

Change to second-payer coordination of benefits claims

As announced in a previous [Focus Update](#), Sun Life is changing our standard administrative practice concerning second-payer coordination of benefits (COB) claims. This will apply to eligible services and supplies that are payable for extended health care, drug and dental expenses.

Effective December 1, 2015, amounts not paid by the primary plan will be adjudicated to the eligible (reasonable and customary) amount of the expense, instead of the submitted amount.

This change will reduce the impact on second-payer claims for eligible services and supplies when providers charge more than the reasonable and customary limits (where limits exist).

Plan member communication

We've created a [communication](#) to share with your plan members, to explain the change. As indicated previously, the majority of plan members impacted by this change will experience only a minor effect.

Questions?

Contact your Sun Life Financial group benefits representative.