Coordination of Benefits
Getting Started

Learn how Medicare works with other kinds of health or drug coverage and who should pay your bills first.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

Coordination of Benefits

Let's Get Started

It's important to know how Medicare works with other kinds of health or drug coverage and who should pay your bills first. This is called "coordination of benefits."

If you have Medicare and other health or drug coverage, each type of coverage is called a "payer." When there's more than one potential payer, there are coordination rules to decide who pays first. The first or "primary payer" pays what it owes on your bills, and then sends the remainder of the bill to the second or "secondary payer." In some cases, there may also be a third payer.

Tell your doctor, hospital, and all other health care providers about all of your health or drug coverage to make sure your bills are sent to the right payers, in the right order.

Whether Medicare pays first depends on a number of things, including the situations listed in the chart on the next page. However, this chart doesn't cover every situation.

Know who pays first

If you have **retiree** insurance (insurance from former employment)…	Medicare pays first.
If you're 65 or older, have group health plan coverage based on your or your spouse's **current** employment, and the employer has **20 or more employees**…	Your group health plan pays first.
If you're 65 or older, have group health plan coverage based on your or your spouse's **current** employment, and the employer has **less than 20 employees**…	Medicare pays first.
If you're under 65 and disabled, have group health plan coverage based on your or a family member's **current** employment, and the employer has **100 or more employees**…	Your group health plan pays first.
If you're under 65 and disabled, have group health plan coverage based on your or a family member's **current** employment, and the employer has **less than 100 employees**…	Medicare pays first.

Know who pays first (continued)

If you have Medicare because of **End-Stage Renal Disease (ESRD)** (permanent kidney failure requiring dialysis or a kidney transplant)…	Your group health plan will pay first for the first 30 months after you become eligible to join Medicare. Medicare will pay first after this 30-month period.
If you have **Marketplace** coverage and then age into Medicare (and keep your Marketplace plan)…	Medicare pays first.

Important: In some cases, your employer may join with other employers or unions to form a multiple employer plan. If this happens, only one of the employers or unions in the multiple employer plan has to have the required number of employees for the group health plan to pay first. For more information, contact your employer or union benefits administrator.

Remember these important facts

- The insurance that pays first (primary payer) pays up to the limits of its coverage.

- The one that pays second (secondary payer) only pays if there are costs the first payer didn't cover.

- The secondary payer (which could be Medicare) might not pay all of the uncovered costs.

- If Medicare is the primary payer and your employer is the secondary payer, you'll need to join Medicare Part B (Medical Insurance) before your employer insurance will pay for Part B services.

These types of insurance usually pay first for services related to each type:

- No-fault insurance (including automobile insurance)
- Liability (including self-insurance plans and automobile insurance)
- Black lung benefits
- Workers' compensation

Medicaid and TRICARE never pay first for services that Medicare covers. They only pay after Medicare, employer group health plans, and/or Medicare Supplement Insurance (Medigap) have paid.

If you still have questions about who should pay or who should pay first:

- Check your insurance policy or coverage. It may include rules about who pays first.

- Call the Benefits Coordination & Recovery Center (BCRC) at **1-855-798-2627**. TTY users should call **1-855-797-2627**.

- Contact your employer or union benefits administrator.

Tell Medicare if your health or drug coverage changes

Let the Benefits Coordination & Recovery Center (BCRC) know:

- Your name

- The name and address of your plan

- Your policy number

- The date coverage was added, changed or stopped, and why

Also, tell your doctor and other health care providers about your health or drug coverage changes the next time you get care.

Tell your insurance company or employer benefits administrator about changes

Tell your insurance company if you or your spouse's current work status changes or if your Medicare coverage changes. Tell your employer benefits administrator if you have changes to your health insurance coverage.

Insurance companies are required to tell Medicare about insurance coverage they offer people with Medicare to help coordinate benefits.

Your insurance company or your employer may ask you for your name, date of birth, gender, and Medicare number (located on your red, white, and blue Medicare card) so they can give updates to Medicare about your other insurance. It's appropriate to give this personal information to your insurance company or employer to coordinate benefits. Giving this information timely will help make sure your claims are paid correctly.

Where can I find more information?

- Visit Medicare.gov to view or print Medicare publications and find helpful phone numbers and websites.

- Visit Medicare.gov/publications to view or print the booklet *"Medicare and Other Health Benefits: Your Guide to Who Pays First,"* or call **1-800-MEDICARE** to find out if a copy can be mailed to you. TTY users can call **1-877-486-2048**.

- Call your State Health Insurance Assistance Program (SHIP) for free health insurance counseling and personalized help. To get the most up-to-date SHIP phone numbers, visit shiptacenter.org or call **1-800-MEDICARE**.

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CMS Product No. 11546