

Coordination of Benefits

If your family has more than one health and/or dental plan,
be sure to take advantage of both!

Canadian insurance companies follow a process called Coordination of Benefits (CoB) when both employees have family coverage. That means if you and your spouse have health and/or dental plans at work, you can be reimbursed 100% for eligible claims by combining the two policies.

The Canadian Life and Health Insurance Association (CLHIA) revised their guidelines for CoB in 2009. These guidelines clarify the COB process in various family living situations, such as joint custody, remarriage, and so on.

Here's How CoB Works

In the case of claims for you, the plan member, your plan pays first and your spouse's plan pays second. For example, use your benefits card if you're the main plan member. The co-pay portion or remaining amount can then be sent to your spouse's plan. For prescriptions for your spouse, his or her health plan should be used and the difference claimed under your plan.

Whenever you send a claim to your health and/or dental plan carrier for an unpaid balance from another insurance company, they need a copy of the statement showing the amount paid by the other company, and a copy of a paid in full receipt. This statement is called an "Explanation of Benefits." Although you have 12 months to claim any remaining balances, we recommend you send in your receipts as soon as you can.



Claims for Dependent Children

It can be confusing to know where first to send claims for dependent children, so we are providing the CLHIA guidelines to help you.

The birthday rule is used when sending claims for a dependent child. Claims are sent first to the plan of the parent whose birthday (month and day) comes first in the calendar year, regardless of age. If both parents share the same birthday, the alphabetical order of the parents' first names determines where the claim is sent first.

For example, a father born on April 4 would send his child's claim to his plan first if his spouse was born on October 10. After this, the claim (with receipts and the Explanation of Benefits from the first insurer) can be sent to his spouse's plan.

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CoB for Parents who are divorced, separated, re-married, or in a common-law relationship

COB guidelines show the order in which claims for dependent children should be sent when the parents (including same sex parents) are divorced, separated, re-married, or living in a common-law arrangement.

In most cases, each health plan issues any payments to the plan member, whether the custody arrangement is joint or single. This means payments could be made to the parent who did not incur the actual expense.

If you have Single custody, submit your claims in this order:

- First to your plan since you are the parent with single custody of the child. If not paid 100% by your plan, then submit to other plans as follows;
- To the plan of the (new) spouse (if applicable) of the parent with single custody.
- To the plan of the parent without single custody; and then
- To the plan of the (new) spouse (if applicable) of the parent not having custody.

If you have Joint custody, submit your claims in this order:

- To the plan of the parent with joint custody whose birthday (month and day) comes first in the calendar year, regardless of age.
- To the plan of the other parent with joint custody.
- To the plan of the (new) spouse (if applicable) of the parent whose birthday (month and day) comes first in the calendar year.
- To the plan of the (new) spouse (if applicable) of the other parent with joint custody.

If both parents with joint custody share the same birth month and day, the alphabetical order of the parents' first names determines where the claim is sent first.

If a parental relationship has broken down and the parent who paid the dependent child's expenses cannot get payment from the parent whose plan is the first payer, the guidelines allow the order of payment to be changed. However, your employer and insurance company involved must agree with this change.

In addition, you can also contact your ex-spouse's insurance company to see if special claim submission and/or payment arrangements can be made. Be sure to make these inquiries before incurring any costs.

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CoB for Prescription Drug Claims

Normally, you can use your benefits card to pay your "co-pay" amount at the pharmacy. The pharmacy then submits for the remainder of the claim.

For some health supplies and services, you do need to send a claim form along with your original paid-in-full receipts to your health plan carrier. Write your name, policy number and certificate number on the receipts.

You must send all claims to your plan carrier within 12 months of the date you received the supply and/or service. In most cases, the provider can give you a claim form. If not, visit www.healthassociation.ns.ca/benefitforms

CoB for Dental Claims

Many dentists will bill the dental plan directly and bill you for any remaining costs. However, if you do need to submit a claim, ask your dentist to fill in a Standard Dental Claim Form.

Send your claim form along with your receipts within 12 months. Write your name, policy number and certificate number on the receipts.

CoB and Other Health Claims

CoB also applies to other services such as eye glasses, hearing aids, ambulance, etc. Whether you use your card to pay at the time or send a claim form directly to the health plan provider, you can claim the unpaid balance under the other plan, up to 100%.

Whenever you send a claim for an unpaid balance from another insurance company, your plan provider needs a copy of the statement showing the amount that was paid by the other company, and a copy of a paid in full receipt. Although you have 12 months to claim any remaining balances, we recommend sending in your receipts as soon as possible.

You can also contact Manulife Client Service toll-free at 1-855-626-4267 with questions about your claims. Please have your benefits card as you will need to provide your policy and certificate numbers.

If you have questions about your benefits, please talk to your Benefits Administrator.

You can also call Health Association Nova Scotia at 1-866-886-7246

Visit www.healthassociation.ns.ca/benefits

