

Coordination of benefits

TO GET THE MOST OUT OF YOUR INSURANCE COVERAGE

What does "coordination of benefits" mean?

When different members of the same family have jobs, or multiple jobs, or are enrolled in an educational institution, they may have health or dental care coverage under more than one group insurance plan. If this applies to you, you may be able to claim up to 100% of the eligible expenses you incur by submitting separate claims to each plan. That's what we mean by "coordination of benefits."

In which order do the claims have to be submitted?

Different factors can influence the order in which claims should be submitted, but the first thing to consider is— who incurred the expenses?

Expenses incurred by a plan member

Situation 1: You are covered under a group insurance plan as an active member **and** as a dependant under your spouse's group plan.

You must submit your claims in the following order:

1. Your plan
2. Your spouse's plan

Situation 2: You are covered under two separate group insurance plans as an active plan member **and** you are also covered as a dependant under your spouse's group plan.

You must submit your claims in the following order:

1. The plan under which you have been covered as an active plan member for the longest period of time.
2. The plan under which you have been covered as an active plan member for the shortest period of time.
3. Your spouse's plan

Situation 3: You are covered as an active plan member **and** a retired plan member under two separate group insurance plans.

You must submit your claims in the following order:

1. The plan under which you are covered as an active plan member
2. The plan under which you are covered as a retired plan member

Expenses incurred by your spouse

If your spouse is covered as a member under their own group insurance plan **and** as a dependant under your plan, they have to submit their claims in the following order:

1. Their plan
2. Your plan

Expenses incurred by your dependant children

Situation 1: You live with the parent of your children.

If your children are covered under both your plan and your spouse's plan, you must submit their claims in the following order:

1. The plan of the parent whose birthday comes first in the calendar year (the year of birth is not taken into consideration)
2. The plan of the second parent

Example: The father's birthday is April 18, and the mother's birthday is December 10. In this case, claims have to be submitted to the father's plan first.

Note: If both parents were born on the same day, the **alphabetical order of the parents' first names** determines which plan the claim is submitted to first.

Example: Both parents were born on May 16. The mother's name is France and the father's name is Larry. In this case, claims have to be submitted to the mother's plan first.

Situation 2: You are **separated and have shared custody** of your children.

In the event that each parent has a new spouse and your children are covered under all of the following plans, claims must be submitted in the following order:

1. The plan of the parent whose birthday comes first in the calendar year (the year of birth is not taken into account)
2. The plan of the second parent
3. The plan of the spouse of the parent whose birthday comes first
4. The plan of the spouse of the second parent

Depending on the situation, four group plans may reimburse up to 100% of the eligible expenses.

Situation 3: You are **separated and have sole custody** of your children.

In the event that each parent has a new spouse and your children are covered under all of the following plans, claims must be submitted in the following order:

1. Your plan
2. Your current spouse's plan
3. Your ex's plan
4. Your ex's current spouse's plan

Depending on the situation, four group plans may reimburse up to 100% of the eligible expenses.

Situation 4: Your dependant child is enrolled at an educational institution and has a part-time job. Your child is covered through work, through school and through your group plan.

Your child must first submit any claims to the plan through work, then to the student plan and then to your plan. The only **exception** to this rule applies to **drug** claims in **Quebec**, which must first be **submitted to your child's employer and then to your plan before being submitted to the student plan.**

Here is the order in which they must submit their claims, depending on the type of expenses incurred and your province of residence.

Medical and dental expenses (except drug expenses for Quebec residents):

1. Your child's employer's plan
2. Your child's student plan
3. Your plan

Drug expenses (for Quebec residents):

1. Your child's employer's plan
2. Your plan
3. Your child's student plan

Note: Rules governing coordination of benefits may differ for expenses incurred for a medical emergency during a trip outside the insured's province of residence. Contact us to find out what to do in this type of situation.

How are your reimbursements calculated?

Based on the rules set out by the Canadian Life and Health Insurance Association, the first plan calculates your reimbursement based on the parameters that apply to your coverage (deductible, reimbursement percentage, maximum, etc.) up to the maximum amount you are eligible for under that plan. You can then submit the amounts that were not reimbursed to the second plan. If your claim is eligible, the second plan will reimburse you for the lesser of the following amounts:

- The amount it would have paid if it had been the first payer
- 100% of the expenses eligible according to the insurer, less the amount reimbursed by the first payer
- The total expenses incurred, less the amount paid by the first payer

These reimbursement terms also apply to the third or fourth payer, if applicable. However, the total reimbursement cannot exceed 100% of the eligible expenses.

Any medical expenses not reimbursed may be eligible for medical expense tax credits.

Tips for making claims processing easier:

- Give your healthcare professional and insurers (or other payers) the contract and certificate numbers for the plans that cover you and your dependants.
- Always keep a copy of your claims and any receipts you submit.
- Send the next payer a copy of your original claim, along with the explanation of benefits paid by the previous payers.

Find out more

If you have any questions about your insurance coverage, see your employee booklet or contact your plan administrator.

To consult your insurance file online, go to desjardinslifeinsurance.com/planmember, then click on **Access our online services**.

Here are two sample reimbursement calculations for \$150 in incurred medical expenses:

Example 1: \$150 in expenses eligible under both plans **and** subject to a \$25 deductible under the first plan only

Your plans	Eligible expenses	Deductible	Reimbursement %	Calculation	Your reimbursements
1 st plan	\$150	\$25	80%	$(\$150 - \$25) \times 80\%$	\$100
2 nd plan	\$150	\$0	80%	$(\$150 - \$0) \times 80\% = \$120$ $(\$150 - \$100) = \$50$	\$50 (lesser of the two)
Your total reimbursement = 100% of expenses incurred					\$150

Example 2: \$150 in expenses not eligible under the first plan, **but** eligible under the second plan and subject to a \$25 deductible

Your plans	Eligible expenses	Deductible	Reimbursement %	Calculation	Your reimbursements
1 st plan	\$0	\$0	80%	$\$0 \times 80\%$	\$0
2 nd plan	\$150	\$25	80%	$(\$150 - \$25) \times 80\% = \$100$ $(\$150 - \$0) = \$150$	\$100 (lesser of the two)
Your total reimbursement					\$100



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