

Accessing Other Insurance Coverage Online

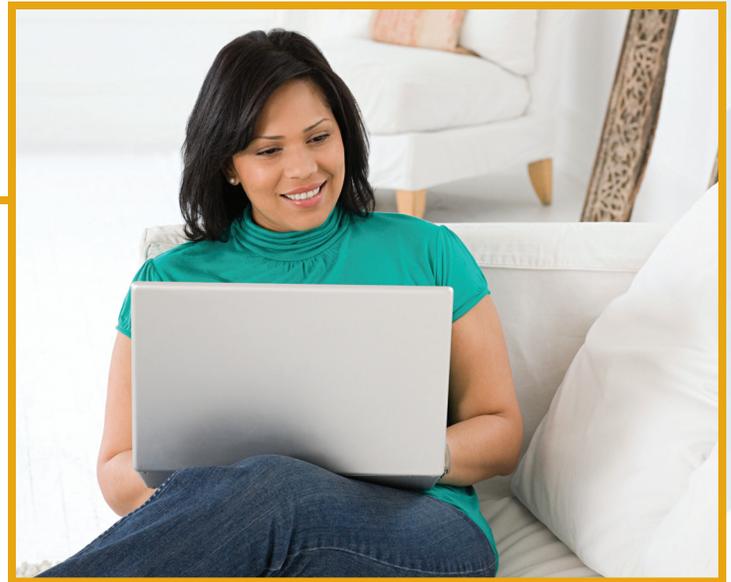
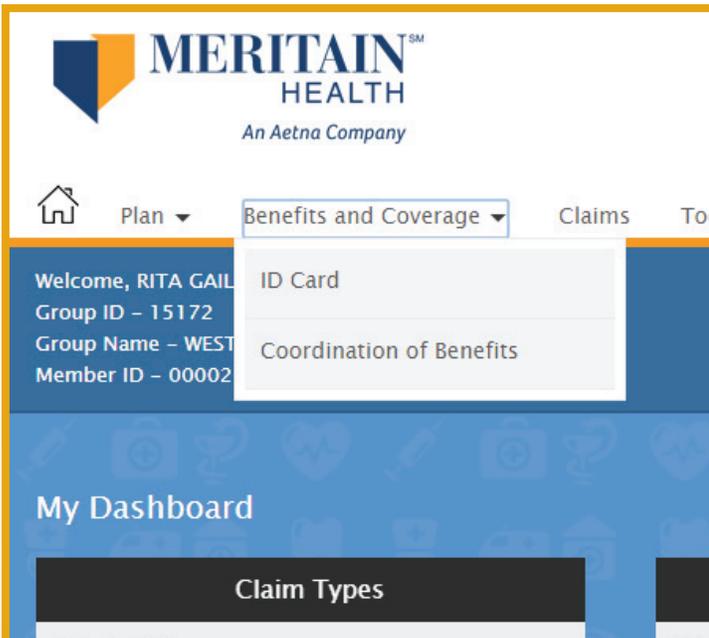
Your healthcare benefits plan includes a provision called coordination of benefits. This means if one person is covered by two benefit plans, both plans share responsibility for covering that person's healthcare expenses. This helps prevent duplicate payments and helps hold down healthcare costs.

Examples of other coverage include: Medicare (due to age or disability), group coverage through a family member's employer, association coverage through a group you or a family member belongs to, student health coverage, or coverage mandated by a divorce decree.

Meritain Health may sometimes ask you to update this information so we can keep our records current.

You can now complete your Coordination of Benefits (COB) online:

1. From the *Benefits and Coverage* dropdown, select *Coordination of Benefits*.



2. You'll be asked if you or any dependents have other coverage, other Medicare coverage and/or other Medicaid coverage. Simply answer *Yes* or *No* to report if you or anyone in your family has other health coverage.
3. If you answer *Yes*, you'll be asked for information about the other coverage like start date, carrier name, policy holder name and date of birth, etc. Just fill out the forms that open when you select *Yes*.

Employee Membership / Coordination of Benefits

Current Insurance Coverage Information

Member Name	Member Type	Product	Other Insurance
RITA GAIL EUN	Employee	Medical	No Other Insurance
RITA GAIL EUN	Employee	Dental	No Other Insurance
AREDA EUN	Spouse	Medical	No Other Insurance
AREDA EUN	Spouse	Dental	No Other Insurance

Update Your Coordination of Benefits Information

Plan Info Summary

* Indicates required fields

Coordination of Benefits

Is the subscriber covered by any other plan? *

Yes No

Are the dependents covered by another plan? *

Yes No

Medicare / Medicaid Information

Is the subscriber covered by Medicare? *

Yes No

Is the subscriber covered by Medicaid? *

Yes No

Are the dependents covered by Medicare? *

Yes No

Are the dependents covered by Medicaid? *

Yes No

[Cancel](#) [Next](#)

4. After you complete the form, click *Next* to see a summary of the information.

Update Your Coordination of Benefits Information

✓ Plan Info ✓ Summary

Coordination of Benefits [Edit](#)

Is the subscriber covered by another plan? **No**
Are the dependents covered by another plan? **No**

Medicare / Medicaid Information

Is the subscriber covered by Medicare? **Yes**

Medicare ID	465468789
Effective Date of Coverage	04/04/2018
Medical Coverage Type	Part A
Medicare Eligibility Due To	Age

Is the subscriber covered by Medicaid? **No**
Are the dependents covered by Medicaid? **No**
Are the dependents covered by Medicaid? **No**

[Cancel](#) [Submit](#)



5. If you agree with the summary, click *Submit* in the bottom right corner. If you need to make changes, click *Edit* at the top of the summary.

Update Coordination of Benefits ✕

Thank you for updating your information.
The changes will be processed within 30 days. Please allow time for your claims to be reconsidered.

[Okay](#)

If you have any questions, you can call Customer Service at the number on the back of your ID Card for assistance.

Other COB options are available

For your convenience, please [click here](#) for a copy of the Other Insurance Coverage Form.

- You can *email* it to:
Forms.Direct@meritain.com
- Or you can *mail* it to:
Meritain Health
Eligibility Department
P.O. Box 27810
Minneapolis, MN 55427-0810
- Or *fax* to **716.541.6672**.
You should keep a copy of the fax confirmation record if you plan to call to confirm receipt.



ADVOCATES FOR
HEALTHIER LIVING

Advocates for Healthier Living

Meritain Health provides easy-to-use healthcare benefits you can use to stay healthy and productive. Contact us at the number on your ID Card if you have any questions about your plan.