



Secondary Insurance

If you have access to coverage under more than one policy, you can submit claims through both policies. The Canadian Life & Health Insurance Association (CLHIA) defines the rules which determine which plan pays first.

For example, a plan where you are the insured or member, will always pay first before a plan where you are a spouse or a dependent.

Usually, a plan where you are an employee will pay first before a plan where you are a retiree or a member.

If you are an employee under more than one plan, the plan where you have been covered the longest pays first.

The primary insurer pays a claim as it normally would. Thereafter, a copy of that claim payment, and a copy of the original receipt are forwarded to the secondary payer. The secondary payer will pay the lesser of:

- what would have been paid if the claim would have been submitted to the secondary payer first, or
- 100% of the claim amount.

For example, if the primary plan has a \$1,000 Dental maximum, and the secondary plan has a \$1,500 maximum, the primary plan will pay up to the maximum, and any part of the claim which was not paid can be submitted to the secondary payer.

If the primary plan has a 80% coinsurance, the 20%, that the member has to pay, can be submitted under the secondary plan if it has a 100% coinsurance.

Some insurers will only reimburse a total under both plans of the reasonable and customary charge. For example, if the secondary insurer has a reasonable and customary charge for massage of \$80 per visit, and your massage claim is for \$100, the secondary insurer will not reimburse more than \$80 for the primary insurer and the secondary insurer combined.

