



Accessing Other Insurance Coverage (OIC) Online

Your health care benefits plan includes a provision called Coordination of Benefits (COB). This means if one person is covered by two benefit plans, both plans share responsibility for covering that person's health care expenses. This helps prevent duplicate payments and helps hold down health care costs.

Examples of other coverage include: Medicare (due to age or disability), group coverage through a family member's employer, association coverage through a group you or a family member belongs to, student health coverage, or coverage mandated by a divorce decree.

Meritain Health® may sometimes ask you to update this information so we can keep our records current.

2 You'll be asked if you or any dependents have other coverage, other Medicare coverage and/or other Medicaid coverage. Simply answer *Yes* or *No* to report if you or anyone in your family has other health coverage.

3 If you answer *Yes*, you'll be asked for information about the other coverage like start date, carrier name, policy holder name, date of birth, etc. Just fill out the forms that open when you select

1 Select *Update Other Insurance Info*, located on the main homepage under the *Claims* section.

Claims

Protected for Privacy	Amount Billed	You May Owe	Status
Visited on 05/01/2021 For GHOLA KLEINHEN(Spouse)	\$65.00	\$0.00	In Process

[Update Other Insurance Info >](#)

Employee Membership / Coordination of Benefits

Current Insurance Coverage Information

Member Name	Member Type	Product	Other Insurance
ERIC DEAN KLEINHEN	Employee	Medical	No Other Insurance
ERIC DEAN KLEINHEN	Employee	Dental	No Other Insurance
GHOLA KLEINHEN	Spouse	Medical	No Other Insurance
GHOLA KLEINHEN	Spouse	Dental	No Other Insurance

Update Your Coordination of Benefits Information

Plan Info Review

* Indicates required fields

Coordination of Benefits

Is the subscriber covered by any other plan? *

Yes No

Are the dependents covered by another plan? *

Yes No

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4 After you complete the form, click *Next* to see a summary of the information.

Medicare / Medicaid Information

Is the subscriber covered by Medicare? *

Yes No

Is the subscriber covered by Medicaid? *

Yes No

Are the dependents covered by Medicare? *

Yes No

Are the dependents covered by Medicaid? *

Yes No

Other Insurance Termination Information

If you and/or your dependent(s) had other insurance that ended within the past 18 months, please complete the following questions. Without this information, pending claims may be delayed. Please note, the following questions do not require completion if your other insurance ended prior to the start of your coverage here.

Did you and/or your dependent(s) have other insurance coverage that ended in the past 18 months?

Yes No

Cancel Next

5 If you agree with the summary, click *Submit* in the bottom right corner. If you need to make changes, click *Edit* at the top of the summary.

Update Coordination of Benefits

Thank you for updating your information.
The changes will be processed within 30 days. Please allow time for your claims to be reconsidered.

Okay

If you have any questions, you can call Customer Service at the number on the back of your ID card for assistance.

Please note: failure to update your COB will result in claims denial.

Other COB options are available

- You can *email* your COB form to:
Forms.Direct@meritain.com

- Or you can mail it to:
Meritain Health
Eligibility Department
P.O. Box 853921
Richardson, TX 75085-3921

- Or fax to **716.541.6672**

You should keep a copy of the fax confirmation record if you plan to call to confirm receipt.

Simple. Transparent. Versatile.

At Meritain Health®, we're creating unrivaled connections.

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