

If you have other health care coverage, you should contact the other health care plan(s) to determine how to coordinate benefits. Depending on the plans you have, you may be able to coordinate benefits by filing a claim with both plans.

You will need to provide the other plan with a copy of the Explanation of Benefits (EOB) from the Northwind Health plan. The EOB is a summary of the services you received and how much the Northwind Health plan paid for those services.

When filing a claim with the other health care plan, you may also need to provide a copy of your bill or invoice. The other plan may require additional information as part of the claim process.

You should keep copies of all documentation that you submit to the other plan. This can help you track your claim and follow up with the other plan if there are any delays in processing.

Exceptions

Coordination of benefits with other plans is not available for all types of services. For example, coordination of benefits will not be available for services related to emergency care, mental health and substance abuse treatment, or services received from out-of-network providers.

Tips for Coordinating Benefits

- Contact your other health care plan to determine whether you can coordinate benefits and what documentation you need to provide.
- Keep copies of all documentation you submit to the other plan, including bills and invoices.
- Follow up with the other plan if there are any delays in processing the claim.
- Be sure to read all of the plan documents and understand your coverage options.
- If you have any questions, contact the Northwind Health customer service team for assistance.

COB Definitions

WHAT IF I HAVE OTHER COVERAGE?

At Contoso, we want our employees to understand the concept of COB (Coordination of Benefits) so they can make the best decisions when it comes to their health care coverage. COB is a system used to determine which health plan pays first when an employee has more than one health plan.

When an employee has multiple health plans, the health plan that pays first is determined by the order of benefit determination. Generally, the employee's primary health plan pays