Dependent Coordination of Benefits Instructions on the Aetna Member Website

State of Delaware

1.) Login to your Aetna Member portal on your browser.

2.) Once logged in, from the home page, find your name at the top right-hand corner of the screen and hover over your name. A drop down will appear, and you will select, " Profile & Preferences".

Hover over name for drop down

Click Profile & Preferences

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Home   Claims   Benefits   Find Care & Pricing   Health & Wellness   Support

👤 Member Name

ID Cards

Profile & Preferences

Forms

Sign Out

Welcome, Member Name

Get care when and where you want it
Personalized and affordable healthcare convenient to you.

Your Care Options →

Personalized Plan Video
We created a video just for you that makes it easy to understand your health plan.

Watch the Video →

Feedback

Find Care & Pricing

Find a Provider

Get Quick Care

Manage my Primary Care

Plan Overview

Claims View All Claims

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3.) On the left-hand side, you will see a box under "Preferences". Find and click on "Other Coverage Information".

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🔔 ✉ 🌐 English   👤 Member Name

Home   Claims   Benefits   🔍 Find Care & Pricing   Health & Wellness   Support

Preferences

Personal Information

Paperless Settings

Other Coverage Information

Privacy & Security

User Agreement

Personal Information

Update Name, Address, or Date of Birth

Contact your employer to update personal information for yourself or for any covered family member.

Click on "Other Coverage Information"

Email Address

We use your email address to protect your account security. We also may send updates about benefits, programs and general health information.

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4.) Select the option that best fits what your dependent's current COB status is and click "Continue"

Preferences

Personal Information

Paperless Settings

Other Coverage Information

Privacy & Security

User Agreement

Other Coverage Information

How do we use other coverage information?

In order to process your claims, we need to know if anybody on your plan has coverage through another company. For example, a person may be covered under a spouse's health plan or a government health plan like Medicare.

Keeping this information up to date helps us work with the other company to make sure that your claims are processed accurately and quickly.

For more information, visit Coordination of Benefits (COB) Frequently Asked Questions.

Select coverage type to get started:

○ Coverage through another company, school or Medicaid

Select one of the three options ○ Coverage through Medicare

○ No other coverage

Click "Continue" Continue

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5.) On the next screen, answer all questions that are relevant to your dependent's current COB status.

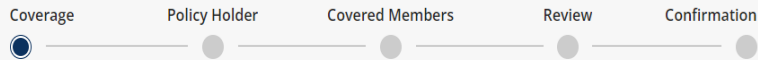### If you chose "Coverage through another company, school or Medicaid"

Other Coverage Information

Knowing about your other coverage helps us process your claims quickly and accurately. All fields are required unless marked optional. More questions may appear based on your answers.

Step 1 of 5
Coverage
Next: Policy Holder

Coverage — Policy Holder — Covered Members — Review — Confirmation

You will need to provide:

- Carrier information such as carrier name, ID number, effective date, etc.

- Policy holder information

- Which dependents on the current Aetna plan are also on the other carrier
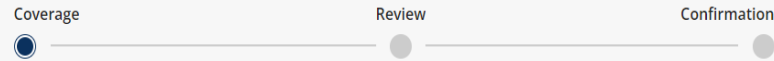
If you chose "Coverage through Medicare"

Other Coverage Information

Knowing about your other coverage helps us process your claims quickly and accurately. All fields are required unless marked optional. More questions may appear based on your answers.

Step 1 of 3
Coverage
Next: Review

Coverage — Review — Confirmation

You will need to provide:

- Policy holder and details of which Medicare Part are you or the dependent enrolled.

Note: If more than one dependent is enrolled in Medicare, you must submit a new form for each person
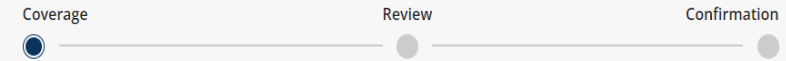
If you chose "No other coverage"

Other Coverage Information

Knowing that you don't have other coverage helps us process your claims quickly and accurately as your only carrier. All fields are required unless marked optional. More questions may appear based on your answers.

Step 1 of 3
Coverage
Next: Review

Coverage — Review — Confirmation

You will need to select:

- Which dependents that are subscribed under the plan are **not** enrolled in any other coverage

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6.) Once completed, you will review the COB information that you updated before submitting to ensure accuracy. If all information looks correct, you will then hit "Submit" and will see the confirmation that your COB for your dependent's have been submitted to be updated.

Other Coverage Information

Knowing that you don't have other coverage helps us process your claims quickly and accurately as your only carrier. All fields are required unless marked optional. More questions may appear based on your answers.

Step 3 of 3
Confirmation

Coverage   Review   Confirmation

Confirmation

Other coverage information submitted!

We review this information carefully, so you may still receive reminders to confirm other carrier information before our review is complete.

You do not need to provide the same information again.

Go to Profile & Preferences

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If you have any questions or need assistance with updating your dependent's COB, please contact your Aetna One® Advisor Team

You can reach them at 1-877-542-3862 (TTY: 711). They're available Monday through Friday from 8 AM to 6 PM ET.

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