

Coinsurance may apply to all services, including hospitalization, emergency room visits, preventive care, and some mental health and substance abuse services. However, coinsurance does not apply to some services, such as preventive care services.

It is important to understand the amount of coinsurance you are responsible for. Depending on the type of service, your coinsurance could be a percentage of the allowed amount or a fixed amount. This information should be provided to you in your plan documents.

When you receive care, you will receive a bill that outlines the cost of the service and the amount you are responsible for paying. If you have met all of your deductibles and coinsurance requirements, the plan will pay the remaining costs.

Tips for Using Your Coinsurance:

1. Review your plan documents to understand the coinsurance rates for all services you may need. This will help you budget for any services you may need in the future and be better prepared for the cost.
2. Consider using in-network providers when possible. Many plans offer lower coinsurance rates for in-network providers, meaning you will pay less for the same service.
3. Ask your provider for an estimate of the cost of a service before you receive it. This will help you determine how much of the cost you will be responsible for.
4. Keep track of the services you receive and the amount you pay. This will help you understand how much you have paid towards your coinsurance requirement for the year.
5. Contact your plan administrator if you have any questions about your coinsurance requirement or what services are subject to coinsurance.

Out-Of-Pocket Maximum

IMPORTANT PLAN INFORMATION: Out-Of-Pocket Maximum

Under the Northwind Health Plus plan, members are responsible for costs associated with their health care. These costs can include deductibles, copays, coinsurance, and other out of pocket expenses. To help members manage health care costs, the Northwind Health Plus plan offers a maximum out-of-pocket (OOP) limit. Once a member has reached the OOP limit, they pay no more out-of-pocket costs for the rest of the plan year.

Understanding the Out-of-Pocket Maximum

The Northwind Health Plus plan's out-of-pocket maximum includes deductibles, copays, coinsurance, and other out-of-pocket expenses. This amount does not include premiums, balance-billed charges, or charges for non-covered services. The OOP maximum resets at the start of each plan year, meaning members have to start from scratch when the new plan year begins.