Coordination of Benefits
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This guide provides case-by-case instructions on how to submit claims if you and/or your spouse are both covered by a group health and/or dental plan through your employer, a union, association or other organization that provides Coordination of Benefits (COB).

Coordination of Benefits can help you and your family members receive the maximum eligible benefit from both policies. Payment of benefits is based upon the calculation rules specified by the Canadian Life and Health Insurance Association (CLHIA).

If you need further assistance regarding Coordination of Benefits, please contact your plan administrator.
Instructions when submitting a claim

If the expenses are for you and you are the employee covered by iA Financial Group through your employer.

**Step 1:**
You must first submit your claim to iA Financial Group. Be sure to keep copies of all original receipts.

**Step 2:**
Submit the unpaid portion of your claim to your spouse’s plan by completing his/her insurer’s claim form.

**Step 3:**
Attach all copies of your original receipts along with the explanation of benefits you received with your payment from iA Financial Group.

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If the expenses are for your spouse who is an employee covered under his/her own group insurance plan.

**Step 1:**
Submit the claim to his/her group insurance carrier first. Be sure to keep copies of all original receipts.

**Step 2:**
Submit the unpaid portion of your spouse’s claim to iA Financial Group by completing our claim form.

**Step 3:**
Attach all copies of your spouse’s original receipts along with the explanation of benefits he/she received with his/her payment from the group insurance carrier.
CASE 1

If the expenses are for dependent children who are covered under your plan and your spouse's group insurance plan.

Step 1:
Submit the claim to the group insurance carrier of the parent whose birthday comes first in the calendar year. If both parents were born on the same day and month, the alphabetical order of the parents’ first names determines which plan the claim must be submitted to first. Be sure to keep copies of all original receipts.

Step 2:
Submit the unpaid portion of the claim to the second carrier by completing their claim form.

Step 3:
Attach all copies of the dependent child’s original receipts along with the explanation of benefits received with the payment from the first carrier.

CASE 2

If you and your spouse are separated or divorced and your dependent children are covered under both plans.

Step 1:
Submit the claim to the plan covering the parent who has full custody of the child. Be sure to keep copies of all original receipts.

Step 2:
Submit the unpaid portion of the claim to the plan of the spouse of the parent with full custody of the child, by completing his/her insurer’s claim form.

Step 3:
Submit the unpaid portion of the claim to the plan of the parent who does not have custody of the child.

Step 4:
Submit the unpaid portion of the claim to the plan of the spouse of the parent who does not have custody of the child.

Step 5:
Attach all copies of the dependent child’s original receipts along with the explanation of benefits from the first and/or second carrier.
**CASE 1**

If your dependent children are enrolled in post-secondary studies and are covered under a college or university insurance plan and under your plan.

**Step 1:**
Health care and dental expenses must be submitted to his/her college or university plan first. Be sure to keep copies of all original receipts.

**Step 2:**
Submit the unpaid portion of the claim to iA Financial Group by completing our claim form.

**Step 3:**
Attach all copies of the dependent child's original receipts along with the explanation of benefits received with his/her payment from the college or university insurance plan.

**CASE 2**

If your dependent child has a part-time job and is enrolled in their employer’s plan and is covered under your group insurance plan.

**Step 1:**
Your child must submit the claim to his/her own plan first. Be sure to keep copies of all original receipts.

**Step 2:**
Submit unpaid portion of the claim to iA Financial Group by completing our claim form.

**Step 3:**
Attach all copies of the dependent child’s original receipts along with the explanation of benefits received with his/her payment from his/her employer.
If you have a separate individual plan that you purchased on your own in addition to your group insurance plan.

**Step 1:**
You must submit your claim to the group health or dental plan you are covered under as an active employee, i.e. your new employer’s plan. Be sure to keep copies of all original receipts.

**Step 2:**
Submit the unpaid portion of your claim to the individual plan.

**Step 3:**
Attach all copies of your original receipts along with the explanation of benefits you received with your payment from the group insurance plan.

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Claims for RETIREES

If you are insured as a retiree under the group insurance plan from your former employer and as an employee under the group insurance plan of your new employer.

**Step 1:**
You must first submit your claim to the group insurance plan you are covered under as an active employee, i.e. your new employer’s plan. Be sure to keep copies of all original receipts.

**Step 2:**
Submit unpaid portion of your claim to your former employer’s group insurance plan by completing their insurer’s claim form.

**Step 3:**
Attach all copies of your original receipts along with the explanation of benefits you received with your payment from the first group insurance plan.

**Note:**
If you are retired and have the same eligibility status under more than one plan (for example, you are covered as a part-time employee under both plans), you must first submit your claim to the plan that has been in force the longest.

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Claims for INDIVIDUAL AND GROUP PLANS

If you have a separate individual plan that you purchased on your own in addition to your group insurance plan.

**Step 1:**
You must submit your claim to the group health or dental plan first. Be sure to keep copies of all original receipts.

**Step 2:**
Submit the unpaid portion of your claim to the individual plan.

**Step 3:**
Attach all copies of your original receipts along with the explanation of benefits you received with your payment from the group insurance plan.
Sample calculation of your claim benefit

Example:
$250 claim

FIRST PLAN

The first plan will reimburse the claim according to the specifications of your group insurance coverage. This means that it will apply any deductible, reimbursement percentage and any maximum based on the coverage of the plan.

<table>
<thead>
<tr>
<th>Expenses submitted</th>
<th>Eligible expenses*</th>
<th>Deductible</th>
<th>Reimbursement percentage</th>
<th>Calculation</th>
<th>Your reimbursement from the first plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>$250</td>
<td>$220</td>
<td>$50</td>
<td>80%</td>
<td>($220 - $50) X 80%</td>
<td>$136</td>
</tr>
</tbody>
</table>

SECOND PLAN

The second plan will pay the lesser of the following two amounts:

A) Amount that would have been payable according to the specifications of the second plan if it had been the first plan; or

B) 100% of the eligible expenses minus the benefits paid by the first plan.

<table>
<thead>
<tr>
<th>Expenses submitted</th>
<th>Eligible expenses*</th>
<th>Deductible</th>
<th>Reimbursement percentage</th>
<th>Calculation</th>
<th>Your reimbursement from the second plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>$250</td>
<td>$230</td>
<td>$0</td>
<td>90%</td>
<td>The lesser of:</td>
<td>$94</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>A. ($230 - $0) X 90% = $207</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>B. ($230 - $136) = $94</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL AMOUNT REIMBURSED BY BOTH PLANS

<table>
<thead>
<tr>
<th>Reimbursement from the first plan</th>
<th>Reimbursement from the second plan</th>
<th>Calculation</th>
<th>Your reimbursement from both plans**</th>
</tr>
</thead>
<tbody>
<tr>
<td>$136</td>
<td>$94</td>
<td>$136 + $94</td>
<td>$230</td>
</tr>
</tbody>
</table>

* The eligible expenses take into account each plan specifications. They do not always match the submitted expenses.

** The total reimbursement from both plans doesn’t necessarily equal the total expenses submitted, and it cannot exceed 100%.
Questions?
If you have any difficulties coordinating benefits or if you have any questions, please contact your plan administrator.

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