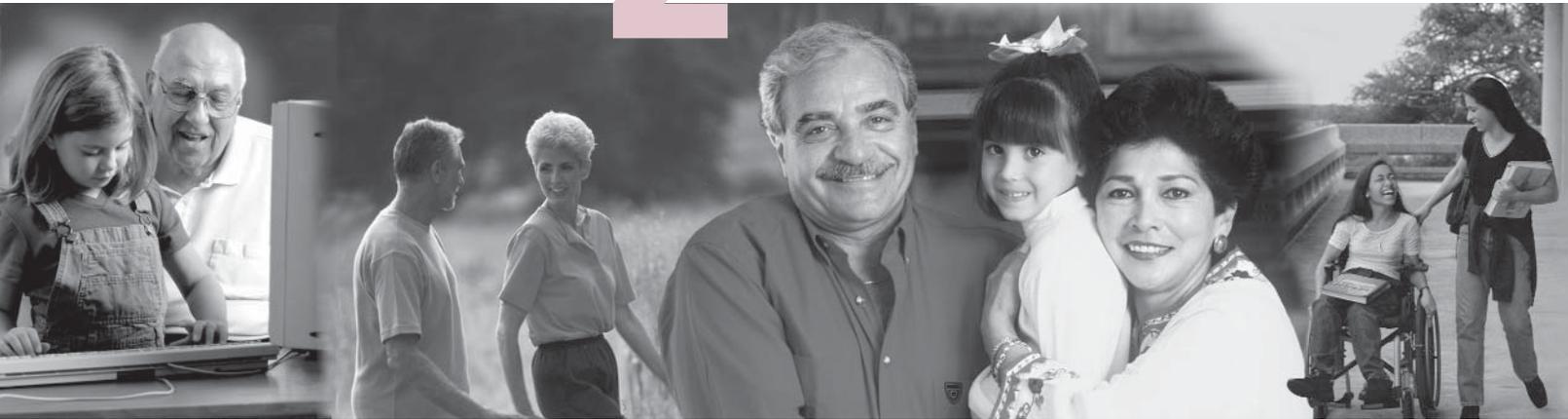


Section 2: Basic Information



Know Who Pays First If You Have Other Health Insurance or Coverage

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

Whether Medicare pays first depends on a number of things, including those listed in the chart below. However, this chart doesn’t cover every situation.

Be sure to tell your doctor and other **providers** if you have coverage in addition to Medicare. This will help them send your bills to the correct payer to avoid delays. If you have questions about who pays first or if your insurance changes, call the **Medicare Coordination of Benefits Contractor (COBC)** at 1-800-999-1118. TTY users should call 1-800-318-8782.

If you	Situation	Pays first	Pays second	See page(s)
Are age 65 or older and covered by a group health plan because you or your spouse are still working	Entitled to Medicare	Group Health Plan	Medicare	10
	The employer has 20 or more employees			
	The employer has less than 20 employees*	Medicare	Group Health Plan	11
Have an employer group health plan after you retire and are age 65 or older	Entitled to Medicare	Medicare	Retiree Coverage	12–13
Are disabled and covered by a large group health plan from your work, or from a family member who is working	Entitled to Medicare	Large Group Health Plan	Medicare	13–14
	The employer has 100 or more employees			
	The employer has less than 100 employees	Medicare	Group Health Plan	13

* If your employer participates in a plan that is sponsored by two or more employers, the rules are slightly different.

Section 2: Basic Information

If you	Situation	Pays first	Pays second	See page(s)
Have End-Stage Renal Disease (permanent kidney failure) and group health plan coverage (including a retirement plan)	First 30 months of eligibility or entitlement to Medicare	Group Health Plan	Medicare	15
	After 30 months	Medicare	Group Health Plan	15
Have End-Stage Renal Disease (permanent kidney failure) and COBRA coverage	First 30 months of eligibility or entitlement to Medicare	COBRA	Medicare	26–28
	After 30 months	Medicare	COBRA	15
Are age 65 or over OR disabled and covered by Medicare and COBRA coverage	Entitled to Medicare	Medicare	COBRA	26–28
Have been in an accident where no-fault or liability insurance is involved	Entitled to Medicare	No-fault or Liability insurance for services related to accident claim	Medicare	16–18
Are covered under workers' compensation because of a job-related illness or injury	Entitled to Medicare	Workers' compensation for services related to workers' compensation claim	Usually doesn't apply. However, Medicare may make a conditional payment.	18–22
Are a Veteran and have Veterans' benefits	Entitled to Medicare and Veterans' benefits	Medicare pays for Medicare-covered services Veterans' Affairs pays for VA-authorized services Note: Generally, Medicare and VA can't pay for the same service.	Usually doesn't apply.	22–24
Are covered under TRICARE	Entitled to Medicare and TRICARE	Medicare pays for Medicare-covered services TRICARE pays for services from a military hospital or any other federal provider .	TRICARE may pay second.	24–25
Have black lung disease and covered under the Federal Black Lung Program	Entitled to Medicare and Federal Black Lung Program	Federal Black Lung Program for services related to black lung	Medicare	25–26