

APPENDIX B

COORDINATION OF BENEFITS EXAMPLES

N.J.A.C. 11:4-28.7(e)1. Primary and Secondary plans are network plans. Provider is in both networks.

Assumptions: Indemnity Plan: 80/20% coinsurance; primary deductible \$250; secondary deductible \$100

HMO (Capitated or fee-for-service{FFS}); Copay Primary \$25; Copay Secondary \$35; closed panel

P = Primary S = Secondary

<u>Plan Type *</u>	(A)	(B)	(C)	(D)	(E)	(F)	(G)
Billed Charges	1,200						
P							
R Contracted Fee Schedule (CFS) (1)	900	900	1,000	1,000	1,000	800	900
I Copay	NA	NA	NA	NA	25	25	25
M Deductible	250	250	250	250	NA	NA	NA
A Coinsurance	130	130	150	150	NA	NA	NA
R Primary Pays	520	520	600	600	975	775	875
Y							
S Contracted Fee Schedule (CFS) (1)	1,000	1,000	900	900	800	1,000	1,000
E Copay	35	NA	35	NA	35	35	NA
C Deductible	NA	100	NA	100	NA	NA	100
O Coinsurance	NA	180	NA	160	NA	NA	180
N Secondary Liability, if Primary	965	720	865	640	765	965	720
D Secondary Pays (2)	380	380	400	400	25	25	25
A Secondary Saves	585	340	465	240	740	940	695
R Member/Insured Out of Pocket	0						
Y Provider Collects	900	900	1,000	1,000	1,000	800	900

* See Below for Column description:

(A) P: Indemnity w/CFS

S: HMO (FFS)

(1) Contracted Fee Schedule (CFS) - HMO plan or indemnity plan

(B) P: Indemnity w/CFS

S: Indemnity w/CFS

(2) Pays provider or pays insured member if he/she has paid provider in form of copayment, coinsurance or deductible

(C) P: Indemnity w/CFS

S: HMO (FFS)

(D) P: Indemnity w/CFS

S: Indemnity w/CFS

(E) P: HMO (FFS)

S: HMO (FFS)

(F) P: HMO (FFS)

S: HMO (FFS)

(G) P. HMO (FFS)

S: Indemnity w/CFS

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COORDINATION OF BENEFITS EXAMPLES

N.J.A.C. 11:4-28.7(e)2. Primary-UCR based plan; Secondary-Network Plan. Provider is in Secondary network

Assumptions: Indemnity Plan: 80/20 % coinsurance; primary deductible \$250;secondary deductible \$100

HMO (Capitated or fee-for-service{FFS}); Copay Primary \$25; Copay Secondary \$35; closed panel

P = Primary S = Secondary

<u>Plan Type *</u>		<u>(H)</u>	<u>(I)</u>	<u>(J)</u>	<u>(K)</u>	<u>(L)</u>	<u>(M)</u>
Billed Charges		1,200	1,200	1,200	1,200	1,200	1,200
P							
R	UCR (1)	1,000	800	1,000	1,000	1,000	1,000
I	Deductible	250	250	250	Previously Satisfied	Previously Satisfied	250
M	Coinsurance	150	110	150	200	Previously Satisfied	150
A	Primary Pays	600	440	600	800	1,000	600
R	Member's liability for charges above UCR	200	400	200	200	200	200
Y							
S	Contracted Fee Schedule (C.F.S.) (2)	900	1,000	350	400	400	900
E	Copay	35	35	35	35	35	NA
C	Deductible	NA	NA	NA	NA	NA	100
O	Coinsurance	NA	NA	NA	NA	NA	160
N	Secondary Liability, if Primary	865	965	315	365	365	640
D	Secondary Pays (3)	600	760	315	365	200	600
A	Secondary Saves	265	205	0	0	165	40
R	Member/Insured Out of Pocket	0	0	35	35	0	0
Y	Provider Collects	1,200	1,200	950	1,200	1,200	1,200

* See Below for Column description:

(1) Indemnity (includes out-of-network portion of HMO POS or SCA plan), paying on UCR basis

(2) Contracted Fee Schedule (CFS) - HMO plan or indemnity plan

(3) Pays provider; or pays insured member if he/she has paid provider in form of copayment, coinsurance or deductible

(H) P: Indemnity S: HMO (FFS)

(I) P: Indemnity S: HMO (FFS)

(J) P: Indemnity S: HMO (FFS)

(K) P: Indemnity S: HMO (FFS)

(L) P: Indemnity S: HMO (FFS)

(M) P: Indemnity S: Indemnity w/CFS

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COORDINATION OF BENEFITS EXAMPLES

N.J.A.C. 11:4-28.7(e)3. Primary - Network Plan w/CFS Secondary - Indemnity

Assumptions: Indemnity Plan: 80/20 % coinsurance; primary deductible \$250; secondary deductible \$100
 HMO (Capitated or fee-for-service{FFS}); Copay Primary \$25; Secondary Copay \$35; closed panel

P = Primary S = Secondary

	<u>Plan Type *</u>	<u>(N)</u>	<u>(O)</u>
	Billed Charges	1,200	1,200
P			
R	Contracted Fee Schedule (C.F.S.) (2)	900	900
I	Copay	25	NA
M	Deductible	NA	250
A	Coinsurance	NA	130
R	Primary Pays	875	520
Y			
S	UCR (1)	1,000	1,000
E	Deductible	100	100
C	Coinsurance	180	180
O	Secondary Liability, if Primary	720	720
N	Secondary Pays (3)	25	380
D	Secondary Saves	695	340
A	Member/Insured Out of Pocket	0	0
R	Provider Collects	900	900
Y			

* See Below for Column description:

- (N) P: HMO (FFS) S: Indemnity, insured uses a Network Provider of the Primary Carrier
- (O) P: Indemnity w/C.F.S S: Indemnity, insured uses a Network Provider of the Primary Carrier

- (1) Indemnity (includes out-of-network portion of HMO POS or SCA plan), paying on UCR basis
- (2) Contracted Fee Schedule (CFS) - HMO plan or indemnity plan
- (3) Pays provider; or pays insured member if he/she has paid provider in form of copayment, coinsurance or deductible

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COORDINATION OF BENEFITS EXAMPLES

N.J.A.C. 11:4-28.7(e)4. Primary - HMO Secondary - Indemnity (provider not in network of primary HMO)

Assumptions: Indemnity Plan: 80/20% coinsurance; primary deductible \$250; secondary deductible \$100

HMO (Capitated or fee-for-service{FFS}); Copay Primary \$25; Copay Secondary \$35; closed pane P = Primary S = Secondary

	<u>Plan Type*</u>	<u>(P)</u>
P		
R	Billed Charges	1,200
I		
M	Contracted Fee Schedule (C.F.S.) (2)	NA
A	Copay	NA
R	Primary Pays	0
Y		
S	UCR (1)	1,000
E	Deductible	100
C	Coinsurance	180
O	Secondary Liability, if Primary	720
N	Secondary Pays (3)	720
D	Secondary Saves	0
A	Member/Insured Out of Pocket	480
R	Provider Collects	1,200
Y		

* See Below for Column description:

(P) P: HMO S: Indemnity, insured uses a provider not in network of primary HMO plan

(1) Indemnity includes out-of-network portion of HMO, POS or SCA plan, paying on UCR basis

(2) Contracted Fee Schedule (CFS) - HMO plan or indemnity plan

(3) Pays provider; or pays insured member if he/she has paid provider
in form of copayment, coinsurance or deductible

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COORDINATION OF BENEFITS EXAMPLES

N.J.A.C. 11:4-28.7(e)5. Primary - HMO (capitated) Secondary - HMO (FFS); Indemnity; SCA. Provider in primary and secondary network (except indemnity)

Assumptions: Indemnity Plan: 80/20% coinsurance; primary deductible \$250; secondary deductible \$100

HMO (Capitated or fee-for-service(FFS)); Copay Primary \$25; Copay Secondary \$35; closed panel. P = Primary S = Secondary

	<u>Plan Type*</u>	<u>(Q)</u>	<u>(R)</u>
P R I M A R Y	Billed Charges	1,200	1,200
	Copay	25	25
	Primary Pays	capitation	capitation
S E C O N D A R Y	UCR (1)	NA	NA
	Contracted Fee Schedule (C.F.S.) (2)	800	900
	Copay	35	NA
	Deductible	NA	100
	Coinsurance	NA	160
	Secondary Liability, if Primary	765	640
	Secondary Pays (3)	25	25
	Secondary Saves	740	615
	Member/Insured Out of Pocket	0	0
	Provider Collects	*	*

* See Below for Column description:

* capitation and copay of primary plan

(Q) P: HMO (Capitated) S: HMO (FFS)

(R) P: HMO (Capitated) S: SCA (indemnity w/CFS)

(1) Traditional Indemnity (includes out-of-network portion of HMO, POS or SCA plan), paying on UCR basis

(2) Contracted Fee Schedule (CFS) - HMO plan or indemnity plan

(3) Pays provider; or pays insured member if he/she has paid provider
in form of copayment, coinsurance or deductible

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COORDINATION OF BENEFITS EXAMPLES

N.J.A.C. 11:4-28.7(e)6. Primary: Any Arrangement Secondary: HMO (Capitated) Provider in Primary and Secondary network

Assumptions: Indemnity Plan: 80/20% coinsurance; primary deductible \$250; secondary deductible \$100

HMO (Capitated or fee-for-service(FFS)); Copay-Primary \$25; Copay Secondary \$35; closed panel

P = Primary S = Secondary

	<u>Plan Type*</u>	<u>(S)</u>	<u>(T)</u>	<u>(U)</u>	<u>(V)</u>
	Billed Charges	1,200	1,200	1,200	N/A
P					
R	UCR (1)	NA	1,000	NA	NA
I	Negotiated Fee Schedule (N.F.S.) (2)	800	NA	1,000	NA
M	Copay	25	NA	NA	25
A	Deductible	NA	250	250	NA
R	Coinsurance	NA	150	150	NA
Y	Primary Pays	775	600	600	capitation
S					
E	Copay	35	35	35	35
C	Secondary Liability, If Primary	None	None	None	None
O	Secondary Pays (3)	0	0	0	0
N	Secondary Saves	0	0	0	0
D	Member/Insured Out of Pocket	0	0	0	0
A	Provider Collects	775 plus cap-	600 plus cap-	600 plus cap-	capitation of pri-
R		itation of sec-	itation of sec-	itation of sec-	mary and sec-
Y		ondary plan	ondary plan	ondary plan	ondary plans

* See Below for Column description:

- | | | | |
|-----|--------------------|--------------------|---|
| (S) | P: HMO (FFS) | S: HMO (Capitated) | (1) Indemnity (includes out-of-network portion of HMO POS or SCA plan,) paying on UCR basis |
| (T) | P: Indemnity | S: HMO (Capitated) | (2) Contracted Fee Schedule (CFS) - HMO plan or indemnity plan |
| (U) | P: Indemnity w/CFS | S: HMO (Capitated) | (3) Pays provider; or pays insured member if he/she has paid provider in form of copayment, coinsurance or deductible |
| (V) | Both P & S: | HMOs (Capitated) | |

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COORDINATION OF BENEFITS EXAMPLES

N.J.A.C. 11:4-28.7(a) All plans involved are Indemnity (including out-of-network portion of HMO POS or SCA plan without a network).

Assumptions: Indemnity Plan: 80/20 % coinsurance; primary deductible \$250; secondary deductible \$100

P = Primary S = Secondary

<u>Plan Type*</u>		<u>(W)</u>	<u>(X)</u>	<u>(Y)</u>	<u>(Z)</u>	<u>(AA)</u>
Billed Charges		1,200	1,200	1,200	1,200	1,200
P						
R	UCR (1)	1,000	1,000	1,000	1,000	1,000
I	Deductible	250	Previously Satisfied	250	Previously Satisfied	Previously Satisfied
M	Coinsurance	150	200	150	200	Previously Satisfied
A	Primary Pays	600	800	600	800	1,000
R						
Y						
S						
E	UCR (1)	900	900	900	900	900
C	Deductible	100	100	Previously Satisfied	Previously Satisfied	Previously Satisfied
O	Coinsurance	160	160	180	180	Previously Satisfied
N	Secondary Liability, if Primary	640	640	720	720	900
D	Secondary Pays (2)	600	400	600	400	200
A	Secondary Saves	40	240	120	320	700
R	Member/Insured Out of Pocket	0	0	0	0	0
Y	Provider Collects	1,200	1,200	1,200	1,200	1,200

- * See Below for Column description:
- | | |
|--|---|
| (W) Both P&S: Indemnity | (1) Indemnity (includes out-of-network portion of HMO POS or SCA plan), paying on UCR basis |
| (X) Both P&S: Indemnity (Primary Deductible satisfied) | (2) Pays provider; or pays insured member if he/she has paid provider in form of copayment, coinsurance or deductible |
| (Y) Both P&S: Indemnity (Secondary Deductible satisfied) | |
| (Z) Both P&S: both deducts satisfied | |
| (AA) Both P&S: both deducts & Out of Pocket Satisfied | |

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