

## Coordination of Benefits (COB) Member FAQ

### Q: Why am I receiving this form?

A: As your third-party health plan administrator, Regence Group Administrators (RGA) of Idaho, Inc. is reaching out to you to inquire about additional health insurance coverage you may have. This coverage may include the following people, depending on your household:

- You
- Spouse / domestic partner
- Children / dependents

### Q: What information am I supposed to provide you with? My RGA of Idaho health insurance information?

A: Please provide us with any additional health insurance information you or your family may have that is outside of the RGA of Idaho insurance you have through your employer.

### Q: Why do you need this information from me?

A: Your health plan may contain a Coordination of Benefits (COB) provision that applies to other health insurance. We will work with other health insurance providers to coordinate plan benefits to ensure we are processing your claims accurately. However, in order to coordinate with other health insurance providers, we need to know if you have other health insurance or not. If you do, we need to know some key pieces of information relating to the other health insurance such as carrier name, coverage type, effective date, etc.

### Q: Why should I provide this information? How does this affect me?

A: If you, your spouse / domestic partner, or your children / dependents have additional health insurance, but we do not know about it, or if the information we have is outdated, it could lead to delays and inaccurate claims processing. This could cost you money! Avoid inaccurate claim payments or even denials by returning your form today.

### Q: I am unmarried with no dependents and the only health insurance I have is with RGA of Idaho. Do I really need to tell you that I do not have other health insurance?

A: While you are not required to respond, it could affect you negatively if you do not. Without confirmation that you do not have additional health insurance, your claims could be delayed or even put on hold until we can confirm. This could cost you money. The quickest and easiest way to let us know you do not have other health insurance is to call Customer Care at 866-738-3924.

### Q: Why does the form have two columns for "Other Health Insurance Policy 1" and "Other Health Insurance Policy 2"?

A: Some members have multiple additional health insurance policies (outside of RGA of Idaho), but past versions of this form only allowed room to list one policy. This means that you would either need to fill out multiple forms or attempt to squeeze multiple policies into fields that only had enough room for one. Neither option resulted in a good experience, therefore we enhanced the form to accommodate members with multiple plans.

*Note: If you / your dependent(s) has only one additional health insurance policy (outside of RGA of Idaho), they only need to fill out the Policy 1 column.*



1100 W. Idaho Street, Suite 400  
Boise, ID 83702



[www.rgaidaho.com](http://www.rgaidaho.com)



1-833-670-0899  
M-F, 6 AM – 6 PM PST

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### Q: How can I provide the information you are requesting from me?

A: There are multiple ways for you to provide us with this information. Pick whichever option works best for you:

Option 1: Fill out Online:

1. Go to <https://www.rgaidaho.com/> and select the applicable state
2. Click on **Member** and then go to **Download Member Forms**
3. Click on the DocuSign option under **Other Health Insurance Coverage Form**
4. Fill out and submit the electronic form online (no printing or mailing required)

Option 2: Fill out a PDF Form (not recommended on mobile devices and in Internet browsers):

1. Go to <https://www.rgaidaho.com/> and select the applicable state
2. Click on **Member** and then go to **Download Member Forms**
3. Click on the PDF option under **Other Health Insurance Coverage Form**
4. Fill out the PDF form in compatible PDF software like Adobe Reader or Acrobat
5. Email your completed form to: [SubmitCOB@accesstpa.com](mailto:SubmitCOB@accesstpa.com)

Option 3: Email a picture of the completed form to: [SubmitCOB@accesstpa.com](mailto:SubmitCOB@accesstpa.com) (no printing or mailing required)

Option 4: Call Customer Care at: 833-670-0899

Option 5: Fax the completed form to: 866-458-5488

Option 6: Mail the completed form to:  
Regence Group Administrators of Idaho, Inc.  
Attn: COB Team  
PO Box 85001  
Bellevue, WA 98015-5001

### Q: Why are you asking for so much information?

A: If you / your family do not have additional health insurance, you only need to answer one question.

If you / your family do have additional health insurance, however, there is a specific set of information we must know in order to process your claims correctly. While it may seem like a lot, rest assured that we are only requesting essential information.

### Q: I need to list more than two additional policies, but the form only has room for two. What should I do?

A: Please call Customer Care at 833-670-0899 to provide this information over the phone. Alternatively, you can submit a second form to accommodate additional policies.

### Q: I need to list more than three children in the custody section, but the form only has room for three. What should I do?

A: Please call Customer Care at 833-670-0899 to provide this information over the phone. Alternatively, you can submit a second form to accommodate additional children.



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