



SAN DIEGO COMMUNITY COLLEGE DISTRICT

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DUAL HEALTH INSURANCE FAQ'S

Having two health plans doesn't mean you get reimbursed twice for your strep throat visit, or that you get two bottles of medicine at the pharmacy instead of one.

There are a few downsides to what, on the surface, seems like health insurance heaven:

- Double coverage often means you're paying for redundant coverage.
- You must make your claim with your "primary" plan first. The other plan can pick up the tab for anything not covered, but it won't pay anything toward the primary plan's deductible.
- If both plans have deductibles, you'll have to pay both before coverage kicks in.
- You don't get to choose which health plan is primary, meaning the one that pays first. You don't get to choose which insurer will pay a certain claim. However, if the first insurer doesn't cover a certain treatment, or covers it only partially, you can then submit the remainder of the claim to your secondary insurer for payment, assuming the treatment is covered under the second plan.

Coordination of benefits rules: Who pays first when you have two group health plans?	
Primary	Secondary
Your workplace plan	Your parent's plan
Your workplace plan	Your spouse's workplace plan

So who pays first? "The place you are employed is primary. If you're covered under your spouse's plan and one at your work, your workplace plan is primary. **Please Note:** if you do NOT utilize services on your workplace plan and only utilize services on your spouse's plan this can become problematic as your spouse's plan can deny payment for services that you had encumbered once they discover you have other insurance through your workplace. You may Waive your medical insurance by completing a Waiver Form and still enroll in the District's Dental and Vision as these plans coordinate benefits. Please ask for a Waiver Form by contacting the Benefits Office at 619-388-6587.

These rules are known as "coordination of benefits." The rules for adults shouldn't be confused with the rules for children who are dependents on two parents' group health plans. In the case of children with double health insurance coverage, the "birthday rule" applies. This practice says that the group plan of the parent with the first birthday in the calendar year is primary.

