The importance of updating your other insurance information



Are you or your dependents covered under more than one medical or dental plan? Is HealthSCOPE Benefits the only coverage for you and your dependents? If so, we need to know. This information is used to apply benefit determinations timely and accurately.

HealthSCOPE Benefits requires you to give us updated information about other insurance every year. Even if you or your dependents aren't covered under another medical or dental plan, we still need to know.

Coordination of benefits can help you pay for covered expenses. It helps make sure claims are paid correctly, and that the benefits paid aren't greater than your covered expenses.

For example

1. Bob and Mary have medical coverage through two different employer plans. Bob is the member (plan holder) and Mary is the spouse/dependent on his plan. Mary also has medical coverage through her employer.
2. Coordination of benefits makes sure that for Mary's claims, her plan would pay first.
3. HealthSCOPE Benefits, as the secondary plan, will then coordinate with Mary's primary plan to determine if any additional payments are owed.

Updating your information is easy

Sign in to your member portal at **healthscopebenefits.com** and submit your other insurance via an easy electronic form, or call the number on your ID card.

When claims are denied for other insurance

If HealthSCOPE Benefits receives a claim for medical or dental care you received and your most recent other insurance update is more than 12 months old, we will deny all claims until an update is provided.

You will receive an explanation of benefits (EOB) denial notice like the example shown below. The dollar amount or diagnosis on the claim does not change this determination.

When you get an EOB denial for other insurance update, please respond quickly so we can expedite the review of your claims.

You have a specific number of days to give your updated other insurance information to us. The time frame is spelled out in your summary plan description (which is often 180 days after the claim is denied).

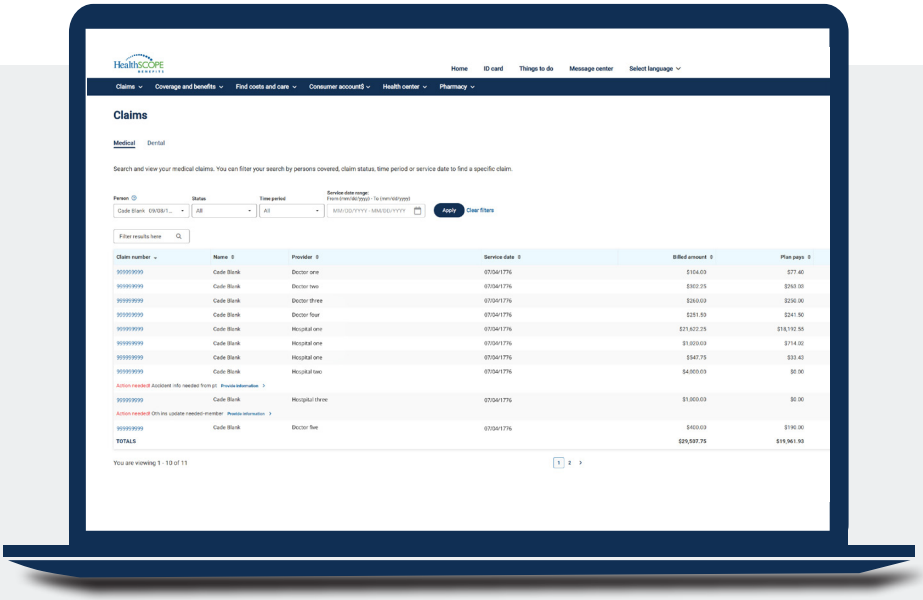
If you are also covered under another group medical plan or dental plan, please provide HealthSCOPE Benefits with the date that coverage began (effective date) and who is covered under that plan.

Any denied claims will be reprocessed, as long as your other insurance information is received within the time frame required by your plan. In addition, when you sign in to **healthscopebenefits.com**, you'll find your **Things to do** on the homepage. On the dashboard, you'll see the message "Action needed" in red, indicating that you need to provide other insurance information.

After you provide us with the requested information, no further action is needed. HealthSCOPE Benefits will have the applicable claims reprocessed for benefit consideration.

It's easy to take action on healthscopebenefits.com

In the Claims activity, we will alert you if your claim is denied and waiting for other insurance information. Simply select **Action needed!** to provide more information.



(Fictionalized data)

©2025 United HealthCare Services, Inc. UM0775-HSB 0725 UA
No part of this document may be reproduced without permission.

HealthSCOPE BENEFITS