

How Medicare Works with Other Insurance

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

What it means to pay primary/secondary

- 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 primary insurer didn't cover.
- The secondary payer (which may be Medicare) may not pay all the uncovered costs.
- If your employer insurance is the secondary payer, you may need to enroll in Medicare Part B before your insurance will pay.

Paying "first" means paying the whole bill **up to** the limits of the coverage. It doesn't always mean the primary payer pays first in time. If the insurance company doesn't pay the claim promptly (usually within 120 days), your doctor or other provider may bill Medicare. Medicare may make a conditional payment to pay the bill, and then later recover any payments the primary payer should've made.

Who Pays First?

If you are 65 or older and have group health insurance through Santa Clara University as a current employee (or are the spouse or dependent of a current SCU employee) your SCU group health insurance plan generally pays first.

If your group health plan didn't pay all of your bill, the doctor or health care provider should send the bill to Medicare for secondary payment. Medicare will look at what your group health plan paid, and pay any additional costs up to the Medicare-approved amount for Medicare-covered and otherwise reimbursable items and services. You will have to pay whatever costs Medicare or the group health plan doesn't cover.

If you have questions about who pays first, or if your insurance changes, call the Benefits Coordination & Recovery Center (BCRC) at 1-855-798-2627. TTY users should call 1-855-797-2627.

What is a conditional payment?

A conditional payment is a payment Medicare makes for services another payer may be responsible for. Medicare makes this conditional payment so you won't have to use your own money to pay the bill. The payment is "conditional" because it must be repaid to Medicare if you get a settlement, judgment, award, or other payment later. You're responsible for making sure Medicare gets repaid from the settlement, judgment, award, or other payment.

How Medicare recovers conditional payments

If Medicare makes a conditional payment, and you or your lawyer haven't reported your settlement, judgment, award or other payment to Medicare, call the Benefits Coordination & Recovery Center (BCRC) at 1-855-798-2627. TTY users should call 1-855-797-2627.

The BCRC will gather information about any conditional payments Medicare made related to your settlement, judgement, award or other payment. If you get a payment, you or your lawyer should could the BCRC. The BCRC will calculate the repayment amount (if any) on your recovery case and send you a letter requesting repayment.

I am currently on Medicare. How does the Affordable Care Act (“ACA” or “Obamacare”) affect me?

The ACA expands Medicare coverage. There is more access to preventative care services and the law is designed to address gaps in how Medicare assists in paying for medication. Otherwise, Medicare is unchanged by the ACA.

What is not covered by Medicare Part A & Part B?

Medicare does not cover everything. If you need certain services that Medicare doesn't cover, you'll have to pay for them yourself unless you have other insurance or you are in a [Medicare health plan](#) that covers these services. Even if Medicare covers a service or item, you generally have to pay your deductible, coinsurance, and copayments. Some of the items and services that Medicare doesn't cover include:

- Long-term care (also called custodial care)

- Most dental care
- Eye examinations related to prescription glasses
- Dentures
- Cosmetic surgery
- Acupuncture
- Hearing aids and exams for fitting them
- Routine foot care

Find out if Medicare covers a test, item, or service you need.