

## **Coordination of Benefits With Other Health Insurance**

The coordination of benefits between other insurance and TRICARE can be confusing. The following information describes the most common double coverage situations. For more detailed information, or to discuss possible exceptions, contact the following sources: the TRICARE SERVICE CENTER, located on the 2<sup>nd</sup> floor of Fox Army Health Center, TRICARE at 1-800-444-5445 or Ms. Paula Twitchell, BCAC at 256-955-8888, ext. 1646.

Under the law, TRICARE covers only the unpaid charges after all other health coverages have paid. The exceptions are Medicaid, TRICARE supplemental insurance, and a limited number of other programs identified by the Director, TRICARE Management Activity. TRICARE beneficiaries cannot waive benefits from other health insurance. If other insurance provides, or may provide, benefits; a claim must be filed with the primary insurance.

The TRICARE contractor will not pay more as a secondary payer than it would have paid in the absence of other coverage. The contractor will pay the lower of:

- The amount remaining after the primary coverage has paid its benefits; or
- The amount TRICARE would have paid as primary payer

The computation, which causes the most confusion, is the amount remaining after the primary insurance has paid its benefits.

- If the primary insurance is a commercial PPO or TRICARE network provider, the amount remaining is the amount after the insurance payment is subtracted from the negotiated contracted amount.
- If the primary insurance is neither a commercial PPO/HMO nor a contracted network provider, the amount remaining is the difference between the total billed amount and the amount paid by the primary insurance.
- If the provider refuses to accept TRICARE assignment, the contracted amount or total billed amount will cannot exceed 115 percent of the TRICARE allowed amount. The amount remaining is the difference between 115% of the TRICARE allowed amount minus the amount paid by the primary insurance.

The explanation of benefits (EOB) from the primary insurance must accompany the TRICARE claim. The information contained on the EOB is required for the TRICARE contractor to determine the amount remaining after the primary coverage has paid its benefits.