

## Coordination of Benefits – Double Coverage Examples

How COB is Applied with Double Coverage	
<b>State Premier PPO / State Premier PPO</b>	
<i>Primary is \$25 copay, Secondary \$25 copay</i>	
Billed Charge	\$100.00
MAC*	\$80.00
In-network Discount	\$20.00
Primary Plan Member Copay	\$25.00
Primary Plan Pays	\$55.00
Secondary Plan Member Copay	\$25.00
Secondary Plan Pays	\$0.00
<b>Combined Both Plans Pay</b>	<b>\$55.00</b>
<b>Total Amount You Pay</b>	<b>\$25.00</b>
<b>State Premier PPO / State Standard PPO</b>	
<i>Primary is \$150 ER copay, Secondary \$175 ER copay</i>	
Billed Charge	\$1,580.00
MAC*	\$1,250.00
In-network Discount	\$330.00
Primary Plan Member Copay	\$150.00
Primary Plan Pays	\$1,100.00
Secondary Plan Member Copay	\$175.00
Secondary Plan Pays	\$0.00
<b>Combined Both Plans Pay</b>	<b>\$1,100.00</b>
<b>Total Amount You Pay</b>	<b>\$150.00</b>
<b>Other Employer / State Premier PPO</b>	
<i>Primary ER is \$3,000 deductible and then 20%, Secondary ER Benefit is 100% after \$150.00 copay</i>	
Billed Charge	\$3,028.46
MAC*	\$2,573.42
In-network Discount	\$455.04

Primary Plan Member Deductible (not met)	\$2,573.42
Primary Plan Pays	\$0.00
Secondary Plan Member ER Copay	\$150.00
Secondary Plan Pays	\$2,423.42
<b>Combined Both Plans Pay</b>	<b>\$2,423.42</b>
<b>Total Amount You Pay</b>	<b>\$150.00</b>
<b>Other Employer / State Premier PPO</b>	
<i>Primary is \$45 copay and then 100%, Secondary is \$25 copay and then 100%</i>	
Billed Charge	\$160.00
MAC*	\$120.00
In-network Discount	\$40.00
Primary Plan Member Copay	\$45.00
Primary Plan Pays	\$75.00
Secondary Plan Member Copay	\$25.00
Secondary Plan Pays	\$20.00
<b>Combined Both Plans Pay</b>	<b>\$95.00</b>
<b>Total Amount You Pay</b>	<b>\$25.00</b>
<b>Other Employer HDHP primary / State CDHP secondary</b>	
<i>Primary deductible \$5,000/coinsurance 30%, Secondary deductible \$1,500 coinsurance 20%</i>	
Billed Charge	\$9,366.41
MAC*	\$1,696.56
In-network Discount	\$7,669.85
Primary Plan Member Deductible (not met)	\$1,696.56
Primary Plan Pays	\$0.00
Secondary Plan Member 20% Coinsurance (deductible met)	\$339.31
Secondary Plan Pays	\$1,357.25
<b>Combined Both Plans Pay</b>	<b>\$1,357.25</b>
<b>Total Amount You Pay</b>	<b>\$339.31</b>

<b>How COB Is Applied with Medicare Double Coverage</b>	
<b>Medicare Part A / State Premier PPO</b>	
<b>Inpatient Stay for 3 Days</b>	
<i>Part A deductible is \$1,484 and then 0% coinsurance up to 60 days / Premier PPO deductible is \$500 then 10% coinsurance</i>	
Billed Charge	\$20,000.00
MAC*	\$12,000.00
In-network Discount	\$8,000.00
Primary Plan Member Deductible (not met)	\$1,484.00
Primary Plan Pays	\$6,516.00
Secondary Plan Member Deductible (not met)	\$500.00
Then 10% coinsurance	\$98.40
Secondary Plan Pays	\$885.60
<b>Combined Both Plans Pay</b>	<b>\$7,401.60</b>
<b>Total Amount You Pay</b>	<b>\$598.40</b>
<b>Medicare Part B / State Premier PPO</b>	
<b>Primary Care Physician Office Visit</b>	
<i>Part B deductible is \$203 and then 20% coinsurance / Premier PPO deductible is \$25 copay</i>	
Billed Charge	\$160.00
MAC*	\$120.00
In-network Discount	\$40.00
Primary Plan Member Deductible (not met)	\$120.00
Primary Plan Pays	\$0.00
Secondary Plan Member Copay	\$25.00
Secondary Plan Pays	\$95.00
<b>Combined Both Plans Pay</b>	<b>\$95.00</b>
<b>Total Amount You Pay</b>	<b>\$25.00</b>

- \*The Maximum Allowable Charge (MAC) is the negotiated allowed amount between the provider and the insurance carrier and is less than the billed charge by the provider.
- The provider is never paid more than the MAC in combination of all plans and the member cost share.
- In the examples above, the primary plan member copay/deductible/coinsurance is what you would have paid if you only had primary coverage.
- You never pay more than your member cost share under your secondary coverage. You only pay one copay/deductible/coinsurance. That amount

could be as low as a \$25 copay for an office visit or more if you have services (such as an inpatient hospital stay) that require deductible and coinsurance.

- To determine if secondary coverage is cost effective for you, you must add up how much the secondary plan pays on your claims and compare that to how much was paid in premiums.
- In general, you would want to select only the insurance coverage with the lowest member cost share and lowest premiums.
- Insurance coverage is a personal choice and circumstances other than costs may make maintaining double coverage the right choice for you.
- A State plan will always pay primary to a TennCare or TriCare plan.
- Federal regulations do not allow enrollment in a non-qualified HDHP or CDHP plan and a State PPO plan.