

Employees should be aware that certain services may not be subject to the out-of-pocket maximum. These services include any charges that are not related to the diagnosis and treatment of an illness or injury. For example, non-covered services like cosmetic surgery, non-prescription drugs, or services that were provided outside of the Northwind Health network will not count toward the out-of-pocket maximum.

It's important for employees to remember that the out-of-pocket maximum will reset at the start of the calendar year. This means that any out-of-pocket expenses paid during the previous year will not carry over to the new year.

To keep track of their out-of-pocket expenses, employees should review their insurance statements regularly. They should also review their Explanation of Benefits (EOB) documents to make sure that all of their expenses have been properly accounted for. This can help them to stay on top of their out-of-pocket expenses and avoid exceeding the maximum.

Employees should also be aware that the out-of-pocket maximum does not include the cost of premiums. The cost of premiums is not counted toward the out-of-pocket maximum and is in addition to any out-of-pocket expenses that employees incur.

Finally, if employees are thinking of switching to a different health plan, they should be aware that out-of-pocket costs can vary from plan to plan. Employees should compare the out-of-pocket maximums and deductibles of different plans before deciding which one is best for them.

In summary, the Northwind Standard plan offers employees an out-of-pocket maximum of \$6,350 for an individual and \$12,700 for a family. Employees should be aware that certain services are not subject to this maximum and that their out-of-pocket expenses will reset at the start of the calendar year. They should also remember that the out-of-pocket maximum does not include the cost of premiums. Finally, they should compare the out-of-pocket maximums and deductibles of different plans before deciding which one is best for them.

Allowed Amount

IMPORTANT PLAN INFORMATION: ALLOWED AMOUNT

In the Northwind Standard plan, an Allowed Amount is the maximum amount that the plan will pay for a covered service. It includes both the amount that the plan pays and any amount that the insured is responsible for paying. This total Allowed Amount is usually a percentage of the provider's charge. In some cases, the Allowed Amount may be a fixed amount.

In general, the Allowed Amount is the lesser of the provider's charge, the plan's Allowed Amount, and the copayment amount. This means that the insured may be responsible for paying the difference between the provider's charge and the Allowed Amount.