



COORDINATION OF BENEFITS OVERVIEW

The purpose of coordination of benefit (COB) is to allow the patient to maximize coverage while preventing duplicate payment for the same benefit. VSP allows coordination of benefits for patients eligible for coverage by more than one vision plan.

PRIMARY AND SECONDARY PLANS

When coordinating benefits, it must be determined which plan is billed first.

- The plan that covers the member as an employee is "primary".
- The plan that covers the member as a dependent is "secondary".

If the patient is a dependent child and is covered under both parents' plans, typically the parent whose birthdate falls first in the calendar year has the primary plan. If the parents are separated or divorced, the parent with custody is primary, unless otherwise ordered by the court.

PRIMARY PLAN

The primary plan must pay or provide benefits as if the secondary plan does not exist.

SECONDARY PLAN

When VSP administers the secondary plan, the member will receive a specified allowance for each service (exam, lenses, frame or contacts) that will be used to pay up to, but not more than the billed amount. Only services received on the primary benefit may be used for coordinating like services on the secondary benefit. Secondary allowances are applied first to the same service of the primary plan. Any remaining amount may be used to cover additional expenses on other services.

SERVICES FROM NON-VSP PROVIDERS

VSP will reimburse the patient according to each benefit's out-of-network schedule of allowances, not to exceed the actual exam fee and the cost of corrective eyewear.

Questions? Contact us. vsp.com | 800.851.7195

See back page for examples.





COORDINATION OF BENEFITS EXAMPLES

Coordination of benefits does not guarantee that all out-of-pocket expenses will be covered in full. Member is responsible for any remaining expenses. Prices reflected below are for illustration purposes only and actual costs may vary.

EXAMPLE SITUATION

Employee and Spouse both work for the State of Rhode Island, both cover each other as a spouse and both are enrolled in the Anchor Vision Plus Plan. The COB allowance that's applied to each service or material on the *secondary* benefit are:

- o \$66 Exam
- o \$51 Lenses*
- o \$76 Frame

Note: The patient must receive the service and or material on their primary benefit for the COB allowance to be applied from their secondary benefit.

EXAMPLE #1

Patient receives their exam, progressive lenses with an anti-reflective (AR) coating and a frame that retails for \$300. The patient's out-of-pocket cost without coordinating the benefits would be \$300.

- \$0 Exam Copay
- \$30 Material Copay
- \$105 Progressive Lenses
- \$85 AR Coating
- \$80 Frame

TOTAL OUT-OF-POCKET EXPENSE: \$300

Since the patient received their exam, lens and frame on their primary benefit, the secondary benefit will cover $66 + 21^* + 76 = 163$ toward the patient's out-of-pocket expenses. In Example #1, the patient's out-of-pocket expense after coordinating the benefits is 300 - 163 = 137.

EXAMPLE #2

Patient does not receive their exam and only receives progressive lenses with an AR coating and a frame that retails for \$300. The patient's out-of-pocket cost without coordinating the benefits would be \$300.

- \$30 Material Copay
- \$105 Progressive Lenses
- \$85 AR Coating
- \$80 Frame

TOTAL OUT-OF-POCKET EXPENSE: \$300

Since the patient received their lenses and frame (but no exam) on their primary benefit, the secondary benefit will cover $21^* + 576 = 597$ toward the patient's out-of-pocket expenses. In Example 2, the patient's out-of-pocket expense after coordinating the benefits is 5300 - 597 = 5203. The exam allowance for the COB is not applied in this example, as the patient did not receive their exam on the primary benefit.

*Patient is responsible to pay the \$30 material copay on the secondary benefit. VSP will deduct the \$30 copay from the \$51 lens allowance and the patient will have \$21 to apply to the lens enhancements from their primary benefit.