

EyeMed Claims Department Coordination of Benefits Procedure

The Claims Department at EyeMed Vision Care will coordinate benefits (COB) provided by multiple plans and prevent any duplication of benefits coverage.

POLICY HIGHLIGHTS

Primary vs. Secondary Definitions

- If you and your spouse are covered by one another's vision plan, the plan that covers you as the employee is *primary* and the plan covering you as a dependent is *secondary*.
- For your spouse, the plan that covers your spouse as an employee is the *primary* plan and the plan covering your spouse as a dependent is the *secondary* plan.

Process

- The *primary* plan always pays the initial coverage, leaving the other plan as the *secondary* to make the additional payments, if applicable.
- Example: If you cover your spouse or child as a dependent and he or she has another vision plan, the claims will be submitted first to the *primary* plan (the plan covering your spouse as an employee). After the primary plan has paid, the claim is submitted to the *secondary* plan, which processes the claim to pay the applicable allowances up to, but no more than, 100% of the patient's out-of-pocket expenses.

How Secondary Benefits are Calculated

If EyeMed receives a claim from a provider/member for secondary benefit consideration, the Claims department will process the claim following benefit determination procedures below.

- Review the Explanation of Benefits statement from the primary carrier.
- Calculate EyeMed's liability in the absence of other insurance.
- The amount payable is equal to EyeMed's liability less the amount paid by the primary carrier. If the amount paid by the primary carrier is equal to EyeMed's liability, this would result in a zero plan payment.
- When a service has a co-pay, add the co-pay amount to the EyeMed secondary payment amount to ensure that the EyeMed claim payment system disburses the proper amount to the claimant.
- If services were excluded by the primary plan, EyeMed will reimburse up to the EyeMed allowed amount less any co-pays. The calculation will be the same as if EyeMed paid as primary.

Birthday Rule

For dependent children of parents who are not legally separated or divorced, the Birthday Rule applies, as follows:

- The plan of the parent whose birthday occurs first during the calendar year (month and day, not year) is the *primary* plan.
- Example- if the father's birthday is Aug 1 and the mother's birthday is May 30, then the mother's plan is *primary* for the child.

Dependent Children of Legally Separated or Divorced Parents

1. The plan of the parent with a court decree establishing financial responsibility of the dependent's health care expenses is *primary*.
2. If there is a court decree establishing joint custody but does not assign financial responsibility for health care expenses, then the Birthday Rule applies.
3. If #1 or #2 does not apply, then the plan of the parent with custody who has not remarried is *primary* over the plan of the parent without custody.
4. The plan of the parent with custody who has remarried is *primary* over the plan of the stepparent, and the plan of the stepparent is primary over the plan of the parent without custody.