

# How you can manage **two health plans**

If you have more than one medical plan, it can be confusing to know which plan covers who. You may have another medical plan from your employer, parents, spouse, domestic partner, Medi-Cal or a plan outside the United States.

Whatever your combination of plans, it's important to know the medical plans work together to make sure they're not paying for the same care. This is called coordination of benefits (COB), and it's how we determine which plan pays for your medical care. The **primary** plan pays first. The **secondary** plan may also pay, depending on what it covers and how much the primary plan pays. Even if you receive benefits from both plans, they may not cover all your costs. The combined benefits should never be more than the cost of your care.

If you have two plans, make sure to present both insurance cards when you receive care.

## UCSHIP Plan Rules

In most cases, a plan which covers you as a Member pays before a plan which covers you as a dependent. However,

### If the care is for

If the care is for	Then
You, and you have another medical plan that is not UCSHIP	Your other plan is primary
You, and you have a medical plan through your parents or spouse	Their plan is primary
Your spouse, and they also have a medical plan through their employer	Their plan is primary
Your child, and you and your spouse each have a medical plan	Their plan is primary

UCSHIP is secondary to all other plans (including Medicare), except Medi-Cal, MRMIP, and TRICARE. UC SHIP is primary for services performed at the Student Health Services.

## Understanding your primary plan

The primary plan pays the full benefit allowed by the plan as if you had no other coverage. Based on how much your primary plan pays and what it covers, the secondary plan may also contribute

## Understanding your secondary plan

Payments made by the secondary plan are based on the balance after the primary plan pays. The secondary plan pays only toward the services it covers and only the amounts it allows for the services. If the amount it allows for a service is lower than what the primary plan pays, the secondary plan doesn't pay.

## Action Required: Coordination of Benefits form

If you have two plans, please complete the Coordination of Benefits form and submit per the form's instructions, or you can also call Member Services to supply the information at 866-940-8306.

**We are here to help you manage your health plans**

If you have questions or need additional information, call the Member Services number at **866-940-8306**



\*If your divorce decree doesn't name the parent responsible for your child's health care expenses, the primary plan is determined in this order: 1) plan of the parent with custody of the child; 2) plan of the spouse of the parent with custody of the child; 3) plan of the parent who doesn't have custody of the child.

Anthem Blue Cross is the trade name of Blue Cross of California. Independent licensee of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

1032299CAMENABC BV Rev. 07/23



Date:

As a student and/or dependent enrolled in medical coverage with University of California, it is a requirement to provide all primary health insurance coverage information to Anthem Blue Cross and include an image of the front and back of the other insurance ID card.

Please answer the following questionnaire to the best of your knowledge:

Student name:

Anthem member ID number:

Campus name:

Do you have any other medical insurance?  Yes  No

If you indicated No, there is no need to go further. If you indicated yes, please continue.

Is your other medical coverage offered through:

Name of Subscriber/Policyholder:

Subscriber/Policyholder date of birth:

Policy effective date:

Policy number:

Group number:

Name of other insurance company:

Other insurance company phone number:

Other insurance company mailing address:

City:

State:

ZIP code:

Medicare information

Do you have Medicare?  Yes  No If Yes, what is your Medicare ID number:

Effective dates for: Part A:  Part B:  Part D:

Are you Medicare eligible because?

By completion and submission of this form, you certify that the information you are providing is complete and accurate.

Once you have completed the questionnaire, please email it to: [UCSHIPCOBINquiries@anthem.com](mailto:UCSHIPCOBINquiries@anthem.com)

If you have other insurance, include an image of the front and back of the other insurance ID card.