All together now Your Coordination of Benefits (COB) guide

See what your Explanation of Benefits (EOB) statement will look like when you have more than one health insurance plan

What is COB?

Some members have health coverage under more than one health plan. For example, along with your Aetna® coverage, you (or your dependents) may be covered under Medicare or another health plan. Or both parents' plans may cover a dependent child.

When this happens, we work together with the other health insurance carriers to decide which plan pays first (the primary payer) and which plan pays second (the secondary payer). How we determine payers is based on rules spelled out in the plan documents. The process of determining the payers is called "coordination of benefits," or COB.

How we coordinate benefits after the primary plan has paid

The primary plan will pay benefits as if no other plans exist. Then, the secondary plans will:

- 1. Note what the primary plan paid
- 2. Decide what to pay, based on what services each plan covers (plan limits and deductibles may apply)
- 3. Review the charges to determine how much you still owe

You may owe nothing, or you may owe a portion of or all of the remaining balance. Keep in mind, though, that while most doctors and hospitals bill your plan directly, they may ask you to pay some of the costs up front at the time of service. This could include an office visit copay.

Let's look at a typical example of an EOB statement with COB activity:*

Your payment summary

			Your plan paid			ady paid
Patient	Provider	Amount	Sent to	Send date		Amount
Jack (spouse)	Healthy Now	\$0.00				\$6.87
Total:		\$0.00				\$6.87
		†				
"Your payment	summary " is the most in	nportant section. It	shows what yo	ur plan paid and wh	nat you may owe.	I

*For illustrative purposes only. This is a sample EOB statement and does not reflect actual charges or services rendered, nor does it reflect actual charges or services received by an actual Aetna® member.



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Your claims up close*

This section shows your benefits before any Coordination of Benefits (COB) was applied. Another plan may have paid for some of these charges. The true amount you may owe will be shown above if the "Your payment summary" section is displayed.

Claim ID: EXXXXXXXOO Received on 5/14/20	Amount billed	Member rate	Pending or not payable (Remarks)	Applied to deductible	Your copay	Amount remaining	Plan pays	Your coinsurance	You may owe C+D+E+H=I
	Α	В	С	D	Е	F	G	Н	I
CHIROPRACTIC MANIPULATION 98941 on 4/29/20 Refer to the "Remarks"	34.34			34.34					
section in column C. Totals:	24.24			24.24	0.00			0.00	\$34.34
Totals:	34.34			34.34	0.00			0.00	\$34.34
			Î						Î

The **"Pending or not payable**" column shows the amount the plans don't allow when a recognized charge applies. It may also tell you if the plans don't cover something due to a plan rule. This amount isn't always your responsibility if you use a network provider. If the provider is out of network, you'll usually have to pay what the plans don't cover. The "**You may owe**" column shows what your balance would be if there were no other benefits plans. If a primary plan paid for these charges, you may owe less than what it shows here. Look at the last column in the "Your payment summary" section for the true amount you owe after the primary plan paid its benefits.

This section shows the claim calculation.

You may owe \$6.87Other plan(s) paidOur payment after COB\$0.00\$27.47\$0.00	(COB fast facts*		
\$6.87 \$27.47 \$0.00		You may owe	Other plan(s) paid	Our payment after COB
		\$6.87	\$27.47	\$0.00

We're here to help

We know COB can be confusing. If you have questions about the benefits paid and the amount you may owe, just call us. Our phone number is at the top of the first page of your EOB statement.

View, print or download your EOB statements and other documents anytime. Just visit **Aetna.com** to access your member portal.

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