

The plan pays for covered services only after the member has met their annual deductible. The plan pays for covered services after the member has met the annual deductible, up to the maximum out-of-pocket limit. The maximum out-of-pocket limit will be specified in the plan documents. For covered services, Northwind Health Plus pays either a percentage of the cost or a fixed dollar amount, whichever is less.

Northwind Health Plus also pays for services that are not listed in the plan documents, if the health care provider determines that such services are medically necessary. This includes services that are not covered under the plan, such as experimental treatments and services for cosmetic purposes.

Northwind Health Plus also pays for emergency services, both in-network and out-of-network. To be eligible for coverage, the emergency must meet certain criteria, as specified in the plan documents. If the emergency services do not meet the criteria, the member may be responsible for the full cost of the services.

In addition, Northwind Health Plus may pay for services that are not covered under the plan, if the health care provider determines that such services are medically necessary. The plan will pay for these services at the rates specified in the plan documents.

It is important to note that all payments are subject to the terms and conditions of the plan, including any applicable copayments, coinsurance, and deductible amounts. Members should always check with their health care provider to determine if a service is covered under the plan and the amount that will be paid for the service.

It is also important to note that Northwind Health Plus does not pay for any services that are not medically necessary. Any services that are deemed to be for cosmetic purposes, experimental treatments, or not medically necessary will not be covered under the plan.

Members should also keep in mind that the plan may not cover certain services if the member has not met certain requirements, such as obtaining a referral from a primary care physician or pre-authorization from Northwind Health Plus.

Finally, Northwind Health Plus may require pre-certification or pre-authorization for certain services. It is the responsibility of the member to ensure that pre-certification or pre-authorization is obtained prior to receiving services. Failure to obtain pre-certification or pre-authorization may result in the member being responsible for the full cost of the services.

In summary, Northwind Health Plus provides comprehensive coverage for medical, vision, and dental services, as well as prescription drug coverage, mental health and substance abuse coverage, and coverage for preventive care services. The plan pays for covered services after the member has met the annual deductible, up to the maximum out-of-pocket limit. The plan may also pay for services that are not listed in the plan documents, if the health care provider determines that such services are medically necessary. It is important to note that all payments are subject to the terms and conditions of the plan, and that