



Double Coverage – Coordination of Benefits

It is common for family members to be covered by more than one health care plan. This happens, for example, when a husband and wife both work and choose to have family coverage through both employers.

Effective January 1, 2008, Samaritan Choice Plans will implement the provisions recommended by the National Association of Insurance commissioners. These provisions have also been adopted by the Oregon Department of Consumer and Business Service Insurance Division. These rules impact the way insurance companies coordinate benefits when a member is covered under more than one health care plan.

IMPORTANT NOTICE

This is only a summary of a few of the provisions of Samaritan Choice Plans. This is intended to help you understand coordination of benefits, which can be very complicated. This is not a complete description of all of the coordination rules and procedures, and does not change or replace the language contained in the Samaritan Choice Plans Plan Document, which determines your benefits.

How We Pay Claims When We Are Primary

When Samaritan Choice Plans is determined to be the primary plan, we will pay benefits in accordance with the terms of the Samaritan Choice Plans Member Plan Document, just as if you had no other health care coverage under any other plan.

How We Pay Claims When We Are Secondary

When Samaritan Choice Plans is determined to be the secondary plan, we will not pay until after the primary plan has paid its benefits. We will then pay part or all of the allowable expenses left unpaid, as explained below. An "allowable expense" is a health care expense covered by one of the plans, including copays, coinsurance and deductibles.

- If there is a difference between the amounts the plans allow, we will base our payment on the higher amount. However, if the primary plan has a contract with the provider, our combined payments will not be more than the amount called for in our contract or the amount called for in the contract of the primary plan, whichever is higher. Health Maintenance Organizations (HMOs) and Preferred Provider Organizations (PPOs) usually have contracts with their providers.
- We will determine our payment by subtracting the amount the primary plan paid from the amount we would have paid if we had been primary. We may reduce our payment by any amount so that, when combined with the amount paid by the primary plan, the total benefits paid do not exceed the total allowable expense for your claim. We will credit any amount we would have paid in the absence of your other health care coverage toward our own plan deductible.
- We will not pay any amount the primary plan did not cover because you did not follow its rules and procedures. For example, if your primary plan has reduced its benefit because you did not obtain pre-authorization, as required by that plan, we will not pay the amount of the reduction, because it is not an allowable expense.

**Questions about Coordination of Benefits?
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