

**191—38.5(509,514) Order of benefits.**

**38.5(1)** The primary plan must pay or provide its benefits as if the secondary plan or plans did not exist.

**38.5(2)** A secondary plan may take the benefits of another plan into account only when, under these rules, it is secondary to that other plan.

**38.5(3)** Dependent child/parents not separated or divorced. The word “birthday” in these rules refers only to month and day in a calendar year, not the year in which a person was born.

**38.5(4)** Longer/shorter length of coverage. To determine the length of time a person has been covered under a plan, two plans shall be treated as one if the claimant was eligible under the second within 24 hours after the first ended. Thus, the start of a new plan does not include:

1. A change in the amount or scope of a plan’s benefits;
2. A change in the entity which pays, provides or administers the plan’s benefits; or
3. A change from one type of plan to another (such as, from a single employer plan to that of a multiple employer plan).

The claimant’s length of time covered under a plan is measured from the claimant’s first date of coverage under that plan. If that date is not readily available, the date the claimant first became a member of the group shall be used as the date from which to determine the length of time the claimant’s coverage under the present plan has been in force.