



HEALTH CARE & BENEFITS DIVISION

March 13, 2024

Understanding Your Benefits

Coordination of Benefits (COB)

Make Sure You Complete Your COB Form Annually When Sent by BlueCross BlueShield of Montana (BCBSMT)



[Watch the video](#) above to learn about Coordination of Benefits.

Coordination of Benefits (COB)

- Establishes which health plan pays a claim first when two or more health plans are responsible for paying the same medical claim.
- BCBSMT sends a COB form annually to establish if a member has two or more health plans.
 - **If COB form is not completed, medical claims will not be paid, regardless of if there is another health plan or not.**

Contact BCBSMT with COB Questions

- BCBSMT can confirm if COB form has been received, if COB applies to you or your dependent(s), and answer any other questions (including the order of payment for each health plan).
- **Call (888) 901-4989 for assistance.**
 - COB information is not available in your bcbsmt.com account. Your BCBSMT account can be used to view claims, coverage information, deductible and maximum out-of-pocket spending for the calendar year, and more. Call BCBSMT directly with COB questions.

STATE OF MONTANA HEALTH CARE & BENEFITS DIVISION

(406) 444-7462 | TTY (406) 444-1421 | Toll Free (800) 287-8266

100 N. Park Ave. Suite 320 | PO Box 200130 | Helena, MT 59620-0130 | benefitsquestions@mt.gov

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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-270-3877 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-270-3877 (TTY: 711).

This service is provided to you at no charge by [State of Montana Health Care & Benefits Division](#).