

COORDINATION OF BENEFITS POLICY
(Also Referred To As Maintenance Of Benefits)

- Coordination of Benefits are standards advocated by the National Association of Insurance Commissioners. These standards determine the obligations of payers when a member is covered under two or more health insurance policies.
- When there is duplicate coverage, the COB standards determine which insurance company pays primary and which one pays secondary.
- Scott & White Health Plan coordinates benefits payable for covered services with benefits payable by other plans, consistent with state law.
- Under Maintenance of Benefits, Scott & White Health Plan, when secondary, may reduce our benefits to the lesser of either what we would have paid had we been the primary plan or what we would have paid less the primary plan's payment.
- Scott & White Health Plan's policies and procedures related to referral, prior authorization and prior approval must be followed for Scott & White Health Plan to reimburse services as a secondary carrier.
- Coordination of Benefits surveys are mailed to our subscribers at least once a year to obtain other insurance information. This allows us to pay claims correctly, possibly lower our member's out of pocket expenses and maintain premiums.
- Our Coordination of Benefits form is also available on our website under the Member tab, then choose "Find a Form".
- Claims that are submitted to Scott & White Health Plan for secondary payment must include the primary carrier's Explanation of Benefits (EOB).
- If you have specific Coordination of Benefits questions for a member or need clarification on how to coordinate benefits, please call our Customer Service Advocates at 1-800-321-7947 (toll free) or 254-298-3000 (locally).