

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.

Determining 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”.
- For members with multiple employer plans, the plan covering the employee for the greatest period of time is “primary”.

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.

Note: Coordination of benefits does not guarantee that all out-of-pocket expenses will be covered-in-full. Member is responsible for any remaining expenses.