

Coordination of Benefits Comparison – Double Coverage Examples

In-Network Primary Care Provider (PCP) Office Visit			
<p>Assumptions: Billed charges = \$100; In-Network discount amount = \$20; Maximum Allowable Charge = \$80. Member has Double Coverage; primary and secondary plans have the same benefits - \$30 copay, then the plans pay 100% of the MAC.</p>			
How COB will apply in 2021		How COB will not apply in 2021	
Billed Charge	\$100	Billed Charge	\$100
In-network discount	- \$20	In-network discount	- \$20
MAC	\$80*	MAC	\$80*
Primary plan member copay	\$30	Primary plan member copay	\$30
Primary plan pays	= \$50**	Primary plan pays	= \$50**
Secondary plan member copay	\$30	Secondary plan member copay	\$30
Secondary plan pays	\$0	Secondary plan pays	= \$30
You pay	\$30	You Pay	\$0
<p>Between the 2 policies, the copay is applied to your out-of-pocket maximum on both claims. You pay the copay on the secondary plan. The secondary plan doesn't pay anything because the provider is getting paid the \$80 MAC from a combination of your primary plan's payment and your required copayment.</p>		<p>Between the 2 policies, the copay is applied to your out-of-pocket maximum on both claims. You don't pay a copay because the provider is getting paid the \$80 MAC without a payment from you.</p>	

*The Maximum Allowable Charge (MAC) is the amount of the billed charges that the insurance carrier will consider when processing the claim; the in-network provider discounts or "writes off" the other \$20.

**The primary plan considers that you have a \$30 copay obligation and subtracts that amount from the MAC to determine what the primary plan will pay. Because you have Double Coverage, the amount you owe is determined in the secondary plan calculation.