

Coordination of Benefits

~~If a member who is already enrolled in OMIP later becomes eligible for other individual or group coverage the member may request that OMIP continue his/her coverage, in addition to the other coverage.~~

~~(1) The effective date of the other coverage must have taken place AFTER the member enrolled in OMIP.~~

~~(12) In all instances, OMIP is the payer of last resort and any other health care coverage the other coverage will become is the primary payer, and OMIP will become the secondary payer.~~

~~(3) The member must pay full OMIP premiums, in addition to the premiums for the other coverage.~~

~~(24) The other insurance cannot be Medicaid (Oregon Health Plan/OHP). Enrollees are not eligible for OMIP coverage if they are enrolled or receiving Medicaid benefits.~~

~~(5) The other insurance cannot be Medicare, regardless of the period of time of enrollment in OMIP.~~

~~(36) As the payer of last resort, OMIP may retroactively pursue claim payments that it made as the primary payer, ~~from the other insurance company as of the effective date of the other coverage.~~~~

~~(4) This rule applies to all claims submitted to OMIP on or after January 1, 2009.~~