San Diego Community College District

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Dual Health Insurance

Frequently Asked Questions (FAQs)

Is having two health insurance plans always better?

Not necessarily. While having dual coverage may seem like an advantage, it does not mean you'll receive double the benefits. For example, you will not be reimbursed twice for the same doctor's visit or receive two prescriptions for the same medication.

Things to Consider Before Enrolling in Two Health Plans

You may be paying for duplicate coverage.

Having two medical plans can mean paying two premiums for benefits that overlap.

One plan always pays first.

If you are covered under two health insurance plans, one plan is designated as your **primary insurance** and pays first. The second plan (your **secondary insurance**) may cover some or all of the remaining eligible costs, depending on the plan.

You cannot choose which plan is primary.

Coordination of Benefits (COB) rules determine which plan pays first. These rules are established by insurance carriers—not by the employee or employer.

Deductibles still apply.

If both plans have deductibles, you may be responsible for meeting each plan's deductible before benefits are paid.

Which Plan Is Primary?

Subscriber / Person Receiving Care	Coverage	Primary Plan*	Secondary Plan*
Employee (You)	Covered under SDCCD and enrolled as a dependent on your spouse's employer-sponsored plan	SDCCD's plan	Spouse's employer-sponsored plan
Spouse	Covered under their own employer-sponsored plan and enrolled as a dependent under your plan.	Spouse's employer-sponsored plan	SDCCD's plan
Employee (You)	Covered under SDCCD and your parent's plan	SDCCD	Parent's plan
Dependent Child	Covered under both parents' plans	Determined by the Birthday Rule or other applicable COB rules	The other parent's plan

* **Important:** If your spouse has medical insurance through their own employer and is also enrolled as a dependent on your District medical plan, their employer-sponsored plan is generally their primary insurance, and the District's medical plan is secondary. This is a standard Coordination of Benefits (COB) rule and cannot be changed by the employee or the insurance carrier.

Another important reminder: If you have active coverage through more than one health plan but only provide one insurance card when receiving care, claims may be delayed or denied until the insurance carriers determine which plan is primary. This can result in delayed payments or unexpected out-of-pocket expenses.

Please Note: If you or your spouse receive services using your secondary insurance without first following the requirements of your primary insurance, your primary plan may deny the claim if the services are considered out-of-network, require a referral, or require prior authorization that was not obtained.

Additionally, the secondary plan may reduce or deny payment if the primary plan denies the claim because the member did not follow the primary plan's requirements.

Each health plan has its own rules regarding:

- Covered services
- Provider networks
- Referrals and prior authorizations
- Coordination of Benefits (COB)

For this reason, it is important to understand how your plans work together before receiving medical care.

Can I Waive My Medical Coverage?

Yes. If you are covered under another qualifying medical plan, you may choose to waive the District's medical coverage while still enrolling in the District's Dental and Vision plans, as these plans coordinate benefits.

To request a Medical Waiver Form, please contact the Benefits Office at 619-388-6587 or email Hrbenefits@sdccd.edu.

What About Children Covered Under Two Plans?

Different rules apply for dependent children.

In most cases, insurance carriers follow the Birthday Rule, meaning the parent whose birthday (month and day only) occurs first in the calendar year has the primary health plan for the child. Other Coordination of Benefits rules may apply in certain situations, such as divorce or court-ordered coverage.

What Should I Do If I Have Two Medical Plans?

Before receiving medical care, it is recommended that you contact both insurance carriers to understand how they will coordinate benefits for your specific situation.

1. Confirm which plan is primary and which is secondary.
2. Notify both insurance companies that you have dual coverage so they can properly coordinate benefits.
3. If your primary plan is an HMO and your secondary plan is a PPO, ask whether the PPO will provide benefits if the HMO does not authorize or cover the service.
4. Verify whether referrals, prior authorizations, and network requirements apply before receiving care.

Taking these steps before receiving care can help prevent claim denials, payment delays, and unexpected out-of-pocket costs.

Need Help?

Please contact the Benefits Office. We're happy to help you understand your options before making your benefit elections.

If you have questions about Coordination of Benefits (COB) or determining which plan is primary, you may also contact VEBA Member Services for assistance with Coordination of Benefits.

VEBA Member Services

- Website: VEBA Contact Center
- Phone: **(888) 276-0250**

When contacting VEBA: Select "Coordination of Benefits**"** from the list of assistance topics to be connected with the appropriate representative. This team can assist with questions regarding primary versus secondary coverage, claim coordination, and other COB-related issues.