what the primary plan has paid and may cover some or all of the remaining balance, depending on the coordination of benefits provisions.

SPECIAL CONSIDERATIONS

1. Medicare Coordination:

- If you or a family member is eligible for Medicare, special COB rules determine how your Taft-Hartley ERISA plan coordinates with Medicare.

2. Out-of-Network Care:

- Some plans have different rules for out-of-network care. Ensure you understand both your primary and secondary plans' networks to minimize out-of-pocket costs.

3. Notification Requirements:

- Always inform your plan administrator if you have other insurance coverage. This ensures accurate and timely processing of claims.

MEMBER RESPONSIBILITIES

1. Update Your Information:

- Report any changes in your insurance coverage promptly to avoid delays or incorrect claim processing.

2. Review Your EOBs:

- Carefully review your Explanation of Benefits statements from both primary and secondary plans to ensure coordination is handled correctly.

3. Contact Your Plan:

- If there are discrepancies or if you have questions about how your claims were processed, contact your plan's member services for clarification.

SUMMARY

COB is designed to maximize your benefits while preventing duplicate payments. By understanding how your Taft-Hartley ERISA plan coordinates with other coverage, you can ensure that your claims are processed smoothly and that you receive the benefits you're entitled to.

For more detailed information or specific scenarios, please refer to your plan's Summary Plan Description (SPD) or contact the plan's member services.

Note: This guide is for informational purposes only and does not override any specific rules or terms outlined in your plan's documents.

This guide provides a clear and concise overview of COB for members, helping them understand the basic process and their responsibilities.