



## Spring 2024

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### US Family Health Plan Coordination of Benefits

#### **If our members have other medical coverage**

If US Family Health Plan–covered members or their family members have other medical coverage or receive care or services that would also be covered by workers' compensation or automobile medical benefits, US Family Health Plan has a legal right to recover some of the costs of the care. In fact, US Family Health Plan is the secondary payer to any other health insurance our members might have, except Medicare.

Members who have Medicare B and US Family Health Plan should not use their Medicare unless they have end-stage renal disease. Providers should not bill Medicare even if a US Family Health Plan member has a Medicare card. Medicare will later recoup the payment and the service will have to be rebilled to US Family Health Plan.

This Coordination of Benefits provision doesn't deny members any benefits they're entitled to, nor does it reduce their benefits. It's intended to make sure that duplicate payments aren't made. All the health care expenses covered by the Plan are subject to this provision.

It's a member's responsibility to provide us with the information that will allow us to coordinate payment for the member's health care services with any other health insurance they may have. If they have other health insurance (OHI) that is primary to US Family Health Plan, they must use the OHI to fill prescriptions. (Exception: If the member's OHI doesn't cover a particular prescription drug, in most cases the member may use their US Family Health Plan coverage.)

After the OHI pays for a prescription, US Family Health Plan will reimburse their member for the member's OHI's copayment. The member can download the reimbursement form from the Pharmacies and Medication section of [usfamilyhealth.org](https://www.usfamilyhealth.org) or call Member Services at **1.800.818.8589**. Members have 90 days from the date they fill the prescription to send the form to US Family Health Plan.

#### **What a member must disclose**

If (1) before a member enrolled in the Plan, the member had other health care coverage that remains effective while the member is a member of the Plan, or (2) they qualify for other coverage while they're a member of the Plan, they are required to disclose this information.

# HEART *to* HEART Provider Update



We ask that members call Member Services at **800.818.8589** with this information. We also ask that members provide information for all insurance coverage that they have when they register for an appointment.

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*Greater Boston, North Shore, central  
and western Massachusetts*

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