



## A Summary of Benefits for Members with Double Coverage

### **Double Coverage under BSSP:**

Each full-time employee must select a medical, dental and vision plan. Being covered under your spouse's medical plan is not required, but a 25% medical plan premium discount applies to each employee who is double-covered under a BSSP+SISC composite rate medical plan. The discount does not apply to retiree plans. There is no premium discount associated with children having double coverage.

**Primary vs. Secondary Coverage:** Coverage as an employee is always primary. Coverage as a spouse or retiree is always secondary. In most cases, children are primary under the parent with the earliest birthdate in the calendar year.

### **Coordination of Benefits**

**(COB):** Claims must be submitted to the primary plan before being submitted to the secondary plan. The primary plan cannot be bypassed for medical claims.

Under standard COB provisions, the secondary plan reduces the member's out of pocket to the lower of the two plans. A person

*with double coverage has the best of the two plans but no more.* This chart illustrates an example of an employee covered under MEC HSA (primary) and 80% J \$30 (secondary).

	Primary Plan MEC HSA	Secondary Plan 80% J \$30	Combined Result
Allowed amount of claim	\$1,000	\$1,000	<b>\$1,000</b>
Deductible (A)	-\$1,000	-\$750	<b>-\$750</b>
Subtotal	0	\$250	<b>\$250</b>
Co-insurance (B)	0	(20%) -\$50	<b>-\$50</b>
Plan pays	0	\$200	<b>\$200</b>
Primary pays	\$0	\$0	<b>\$0</b>
Secondary pays	n/a	\$200	<b>\$200</b>
Member pays (A+B)	\$1,000	\$800	<b>\$800</b>
<small><i>This example only applies to network claims. Member pays 100% of non-network claims; non-network claims do not apply to deductible or out of pocket limits. Member's responsibility does not change if primary and secondary status was reversed.</i></small>			

You may only process prescriptions under one plan. They may be submitted to the richest prescription plan, regardless of the plan's primary or secondary position.

### **Other facts about coordination of medical benefits**

- Standard COB does not provide true double coverage to members. *Example: a member is not entitled to 12 acupuncture visits under his primary coverage and an additional 12 visits under his secondary coverage.*
- Benefit limits are not shared between family members. Benefit limits apply to each covered individual. *Example: A husband and wife are not limited to 12 acupuncture visits between the two; each is entitled to 12 visits.*
- Typically there is no benefit to being double-covered for medical benefits, however in very rare instances with a high medical claims, a benefit reserve on the lower plan may reduce out of pocket costs under the richer plan. For this reason, consider enrolling children under each parent.
- A family can minimize its cost of double coverage by electing the MEC-HSA plan for the secondary plan.

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

- **Dental:** Two plans add together but do not exceed 100% of the allowed amount. *Example: two plans paying 50% of a \$2000 lifetime orthodontia limit each pay \$2000 towards a \$4000 service.*
- **Vision:** Two plans add together. *Example: 12-month frames under each plan allows the member two frames per 12-month cycle.*