

Understanding Coordination of Benefits (COB)

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

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

Many benefit 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 or service.

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



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 dental 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 ID numbers available.



Prescription drug and 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 ID numbers available at the time of purchase or 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 COB 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.

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 benefit carrier so that they can also submit the claim under your secondary plan.

One plan is direct bill and the other is reimbursement

If your 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'll still be required to pay amounts not eligible through your plan at the time of purchase or 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.

If your reimbursement plan is primary, you must pay 100 per cent of the cost of the product or 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.

Remember to inform Alberta Blue Cross or your service provider if your spousal situation or coverage changes. Have all ID numbers available.

What is COB?

COB is a process where individuals, couples or families with more than one benefits plan combine their benefits coverage. This allows a plan member to receive up to the maximum eligible amount for eligible prescription drug, dental and health COB claims.

COB is standard practice among benefits carriers in Canada and 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 members 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 carriers 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.

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 member. 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 dependants 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 member website by visiting ab.bluecross.ca and clicking "Sign in" for online claiming capability as most Alberta Blue Cross plans offer this service.

How long will it take to process my claim?

Alberta Blue Cross does everything possible to process your claim quickly. For the quickest 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 ID numbers.

Important note

COB 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 COB or any aspect of your Alberta Blue Cross benefits.

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Calgary • 403-234-9666

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