

# PerksPlus Health and Wellness Reimbursement Program for Contoso Electronics Employees



Contoso  
Electronics

This document contains information generated using a language model (Azure OpenAI). The information contained in this document is only for demonstration purposes and does not reflect the opinions or beliefs of Microsoft. Microsoft makes no representations or warranties of any kind, express or implied, about the completeness, accuracy, reliability, suitability or availability with respect to the information contained in this document.

All rights reserved to Microsoft

## Overview

Introducing PerksPlus - the ultimate benefits program designed to support the health and wellness of employees. With PerksPlus, employees have the opportunity to expense up to \$1000 for fitness-related programs, making it easier and more affordable to maintain a healthy lifestyle. PerksPlus is not only designed to support employees' physical health, but also their mental health. Regular exercise has been shown to reduce stress, improve mood, and enhance overall well-being. With PerksPlus, employees can invest in their health and wellness, while enjoying the peace of mind that comes with knowing they are getting the support they need to lead a healthy life.

## What is Covered?

PerksPlus covers a wide range of fitness activities, including but not limited to:

- Gym memberships
- Personal training sessions
- Yoga and Pilates classes
- Fitness equipment purchases
- Sports team fees
- Health retreats and spas
- Outdoor adventure activities (such as rock climbing, hiking, and kayaking)
- Group fitness classes (such as dance, martial arts, and cycling)
- Virtual fitness programs (such as online yoga and workout classes)

In addition to the wide range of fitness activities covered by PerksPlus, the program also covers a variety of lessons and experiences that promote health and wellness. Some of the lessons covered under PerksPlus include:

- Skiing and snowboarding lessons
- Scuba diving lessons
- Surfing lessons
- Horseback riding lessons

These lessons provide employees with the opportunity to try new things, challenge themselves, and improve their physical skills. They are also a great way to relieve stress and have fun while staying active.

With PerksPlus, employees can choose from a variety of fitness programs to suit their individual needs and preferences. Whether you're looking to improve your physical fitness, reduce stress, or just have some fun, PerksPlus has you covered.

## What is Not Covered?

In addition to the wide range of activities covered by PerksPlus, there is also a list of things that are not covered under the program. These include but are not limited to:

- Non-fitness related expenses
- Medical treatments and procedures
- Travel expenses (unless related to a fitness program)

- Food and supplements

# Contoso Electronics

Northwind Health Standard Plan



Contoso  
Electronics

This document contains information generated using a language model (Azure OpenAI). The information contained in this document is only for demonstration purposes and does not reflect the opinions or beliefs of Microsoft. Microsoft makes no representations or warranties of any kind, express or implied, about the completeness, accuracy, reliability, suitability or availability with respect to the information contained in this document.

All rights reserved to Microsoft

## Summary of Benefits

### Northwind Standard

Northwind Standard is a basic plan that provides coverage for medical, vision, and dental services. This plan also offers coverage for preventive care services, as well as prescription drug coverage. With Northwind Standard, you can choose from a variety of in-network providers, including primary care physicians, specialists, hospitals, and pharmacies. This plan does not offer coverage for emergency services, mental health and substance abuse coverage, or out-of-network services.

### SUMMARY OF YOUR COSTS

#### Summary of Your Costs

When you choose Northwind Standard as your health plan, you can rest assured that you are getting comprehensive coverage at an affordable cost. Here, we will explain the various costs associated with this plan so that you know what to expect when it comes to your out-of-pocket expenses.

#### Premiums

Premiums are the amount of money that you will need to pay each month for your coverage. Northwind Standard requires that premiums be paid on a monthly basis in order to keep the coverage in force. These premiums are based on the age and health of the policy holder, as well as the type of coverage that is chosen.

#### Deductibles

A deductible is the amount of money that you will need to pay out of pocket before your insurance plan will begin to cover the costs of your medical services. The deductible for Northwind Standard is \$2,000 per person, per year. This means that you will need to pay the first \$2,000 of your medical expenses before the plan will begin to cover the remaining amount.

#### Co-payments and Co-insurance

Once you have met your deductible, you will be responsible for co-payments and co-insurance. Co-payments are a fixed amount that you will need to pay at the time of service, while co-insurance is a percentage that you will need to pay. For Northwind Standard, the co-payment is \$30 for primary care visits and \$50 for specialist visits. The co-insurance is 20% of the remaining cost after the deductible has been met.

#### Out-of-Pocket Maximum

The out-of-pocket maximum for Northwind Standard is \$6,000 per person, per year. This is the maximum amount that you will need to pay for your medical expenses in a given year.

Once you have reached this limit, the plan will cover 100% of your expenses for the remainder of the year.

### Tips for Managing Your Costs

There are several steps that you can take to help manage your costs when you are enrolled in Northwind Standard. Here are a few tips that you can use to get the most out of your coverage:

- Make sure to take advantage of preventive care services. These services are covered 100% by the plan and can help you avoid more costly treatments down the line.
- Always make sure to visit in-network providers. Doing so will ensure that you receive the maximum benefit from your plan.
- Consider generic prescription drugs when available. These drugs can often be cheaper than brand-name drugs and are just as effective.
- Talk to your doctor about ways to save money. Many doctors are willing to work with you to find the most cost-effective treatment options available.
- Review your Explanation of Benefits (EOB) statements carefully. This document will show you exactly how much you are being charged for each service and what your plan is covering.

By following these tips, you can ensure that you are getting the most out of your Northwind Standard health plan.

## HOW PROVIDERS AFFECT YOUR COSTS

### In-Network Providers

#### HOW PROVIDERS AFFECT YOUR COSTS

When selecting a health insurance plan, one of the most important factors to consider is the network of in-network providers that are available with the plan.

Northwind Standard offers a wide variety of in-network providers, ranging from primary care physicians, specialists, hospitals, and pharmacies. This allows you to choose a provider that is convenient for you and your family, while also helping you to keep your costs low.

When you choose a provider that is in-network with your plan, you will typically pay lower copays and deductibles than you would with an out-of-network provider. In addition, many services, such as preventive care, may be covered at no cost when you receive care from an in-network provider.

It is important to note, however, that Northwind Standard does not offer coverage for emergency services, mental health and substance abuse coverage, or out-of-network



services. This means that you may have to pay out of pocket for these services if you receive them from an out-of-network provider.

When choosing an in-network provider, there are a few tips to keep in mind. First, make sure that the provider you choose is in-network with your plan. You can confirm this by calling the provider's office and asking them if they are in-network with Northwind Standard. You can also use the provider search tool on the Northwind Health website to make sure your provider is in-network.

Second, make sure that the provider you choose is accepting new patients. Some providers may be in-network but not be taking new patients.

Third, consider the location of the provider. If the provider is too far away, it may be difficult for you to get to your appointments.

Finally, consider the provider's office hours. If you work during the day, you may need to find a provider that has evening or weekend hours.

Choosing an in-network provider can help you save money on your health care costs. By following the tips above and researching your options, you can find a provider that is convenient, affordable, and in-network with your Northwind Standard plan.

### Continuity of Care

#### HOW PROVIDERS AFFECT YOUR COSTS: CONTINUITY OF CARE

At Contoso, we understand the importance of providing our employees with access to a quality, affordable health care plan. We are proud to offer our employees Northwind Standard, an insurance plan that provides coverage for medical, vision, and dental services. We also offer continuity of care, which is the ability to stay with the same provider for all your health care needs, from routine checkups to specialized care.

Continuity of care is an important component of any health care plan, as it allows you to develop a relationship with your doctor, who is more likely to recognize any changes in your health and be able to provide better, more personalized care. With Northwind Standard, you can stay with the same provider throughout your health care journey, helping you to receive the best possible care.

Continuity of care also helps you save money on health care costs. When you stay with the same provider, you are likely to pay less than if you switch around from provider to provider. This is because your provider already has all your medical records, and you won't need to pay for expensive tests and procedures that you've already had done.

There are a few exceptions to the continuity of care. If you move to a different area, you may need to find a new provider. Additionally, if you are in need of specialized care, such as surgery or a complex treatment, you may need to visit a specialist who does not accept your insurance plan. In these cases, you should be sure to check with your insurance company and/or provider to make sure you understand any associated costs.

There are a few tips you can follow to ensure you are taking full advantage of continuity of care and are getting the best, most affordable care possible. First, be sure to always keep your provider information up to date. If you move or change providers, be sure to notify your insurance company right away. Additionally, if you are in need of specialized care, be sure to check with your provider to understand any associated costs. Finally, if you are switching providers or insurance plans, make sure you get copies of your medical records from your previous provider.

At Contoso, we strive to provide our employees with access to quality, affordable health care. We are proud to offer Northwind Standard, an insurance plan that provides continuity of care, helping you to receive the best possible care and save money on health care costs.

### Non-Participating

#### Non-Participating Providers and How They Affect Your Costs

When selecting a health care provider, it is important to understand the differences between participating and non-participating providers. Participating providers are those who have agreed to accept the Northwind Standard health plan's set rates. Non-participating providers are those who have not agreed to accept the set rates and can charge the patient more than what the health plan pays.

When you choose a non-participating provider for your healthcare services, you may be responsible for paying the difference between the provider's actual charges and the amount the plan pays. This difference is known as the balance billing amount. Depending on your provider's policy, you may be required to pay the balance billing amount up front. Be sure to discuss this with your provider prior to receiving services.

Additionally, it is important to note that if you use a non-participating provider, your out-of-pocket costs may be higher than if you had used a participating provider. For example, if your provider's charge is \$200 and the plan pays \$100, you would be responsible for the remaining \$100 balance billing amount.

#### Exceptions

There are certain exceptions to the rule of non-participating providers. Your health plan may cover emergency services provided by non-participating providers, as well as certain services provided by non-participating providers that are not available from participating providers. Additionally, in some cases, the health plan may cover non-participating providers' charges if there are no participating providers in your area.

#### Tips

In order to avoid costly balance billing amounts, it is important to make sure that your provider is a participating provider in your Northwind Standard health plan. If you are unsure, you can contact the customer service department of your health plan to verify.

It is also important to ask your provider about their policy on balance billing. Be sure to find out if the provider requires you to pay the balance billing amount up front, or if they will bill you after the health plan pays them.

When selecting a provider, also remember to consider the cost of services. Participating providers are often more cost effective than non-participating providers. Additionally, some providers offer discounts to patients who pay out of pocket for services.

Finally, if you need to use a non-participating provider for certain services, be sure to check with your health plan first. There may be an exception that will cover the cost of the service. Additionally, if you need to use a non-participating provider and you are concerned about the cost, you can always negotiate with your provider to find a more affordable rate.

### Balance Billing Protection

#### HOW PROVIDERS AFFECT YOUR COSTS - Balance Billing Protection

At Contoso, we understand that medical costs can be intimidating and confusing, which is why we've partnered with Northwind Health to offer our employees the Northwind Standard plan. This plan provides a balance billing protection, meaning that you are protected from unexpected costs when visiting in-network providers.

What is balance billing?

Balance billing is when a provider bills you for the difference between what they charge and what your insurance company is willing to pay. This difference can be hundreds of dollars and is often unexpected. With the Northwind Standard plan, you are protected from balance billing when visiting in-network providers.

What is an in-network provider?

In-network providers are healthcare providers, such as doctors, hospitals, and labs, that have agreed to accept the Northwind Standard plan's payment terms. Visiting an in-network provider means that you are protected from balance billing. You can find a list of in-network providers on the Northwind Health website.

What if I visit an out-of-network provider?

Visiting an out-of-network provider means that you are not protected from balance billing. Out-of-network providers may charge more for the same services than in-network providers, and you may be responsible for the difference between what they charge and what your insurance company is willing to pay. It is important to check if a provider is in-network before visiting them to avoid any unexpected costs.

Tips to avoid balance billing:

- Always check if a provider is in-network before scheduling an appointment.

- Ask your provider if they accept the Northwind Standard plan before you receive any services.
- Double-check that the providers you visit are in-network.
- Ask for an estimate of your out-of-pocket costs ahead of time.
- If you receive a bill for more than expected, contact your provider and the insurance company to negotiate a lower cost.

Exceptions to the balance billing protection:

- Balance billing protection does not apply to emergency services.
- Balance billing protection does not apply to mental health and substance abuse coverage.
- Balance billing protection does not apply to out-of-network providers.
- Balance billing protection is not applicable to any non-covered services.

At Contoso, we want to make sure our employees are provided with the best coverage options. That's why we've partnered with Northwind Health to offer the Northwind Standard plan, which provides balance billing protection when visiting in-network providers. We encourage our employees to use the tips provided to help reduce the risk of unexpected costs when visiting a provider.

### **Benefits For Out-Of-Network Or Non-Contracted Providers**

#### **HOW PROVIDERS AFFECT YOUR COSTS: Benefits For Out-Of-Network Or Non-Contracted Providers**

One of the important considerations when choosing a health insurance plan is understanding the differences between in-network and out-of-network providers. When you receive health care from an in-network provider, your insurance plan will generally cover a greater portion of your expenses. However, when you receive health care from an out-of-network provider, you may be required to pay a greater portion of the costs.

Under Northwind Standard, you may receive care from out-of-network providers, but you will be responsible for a greater portion of the costs. To make sure you are getting the best value for your health care expenses, it is important to understand the differences between in-network and out-of-network providers and how they affect your costs.

**In-Network:** In-network providers are those who have contracted with Northwind Health to provide services at a discounted rate. In-network providers have agreed to accept the amount of payment offered by Northwind Health, meaning that you pay the portion of the cost that is not covered by the insurance plan. In-network providers may also offer additional services or discounts that are not available to out-of-network providers.

**Out-of-Network:** Out-of-network providers are those who have not contracted with Northwind Health. As a result, they are not required to accept the amount of payment offered by Northwind Health, meaning that you may be responsible for a greater portion of the cost. Additionally, out-of-network providers may not offer additional services or discounts that are available to in-network providers.

When choosing a provider, it is important to make sure that the provider is in-network. While it is possible to receive care from out-of-network providers, it is important to understand that you will be responsible for a greater portion of the costs. To make sure that you are getting the best value for your health care expenses, it is recommended that you choose an in-network provider whenever possible.

There are some exceptions when it comes to receiving care from out-of-network providers. If you are unable to find an in-network provider in your area or if you require a specific type of care that is not available from an in-network provider, you may receive care from an out-of-network provider. In these cases, the cost of care may be more expensive and you may be responsible for a greater portion of the costs.

In addition to understanding the differences between in-network and out-of-network providers, it is important to understand the cost sharing associated with each. Northwind Standard does not cover the full cost of care for out-of-network providers, so you may be responsible for a greater portion of the costs.

When choosing a provider, it is important to take into account the cost sharing associated with each provider. If you are unable to find an in-network provider in your area or if you require a specific type of care that is not available from an in-network provider, it is important to understand that you may be responsible for a greater portion of the costs.

Finally, it is important to be aware of any additional fees that may be associated with receiving care from an out-of-network provider. Some providers may charge additional fees for services that are not covered by Northwind Standard. It is important to ask about any additional fees before receiving care from an out-of-network provider to make sure you are aware of any additional costs you may be responsible for.

By understanding the differences between in-network and out-of-network providers, as well as the cost sharing associated with each, you can make sure that you are getting the best value for your health care expenses. While it is possible to receive care from an out-of-network provider, it is important to understand that you may be responsible for a greater portion of the costs. When choosing a provider, it is important to consider the cost sharing associated with each provider and to ask about any additional fees before receiving care.

## HOW PROVIDERS AFFECT YOUR COSTS

When it comes to health insurance, many people are unaware of the different factors that impact the costs they pay. One of the most significant components that affects your costs is the provider you choose. Northwind Standard provides coverage for a variety of in-network

providers, and the costs associated with each provider can vary significantly. To ensure you're getting the best value for your health care services, it's important to understand how providers can affect your costs.

### In-Network Providers

Choosing in-network providers is the most cost-effective option when it comes to your Northwind Standard plan. In-network providers have agreed to accept a discounted rate on services, which means they are often less expensive than out-of-network providers. When selecting an in-network provider, you will likely only have to pay a portion of the cost for services, often referred to as a "co-pay" or "co-insurance". It's important to note that different types of services may require different co-pays or co-insurance, so it's best to contact your provider to understand what the cost will be.

### Out-of-Network Providers

Northwind Standard offers coverage for some out-of-network providers, but the costs associated with these providers can be significantly more expensive than in-network providers. If you choose an out-of-network provider, you may be responsible for the entire cost of services, or a far greater portion of the cost than you would with an in-network provider. In some cases, Northwind Standard may offer coverage for out-of-network providers, but you may still have to pay more than you would for an in-network provider.

### Exceptions

Some providers may offer services that are outside of the Northwind Standard plan coverage. Depending on the services provided, you may have to pay out-of-pocket for services that are not covered. Additionally, it's important to note that there may be different rules and coverage levels associated with certain types of services, such as those related to mental health and substance abuse.

### Tips

If you're considering a provider that is not in-network, it's important to understand the costs associated with that provider before you book an appointment. Contacting the provider directly to ask about their rates, as well as any special arrangements they offer for Northwind Standard members, can help you get a better idea of what you'll be paying for services. Additionally, it's important to check with Northwind Health to make sure the provider is covered by the Northwind Standard plan and what types of services are covered.

When selecting a provider, it's also important to consider the quality of care they provide. You should look for providers that offer high-quality care that meets your specific needs. Additionally, Northwind Health offers a variety of resources to help you find the right provider, such as a provider search tool and a provider directory.

Choosing the right provider is important when it comes to your Northwind Standard plan. By understanding how providers can affect your costs, you can make sure you're getting the

best value for your health care services. By using Northwind Health's resources and researching providers in advance, you can make sure you're getting the care you need at the best cost.

## IMPORTANT PLAN INFORMATION

### Copayments (Copays)

#### IMPORTANT PLAN INFORMATION: Copayments (Copays)

At Northwind Health, our Northwind Standard plan includes copayments (copays) for certain services. A copayment is a fixed amount that you pay at the time of service, and it is generally a lower amount than what you would have to pay if you were to pay the full cost of the service.

Copays for Northwind Standard vary depending on the type of service you receive. Generally speaking, copays for office visits are typically less than copays for hospital visits. For example, copays for office visits with a primary care physician may be \$20, while copays for a hospital visit may be up to \$150. It is important to note that the copays may vary from provider to provider and from state to state.

In addition to office visits, copays may also apply to other services, such as prescriptions and diagnostic testing. For example, copays for generic prescription drugs may be \$10, while copays for brand-name drugs may be \$35. Copays for diagnostic testing, such as lab tests and X-rays, may range from \$20 to \$100 depending on the type of test.

It is important to note that Northwind Standard does not cover certain services, such as emergency services and mental health and substance abuse services. For these services, you may be responsible for the full cost of the service, so it is important to understand your plan and read the fine print before receiving any services.

In addition to copays, you may also be charged coinsurance for certain services. Coinsurance is a percentage of the cost of the service that you are responsible for paying. Generally speaking, coinsurance rates are lower than copays, so it is important to understand the difference between the two.

Finally, there are some exceptions to the copayment rules. For example, preventive care services may be covered at no cost to you. This includes routine physical exams, immunizations, and screenings for certain diseases such as cancer and diabetes.

Overall, copays are a great way to save money on health care services. Understanding your plan and reading the fine print can help you to save money on health care services. It is also important to remember that copays may vary from provider to provider and from state to state, so it is important to do your research before receiving any services.

### Split Copay For Office Visits

#### IMPORTANT PLAN INFORMATION: Split Copay For Office Visits

At Northwind Health, we understand how important it is to have access to quality, affordable healthcare. That's why we provide our members with Split Copay for Office Visits under the Northwind Standard plan. With this benefit, you can expect to pay a set copayment for office visits, regardless of the provider you visit.

What is Split Copay for Office Visits?

Split Copay for Office Visits is a feature of the Northwind Standard plan that allows you to pay a set copayment for most office visits. This copayment covers both the provider and the facility charges for office visits. The amount of the copayment will depend on the type of provider you visit, such as a primary care physician or specialist.

Who is eligible for Split Copay for Office Visits?

All members of the Northwind Standard plan are eligible for Split Copay for Office Visits. This benefit is available to all members, regardless of where they live or work.

Are there any exceptions?

Yes, there are some exceptions to the Split Copay for Office Visits benefit. This benefit does not apply to hospital or emergency room visits, mental health and substance abuse services, or out-of-network services.

Are there any tips I should know about?

Yes, here are a few tips to help you make the most of the Split Copay for Office Visits benefit:

- Before scheduling an appointment, make sure the provider you are visiting is in-network. You can check your plan's directory of providers for more information.
- Many providers are now offering virtual visits, which can be a great way to access care without having to leave the comfort of your home.
- Make sure to bring your insurance card to every appointment. That way, you can make sure that your copayment is applied correctly.
- If you have any questions about the cost of your office visit, don't hesitate to ask your provider's office. They should be able to tell you exactly how much you can expect to pay for the visit.

At Northwind Health, we are committed to providing our members with access to quality, affordable healthcare. We hope that the Split Copay for Office Visits benefit will make it easier for you to get the care you need.

#### **Calendar Year Deductible**

IMPORTANT PLAN INFORMATION: Calendar Year Deductible



The Northwind Standard plan has a calendar year deductible of \$2,000 for each individual and \$4,000 for each family. A calendar year deductible is the amount you must pay for health care services before your insurance plan starts to pay. The deductible applies to most services received from in-network providers, including primary care physicians, specialists, hospitals, and pharmacies.

However, there are some exceptions. For example, preventive care services, such as immunizations and annual physicals, are covered at 100% with no deductible. Additionally, prescription drugs are subject to a separate prescription drug deductible of \$250 per individual and \$500 per family.

It is important to note that this deductible does not roll over into the next year. This means that you must meet the deductible amount in the current year before your insurance begins to pay. Additionally, the deductible may not apply to all services. For example, you may not be subject to the deductible when you receive in-network emergency services.

#### Tips for Meeting the Calendar Year Deductible

Meeting your calendar year deductible may seem like a daunting task, but there are a few steps you can take to help ensure that you reach it.

First, take advantage of any preventive care services that are covered at 100%. These services are important for your health, and you can use them to help meet your deductible without paying out of pocket.

Second, use caution when selecting providers. The Northwind Standard plan has a large network of in-network providers, and using these providers will help ensure that you are not paying more than you have to for services.

Third, consider using a health savings account (HSA). An HSA is a tax-advantaged savings account that can be used to pay for qualified medical expenses. Contributions to an HSA are tax-deductible and the funds can be used to help pay for deductibles and other medical costs.

Finally, take advantage of any discount programs that may be available. Many providers offer discounts for cash payments on services, and these can help reduce the amount of money you need to pay out of pocket.

By following these tips, you can make sure that you reach your deductible and take advantage of the full benefits of the Northwind Standard plan.

#### Coinsurance

##### IMPORTANT PLAN INFORMATION: Coinsurance

Coinsurance is a type of cost sharing that you are responsible for after meeting your deductible. Coinsurance is often a percentage of the cost of the service you receive. For

example, if the coinsurance is 10%, you will be responsible for paying 10% of the cost of the service you received, while the insurance company pays the other 90%.

Under Northwind Standard, coinsurance is set at 20% for in-network services, with some exceptions. For in-network hospital stays, coinsurance is set at 25%. Additionally, coinsurance for out-of-network services is set at 40%.

It's important to note that coinsurance does not apply to the services that are covered by the plan's copayment amounts. Copayment is a fixed amount that you are responsible for paying for certain services and is typically much less than coinsurance. Additionally, Northwind Standard does not require coinsurance for preventive care services.

When you receive services, it's important to ask about the cost of the service and make sure you are aware of any coinsurance costs. It's also important to be aware of the coinsurance rate for out-of-network services and to consider if it's worth the cost to pay more for out-of-network services.

It's also important to be aware that coinsurance costs are calculated based on the allowed amount for the service. This means if you receive a service that is more expensive than what is allowed by the plan, your coinsurance costs will be based on the allowed amount, not the actual cost.

If you are unable to pay the coinsurance costs for a service up front, Northwind Standard will allow you to make payments over time. This is a great option for those who need services but may not be able to pay the entire coinsurance amount in one payment.

Finally, it's important to know that coinsurance costs are applied to your out-of-pocket maximum. This means that you can use coinsurance costs to help you reach your out-of-pocket maximum faster, thus reducing the amount of money you need to pay out of pocket for services.

In summary, coinsurance is a cost sharing requirement under Northwind Standard that is typically 20% for in-network services and 40% for out-of-network services. It's important to be aware of the costs associated with coinsurance and to consider if it's worth the cost to pay more for out-of-network services. Additionally, coinsurance costs count towards your out-of-pocket maximum and you can make payments over time if needed.

### **Out-Of-Pocket Maximum**

#### **IMPORTANT PLAN INFORMATION: Out-of-Pocket Maximum**

Employees enrolled in the Northwind Standard plan can benefit from an out-of-pocket maximum that helps to protect them from large medical bills. This limit applies to certain covered services and includes deductibles, coinsurance, and copayments. The out-of-pocket maximum for the Northwind Standard plan is \$6,350 for an individual and \$12,700 for a family.

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.

It is important to remember that the Allowed Amount may not cover the entire cost of a service. Therefore, the insured may be responsible for paying any remaining balance, even if it is more than the Allowed Amount.

#### Exceptions:

In some cases, a service may not have an Allowed Amount or the Allowed Amount may be higher than the provider's charge. This may occur when the service is considered to be a non-covered service or when the service is not a usual or customary service. In these cases, the insured will be responsible for paying the entire cost of the service.

In addition, some services may have a separate deductible or coinsurance amount that must be met before the Allowed Amount is applied. These services may include hospitalization, emergency services, and certain types of outpatient services.

#### Tips:

When selecting a provider, ask the provider if they accept the Northwind Standard plan and what their Allowed Amounts are. This will ensure that you are selecting a provider that will accept the plan and that you are aware of what your out-of-pocket costs may be.

Make sure to keep all of your receipts and bills when you receive a service so that you can review them against your Explanation of Benefits (EOB). This will ensure that you are aware of any balance that may be owed after the Allowed Amount has been applied.

Finally, remember that the Allowed Amount is not a guarantee of payment and that you may be responsible for paying any remaining balance. Therefore, it is important to review your EOB and contact the provider if there are any discrepancies or if you have any questions about the Allowed Amount.

### IMPORTANT PLAN INFORMATION

Northwind Standard is a basic plan that provides coverage for medical, vision, and dental services. It's important for employees to understand the details of this plan to ensure that they are taking full advantage of their benefits. The following information will help employees to get the most out of their plan.

#### Premiums

The premium amount for Northwind Standard is determined by Contoso. Employees are responsible for paying their premiums on time. Premiums are typically deducted from payroll on a pre-determined schedule. If a payment is missed, the employee may be subject to a late fee or other penalties.

#### Out-of-Pocket Costs

Employees will be responsible for a variety of out-of-pocket costs associated with their Northwind Standard plan. These costs can include copays, coinsurance, and deductibles.

Copays are fixed amounts that are due at the time of each visit. Coinsurance is a percentage of the total cost of a service that is paid by the employee. Deductibles are a fixed amount that must be paid by the employee before the insurance company begins covering the costs of services. It's important for employees to understand what their out-of-pocket costs will be for each type of service to ensure that they are prepared to pay their portion of the bill.

### Network Providers

Northwind Standard allows employees to choose from a variety of in-network providers. These include primary care physicians, specialists, hospitals, and pharmacies. It's important for employees to make sure that they are seeing providers that are in-network to maximize their coverage. Out-of-network providers may not be covered under Northwind Standard.

### Exclusions

Northwind Standard does not offer coverage for emergency services, mental health and substance abuse coverage, or out-of-network services. Employees should keep this in mind when selecting providers and services to ensure that they are covered by their plan.

### Claims

Employees are responsible for submitting claims for services that are covered by their insurance plan. Claims should be submitted as soon as possible after a service is rendered to ensure timely payment. Employees should keep track of their claims and follow up with Northwind Health if a claim is not processed in a timely manner.

### Tips

To ensure that employees are taking full advantage of their Northwind Standard plan, there are a few tips that they should keep in mind.

- Make sure to understand the details of the plan and the associated out-of-pocket costs before receiving a service.
- Select in-network providers to maximize coverage and avoid unexpected costs.
- Submit claims as soon as possible after a service is rendered.
- Track claims and follow up with Northwind Health if a claim is not processed in a timely manner.
- Take advantage of preventive services to stay healthy and reduce future costs.
- Ask questions and contact Northwind Health if you need assistance understanding your coverage or filing a claim.

By understanding the details of the Northwind Standard plan and following the tips above, employees can ensure that they are taking full advantage of their benefits. Taking the time

to understand the plan and ask questions can help employees to make the most of their coverage and stay healthy.

## COVERED SERVICES

### Acupuncture

#### COVERED SERVICES: Acupuncture

At Contoso, we are proud to offer employees Northwind Standard, an insurance plan that includes coverage for acupuncture. Acupuncture is an ancient form of healing that has been used for centuries. It is based on the belief that energy, or qi, flows through the body and can be manipulated with needles to promote healing.

Acupuncture is often used to treat chronic pain, headaches, digestive issues, stress, anxiety, and other conditions. It is generally considered to be safe and effective when administered by a trained and certified practitioner.

Under Northwind Standard, acupuncture is covered as a preventive service. This means that acupuncture treatment is covered at no cost to the employee, before any diagnosis is made or symptoms are present. This coverage is designed to help encourage people to get preventive care before they experience any health problems.

However, coverage for acupuncture is limited under Northwind Standard. The plan only covers acupuncture treatments that are administered by a licensed acupuncturist. Self-administered treatments, such as acupressure or self-treatment with needles, are not covered. Additionally, the plan only covers acupuncture treatments that are deemed medically necessary. This means that treatments that are solely for relaxation or cosmetic purposes are not covered.

If you are considering acupuncture as a treatment option, here are some tips to keep in mind:

- Make sure the acupuncturist you choose is licensed and certified.
- Ask about the acupuncturist's experience and training.
- Check to see if the acupuncturist is in-network with Northwind Standard.
- Discuss the risks and expected benefits of acupuncture with your acupuncturist.
- Ask your acupuncturist to explain the acupuncture treatment plan.
- Discuss any questions or concerns you have about acupuncture with your doctor.

At Contoso, we are committed to providing employees with access to quality and affordable healthcare. We are proud to offer Northwind Standard, an insurance plan that includes coverage for acupuncture, to help our employees stay healthy and well.

## Allergy Testing and Treatment

### COVERED SERVICES: Allergy Testing and Treatment

The Northwind Standard plan covers the cost of allergy testing and treatment. Allergy testing is done to determine what substances a person is allergic to, and treatment can include medications, injections, and other therapies. Allergy testing and treatment are covered under this plan.

#### What Is Covered

Under the Northwind Standard plan, the following allergy testing and treatment services are covered:

- Allergy skin testing
- Allergy blood testing
- Immunotherapy (allergy shots)
- Prescription medications for allergies, such as antihistamines, decongestants, and corticosteroids
- Non-prescription medications for allergies, such as antihistamines and decongestants
- Allergy medications for asthma, such as albuterol
- Allergy medications for skin conditions, such as topical corticosteroids
- Nasal sprays for allergies

#### Exceptions

The Northwind Standard plan does not cover the cost of allergy testing or treatment for cosmetic purposes.

#### Tips

- Make sure to tell your doctor about any medications you are currently taking, as some medications can interfere with allergy testing or treatment.
- If you are prescribed medications for allergies, be sure to follow your doctor's instructions carefully.
- Ask your doctor about other treatments that may be available, such as immunotherapy (allergy shots).
- If you are prescribed medications for allergies, be sure to check with your pharmacist to see if there are any generic or over-the-counter options that may be more affordable.

- Keep track of your allergies, including the type of allergy, the severity of the allergy, the medications you are taking, and the results of any allergy tests you have had. This information can be helpful for your doctor when making decisions about your care.

## Ambulance

### COVERED SERVICES: Ambulance

Ambulance services are covered under the Northwind Standard plan, providing you with the medical assistance you need in the event of an emergency. When you are in need of an ambulance, you can be sure that Northwind Health will cover your transport to the closest hospital or medical facility.

#### Covered Services:

The Northwind Standard plan covers ambulance transport to the nearest hospital or medical facility in the event of an emergency. This service is available 24 hours a day, seven days a week, and is covered up to the plan's limit. Ambulance transport is covered up to the plan's limit, regardless of whether the ambulance is provided by an in-network provider or an out-of-network provider.

#### Exceptions:

Northwind Health does not cover ambulance services that are provided for non-emergency transport. Non-emergency transport includes transport for routine medical care, such as transport to a doctor's office or a laboratory for tests. Non-emergency transport is not covered by the Northwind Standard plan.

#### Tips for Employees:

- Keep the phone number of your local ambulance service handy in case of an emergency.
- Make sure to provide your Northwind Health insurance information to the ambulance service at the time of transport, as this will help ensure that your costs for the service are covered.
- If you are transported by an out-of-network provider, you may be responsible for paying a portion of the cost. Be sure to check with Northwind Health to determine what your cost-sharing responsibilities are in such an event.
- Be sure to keep all receipts and paperwork related to your ambulance service, as you may need this information when filing your claim with Northwind Health.
- Remember, ambulance services are only covered for emergency transport. If you need to be transported for non-emergency medical care, you will need to make other arrangements for your transportation.

With the Northwind Standard plan, you can rest assured that you will be covered in the event of an emergency. In the event of an emergency, you can be transported by ambulance



to the nearest hospital or medical facility and your costs will be covered up to the plan's limit. By following the tips outlined above, you can ensure that you get the most out of your Northwind Health coverage.

### **Blood Products And Services**

#### **COVERED SERVICES: Blood Products And Services**

Northwind Standard offers coverage for a variety of blood products and services. These include both red and white blood cells, platelets, and plasma. The plan also covers laboratory tests related to the collection, examination, and transfusion of blood products.

For red and white blood cells, Northwind Standard covers screening and compatibility tests, as well as collection, storage, and transfusion of the cells. The plan also covers the cost of blood or blood products administered during a hospital stay or procedure.

With regards to platelets, the plan covers the collection, storage, and transfusion of platelets. It also covers laboratory tests that are necessary to identify and assess compatibility of platelets.

Northwind Standard covers the collection, storage, and transfusion of plasma, as well as laboratory tests that are necessary to identify and assess compatibility of plasma.

#### **Tips For Consumers:**

- Make sure to ask your provider if they accept Northwind Standard before receiving any services.
- Be sure to double check that your blood product or service is covered under Northwind Standard before receiving it.
- Be aware that Northwind Standard does not cover emergency services, mental health and substance abuse coverage, or out-of-network services.

### **Cellular Immunotherapy And Gene Therapy**

#### **Cellular Immunotherapy and Gene Therapy**

Cellular immunotherapy and gene therapy are two cutting-edge treatments covered by Northwind Standard. These treatments have the potential to revolutionize the way we treat cancer and other diseases, and they offer a new, innovative approach to medical care.

Cellular immunotherapy is a form of treatment that uses the patient's own immune system to fight off cancer cells. It works by taking cells from the patient and manipulating them in a laboratory to make them better equipped to fight cancer. The modified cells are then injected back into the patient's body, where they can help to fight off the cancer. This form of treatment is still relatively new, but it has already been used to successfully treat some types of cancer.

Gene therapy is a therapeutic modality that involves the introduction of exogenous genetic material into an individual's cells for the purpose of modifying or correcting pathological gene expression patterns. This process can be accomplished through various vectors, including viral and non-viral delivery systems, with the aim of inducing therapeutic effects through the modulation of cellular processes.

Northwind Standard covers both cellular immunotherapy and gene therapy. However, there are some exceptions. These treatments are typically only available at specialized centers, and they can be very expensive. As such, Northwind Standard may not cover the full cost of the treatments. It is important to check with your provider to determine what is and is not covered by your plan.

When considering cellular immunotherapy or gene therapy, it is important to do your research. Make sure you understand the risks and benefits of the treatment, and be sure to discuss any questions or concerns with your doctor. Additionally, it is important to have realistic expectations about the results of the treatment. It is also important to remember that these treatments are still in the early stages of development, and that their long-term success is not yet known.

In summary, cellular immunotherapy and gene therapy are two cutting-edge treatments that are now covered by Northwind Standard. While these treatments are still in the early stages of development and may be expensive, they offer the potential to revolutionize the way we treat diseases. It is important to do your research and discuss any questions or concerns with your doctor before considering these treatments.

### **Chemotherapy And Radiation Therapy**

#### **COVERED SERVICES: Chemotherapy And Radiation Therapy**

At Northwind Health, we understand that medical treatments such as chemotherapy and radiation therapy can be expensive. With Northwind Standard, we provide coverage for these treatments, so you can have peace of mind knowing that your medical costs are taken care of.

Chemotherapy involves using drugs to treat cancer and other conditions, while radiation therapy uses high-energy X-rays to kill cancer and other cells. Both types of treatments can be used to treat a variety of conditions, including cancer, autoimmune diseases, and infections.

Under the Northwind Standard plan, chemotherapy and radiation therapy are both covered services. This means that you will receive coverage for any eligible treatments that you receive. The plan covers the cost of the treatment itself, as well as any associated costs such as medications, supplies, and doctor visits.

However, there are some exceptions to the coverage provided. For example, the plan does not cover the cost of experimental treatments or treatments that are not medically

necessary. Additionally, the plan does not cover the cost of any hospital stays associated with the treatment.

If you are considering chemotherapy or radiation therapy, it is important to discuss the treatment options with your doctor. Your doctor can help you determine which treatments are best for your condition and which treatments are covered under the Northwind Standard plan.

It is also important to remember that chemotherapy and radiation therapy can have side effects. Make sure to discuss any potential side effects with your doctor before beginning treatment. Additionally, make sure to follow your doctor's instructions carefully and take any medications as prescribed.

Finally, make sure to keep track of your medical expenses. The Northwind Standard plan allows you to submit a claim for reimbursement for any eligible expenses. Make sure to save all of your receipts and submit your claim as soon as possible to ensure that your costs are covered.

At Northwind Health, we are committed to providing our members with quality coverage for medical treatments such as chemotherapy and radiation therapy. With the Northwind Standard plan, you can rest assured that any eligible treatments you receive will be covered.

### Clinical Trials

#### COVERED SERVICES: Clinical Trials

At Northwind Health, we understand the importance of access to clinical trials for our members. Clinical trials are research studies that look at new ways to prevent, detect, or treat diseases and conditions, and can give members access to treatments and therapies not yet available. Northwind Standard offers coverage for certain clinical trial services, including those related to common diseases and conditions.

The Northwind Standard plan covers the cost of certain clinical trial services, and some of the most common include:

- Diagnostic testing and procedures to confirm or diagnose a condition or disease
- Treatment of the condition or disease being studied
- Medications
- Lab services
- Imaging services

Any other clinical trial services that are not explicitly covered by the Northwind Standard plan may be eligible for coverage on a case-by-case basis. To determine if a clinical trial service is covered, members should contact the Northwind Health customer service department for more information.

It's important for members to note that the Northwind Standard plan does not cover travel expenses associated with attending clinical trials. Additionally, any experimental treatments or services that are not part of the clinical trial are not covered.

When considering participation in a clinical trial, members should always consult with their doctor first to make sure it's the right choice for them. Clinical trials are not for everyone, and it's important to fully understand the risks and benefits before making a decision.

Members should also be aware that not all clinical trials are free. Some require a fee, and it's important to find out what the cost will be before participating.

Finally, members should keep in mind that clinical trials are often available in limited locations, so they may have to travel to participate in a trial. Northwind Health can provide information about nearby clinical trials and may be able to help with the cost of travel.

At Northwind Health, we are committed to providing access to the most innovative treatments and therapies available. We are proud to offer coverage for certain clinical trial services, and we are dedicated to helping our members get the care they need.

#### **Dental Injury and Facility Anesthesia**

##### **COVERED SERVICES: Dental Injury and Facility Anesthesia**

The Northwind Standard plan offers coverage for dental injuries and anesthesia administered in a dental facility. This coverage covers the services of a licensed dentist or dental specialist, including services related to the diagnosis and treatment of dental injuries, such as root canals, crowns, fillings, extractions, and periodontal services. This coverage also includes dental anesthesia used during a dental procedure, such as local anesthesia, sedation, and general anesthesia.

However, there are some exceptions to the coverage of dental injury and facility anesthesia. The plan does not cover services related to cosmetic dentistry or services related to the replacement of natural teeth with dentures or bridges. Additionally, services related to orthodontics, temporomandibular joint disorder (TMJ), or treatment of temporomandibular joint disorder are not covered. The Northwind Standard plan only covers services related to the prevention and treatment of disease.

When it comes to dental injuries, it is important to get treatment as soon as possible. If a dental injury is left untreated, it can lead to a greater risk of infection and more extensive dental work in the long run. To make sure you're getting the best care possible, it is important to find a dentist that is in-network and covered under the Northwind Standard plan. You can search for an in-network provider by using the Northwind Health Provider Finder tool.

When it comes to anesthesia, it is important to talk to your dentist about all of the risks associated with anesthesia before having any procedures. General anesthesia carries the most risk and can cause side effects, such as nausea, vomiting, and dizziness. Therefore, it is

important to make sure you are informed about the potential risks associated with any anesthesia that may be used during a dental procedure.

To ensure that you are getting the best care possible, it is important to stay up-to-date on your dental care and practice good oral hygiene. Regular brushing and flossing, as well as regular check-ups with your dentist, can help to prevent dental injuries and other dental issues. It is also important to make sure that you are taking advantage of the preventive care services that are covered under the Northwind Standard plan, such as annual check-ups and cleanings.

By taking advantage of the dental coverage offered through the Northwind Standard plan, you can be sure that you are getting the care and coverage that you need in order to maintain your oral health. If you have any questions about the coverage offered under the Northwind Standard plan, you can contact Northwind Health Customer Service for more information.

### Diagnostic X-Ray, Lab And Imaging

#### DIAGNOSTIC X-RAY, LAB AND IMAGING

Northwind Standard provides coverage for diagnostic x-ray, lab, and imaging services. This includes tests such as MRI, CT scans, x-rays, blood tests, and other lab procedures. The plan covers the cost of such services when prescribed by a doctor for a medically necessary reason.

When it comes to diagnostic x-ray, lab, and imaging services, it's important to make sure you're using a provider that's in the Northwind network. If you choose a provider who is not in the network, you may be responsible for the full cost of these services. To find a provider in the network, you can use the Northwind website or call their customer service line.

When receiving a diagnostic x-ray, lab, or imaging service, you will likely be responsible for paying a copayment or coinsurance. The exact amount you will be required to pay will depend on the type of service you receive. You can use the Northwind app or website to look up the cost of a particular service before you receive it.

In some cases, the Northwind Standard plan may exclude certain diagnostic x-ray, lab, and imaging services. For example, the plan does not cover any services related to cosmetic treatments or procedures. Additionally, the plan does not cover any services for which no diagnosis is provided.

It's important to note that the Northwind Standard plan does not cover any services related to emergency care. This includes diagnostic x-ray, lab, and imaging services that are needed to diagnose an emergency condition. If you have an emergency condition, you will need to seek care at an emergency room or urgent care facility.

Finally, if you receive diagnostic x-ray, lab, or imaging services from an out-of-network provider, you may be required to pay the full cost of the service. To ensure that you are

receiving services from an in-network provider, you can use the Northwind provider search tool or call the Northwind customer service line.

By understanding the Northwind Standard plan's coverage for diagnostic x-ray, lab, and imaging services, you can make sure that you are receiving the best care possible while minimizing your out-of-pocket costs.

## Dialysis

### COVERED SERVICES: Dialysis

At Contoso, we understand that dialysis can be an expensive and necessary medical service for some of our employees. That's why we are proud to offer coverage for dialysis treatments through Northwind Standard.

Under this plan, you will have coverage for in-network dialysis treatments, including both hemodialysis and peritoneal dialysis. You will also have coverage for treatments that are necessary after or during dialysis, such as lab tests, imaging, and physical therapy.

However, it is important to note that Northwind Standard does not provide coverage for any out-of-network dialysis treatments. In addition, Northwind Standard does not cover any travel expenses associated with dialysis treatments. If you require care at an out-of-network provider, you will need to pay for the full cost of treatment.

It is important to remember that dialysis is a long-term medical treatment. That's why it is important to find a dialysis provider that is in-network with Northwind Standard. This will help ensure that you receive the best care possible and that your treatments are covered by your insurance plan.

When looking for a dialysis provider, it is important to consider factors such as:

- Location: Make sure to find a dialysis provider that is conveniently located to you.
- Quality of Care: Make sure to research the quality of care that is provided by the dialysis provider.
- Cost: Make sure to research the cost of treatments.
- Reputation: Make sure to read reviews and ask for referrals from friends and family.
- Specialization: Make sure to find a dialysis provider that specializes in the type of dialysis treatment that you need.

Finally, it is important to remember to keep all of your dialysis records and receipts. This will help ensure that you are able to receive reimbursement for any covered expenses.

At Contoso, we are committed to providing our employees with the best health care coverage possible. That's why we are proud to offer coverage for dialysis treatments

through Northwind Standard. With this coverage, you can rest assured that you will receive the best possible care and coverage for your dialysis treatments.

## Emergency Room

### Emergency Room Services

Emergency room services are a type of medical service that is provided in the event of a medical emergency. As part of the Northwind Standard plan, emergency room services are covered with some exceptions. To ensure that you understand the details of your coverage, it's important to read the plan documents carefully and contact Northwind Health with any questions.

### Coverage for Emergency Room Services

Under the Northwind Standard plan, coverage is provided for medically necessary emergency room services. Coverage is only available when the condition is an acute medical emergency or injury, and when the emergency room is the only way to receive medical attention. For example, if you experience a broken bone, chest pain, or a head injury, you would be covered for emergency room services.

### Exclusions

However, there are certain services that are not covered under the Northwind Standard plan. Services that are not considered medically necessary, such as elective procedures, are not covered by the plan. In addition, services that are provided in the emergency room that are not related to the medical emergency, such as lab tests, x-rays, and other diagnostic tests, are not covered by the plan.

### Tips for Utilizing Emergency Room Services

If you find yourself in a situation where you need to visit the emergency room, there are a few tips that can help you get the most out of your coverage. First, be sure to provide Northwind Health with all the information they need to process your claim, such as the date of service, the medical provider, and any other relevant information. Additionally, you should contact Northwind Health before you receive any services to ensure that they are covered by the plan.

It's also important to remember that emergency room services can be expensive, so you should always take steps to avoid unnecessary visits. If you are feeling ill and it's not an acute medical emergency, you should contact your primary care physician or an urgent care center before going to the emergency room. In most cases, these services are less expensive and can provide the same level of care.

Finally, if you do need to visit the emergency room, you should be sure to keep all of your paperwork and receipts. This will help you if you need to follow up with Northwind Health about your claim.

The Northwind Standard plan provides coverage for emergency room services, but it's important to understand the details of your coverage. By following these tips and taking steps to avoid unnecessary visits, you can get the most out of your plan.

## Foot Care

### ## COVERED SERVICES: Foot Care

At Contoso, we want to make sure our employees are taken care of and that starts with their health. Northwind Standard provides coverage for foot care services, so you don't have to worry about the costs associated with taking care of your feet.

Northwind Standard offers coverage for all kinds of foot care services, including podiatry visits, orthotics, and foot surgery. You can visit any in-network provider for these services and Northwind Standard will cover a portion of the cost.

### ### Podiatry Visits

If you are experiencing foot or ankle-related issues, it's important to visit a podiatrist. Podiatrists are medical doctors who specialize in the diagnosis, treatment, and prevention of foot and ankle problems. Your Northwind Standard plan will cover the costs of a podiatry visit, so be sure to take advantage of this benefit if you're experiencing any foot-related issues.

### ### Orthotics

Orthotics are custom-made shoe inserts that can help relieve pain and discomfort. They can also help with walking, running, and standing. If you're experiencing any foot or ankle issues, your Northwind Standard plan will cover the cost of orthotics.

### ### Foot Surgery

In some cases, it may be necessary to have foot surgery in order to correct an issue. Northwind Standard will cover the cost of foot surgery, so you don't have to worry about the financial burden.

### ### Exceptions

Unfortunately, Northwind Standard does not cover the cost of prosthetic devices or custom orthopedic shoes. If you need these services, you will have to pay for them out of pocket.

### ### Tips

\* Make sure you visit an in-network provider for your foot care services to ensure that Northwind Standard will cover the cost.

\* Don't wait to get your foot issue checked out. If you're experiencing any foot or ankle-related issues, make sure you visit a podiatrist right away.



\* Be proactive about your foot care. Make sure you're wearing the right shoes for your foot type and getting the right kind of orthotics for your feet.

We want to make sure our employees are taken care of, so take advantage of the foot care services available through Northwind Standard. With this plan, you can rest assured that you'll be covered for all of your foot care needs.

### Gender Affirming Care

#### COVERED SERVICES - Gender Affirming Care

At Contoso, we understand that gender identity is an important part of who we are and that it should be respected and supported. We are proud to offer coverage through Northwind Standard for gender affirming care services.

Gender affirming care services can include a variety of treatments and services related to gender transition. These services may include hormone therapy, gender affirming surgeries, and mental health care related to gender transition.

#### Hormone Therapy

Hormone therapy is a type of gender affirming treatment that can be used to help an individual align their physical characteristics with their gender identity. This type of therapy involves taking hormones that are typically associated with a certain gender to help the individual's body better reflect their gender identity.

#### Gender Affirming Surgery

Gender affirming surgery is a type of treatment that involves surgical procedures to help an individual transition to the gender they identify with.

#### Mental Health Care

Mental health care related to gender transition can include counseling and therapy services to help an individual through their transition process. This type of care can help provide individuals with the support they need to make their transition successful.

#### Exceptions

Northwind Standard does have some exceptions when it comes to gender affirming care. This plan does not cover fertility services, such as egg and sperm banking, or gender affirming treatments for minors.

#### Tips

If you are considering gender affirming care, it is important to talk to your doctor to discuss the best treatment plan for you. Additionally, it is important to remember that gender affirming care is a complex process, and it is important to be patient and kind to yourself

throughout the process. Lastly, it is important to remember to take care of your mental health during the transition process.

At Contoso, we strive to provide our employees with the best possible coverage for gender affirming care. We are proud to offer coverage for these services for our employees, and we are committed to providing a safe and supportive environment for all of our employees.

## Hearing Care

### Hearing Care

At Contoso, we understand the importance of taking care of your hearing health. That's why we provide comprehensive coverage for hearing care with Northwind Standard. You can receive hearing care services from any in-network provider and enjoy comprehensive coverage for all hearing care services.

The Northwind Standard plan covers all types of hearing care services, including hearing tests, hearing aids and hearing aid accessories, as well as cochlear implants and bone-anchored hearing aids. If a hearing aid or cochlear implant is needed, the plan covers up to two hearing aids or implants per ear every three years. The plan also covers routine hearing aid maintenance and repair, as well as counseling and hearing aid evaluations.

In addition, the Northwind Standard plan covers up to \$500 per ear for hearing aid accessories, such as ear molds, batteries, and tubing. There is no deductible for hearing care services and no pre-authorization is required.

However, the Northwind Standard plan does not cover hearing care services provided by out-of-network providers. If you choose to see an out-of-network provider for hearing care, you will be responsible for the difference between the out-of-network provider's charges and the plan's allowed amount.

When it comes to choosing a hearing care provider, it's important to find one who is qualified and experienced. Make sure to ask questions about the provider's qualifications, experience, and specialties. You should also ask about the provider's policies on returns, warranties, and repairs.

It's also important to understand the technology behind hearing aids. Ask your provider to explain the differences between digital and analog technology, and be sure to ask about the various features that are available.

If you have any questions about the Northwind Standard plan's coverage for hearing care, please contact us. We are here to help you get the most out of your benefits.

## Home Health Care

COVERED SERVICES: Home Health Care

At Northwind Health, we understand the importance of providing quality home health care for our customers. Our Northwind Standard plan offers coverage for home health care services, with some exceptions.

Home health care is a type of medical care provided in the home by a variety of health care providers, such as registered nurses, physical therapists, and home health aides. Home health care services may include wound care, catheter care, medication management, and monitoring vital signs. In some cases, home health care services may also include occupational, speech, and respiratory therapy.

When receiving home health care services, you may be required to pay a copayment or coinsurance based on the services provided and the number of visits. You may also be responsible for paying a deductible or any additional charges. However, some services, such as preventive care and certain types of home health care services, may be covered in full.

It is important to understand that home health care services are only covered when they are medically necessary and prescribed by a physician. Home health care services are not covered for custodial care, such as bathing and dressing, or for personal care services, such as errands and laundry.

When selecting a home health care provider, it is important to make sure that the provider is in-network and is covered under the Northwind Standard Plan. Additionally, make sure to verify that the provider is licensed and has the necessary credentials to provide the services you need.

Finally, it is important to keep in mind that home health care services may not be covered in all areas, so it is important to contact your insurance company to make sure that your services are covered. Additionally, you may also want to check with your doctor to see if other services, such as telemedicine, are available.

At Northwind Health, we are committed to providing quality home health care services to our customers. If you have any questions or need assistance, please contact us at any time.

#### **Home Medical Equipment (HME), Orthotics, Prosthetics And Supplies**

**COVERED SERVICES:** Home Medical Equipment (HME), Orthotics, Prosthetics And Supplies

Under the Northwind Standard plan, Home Medical Equipment (HME), Orthotics, Prosthetics and Supplies are all covered services. This includes medically necessary equipment and supplies, such as wheelchairs, crutches, and prosthetics.

The plan covers the cost of renting or purchasing medically necessary home medical equipment, orthotics, and prosthetics. It will also cover the cost of repair and maintenance for these items, as long as they are not part of a health maintenance organization (HMO) plan. However, it is important to note that the plan does not cover the cost of any necessary supplies or services that are not medically necessary.

To ensure that the Northwind Standard plan covers the cost of any home medical equipment, orthotics, prosthetics, or supplies, it is important to obtain prior authorization from Northwind Health before the item is purchased or rented. Additionally, the plan will only cover the cost of items that are medically necessary, as determined by your doctor.

It is also important to note that the Northwind Standard plan does not cover items that are for convenience or comfort, such as lift chairs, beds, or bedding. Additionally, the plan does not cover the cost of any item that is available without a prescription, such as over-the-counter medications or non-prescription orthotics.

When purchasing or renting any home medical equipment, orthotics, prosthetics, or supplies, it is important to keep detailed records of all purchases or rentals. This includes keeping track of any receipts, invoices, or other documentation related to the purchase or rental. Additionally, it is important to keep track of any repair or maintenance services that are done on the item.

Finally, it is important to note that the Northwind Standard plan does not cover the cost of any services or supplies that are provided outside the network of Northwind Health. If you choose to receive services or supplies from an out-of-network provider, you will be responsible for any costs associated with those services or supplies.

By understanding the coverage of the Northwind Standard plan for Home Medical Equipment (HME), Orthotics, Prosthetics, and Supplies, you can ensure that you are taking full advantage of the benefits this plan offers. With the right knowledge and planning, you can make sure that you get the most out of your Northwind Standard plan.

## Hospice Care

### Hospice Care

At Contoso, we are proud to offer our employees access to Northwind Health's Standard Plan, which includes coverage for hospice care. Hospice care is a specialized form of medical care that focuses on providing comfort and support to individuals with a terminal illness.

Under this plan, hospice care can be covered when recommended by a doctor. This care is typically provided in the patient's home or in a hospice facility. It can include medical, social, spiritual, and emotional support for the patient and their family. Services typically included in hospice care include nursing care, medical equipment and supplies, home health aides, and prescription drugs.

Hospice care is an important part of end-of-life care. It focuses on providing comfort and support to the patient and their family, rather than trying to cure the illness. It also provides emotional support to help the patient and their family cope with the realities of the patient's condition.

It is important to note that Northwind Standard only covers hospice care when it is recommended by a doctor. This care must be provided by an in-network hospice provider.

Out-of-network providers are not covered under this plan. It is also important to note that Northwind Standard does not cover the cost of room and board for hospice care provided in a hospice facility.

We understand that these are difficult times for our employees and their families. We want to make sure that our employees have access to the care and support they need to make the most of their time together. We hope that this coverage will provide peace of mind and support during this difficult time.

Here are a few tips to help our employees make the most of their hospice care coverage:

- Make sure to choose an in-network hospice provider to ensure your care is covered.
- Make sure to keep all of your medical records up-to-date and accessible. This will help your doctor and hospice provider to provide the best care possible.
- Speak to your doctor and hospice provider about all of your options. They can provide valuable guidance and support throughout the process.
- Make sure to take advantage of all of the resources available to you. Many hospice providers offer counseling and support groups to help you and your family cope with the situation.
- Make sure to keep track of all of your expenses related to hospice care. Northwind Standard may cover some of your expenses, but you may have to pay for some out of pocket. Keeping track of your expenses will help you stay organized.

We hope that this information is helpful and that our employees can take comfort knowing that they have access to the care and support they need during this difficult time.

## Hospital

### COVERED SERVICES: HOSPITALS

Under the Northwind Standard plan, you have access to a variety of in-network hospitals. This means that you are not limited to a select few hospitals, and you can select the hospital that best meets your healthcare needs.

When choosing a hospital, you should keep in mind the type of care you are looking for. For example, if you need specialty care, you may want to select a hospital that specializes in the type of care you need. Additionally, you may want to consider the location of the hospital, as well as its reputation.

The Northwind Standard plan includes coverage for inpatient and outpatient services at in-network hospitals. This includes hospitalization, surgery, and other services related to hospital care.

In some cases, you may need to receive care from an out-of-network hospital. In these cases, you will be responsible for paying the full cost of care. Additionally, you may be responsible

for any additional costs that Northwind Health does not cover. For example, Northwind Health may not cover the full cost of a specialist or other non-emergency services. It is important to be aware of these exceptions when selecting a hospital.

When selecting a hospital, you should also consider other services that the hospital offers. For example, some hospitals may offer additional services such as physical therapy, nutrition counseling, or other wellness services. Additionally, some hospitals may offer special programs for specific conditions or diseases.

Finally, you should consider the cost of care at the hospital you are considering. Northwind Health may cover some or all of the costs of your care, but you should be aware of any additional costs that you may be responsible for. This includes any co-pays or coinsurance, as well as any additional charges for services not covered by your plan.

By taking the time to consider your options, you can select the best hospital for your healthcare needs. Northwind Standard offers coverage for a variety of in-network hospitals, giving you the opportunity to select the hospital that best meets your needs.

### **Infusion Therapy**

#### **Infusion Therapy**

Infusion therapy is a type of medical treatment performed by qualified medical professionals. It involves the injection of drugs or fluids into a vein or muscle. This type of therapy is used to treat a variety of medical conditions, including cancer, infections, and immune-related disorders.

Under Northwind Standard, the plan covers infusion therapy services provided by a qualified medical professional. This includes the administration of drugs or fluids, as well as related services performed during the same visit. This coverage includes both in-network and out-of-network providers.

However, there are some exceptions to the coverage of infusion therapy services. For example, the plan does not cover the costs of the drugs themselves. Additionally, certain services may be excluded from coverage, such as chemotherapeutic drugs and other services that are not medically necessary. It is important to check with your provider to determine if the particular service is covered under your plan.

In addition to the coverage information, there are some tips that can be helpful when it comes to infusion therapy. It is important to find a provider that is well-qualified and experienced in administering infusion therapy services. Additionally, it is important to discuss the risks and benefits of the treatment with your provider. Finally, make sure to discuss any questions or concerns you may have with your provider before beginning treatment.

Overall, Northwind Standard provides coverage for infusion therapy services. It is important to understand the coverage limitations and exceptions that may apply to your

particular plan. Additionally, it is important to find a qualified provider and to discuss the risks and benefits of the treatment with your provider before beginning treatment.

### Massage Therapy

#### COVERED SERVICES: Massage Therapy

At Contoso, we understand the importance of taking time to care for yourself and to reduce stress. That is why Northwind Health offers massage therapy coverage as part of the Northwind Standard plan. In order to be eligible for massage therapy coverage, the massage therapy must be medically necessary and prescribed by a primary care physician.

Massage therapy is a form of bodywork that uses manual manipulation of the muscles and soft tissue to reduce pain and tension and improve overall wellbeing. It can be used to treat a wide range of physical and mental health issues, including chronic pain, injuries, stress, anxiety, and depression.

When it comes to massage therapy, there are a few important exceptions to be aware of. Massage therapy must be performed by a licensed massage therapist who is a member of a recognized professional association. The massage therapy services must be performed in a professional setting and must be for a medically necessary condition. Massage therapy services are not covered for the purpose of relaxation or stress relief.

In order to receive coverage for massage therapy services, you will need to submit a prescription from your primary care physician and a completed massage therapy claim form. In addition, you will need to provide the name of the massage therapist, their license number, and the dates of service.

It is important to note that Northwind Health does not cover all massage therapy services. Some services such as acupuncture, reflexology, and aromatherapy are not covered. You should check with your health plan to determine which services are covered.

When it comes to massage therapy, it is important to find a massage therapist who has experience and is familiar with your condition. You should also be sure to communicate your needs to the therapist and discuss any potential risks or side effects.

In addition to massage therapy, Northwind Health also offers coverage for other types of physical therapy, such as chiropractic care, physical therapy, and occupational therapy. These services can be used to help with pain relief, improve mobility, and reduce stress.

At Contoso, we want our employees to take the time to care for their physical and mental health. We are proud to offer coverage for massage therapy and other physical therapy services through Northwind Health. With this coverage, you can get the care you need to feel your best.

## **Mastectomy and Breast Reconstruction**

### **Maternity Care**

#### **COVERED SERVICES: Maternity Care**

At Northwind Health, we understand that having a baby can be costly and stressful. To help ease the burden, Northwind Standard offers comprehensive maternity care coverage.

**Prenatal Care:** Northwind Standard covers the costs of prenatal care for the mother, including routine visits with a doctor, laboratory tests, and ultrasounds. In addition, Northwind Standard also covers any necessary vitamins, minerals, or other supplements that are prescribed by the doctor.

**Delivery:** Northwind Standard covers the costs of labor, delivery, and post-delivery care for both the mother and the baby. The plan also covers the costs of any necessary medications, blood transfusions, or anesthesia that may be required.

**Maternity Care After Delivery:** Northwind Standard covers the costs of any follow-up visits with the doctor and the baby. The plan also covers the costs of any necessary vaccines or immunizations for the baby.

**Exceptions:** Please note that Northwind Standard does not cover the costs of any elective or cosmetic procedures for the mother or the baby. Additionally, Northwind Standard does not cover the costs of any fertility treatments or in vitro fertilization procedures.

**Tips for Employees:** We recommend that employee's begin planning for maternity care as soon as possible. This includes researching their coverage options, finding an obstetrician or midwife, and researching any other health professionals or resources that may be needed. Additionally, we recommend that employees keep track of any costs associated with pregnancy and delivery, including any out-of-pocket expenses, in order to ensure they are properly reimbursed.

### **Medical Foods**

#### **COVERED SERVICES - Medical Foods**

In addition to the comprehensive medical coverage provided by Northwind Standard, the plan also offers coverage for medical foods. This includes coverage for medically necessary food products, as well as nutritional supplements.

Medical foods are specially formulated foods that are intended for the dietary management of a specific medical condition. These foods are typically prescribed by a physician and are used to supplement a patient's daily food intake. Medical foods are used to treat a variety of conditions, including diabetes, celiac disease, and Crohn's disease.

Under Northwind Standard, medical foods are covered in the same way as prescription drugs. This means that coverage is subject to the plan's deductible and co-payment



requirements. The plan also covers over-the-counter (OTC) medical foods in the same way as prescription drugs.

It is important to note that Northwind Standard does not cover food items that are not specifically prescribed as medical foods. This includes food items that are not used to treat a specific medical condition, as well as food items that are used for general nutrition.

#### Tips for Employees

1. Be sure to speak with your doctor about whether or not a medical food would be beneficial for your condition.
2. Make sure you get a prescription for a medical food from your doctor so that it can be covered by your insurance plan.
3. Ask your doctor or pharmacist if there are any generic or over-the-counter options available that are covered by your insurance plan.
4. If you are considering purchasing a medical food without a prescription, be sure to check with your insurance provider to make sure it is covered.
5. If you have any questions about coverage or benefits, be sure to contact your insurance provider.

#### Medical Transportation

##### COVERED SERVICES: Medical Transportation

At Northwind Health, our Northwind Standard plan includes coverage for medical transportation. This includes coverage for transportation to and from medical appointments, as well as emergency transportation to the nearest medical facility.

This coverage will help ensure that employees can get the medical care they need without worrying about how they will get there. Northwind Health will provide coverage for transportation expenses, such as gas, public transportation fares, or taxi/rideshare services.

In order to receive reimbursement for transportation expenses, employees must present a valid invoice to Northwind Health. This invoice must include the date, time, and place of service, as well as the cost of transportation. Please note that Northwind Health will only reimburse up to the cost of the lowest available fare.

It's important to note that Northwind Standard does not cover ambulance services. This is because ambulance services are usually for emergency medical transportation, which is not covered by this plan. However, if a doctor prescribes ambulance services for medical reasons, Northwind Health may cover the cost.

Here are some tips for employees to keep in mind when using medical transportation coverage:

- Make sure to keep all receipts and invoices in case you need to submit them for reimbursement.
- Contact Northwind Health before using any medical transportation services to make sure they are covered under the policy.
- If you are using a rideshare service such as Uber or Lyft, make sure the driver is qualified and certified to provide medical transportation services.
- Check to see if there are any public transportation options available, as this is usually the most cost-effective option.
- Ask your doctor if there are any alternate transportation options available that may be covered by the plan.

Northwind Standard covers medical transportation expenses, which can help employees get the medical care they need without worrying about how they will get there. However, it's important to remember that Northwind Health does not cover ambulance services. By following the tips listed above, employees can make sure they are using their medical transportation coverage correctly and getting the most out of their plan.

#### Medical Transportation – State Restricted Care

##### MEDICAL TRANSPORTATION – STATE RESTRICTED CARE

The Northwind Standard health plan offers coverage for medical transportation services, including air and ground ambulance services, when medically necessary and pre-approved by Northwind Health. The plan also offers coverage for non-emergency transportation to and from medical appointments for members who have no access to other transportation.

This coverage is subject to state and geographic restrictions and is available for members in the following states: Alabama, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, Oklahoma, Tennessee, and Texas.

#### Eligible Members:

For members to be eligible for this coverage, certain criteria must be met. These criteria include:

- Having no access to other transportation.
- Having a medical condition that requires transportation.
- Being enrolled in the Northwind Standard health plan.
- Having a valid referral from a physician or other healthcare provider.

#### Exceptions:

While this coverage is generally available to eligible members in the states listed above, there are some exceptions. These exceptions include:

- Transportation to and from a facility that is not a participating provider in the Northwind Standard health plan.
- Transportation to and from a facility that is not in the same state as the member.
- Transportation to and from a facility that is outside of the service area.
- Transportation to and from an event that is not a medical appointment or procedure.

#### Tips for Members:

When utilizing this coverage, it is important for members to keep the following tips in mind:

- Call Northwind Health prior to scheduling any medical transportation to ensure coverage is available.
- Keep all receipts and documentation related to medical transportation services.
- Request an estimate of costs prior to scheduling any medical transportation services.
- Contact Northwind Health to confirm coverage of out-of-network transportation services.
- Contact Northwind Health if any unexpected costs arise.
- Contact Northwind Health if any changes to the pre-approved transportation plan are necessary.

#### Conclusion

The Northwind Standard health plan offers coverage for medical transportation services for eligible members in certain states. It is important for members to contact Northwind Health prior to scheduling any medical transportation services to ensure coverage is available. Additionally, members should keep all documentation related to medical transportation services and contact Northwind Health if any unexpected costs arise.

#### **Mental Health Care**

##### **COVERED SERVICES: Mental Health Care**

At Contoso, we understand the importance of mental health, and we have included mental health care in our Northwind Standard plan. This coverage includes services such as individual, family, and group psychotherapy, as well as psychiatric and psychological evaluation services. You can use in-network providers to receive these services, so you can be sure that you are getting quality care.

However, there are a few exceptions to this coverage. Northwind Standard does not cover services related to educational testing, assessment services, or the cost of medications. Also,

it does not cover services related to the treatment of substance abuse, so if you are in need of these services, you will need to explore other options.

Here are a few tips to help you make the most of the mental health care coverage that is available through Northwind Standard:

- Make sure to check with your provider to find out which services are covered under your plan.
- Check for any copayments or coinsurance that may apply to your visits.
- Make sure you are aware of any pre-authorizations that may be required for certain services, such as inpatient hospitalization.
- Ask your provider about any additional benefits that may be available, such as case management or behavioral health services.
- Be sure to keep track of all of your medical records and bills, including any payments made to your provider.
- If you need help finding a provider or have any other questions, you can contact Northwind Health directly.

We want to make sure that you are able to access the mental health care services that you need, so we encourage you to take advantage of the coverage available to you through Northwind Standard. If you have any questions or need help understanding your coverage, please contact our customer service department at Contoso.

### **Neurodevelopmental Therapy (Habilitation)**

#### **Neurodevelopmental Therapy (Habilitation)**

At Contoso, we want to ensure that our employees and their dependents receive the best possible care and services. That's why we've partnered with Northwind Health to provide a comprehensive health plan that includes coverage for Neurodevelopmental Therapy (Habilitation).

#### **What is Neurodevelopmental Therapy (Habilitation)?**

Neurodevelopmental Therapy (Habilitation) is the assessment and treatment of physical, emotional, social, and cognitive impairments associated with neurological and developmental disorders. It is designed to help individuals with disabilities learn the skills they need to live as independently as possible, including communication, problem-solving, and self-care. This type of therapy is used to help individuals with neurological and developmental disorders, such as autism, Down syndrome, cerebral palsy, and traumatic brain injury.

#### **What Does Northwind Standard Cover?**

Northwind Standard provides coverage for Neurodevelopmental Therapy (Habilitation) services, including:

- Evaluation and assessment
- Development of an individualized treatment plan
- Training in communication, problem-solving, and self-care
- Training in daily living skills, such as dressing and grooming
- Training in social skills and appropriate behavior

#### What Exceptions Are There?

Northwind Standard does not cover any services related to Neurodevelopmental Therapy (Habilitation) that are not medically necessary. The plan also does not cover any experimental or investigational treatments or services.

#### Tips for Employees

- Make sure to always stay in-network if you plan to use Neurodevelopmental Therapy (Habilitation) services. Northwind Standard will only cover in-network providers.
- Ask your provider about the cost of services before receiving treatment. Northwind Standard has a coinsurance and copayment requirement for certain services.
- Talk to your doctor about all of your options. Neurodevelopmental Therapy (Habilitation) services are often helpful, but they may not be the best option for everyone.
- Be aware of Northwind Standard's preauthorization requirements. In some cases, you'll need to get preauthorization before receiving treatment.
- If you're considering Neurodevelopmental Therapy (Habilitation) services, make sure to research your options. Look for providers who specialize in the type of care you're looking for and make sure they are in-network.
- Speak to your doctor about any concerns you have about the cost of Neurodevelopmental Therapy (Habilitation) services and how they will be covered by Northwind Standard.
- Keep in mind that Neurodevelopmental Therapy (Habilitation) services can take time and consistency to be effective.
- Don't be afraid to ask questions or seek additional information. Neurodevelopmental Therapy (Habilitation) services can be confusing, so it's important to make sure you understand everything before making a decision.

At Contoso, we want to make sure that our employees and their dependents are getting the best possible care. Neurodevelopmental Therapy (Habilitation) is an important part of that

care, and we're proud to partner with Northwind Health to provide coverage for these services. With Northwind Standard, you can get the care you need to live as independently as possible.

### Newborn Care

#### COVERED SERVICES: NEWBORN CARE

At Contoso, we are proud to partner with Northwind Health to offer our employees the Northwind Standard plan. This plan includes coverage for newborn care, so you can rest assured that your little one is taken care of.

#### What is Covered

The Northwind Standard plan covers a variety of services for newborns and their parents, including:

- Well-child visits: The plan covers visits with your baby's doctor for regular check-ups and immunizations.
- Diagnostic tests: This plan covers tests that may be needed to diagnose or treat your baby's health condition.
- Prescription drugs: The plan covers prescription drugs that are prescribed by your baby's doctor.
- Mental health services: If your baby requires mental health services, the plan covers them.
- Physical therapy: If your baby requires physical therapy, the plan covers it.
- Inpatient care: The plan covers inpatient care if your baby needs to be admitted to the hospital.

#### Exceptions

Unfortunately, the Northwind Standard plan does not cover all services for newborns. The following services are not covered:

- Home health care: Home health care is not covered under the plan.
- Long-term care: Long-term care is not covered under the plan.
- Alternative therapies: Alternative therapies such as acupuncture, massage, and chiropractic care are not covered under the plan.
- Cosmetic treatments: Cosmetic treatments are not covered under the plan.

#### Tips

- Be sure to keep all of your baby's medical records, including immunization records, in a safe place.
- Make sure you understand the coverage and any limitations that come with your plan.
- Ask your baby's doctor for information about any tests or treatments that are recommended.
- Talk to your doctor about any questions or concerns you may have about your baby's health.
- Call your insurance company if you have any questions about your coverage or need help understanding your plan.

At Contoso, we are committed to providing our employees with the best healthcare coverage available. We are proud to partner with Northwind Health to offer the Northwind Standard plan, which includes coverage for newborn care. With this plan, you can rest assured that your little one is taken care of.

#### Orthognathic Surgery (Jaw Augmentation Or Reduction)

##### COVERED SERVICES: Orthognathic Surgery (Jaw Augmentation or Reduction)

Under Northwind Standard, orthognathic surgery, or jaw augmentation or reduction, is a type of covered service. This procedure involves the reshaping of the jaw, which may be done to correct a number of medical conditions, such as a misaligned jaw, a jaw that is too narrow or wide, an overbite, or an underbite.

Orthognathic surgery may also be used to improve a person's facial appearance. This type of surgery is generally performed by an oral and maxillofacial surgeon and may require a hospital stay of up to three days, depending on the complexity of the procedure.

In order for the orthognathic surgery to be covered by Northwind Standard, the procedure must be medically necessary and the patient must be referred by a primary care physician or specialist. In addition, the patient must be an in-network provider for Northwind Standard, and the services must be performed at an in-network hospital or facility.

When considering orthognathic surgery, it is important to remember that there is no one-size-fits-all approach. Each patient's needs are different, and the procedure should be tailored to the individual's needs. It is also important to be aware that this type of surgery may not be covered by Northwind Standard if it is considered cosmetic in nature.

When seeking orthognathic surgery, it is important to discuss the risks and benefits with your primary care physician or specialist. It is also important to ask questions and seek out second opinions before making a decision. It is also a good idea to research the credentials of the surgeon you are considering, as well as the hospital or facility where the procedure will be performed.

In addition, it is important to remember that recovery from orthognathic surgery may take several months, and you may need to take time off from work to heal. It is also important to note that some patients may experience pain, swelling, and discomfort during the recovery period.

Finally, it is important to remember that orthognathic surgery is a major medical procedure, and it is important to be aware of the risks and potential complications. It is also important to discuss any concerns with your primary care physician or specialist before making a decision.

Northwind Standard is committed to providing patients with quality care and coverage for orthognathic surgery. If you have questions about coverage or are considering this type of surgery, it is important to contact your primary care physician or specialist. You can also contact Northwind Standard for more information about coverage and eligibility.

### **Prescription Drug**

#### **COVERED SERVICES: Prescription Drugs**

The Northwind Standard plan provides coverage for prescription drugs. This includes both brand name and generic medications, as well as over-the-counter drugs when prescribed by a doctor. Northwind Standard also provides coverage for immunizations and vaccinations.

In order to receive coverage for prescription drugs, members must use one of Northwind Health's preferred pharmacies. Preferred pharmacies offer the lowest copayments, and they also provide additional cost savings benefits. To find a preferred pharmacy in your area, you can use the Find a Pharmacy tool on the Northwind Health website.

When filling a prescription, you can choose to receive your medications through the mail. This option is convenient and can help you save money. You can also request prescription refills online or by phone, and you can even use a mobile app to manage your prescriptions.

When using a preferred pharmacy, you may be able to take advantage of discounts on generic medications. This can help to reduce your out-of-pocket costs. In addition, your pharmacy may offer additional savings on brand-name medications, such as 90-day supplies or three-month supplies.

It's important to note that the Northwind Standard plan does not cover certain medications, including drugs used for weight loss or fertility treatments, compounded medications, or drugs that are not FDA-approved. You should always check with your doctor or pharmacist to make sure that your prescription is covered under the Northwind Standard plan.

You should also be aware that Northwind Standard does not cover over-the-counter medications, unless they are prescribed by a doctor. If you need to purchase an over-the-counter medication, you will have to pay for it out of pocket.

Finally, always look for generic medications whenever possible. Generic medications are typically less expensive than brand-name medications, and they are just as effective.



By following these tips, you can make sure that you are taking advantage of all the benefits of the Northwind Standard plan. With the right plan in place, you can be sure that you are getting the best coverage for your medical, dental, vision, and prescription drug needs.

### Preventive Care

#### COVERED SERVICES: Preventive Care

At Northwind Health, preventive care services are covered under the Northwind Standard plan. Preventive care services are a great way to stay on top of your health, and they are available at no additional cost when you are a part of Northwind Standard.

Preventive care services include the following:

- Physicals and vaccinations
- Health screenings and tests, such as blood pressure, cholesterol and diabetes tests
- Counseling, such as lifestyle and nutrition counseling
- Immunizations
- Vision and hearing screenings
- Other preventive services as recommended by the U.S. Preventive Services Task Force

Please note that Northwind Standard does not cover all preventive care services. For instance, Northwind Standard does not cover cosmetic services or any service that is not medically necessary.

To make the most of your Northwind Standard plan, here are a few tips:

- Be sure to talk to your doctor to find out which screenings, tests, and immunizations you should get each year.
- Know which preventive services are covered by your plan.
- Ask your doctor if he or she is in-network with Northwind Health.
- Schedule regular physicals and preventive care check-ups.
- Take advantage of any wellness programs offered by Northwind Health.
- Stay up-to-date on the latest preventive care guidelines.

Preventive care services can help you stay healthy and prevent illnesses from developing. With Northwind Standard, you can take advantage of these important services, which are covered at no additional cost.

Remember, preventive care is an important part of your overall health. Northwind Health is dedicated to helping you get the preventive care you need to stay healthy and protect yourself for the future.

### Professional Visits And Services

#### COVERED SERVICES: Professional Visits and Services

Northwind Standard provides coverage for professional visits and services. This includes visits to your primary care physician, specialists, and other health care providers. This coverage is available for services that are medically necessary and are provided by in-network providers.

In-network providers will generally provide services at a lower cost than out-of-network providers, so it is important to check with Northwind Health before making an appointment to ensure that the provider is in-network. This can help you save money and avoid unexpected costs.

The Northwind Standard plan covers services such as:

- Preventive care services, including physicals, immunizations, and screenings
- Diagnostic tests and treatments
- Medical consultations
- Physical therapy
- Mental health services
- Prescription drugs
- Inpatient hospital services
- Emergency services

Northwind Standard does not cover certain types of services, including cosmetic services, experimental treatments, and most dental services. It also does not cover services provided by out-of-network providers.

When using your Northwind Standard plan, it is important to understand your coverage and any costs that you may be responsible for. Northwind Health offers a variety of tools and resources to help you make the most of your coverage, including a cost estimator tool and a provider directory. Northwind also offers 24/7 customer service to answer any questions you may have about your coverage.

Using your Northwind Standard plan can help you get the care you need while saving money. It is important to understand your coverage and any out-of-pocket costs that may be

associated with services. When in doubt, check with Northwind Health to ensure that you are getting the most out of your coverage.

### **Psychological and Neuropsychological Testing**

#### **Psychological and Neuropsychological Testing Covered Services**

The Northwind Standard plan offers coverage for psychological and neuropsychological testing services. These services are covered under the plan's mental health benefits, so you can rest assured that your tests will be covered in full.

When it comes to psychological and neuropsychological testing services, there are some exceptions that you should be aware of. Generally, this type of testing is covered when it is prescribed or ordered by a health care professional. The tests must be medically necessary in order for the plan to provide coverage. Additionally, the plan will only cover the cost of the tests when they are administered by an in-network provider.

If you are in need of psychological or neuropsychological testing services, your first step should be to speak with your primary care physician. He or she will determine if the tests are medically necessary and can provide you with a referral to an in-network provider. It is important to note that the Northwind Standard plan does not cover the cost of any tests that are administered by an out-of-network provider.

When you are selecting an in-network provider for your psychological or neuropsychological testing services, it is important to ensure that the provider is properly licensed and highly qualified to perform the tests. You should also ask questions about the provider's experience and training in order to ensure that you are receiving the highest quality of care.

It is also important to remember that the Northwind Standard plan does not cover any costs associated with psychological or neuropsychological testing that is done for research purposes or for educational purposes. Additionally, the plan does not cover any costs associated with psychological or neuropsychological testing that is done for non-medical reasons such as pre-employment screening or for legal purposes.

In order to ensure that your psychological or neuropsychological testing services are covered under the Northwind Standard plan, it is important to review your plan's Summary of Benefits and Coverage (SBC) document. This document will provide you with a full list of covered services, as well as any exceptions that may apply.

Overall, the Northwind Standard plan provides coverage for psychological and neuropsychological testing services when they are prescribed or ordered by a health care professional and when they are provided by an in-network provider. It is important to be aware of any exceptions that may apply, as well as to select a highly qualified in-network provider for your tests in order to ensure that your services are covered in full.

## Rehabilitation Therapy

### REHABILITATION THERAPY

Northwind Standard covers a range of rehabilitation therapy services, including physical, occupational, and speech therapy. For physical therapy, coverage is for medically necessary physical therapy services related to an injury or illness, including the use of equipment and supplies. For occupational therapy, coverage is for medically necessary services related to an injury or illness, including the use of specialized equipment and supplies. For speech therapy, coverage is for medically necessary services related to an injury or illness, including the use of specialized equipment and supplies.

#### Exceptions

Unfortunately, Northwind Standard does not cover any services related to cosmetic or reconstructive surgery, or any services related to the treatment of obesity or weight control. This plan also does not cover services related to the treatment of sleep disorders.

#### Tips

When looking for a rehabilitation therapy provider, make sure that they are in-network and covered by your plan. Also, keep in mind that you may need a referral from a primary care physician for some services. Finally, remember to bring a list of all medications you are taking to your provider, as well as any information about past medical history.

If you have any questions about the services covered by Northwind Standard, you can contact the Northwind Health customer service team for more information. They can provide you with details about the types of services covered, as well as any applicable copayments, coinsurances, and deductibles.

## Skilled Nursing Facility Services

### Skilled Nursing Facility Services

Skilled nursing facility (SNF) services are a key component of Northwind Standard health plan coverage. The plan provides coverage for short-term care in a skilled nursing facility for medically necessary services. The coverage is designed to help you receive the care you need to help you recover from an illness or injury.

#### What Does Skilled Nursing Facility Care Include?

Skilled nursing facility care includes a wide range of services provided by a variety of healthcare professionals, including trained nurses, therapists, social workers, and other professionals to help you recover from an illness or injury. Services may include physical, occupational, and speech therapy, medication management, wound care, intravenous infusions, and other services that can help you regain independence and return home.

#### How Long Does Skilled Nursing Facility Care Last?

Your coverage for skilled nursing facility care is limited to a maximum of 100 days. In order to continue to receive benefits, you must make measurable progress toward a goal that is established by your doctor.

#### What Are the Exceptions to Skilled Nursing Facility Care Coverage?

Not all skilled nursing facility services are covered under Northwind Standard. The plan does not cover custodial care or services that are not medically necessary. Custodial care includes services that are provided to help you with activities of daily living such as bathing, dressing, and other basic care.

Other exceptions to coverage include services provided in an assisted living facility, a hospice, or in the home.

#### Tips for Getting the Most Out of Your Skilled Nursing Facility Care

- Make sure to communicate with your doctor and the skilled nursing facility staff about your progress and treatment plan.
- Ask questions about any treatments or services that you are unfamiliar with.
- Check with your plan to make sure that any medications or treatments you receive are covered under your plan.
- Use the skilled nursing facility's discharge planning services to ensure a smooth transition home.
- Be sure to follow-up with your primary care doctor after leaving the facility.

#### Spinal and Other Manipulations

##### COVERED SERVICES: Spinal and Other Manipulations

Northwind Standard offers coverage for spinal and other manipulations, including chiropractic and osteopathic services. These services may be covered when they are performed by a licensed chiropractor or osteopathic physician, and when they are medically necessary. The plan covers manipulation of the spine and other joints, as well as the soft tissues of the body. This can include the muscles, ligaments, and tendons that are associated with the spine and joints.

The services must be performed by a licensed chiropractor or osteopathic physician. These services may be performed on an outpatient basis, such as at a chiropractor's office, or in a hospital or other facility.

It is important to note that Northwind Standard does not cover services that are not medically necessary, or that are performed by someone who is not a licensed chiropractor or osteopathic physician.

In some cases, coverage for spinal and other manipulations may be subject to pre-authorization or pre-certification. If your provider requires pre-authorization or pre-certification, you should contact Northwind Health prior to receiving the services to ensure that they are covered.

It is also important to understand that coverage for spinal and other manipulations may be limited. Northwind Standard does not cover services for the purpose of maintenance or prevention of disease, nor does it cover services that are experimental in nature.

If your provider recommends spinal or other manipulations, it is important to make sure that you understand the risks and benefits associated with the service. Make sure that you ask questions about how the service will be performed and what the expected results will be. Make sure that you understand what the potential risks and complications are and that you are comfortable with the provider's approach.

It is also important to understand that spinal and other manipulations may be covered by other insurance plans or by other sources. Be sure to check with your provider to see if there are any additional coverage options available.

Finally, it is important to remember that spinal and other manipulations are not a substitute for other forms of medical care. If you have any questions or concerns about your health, you should always speak to your doctor or other health care provider.

### **Substance Use Disorder**

#### **Substance Use Disorder**

At Contoso, we understand that substance use disorder is a serious issue that can have a devastating impact on individuals and their families. We are proud to offer our employees access to Northwind Standard, a health plan that provides coverage for substance use disorder treatment services.

Northwind Standard covers substance use disorder treatment services when they are medically necessary, including inpatient and outpatient care, as well as counseling. This coverage also includes medically necessary medications that are used to treat substance use disorder.

In addition, Northwind Standard provides coverage for certain services that are not typically covered by other health plans, such as detoxification services, residential treatment services, and recovery support services.

While Northwind Standard does provide coverage for substance use disorder treatment services, there are some exceptions to this coverage. For example, Northwind Standard does not cover services that are provided in a hospital emergency room or a hospital inpatient setting unless they are medically necessary and pre-authorized by Northwind Health.

We understand that substance use disorder can have a devastating impact, and we want to make sure that our employees have access to the care they need. If you have any questions

about Northwind Standard's coverage for substance use disorder services, please contact Northwind Health and speak to one of our customer service representatives.

Here are some tips that could be helpful to our employees who may be struggling with substance use disorder:

- Seek help as soon as possible. Early intervention and treatment can make a significant difference in achieving successful recovery.
- Take advantage of your Northwind Standard coverage. Make sure to familiarize yourself with your coverage, and take full advantage of all the services available to you.
- Reach out for support. Substance use disorder is a very isolating experience, but there are people who want to help and support you.
- Stay connected to your recovery plan. Developing and following a recovery plan is essential to long-term sobriety. Make sure to stick to your plan and seek out additional resources as needed.
- Take care of your health. Substance use disorder can have a profound impact on your physical and mental health. Make sure to seek regular medical care and take steps to manage your physical and mental health.

We hope that these tips are helpful to our employees who are struggling with substance use disorder. We encourage everyone to contact Northwind Health and speak to one of our customer service representatives if you have any questions about your coverage for substance use disorder services.

## **Surgery**

### **Surgery**

Surgery is a common medical service and is covered under the Northwind Standard plan. You will be able to use in-network providers for your surgery, as long as it's deemed medically necessary by your doctor.

The amount of coverage you receive for surgery depends on the type of surgery you need. Generally, simple and routine surgeries are covered at 100%, while major or complex surgeries may be covered at a lower rate. You can check with your insurance provider to learn more about the coverage for specific surgeries.

Before you receive surgery, you'll need to get pre-authorization from your insurance provider. Pre-authorization means that your insurance provider has approved the surgery and the amount of coverage you'll receive. If you don't get pre-authorization, you may be responsible for all the costs of the surgery.

You'll also need to make sure that you have a referral from your primary care physician if you're seeing a specialist for surgery. If you don't have a referral, your insurance provider may not cover the cost of the surgery.

If you need to stay overnight in a hospital after your surgery, your Northwind Standard plan will cover the cost of the hospital stay. However, you may have to pay a copay for each day you stay in the hospital.

In some cases, you may need to pay for part of the cost of the surgery. This is called coinsurance, which is a percentage of the cost that you pay out-of-pocket. The coinsurance rate for surgeries is usually around 20%, but it can vary depending on the type of surgery and the insurance provider.

Some types of surgery are not covered by the Northwind Standard plan. These may include cosmetic surgery, elective surgery, and any type of experimental surgery. You'll need to check with your insurance provider to find out which surgeries are covered and which are not.

When it comes to surgery, it's important to plan ahead and make sure that you understand your insurance coverage. Make sure to get pre-authorization, get a referral from your primary care physician, and get an estimate of the cost of the surgery. This will help ensure that your surgery is covered and that you're not left with unexpected costs.

### **Surgical Center Care – Outpatient**

#### **Surgical Center Care – Outpatient**

At Northwind Health, we understand that having access to quality and affordable care is important. That's why we offer coverage for surgical center care – outpatient services in our Northwind Standard plan.

When it comes to surgical center care, Northwind Health provides coverage for procedures that require care at an outpatient surgical center. This includes surgery, as well as related services, such as lab tests, x-rays, and certain medications. This coverage is subject to certain restrictions, such as prior authorization, medical necessity, and applicable copayments or coinsurance.

It's important to note that Northwind Standard does not cover services provided in a hospital outpatient department. If you need care in a hospital outpatient setting, you will need to pay the full cost of the services not covered.

If you need a surgical procedure, your primary care physician will likely refer you to a specialist who can provide the care you need. Make sure to ask questions and get all the information you need before you have your procedure. Also, make sure to check if the specialist is in-network with Northwind Health. That way, you can be sure that your procedure will be covered by your plan.



When you visit the surgical center, you may be asked to sign a form acknowledging that you are responsible for any costs that are not covered by your plan. It's important to read this form carefully, so you know what you're agreeing to.

If you need to have a procedure done at an outpatient surgical center, make sure to contact Northwind Health beforehand. You can call our customer service team at 1-800-555-1234 and they will help you understand what services are covered by your plan and how to get the care you need.

At Northwind Health, we are committed to providing quality and affordable health care services. We are here to help you get the care you need, when you need it.

### **Temporomandibular Joint Disorders (TMJ) Care**

#### **COVERED SERVICES: Temporomandibular Joint Disorders (TMJ) Care**

The Northwind Standard plan includes coverage for Temporomandibular Joint Disorders (TMJ) Care. TMJ care is the diagnosis and management of disorders of the temporomandibular joint, which is the joint that connects the lower jaw to the skull. TMJ care can include diagnostics such as x-rays, CT scans, MRIs, and other tests or treatments, including physical therapy, medications, and surgery.

The Northwind Standard plan does not cover certain TMJ treatments and services, such as treatment for bruxism, TMJ splint therapy, or orthodontic treatment. Additionally, any services or treatments that are deemed to be experimental or investigational are not covered by the Northwind Standard plan.

Employees with this plan should be aware that they may be subject to preauthorization requirements when seeking TMJ care. Preauthorization is a process in which a health insurance company reviews the medical necessity of a treatment or procedure prior to authorizing payment. This means that the employee must obtain approval from the insurance company before receiving the treatment or procedure.

When seeking TMJ care, it is important for the employee to discuss their condition and treatment options with their healthcare provider. The healthcare provider can recommend specific treatments and services that are appropriate for the employee's condition and can help the employee understand if their treatment is covered by the Northwind Standard plan. It is also important for the employee to understand their financial responsibility prior to receiving treatment. This includes any copayments, coinsurance, or deductibles that may be applicable.

In addition to discussing treatment options with their healthcare provider, employees should also be proactive in managing their TMJ condition. This includes avoiding activities that can exacerbate the problem, such as grinding teeth or chewing gum, and practicing relaxation techniques to reduce stress. Additionally, employees should practice good posture and avoid sleeping on their stomach to reduce strain on the jaw. Practicing good

oral hygiene is also important, as TMJ can be caused by dental problems such as misalignment of the teeth.

Finally, employees should be aware that TMJ is a chronic condition, which means that it may require ongoing management. Regular visits to the healthcare provider for diagnosis and treatment may be necessary in order to manage the condition. Employees should also be aware that the Northwind Standard plan does not cover all TMJ treatments, so it is important to understand their financial responsibility for any treatment that is not covered.

In conclusion, the Northwind Standard plan does provide coverage for TMJ care, but there may be certain treatments and services that are not covered. It is important for employees to understand their financial responsibility prior to receiving treatment, and to discuss their condition and treatment options with their healthcare provider. Additionally, it is important for employees to practice good posture, avoid activities that can exacerbate the problem, and practice good oral hygiene in order to manage their TMJ condition.

### Therapeutic Injections

#### Therapeutic Injections

Therapeutic injections are a covered service under the Northwind Standard plan. This means that members of the Northwind Standard plan will be eligible for coverage for certain therapeutic injections. This coverage includes the cost of both the injection and the injection materials.

The Northwind Standard plan covers therapeutic injections when they are medically necessary and prescribed by a physician. Injections that are medically necessary are those that are necessary to treat, diagnose, or prevent a medical condition that has been diagnosed by a physician. This means that the injection must be part of the treatment plan for a medical condition that has been diagnosed by a physician.

The Northwind Standard plan does not cover injections for cosmetic purposes or for treatment of any condition that has not been diagnosed by a physician.

In order for a therapeutic injection to be covered by the Northwind Standard plan, the injection must be administered by a physician or other qualified healthcare provider. The injection must also be administered in a medically appropriate setting, such as a hospital or physician's office. Injections that are administered in non-medical settings, such as a pharmacy, are not covered by the Northwind Standard plan.

Members of the Northwind Standard plan may be responsible for any co-payments, coinsurance, or deductibles associated with the therapeutic injection. The amount of the co-payment, coinsurance, or deductible will be determined by the member's specific plan.

When considering a therapeutic injection, members should talk to their physician or other qualified healthcare provider about the risks, benefits, and potential side effects of the injection. It is also important to discuss any other treatments or medications that may be

necessary in order to get the best possible outcome for the medical condition that is being treated.

It is also important to note that therapeutic injections may not be covered under all Northwind Standard plans. Members should check with their plan administrator to determine if a specific therapeutic injection is covered under their plan.

When a therapeutic injection is covered by the Northwind Standard plan, the member should always confirm that the injection is being administered by a qualified healthcare provider in a medically appropriate setting. If a member has any questions about the therapeutic injection, they should contact the Northwind Health customer service team for more information.

By understanding the coverage offered by the Northwind Standard plan, members can make informed decisions about their healthcare and ensure that they are getting the best possible care.

## Transplants

### COVERED SERVICES - Transplants

At Northwind Health, we understand how important it is to have access to the best possible care. That's why our Northwind Standard plan provides coverage for organ and tissue transplants.

If you need a transplant of any kind, Northwind Standard will cover the expenses associated with the procedure, including the cost of the donor organ, hospital stays, recovery costs, and medications. It's important to note that transplants are subject to certain criteria, including a determination of medical necessity, so it's important to discuss your transplant needs with your primary care physician.

In addition to covering the cost of the transplant itself, Northwind Standard will also provide coverage for pre- and post-transplant care, such as laboratory tests, diagnostic tests, and other medically necessary services. It's important to note that there are some exceptions to coverage for transplants. For example, Northwind Standard does not cover experimental or investigational transplant procedures, or any services that are not medically necessary.

When it comes to making sure you get the best care possible, we believe that the best approach is to work with your doctor to determine the best course of action. It's important to note that coverage for transplants is subject to preauthorization, so it's important to make sure that you get the necessary authorization for any transplant procedures before you move forward.

There are also a few tips that can help make sure that you get the most out of your Northwind Standard coverage for transplants. For example, it's important to make sure that you are familiar with all of the details of your coverage, including any applicable copays or

coinsurance requirements. It's also a good idea to ask your doctor about any potential out-of-pocket costs you may need to pay, as well as any potential alternative treatments that may be available.

Finally, it's important to note that Northwind Standard does not provide coverage for any experimental or investigational transplant procedures. If you're considering a transplant procedure, it's important to make sure that it is a medically necessary procedure, and that it is covered under your Northwind Standard plan.

At Northwind Health, we understand how important it is for our members to have access to the best possible care. That's why we're proud to provide coverage for organ and tissue transplants through our Northwind Standard plan. With this coverage, you can get the care you need, while also enjoying the peace of mind that comes from knowing that your transplant procedure is covered.

### **Urgent Care**

#### **# COVERED SERVICES: Urgent Care**

At Northwind Health, our Northwind Standard plan covers urgent care services. Urgent care services are typically for medical issues that cannot wait for a scheduled appointment with a primary care provider. Examples of conditions that would be covered under urgent care include ear infections, allergic reactions, minor broken bones, and insect or animal bites.

Northwind Health's Northwind Standard plan covers urgent care services provided by in-network providers. The coverage includes visits to urgent care centers and emergency rooms. It is important to note that while emergency rooms are covered, they should only be used in the event of a true medical emergency. In the case of a medical emergency, go to the nearest emergency room or call 911 right away.

To help you determine whether a condition requires urgent care or can wait for a scheduled appointment, Northwind Health provides access to telemedicine services. Telemedicine services are available 24 hours a day, seven days a week. Through these services, you can talk to a doctor or nurse practitioner who can help you determine if a condition is appropriate for urgent care or should be treated with a scheduled appointment.

When seeking urgent care services, it is important to keep in mind that you may be responsible for some out-of-pocket costs. This includes co-pays, co-insurance, and deductibles. The amount you are responsible for will depend on your plan and the type of services you receive. To help you better understand your coverage, Northwind Health provides access to an online cost estimator tool. This tool allows you to search for specific services and get an estimate of what you will be responsible for. It is important to note that the estimates provided are only estimates, and the actual cost may vary.

Finally, Northwind Health's Northwind Standard plan does not cover services that are not medically necessary. Examples of services that are not covered include cosmetic procedures

and elective treatments. Additionally, the plan does not cover services that are not related to the diagnosis or treatment of an illness or injury.

At Northwind Health, we are committed to helping you get the care you need when you need it. We understand that medical issues can arise suddenly and can be unpredictable. That is why we offer coverage for urgent care services through our Northwind Standard plan. If you have any questions about your coverage, please contact our customer service team.

### Virtual Care

#### COVERED SERVICES: VIRTUAL CARE

At Northwind Health, we understand that our members may have difficulty accessing in-person care. That is why we offer virtual care, allowing members to access care from the comfort of their own home. With virtual care, members can talk to a doctor or nurse practitioner by phone or video call, receive a diagnosis and treatment, and get prescriptions sent to their pharmacy of choice.

Northwind Standard covers virtual care services in the same way it would cover an in-person visit. This includes a variety of services, such as urgent care, primary care, mental health and substance abuse services, and specialist visits. Members also have access to telehealth post-discharge care and chronic disease management.

#### Exceptions

Although Northwind Standard covers most virtual care services, there are a few exceptions. Virtual care is not covered for any services that require a physical exam, such as pediatric well-child visits, physical therapy, and lab work. Additionally, virtual care is not covered for any services that require in-person care, such as surgeries and imaging tests.

#### Tips for Members

We want to make sure our members get the most out of their virtual care visits. Here are a few tips to help make your virtual care visits as successful as possible:

- Make sure your doctor is in-network. Northwind Standard covers virtual care services for in-network providers only.
- Have your medical records on hand. Your doctor or nurse practitioner will need to see your medical records during the visit, so make sure to have them available.
- Have a list of questions ready. Make sure to write down any questions you have before the visit so that you can get the most out of it.
- Follow up with your doctor. After the virtual care visit, make sure to follow up with your doctor if needed.

Virtual care is a great way to access care from the comfort of your own home. With Northwind Standard, you can get the care you need without the hassle of leaving your home. Our virtual care services are covered in the same way as any in-person visit, so you can rest assured you are getting the best possible care.

## Weight Management

### WEIGHT MANAGEMENT

Weight management can be an important part of staying healthy and maintaining a healthy lifestyle. Fortunately, Northwind Standard provides coverage for various weight management programs and services.

#### Preventive Care Services

Northwind Standard covers preventive care services related to weight management. This includes screening tests related to obesity as well as nutrition counseling. This coverage may also include follow-up services related to the screening test and nutrition counseling.

#### Behavioral Health Services

Northwind Standard also covers behavioral health services related to weight management. This includes behavioral counseling and cognitive behavioral therapy. The service provider may also provide group counseling related to weight management and nutrition.

#### Prescription Drugs

Northwind Standard also covers certain prescription drugs related to weight management, such as medications for obesity. However, please note that there may be other prescriptions drugs related to weight management that Northwind Standard does not cover. Please contact Northwind Health for more information.

#### Exceptions

Northwind Standard does not cover weight loss surgery or any other type of cosmetic surgery related to weight management.

#### Tips for Weight Management

If you are looking to manage your weight, there are a few tips that can help you get started.

1. Make sure to get enough sleep. Sleep helps the body to rest and recover, which can help you to stay energized and focused.
2. Eat a balanced diet. Eating a balanced diet that includes a variety of fruits, vegetables, lean proteins, and whole grains can help you to maintain a healthy weight.
3. Exercise regularly. Exercise helps to burn calories and can help with weight management. Try to get at least 30 minutes of physical activity each day.

4. Drink plenty of water. Drinking water helps to keep the body hydrated and can help with weight management.
5. Avoid sugary drinks. Sugary drinks such as soda and energy drinks can add a lot of calories to your diet, so try to avoid them.
6. Track your progress. Keeping track of your weight loss progress can help you to stay motivated and on track.
7. Seek support. Having a support system of friends, family, or a healthcare professional can help you to stay accountable and motivated.

By following these tips and taking advantage of the coverage available through Northwind Standard, you can take steps towards managing your weight and improving your overall health.

## WHAT DO I DO IF I'M OUTSIDE WASHINGTON?

### Out-Of-Area Care

#### WHAT DO I DO IF I'M OUTSIDE WASHINGTON?

If you find yourself outside of Washington and in need of medical care, Northwind Standard provides coverage for out-of-area emergency services. You will be covered for medically necessary services and supplies to treat a sudden and unexpected illness or injury. You are also covered for emergency services related to a pre-existing condition.

It is important to know that Northwind Standard does not provide coverage for non-emergency services outside of Washington. That means you may be responsible for the full cost of care if you seek out care for a condition that could have been treated in Washington.

In order to receive coverage for out-of-area care, you must meet the following criteria:

- You must be outside of Washington for no more than 12 consecutive months
- You must be more than 100 miles away from your primary care provider
- Your plan must have been in effect for at least 6 months before you receive out-of-area care

If you meet the criteria listed above, you may be eligible for coverage of out-of-area services. In order to receive coverage, you must contact Northwind Health in advance of receiving care. You must also obtain prior authorization for any care you wish to receive. If prior authorization is not obtained, you may be responsible for the full cost of care.

If you are outside of Washington for more than 12 consecutive months, you may not be eligible for coverage of out-of-area services. In this case, you may need to seek out a new plan that offers coverage in the state where you are living.

It is important to note that Northwind Standard does not cover out-of-network services outside of Washington. This means that you will need to find in-network providers in the state where you are living to receive coverage.

It is also important to keep in mind that the cost of care can vary widely outside of Washington. You should contact Northwind Health to get an estimate of the cost of care for services you may need. This can help you make an informed decision about where to obtain care.

Finally, it is important to keep your Northwind Standard plan active while you are out of state. This will ensure that you remain eligible for coverage if you need to receive out-of-area care.

By following the tips outlined above, you can ensure that you are prepared if you find yourself needing care outside of Washington. Northwind Standard provides coverage for out-of-area emergency services, but it does not provide coverage for non-emergency services, out-of-network services, or care received outside of Washington for more than 12 consecutive months. Prior authorization must also be obtained in order to receive coverage. Keeping your plan active while out of state will also ensure that you remain eligible for coverage.

## CARE MANAGEMENT

### Prior-Authorization

#### CARE MANAGEMENT: Prior Authorization

Northwind Standard includes Care Management services, which are designed to provide support, information, and proactive care for members. Specifically, this plan includes a Prior Authorization (PA) process for certain services.

Prior Authorization is a process used by Northwind Health to make sure that a covered service is medically necessary and is the most cost-effective way to receive the service. Before certain services are approved and covered, an authorization must be requested from Northwind Health. This authorization can be requested by either the provider or the member.

If you require a service that requires prior authorization, you must make sure that it is requested and approved before you receive the service. If prior authorization is not obtained, Northwind Health may not cover the service.

#### Exceptions

There are certain services that are exempt from the prior authorization process. These include:

- Preventive care services, such as annual physicals or vaccinations



- Services provided in an emergency care setting
- Services provided in an outpatient hospital setting
- Services provided in an urgent care setting
- Services provided in a skilled nursing facility

#### Tips

If you have any questions about the prior authorization process, Northwind Health recommends that you contact them at least five business days before the scheduled service. This will allow you to receive the necessary authorization in a timely manner.

You can contact Northwind Health by calling their customer service number or sending an email. If you call, make sure to have your health plan identification number handy.

Additionally, if you receive a service without prior authorization, you may be responsible for the full cost of the service. Therefore, if you are unsure about whether a service requires authorization, contact Northwind Health for more information.

In order to make the prior authorization process as easy as possible, Northwind Health has made it possible to submit requests online. You can access this service through the Northwind Health website.

If you would like to make a prior authorization request via mail, you can send the request to:

Northwind Health Prior Authorization Department

PO Box 1234

Anytown, USA 00000

Northwind Health also offers a patient advocacy program to help you with the prior authorization process. This program can provide assistance with filing appeals, finding specialists, and understanding insurance terms.

By understanding the prior authorization process, you can ensure that your services are covered by your Northwind Health plan. If you have any questions about the services that require authorization or about the process itself, contact Northwind Health for more information.

#### How Prior-Authorization Works

##### CARE MANAGEMENT: How Prior-Authorization Works

Prior authorization is a process that Northwind Standard uses to help ensure that members receive medically necessary, cost-effective, and appropriate services. With prior

authorization, services must be approved by Northwind Health before you can receive them. This process helps ensure that members receive the right care at the right time.

There are certain services that require prior authorization before the service is rendered. These services can include, but are not limited to, hospital stays, certain laboratory tests, certain imaging services, physical therapy, and durable medical equipment. Northwind Health may also require prior authorization for drugs that are not on the Northwind Standard formulary.

When you or your doctor request a service that requires prior authorization, Northwind Health will review the request. Northwind Health will then decide if the service is medically necessary and covered under Northwind Standard. Northwind Health will notify you and your doctor of the decision within three business days.

If Northwind Health approves the service, you may receive the service without any additional pre-authorization. However, if Northwind Health denies coverage, you may be able to appeal the decision. You can contact Northwind Health by phone or mail to submit an appeal.

Northwind Health may also review claims after the services have been provided. This process is called retrospective review and is used to ensure that the services provided were medically necessary and appropriate. Northwind Health may also use this process to detect fraud and abuse.

When requesting prior authorization, it is important to provide Northwind Health with all the necessary information. This includes a complete medical history and diagnosis, as well as any other relevant information. Northwind Health may also request additional information or tests to make a decision.

When requesting prior authorization, it is important to plan ahead. Northwind Health must receive all the necessary information before the requested service is provided. If Northwind Health does not receive all the necessary information, the prior authorization request may be denied.

When requesting prior authorization, it is also important to check with your doctor to make sure the service is covered under Northwind Standard. Some services may not be covered, even if prior authorization is approved.

Finally, if the service is approved, make sure to keep a copy of the authorization. This will help ensure that you receive the coverage you are entitled to.

Prior authorization can be a complicated process. However, it is important to remember that it is in place to help ensure that members receive the right care at the right time. Northwind Health is committed to helping members make informed decisions about their health care.

## Prior-Authorization for Benefit Coverage

### CARE MANAGEMENT: Prior-Authorization for Benefit Coverage

At Northwind Health, Contoso's employees have access to a variety of healthcare benefits, including coverage for medical, vision, and dental services. With Northwind Standard, employees can also choose from a variety of in-network providers for their care. However, in order to get the most out of their benefit coverage, employees should be aware of the prior-authorization process for certain services and treatments.

Prior-authorization is a process in which Northwind Health requires Contoso's employees to get approval from their plan before receiving certain services or treatments. This process helps ensure that the care is necessary and medically appropriate. If prior-authorization is not obtained, the employee may be responsible for the full cost of any services or treatments that are received without approval.

Some services or treatments that may require prior-authorization include, but are not limited to, hospital stays, certain medical procedures, durable medical equipment, and certain prescription drugs. In order to obtain prior-authorization, the employee's physician must submit a request to Northwind Health. The request will then be reviewed by Northwind Health to determine if the service or treatment is medically necessary and if it is a covered benefit under the Northwind Standard plan.

In some cases, Northwind Health may also require that the employee meet certain criteria in order to be approved for a service or treatment. These criteria may include specific medical tests or treatments, lifestyle changes, or other requirements. If the employee is unable to meet the criteria, prior-authorization may not be granted.

There are some exceptions to the prior-authorization process. For example, preventive care services and emergency services are not subject to prior-authorization. In addition, mental health and substance abuse coverage is not subject to prior-authorization. However, out-of-network services are subject to prior-authorization and may require additional cost to the employee.

Here are some tips for Contoso's employees to help them navigate the prior-authorization process:

- Contact your physician's office to determine if prior-authorization is required before receiving a service or treatment.
- Contact Northwind Health to determine if a service or treatment is a covered benefit under Northwind Standard.
- Ask your physician to submit a request for prior-authorization as soon as possible.
- Understand the criteria that may be required for prior-authorization and be prepared to meet those criteria if necessary.

- Be aware of any exceptions to the prior-authorization process, such as preventive care and emergency services.

By understanding the prior-authorization process and following these tips, Contoso's employees can ensure that they get the most out of their benefit coverage.

### Exceptions To Prior Authorization For Benefit Coverage

#### CARE MANAGEMENT: Exceptions To Prior Authorization For Benefit Coverage

At Northwind Health, we understand the importance of providing quality care for our members. That is why we offer certain exceptions to prior authorization for benefit coverage. This means that you may be able to access certain medical services without having to get prior approval from your primary care physician.

Some of the exceptions to prior authorization for benefit coverage that Northwind Health provides include:

1. **Emergency Services:** Emergency services are an important part of receiving the care you need when you need it. That is why Northwind Health provides an exception to prior authorization for emergency services. If you require emergency care, you will not need to get prior approval from your primary care physician.
2. **Maternity Care:** Northwind Health understands the importance of providing quality care for expectant mothers. That is why Northwind Health provides an exception to prior authorization for maternity care. This means that you will not need to get approval from your primary care physician for services related to your pregnancy.
3. **Mental Health and Substance Abuse Services:** Mental health and substance abuse services are vital for ensuring that our members are able to get the care they need when they need it. That is why Northwind Health provides an exception to prior authorization for mental health and substance abuse services. This means that you will not need to get approval from your primary care physician for these services.
4. **Out-of-Network Services:** In some cases, it may be necessary for you to seek care from an out-of-network provider. Northwind Health understands this and provides an exception to prior authorization for out-of-network services. This means that you will not need to get approval from your primary care physician for services provided by an out-of-network provider.

It is important to note that while Northwind Health provides exceptions to prior authorization for certain services, you may still be responsible for a portion of the costs associated with these services. It is important to consult your member handbook for more information regarding coverage and costs associated with these services.

In addition to the exceptions to prior authorization for benefit coverage, Northwind Health also provides tips for members on how to make the most of their coverage. Here are just a few of the tips that Northwind Health provides to its members:

1. Understand your coverage: It is important to understand your coverage and the services that are covered. This will ensure that you are able to access the care you need when you need it.
2. Ask questions: If you have any questions about your coverage or the services that are covered, it is important to ask questions. Northwind Health provides customer service representatives who are available to answer your questions and provide additional information.
3. Know when to get prior authorization: Even though there are certain exceptions to prior authorization for benefit coverage, it is important to know when you need to get prior authorization for services. This will ensure that you are able to access the care you need when you need it.

At Northwind Health, we understand the importance of providing quality care to our members. That is why we provide exceptions to prior authorization for certain services, as well as tips to help our members make the most of their coverage. If you have any questions about your coverage or the services that are covered, please do not hesitate to contact Northwind Health customer service.

#### **Prior-Authorization For Out-Of-Network Provider Coverage**

##### **CARE MANAGEMENT - Prior-Authorization For Out-Of-Network Provider Coverage**

Out-of-network providers are not included in the Northwind Standard plan, but you may be able to receive coverage for certain services by obtaining prior authorization. Prior authorization is a process that ensures that the service or medication you receive is medically necessary, and that it is covered by your plan.

In order to get coverage for out-of-network services, you must make sure to get prior authorization from Northwind Health. This is done by contacting the Northwind Health Customer Service team, who will review the request and provide you with a decision. If your request is approved, you will be covered for the service or medication. If it is not approved, you will not be covered.

When requesting prior authorization for an out-of-network provider, you should make sure to provide Northwind Health with all the necessary information, including:

- The name, address, and contact information of the out-of-network provider.
- The date of service.
- The diagnosis or reason for the service.
- The type of service or medication requested.
- The estimated cost of the service or medication.

It is important to note that, in some cases, Northwind Health may require additional information in order to make a decision. Additionally, Northwind Health may deny a request for prior authorization if the service or medication is not medically necessary, or if it is not covered by your plan.

When requesting prior authorization for an out-of-network provider, it is important to keep in mind that the process can take up to several days or even weeks. Therefore, it is important to start the process as soon as possible. Additionally, it is important to remember that you will be responsible for paying for the service or medication if Northwind Health does not approve the request.

If you have any questions about the prior authorization process, or if you need assistance with obtaining prior authorization, you can contact the Northwind Health Customer Service team at any time. They are available 24 hours a day, 7 days a week and will be happy to answer any questions or provide assistance.

Finally, it is important to note that there are some exceptions to the prior authorization process. For example, if you are receiving emergency services, you do not need to obtain prior authorization. Additionally, some services may require precertification rather than prior authorization. If you are unsure whether a service requires prior authorization or precertification, you can contact the Northwind Health Customer Service team for assistance.

In summary, prior authorization is required for out-of-network services that are covered by the Northwind Standard plan. It is important to make sure to contact Northwind Health as soon as possible in order to start the process, and to provide all the necessary information. If you have any questions or need assistance with obtaining prior authorization, the Northwind Health Customer Service team is available 24/7 to help. Additionally, there are some exceptions to the prior authorization process, such as emergency services, which do not require prior authorization.

#### **Exceptions to Prior-Authorization For Out-Of-Network Providers**

##### **CARE MANAGEMENT: Exceptions to Prior-Authorization For Out-Of-Network Providers**

At Northwind Health, we offer a variety of options for care management and prior authorization of out-of-network providers. We understand that there are circumstances when the care needed is not available through an in-network provider, and so we make exceptions to the prior-authorization requirement.

First and foremost, it's important to note that prior authorization is not required for emergency services. If you find yourself in an emergency situation, you can immediately seek out the care you need without worrying about getting prior authorization.

In addition, prior authorization is not necessary for emergency services provided in a foreign country. This includes both medical and dental services. However, it's important to

remember that Northwind Standard does not cover out-of-network services in foreign countries.

In rare cases, prior authorization may also be waived for services that are not available in-network. If the care you need is not available through an in-network provider, you can seek out an out-of-network provider without obtaining prior authorization. However, you should be aware that you may be responsible for any costs associated with out-of-network services.

In order to ensure that you are receiving the best care possible, it's important to understand the basics of prior authorization. Prior authorization is a process in which your insurance company reviews the request and verifies the need for the service or procedure. This helps to ensure that you receive the appropriate care and that the costs associated with the care are covered by your plan.

If you're considering seeking care from an out-of-network provider, it's important to remember that prior authorization is required for out-of-network services. You should call Northwind Health to obtain prior authorization before you receive care from an out-of-network provider.

It's also important to know that prior authorization may be denied if the service or procedure is not medically necessary or not covered under your plan. If prior authorization is denied, you may be responsible for any costs associated with the care.

At Northwind Health, we understand that there are times when care is not available through an in-network provider. That's why we make exceptions to the prior-authorization requirement for certain services and procedures. However, it's important to remember that prior authorization is still required for most out-of-network services.

If you have any questions about prior authorization for out-of-network providers, please contact Northwind Health. We're here to help you get the care you need, and we're here to help you understand the process of prior authorization.

### **Clinical Review**

#### **CARE MANAGEMENT: Clinical Review**

The Northwind Standard plan offers a variety of care management services to help ensure that members receive quality, cost-effective care. These services include clinical review, which is a process that evaluates the medical necessity and appropriateness of a proposed course of treatment, as well as any adjustment or changes to existing treatments.

Clinical review is conducted by Northwind Health's Medical Management Department, which is staffed by licensed clinicians who are experienced in the various medical conditions and treatments that are covered by the Northwind Standard plan. These clinicians use evidence-based guidelines and other important criteria to evaluate the proposed course of treatment and make sure that it is medically necessary and appropriate.

Northwind Health utilizes a three-level clinical review process. The first level of review involves a Registered Nurse (RN) or Medical Doctor (MD) evaluating the proposed course of treatment. If the RN or MD determines that the proposed course of treatment is medically necessary, then the case is approved and the member can proceed with the treatment. If the RN or MD determines that the proposed course of treatment is not medically necessary, then the case is referred to the next level of review.

At the second level of review, the case is evaluated by a Medical Director, who is an MD or Doctor of Osteopathic Medicine (DO). The Medical Director reviews the case and makes a final determination as to whether the proposed course of treatment is medically necessary or not. If the Medical Director approves the case, then the member can proceed with the treatment. If the Medical Director does not approve the case, then the case is referred to the third level of review.

At the third and final level of review, the case is evaluated by a Medical Review Officer, who is an MD or DO. The Medical Review Officer reviews the case and makes a final determination as to whether the proposed course of treatment is medically necessary or not. If the Medical Review Officer approves the case, then the member can proceed with the treatment. If the Medical Review Officer does not approve the case, then the member is not eligible to receive the treatment.

The Northwind Standard plan also offers several exceptions to the clinical review process. For example, certain types of medical services are exempt from clinical review and can be approved without going through the process. Additionally, certain time-sensitive services may be approved without going through the clinical review process if the member's health is in immediate danger.

It is important for members to understand the clinical review process and the exceptions that are available. Members should be aware that some medical services may require pre-authorization before they can be approved, and that the clinical review process may take some time. Additionally, members should keep in mind that the clinical review process is designed to ensure that medically necessary treatments are provided in a timely and cost-effective manner.

To help ensure that the clinical review process runs smoothly and quickly, members should provide accurate and detailed information about their medical needs when requesting treatment. This includes a complete list of their current medications, as well as all relevant medical history. Additionally, members should provide any necessary documentation that may be required, such as test results or lab reports. Finally, members should make sure that they understand the process and any exceptions that may apply.

Overall, the clinical review process is an important component of the Northwind Standard plan, and it helps to ensure that members receive high-quality, cost-effective care. The process is designed to be straightforward and efficient, and the exceptions that are available can help to ensure that members receive the care they need in a timely manner. By



understanding the clinical review process and the exceptions that are available, members can help to ensure that they receive the care they need in a timely and cost-effective manner.

### Personal Health Support Programs

#### CARE MANAGEMENT

At Northwind Health, we understand that making sure you get the care you need is an essential part of your overall health. That's why we offer a range of personal health support programs that are part of the Northwind Standard plan.

#### Personal Health Support Programs

Northwind Health's personal health support programs are designed to help you achieve your health goals and optimize your care. Our programs provide you with access to specialized care teams and tailored resources to help you manage chronic illnesses, injuries, and other health-related issues.

Our personal health support programs are designed to help you get the most out of your health benefits. Through our programs, you can access:

- Care Coordinators who can help you find the right care and services
- Health Coaches to help you develop a personalized plan to achieve your health goals
- Care Managers who can help you manage chronic conditions
- Health Educators who can provide you with the knowledge, skills, and tools to manage your health
- Specialists who can provide additional support, such as nutrition and lifestyle counseling

#### Exceptions

It's important to note that Northwind Standard does not cover emergency services, mental health and substance abuse services, or out-of-network services.

#### Tips

If you're looking to take advantage of Northwind Health's personal health support programs, here are a few tips to keep in mind:

- Take advantage of the Care Coordinators who can help you find the right care and services
- Make sure you develop a personalized plan with your Health Coach to achieve your health goals
- Utilize the Care Managers who can help you manage chronic conditions

- Use the Health Educators who can provide you with the knowledge, skills, and tools to manage your health
- Make sure you get the support you need from Specialists who can provide additional support, such as nutrition and lifestyle counseling
- Don't forget to check if your plan covers emergency services, mental health and substance abuse services, or out-of-network services before you receive care

At Northwind Health, we understand that taking charge of your health is essential. Our personal health support programs are there to help you get the most out of your health benefits and to ensure that you get the care you need. With our programs, you can access personalized care teams, tailored resources, and additional support to help you manage chronic illnesses, injuries, and other health-related issues.

If you have any questions about Northwind Health's personal health support programs, please don't hesitate to contact us. Our team is here to help you make the most of your plan and get the care you need.

### Chronic Condition Management

#### CARE MANAGEMENT: Chronic Condition Management

At Contoso, we understand the importance of providing quality health care for our employees, and that's why we've partnered with Northwind Health to offer Northwind Standard, a comprehensive health insurance plan that includes chronic condition management.

Chronic condition management is a comprehensive approach to managing chronic conditions, including developing a plan of care that's tailored to your individual needs. This plan of care focuses on the long-term management of your condition, including lifestyle changes, medications, and other treatments. With chronic condition management, you can work closely with your health care provider to ensure that your condition is being managed effectively.

Chronic condition management is covered under the Northwind Standard plan, so you can access the care you need without worrying about out-of-pocket expenses. However, please note that the plan does not cover services related to emergency care, mental health and substance abuse, or care provided by out-of-network providers.

By taking advantage of the chronic condition management services available through Northwind Standard, you can work closely with your health care provider to develop a plan of care that's tailored to your individual needs. This plan of care focuses on the long-term management of your condition, including lifestyle changes, medications, and other treatments.

It's important to remember that chronic conditions can take time to manage and may require regular follow-up visits with your health care provider. Additionally, it's important

to keep track of your symptoms and any changes you may experience, so that you can communicate this information to your provider.

It's also important to note that chronic condition management is not a substitute for emergency care. If you experience a serious or life-threatening condition, you should seek emergency care immediately.

To make sure that you're getting the most out of your chronic condition management, here are a few tips to keep in mind:

- Make sure to keep your health care provider up-to-date on any changes in your condition or symptoms.
- Make sure to follow the plan of care prescribed by your health care provider.
- Take advantage of any educational resources available to you.
- Make sure to keep up with any recommended lifestyle changes.
- Make sure to take your medications as prescribed.
- Make sure to track your symptoms and any changes you may experience.
- Don't hesitate to ask questions and seek clarification if you're unsure about something.

At Contoso, we want our employees to be as healthy as possible, and that's why we've partnered with Northwind Health to offer Northwind Standard, a comprehensive health insurance plan that includes chronic condition management. By taking advantage of the chronic condition management services available through Northwind Standard, you can work closely with your health care provider to develop a plan of care that's tailored to your individual needs. With chronic condition management, you can ensure that your condition is being managed effectively, so that you can stay as healthy as possible.

## EXCLUSIONS

### EXCLUSIONS

The Northwind Standard plan does not cover certain medical services and treatments. These services and treatments are known as exclusions. It is important for employees to be aware of the exclusions in this plan, so they can make informed decisions about their healthcare.

**Emergency Services:** The Northwind Standard plan does not cover emergency services. This includes ambulance services and treatments that require immediate care. If you require emergency services, you will be responsible for the full cost of those services.

**Mental Health and Substance Abuse Coverage:** The Northwind Standard plan does not cover any mental health and substance abuse coverage. This includes counselling, psychotherapy, and other treatments related to mental health and substance abuse.

**Out-of-Network Services:** The Northwind Standard plan does not cover any services that are provided by a provider that is not part of the Northwind Health network. This includes doctors, hospitals, and other healthcare providers who are not part of the Northwind Health network.

### Tips

When selecting a healthcare plan, it is important to be aware of the exclusions in the plan. Here are some tips to help you understand the exclusions in the Northwind Standard plan:

1. Understand the types of services that are not covered by the Northwind Standard plan. Be sure to familiarize yourself with the list of exclusions and make sure that any services you might require are covered.
2. If you require emergency services, be sure to check with your provider to see if they are part of the Northwind Health network. If they are not, you will be responsible for the full cost of those services.
3. If you require mental health or substance abuse treatments, be sure to check with your provider to see if they are part of the Northwind Health network. These services are not covered by the Northwind Standard plan.
4. If you require services from a provider that is not part of the Northwind Health network, you will be responsible for the full cost of those services.

By understanding the exclusions in the Northwind Standard plan, you can make informed decisions about your healthcare. Be sure to read the plan document carefully to make sure that the plan meets your healthcare needs.

## WHAT IF I HAVE OTHER COVERAGE?

### Coordinating Benefits With Other Health Care Plans

#### WHAT IF I HAVE OTHER COVERAGE?

##### Coordinating Benefits With Other Health Care Plans

It may be possible to coordinate benefits with other health care plans if you have other coverage. Coordinating benefits allows you to receive payments from each health plan towards covered services, as long as the total amount of payments does not exceed the total charges for the service.

If you have other coverage, such as Medicare or an employer-sponsored health plan, the Northwind Standard plan may be able to coordinate benefits with those plans. This can help reduce your out-of-pocket costs for health care services.

##### How Do I Coordinate Benefits with Other Plans?

If you have other health care coverage, you should contact the other health care plan(s) to determine how to coordinate benefits. Depending on the plans you have, you may be able to coordinate benefits by filing a claim with both plans.

You will need to provide the other plan with a copy of the Explanation of Benefits (EOB) from the Northwind Health plan. The EOB is a summary of the services you received and how much the Northwind Health plan paid for those services.

When filing a claim with the other health care plan, you may also need to provide a copy of your bill or invoice. The other plan may require additional information as part of the claim process.

You should keep copies of all documentation that you submit to the other plan. This can help you track your claim and follow up with the other plan if there are any delays in processing.

### Exceptions

Coordination of benefits with other plans is not available for all types of services. For example, coordination of benefits will not be available for services related to emergency care, mental health and substance abuse treatment, or services received from out-of-network providers.

### Tips for Coordinating Benefits

- Contact your other health care plan to determine whether you can coordinate benefits and what documentation you need to provide.
- Keep copies of all documentation you submit to the other plan, including bills and invoices.
- Follow up with the other plan if there are any delays in processing the claim.
- Be sure to read all of the plan documents and understand your coverage options.
- If you have any questions, contact the Northwind Health customer service team for assistance.

### COB Definitions

#### WHAT IF I HAVE OTHER COVERAGE?

At Contoso, we want our employees to understand the concept of COB (Coordination of Benefits) so they can make the best decisions when it comes to their health care coverage. COB is a system used to determine which health plan pays first when an employee has more than one health plan.

When an employee has multiple health plans, the health plan that pays first is determined by the order of benefit determination. Generally, the employee's primary health plan pays

first, followed by the secondary health plan. However, if one of the health plans is a Medicare or Medicaid plan, that plan pays first.

Under the Northwind Standard Plan, if you have other coverage, you may be able to use the network providers and services that are covered by Northwind Standard at a lower cost. However, the cost of services obtained from providers that are not in the Northwind Standard network will not be covered by the plan.

When you receive health care services, it's important to identify all of your coverage to the provider to ensure that they bill each health plan appropriately. This helps to ensure that you receive the full benefits offered by each plan. If you do not identify all of your health coverage, it may result in a delay of payment or denial of coverage.

When you submit a claim to Northwind Standard, you'll need to include information about the other coverage you have. If the claim is sent to Northwind Standard before any other plan, the claim will be processed based on the Northwind Standard plan benefits.

It's important to remember that Northwind Standard does not coordinate benefits with other coverage. This means that Northwind Standard will not adjust the amount of payment made to a provider to take into account payments from other coverage. If a provider has been paid by another plan, you are still responsible for the balance due after Northwind Standard pays its portion of the claim.

If you have other coverage, it's important to review the benefits of each plan to make sure you are taking full advantage of your coverage. If you need help understanding your plan benefits or have any questions about the coordination of benefits, please contact the Northwind Standard Plan Customer Service team. We're here to help!

### **Primary And Secondary Rules**

#### **WHAT IF I HAVE OTHER COVERAGE?**

If you have other health coverage, such as coverage through a spouse's plan, Northwind Standard may become your secondary coverage. This means that Northwind Standard will pay for eligible expenses after the other coverage pays.

The primary and secondary rules that apply to Northwind Standard are important to understand. When you have two types of health coverage, the primary plan pays first and the secondary plan pays second. The primary plan is the plan that is responsible for paying the largest portion of your healthcare costs.

For example, if you have a spouse's health plan and Northwind Standard, your spouse's plan would be the primary plan and Northwind Standard would be the secondary plan. This means that your spouse's plan would pay for the majority of your healthcare costs and Northwind Standard would pay for any remaining costs.

It's important to note that Northwind Standard will only pay for expenses that are not covered by the primary plan. Additionally, Northwind Standard will not pay any expenses

that exceed the limits of the primary plan. For example, if the primary plan has a \$1,000 deductible and Northwind Standard has a \$500 deductible, only the \$500 deductible from the primary plan will be paid.

There are some exceptions to the primary and secondary rules. For instance, if you have Medicare coverage, it will be the primary coverage for medical expenses and Northwind Standard will be the secondary coverage. However, if you have Medicare Part D for prescription drugs, Northwind Standard will be the primary coverage and Medicare Part D will be the secondary coverage.

It's also important to keep in mind that if you have other health coverage, you may need to provide evidence of that coverage to your health plan. This is known as "creditable coverage," and it helps to ensure that Northwind Standard will pay any eligible expenses once the primary plan has paid.

When it comes to understanding primary and secondary rules, it's important to remember that each health plan is different. Be sure to review your plan documents to understand the specific rules and restrictions that apply to your coverage.

Finally, if you have any questions or concerns about your coverage, be sure to reach out to Northwind Health. Their knowledgeable customer service representatives are always available to answer your questions and provide guidance on how best to use your coverage.

### **COB's Effect On Benefits**

#### **WHAT IF I HAVE OTHER COVERAGE?**

When you have other health insurance coverage, coordination of benefits (COB) can affect how your benefits are paid. COB is a process where your insurance companies coordinate who pays first when you have multiple health insurance plans that cover the same medical expenses. The insurance company that pays first is called the primary payer, and the company that pays second is called the secondary payer.

#### **Coordination of Benefits Exceptions**

There are a few exceptions to COB rules that may apply to you. If you are covered by Medicare, Medicaid, or a veterans' health plan, Northwind Standard may pay first, even if the other plan is usually the primary payer. Additionally, if you are enrolled in a plan that is required by law to coordinate benefits, such as an employer-sponsored plan, Northwind Standard may pay first.

#### **Understanding How COB Affects Your Benefits**

When COB applies, the primary and secondary payers will each pay a portion of the eligible expenses and combined payments cannot exceed the total cost. Depending on the type of service, the primary payer may pay all of the eligible expenses. When this happens, the secondary payer may pay nothing.

For example, if you receive a medical bill for \$1,000 and the primary payer pays \$800, the secondary payer will pay the remaining balance of \$200. However, if the primary payer pays the full \$1,000, the secondary payer will not pay anything.

### Tips for Working with COB

When you have multiple health insurance plans, it's important to understand how COB works and how it can affect your benefits. Here are a few tips to help you manage your benefits:

- Make sure that each insurance company has all of the necessary information about your other coverage, including plan numbers and policy dates.
- Confirm that your primary and secondary payers have updated information about each other.
- Ask your health care providers to submit claims to both insurance companies.
- Understand any limitations or exclusions that may apply to your benefits.
- If you have questions, contact each insurance company for clarification.

Overall, it's important to understand how COB works and how it affects your benefits. By being aware of the rules and exceptions, you can ensure that you are getting the full coverage you need from both insurance companies.

### Subrogation And Reimbursement

#### Subrogation And Reimbursement

When you have other health coverage, such as Medicare or another employer's health plan, Northwind Standard may still provide coverage in certain circumstances. This is called "subrogation and reimbursement." Subrogation and reimbursement works when another health plan pays for a service that is covered by Northwind Standard. In this case, Northwind Standard will pay for the same service, assuming that it was medically necessary and you received it from an in-network provider.

If Northwind Standard pays for a service that is already covered by your other health plan, you may be responsible for reimbursing Northwind Standard. This can happen if you do not provide Northwind Standard with proof of your other coverage.

There are certain exceptions to subrogation and reimbursement. If you are a Medicare beneficiary, Northwind Standard will not seek reimbursement from Medicare. In addition, Northwind Standard will not seek reimbursement from any other health plan if the service you received is not covered by the other health plan.

When filing claims, it is important to keep in mind that you need to provide Northwind Standard with proof of your other coverage. This can include a copy of your other plan's



Explanation of Benefits (EOB) or a letter from the other health plan stating that the service is not covered.

When providing proof of other coverage, it is important to remember to include the following information:

- Your name, address, and policy number
- The name of the other health plan
- The date of service for the claim
- The amount paid by the other health plan
- Any additional information required by Northwind Standard

If you are unsure of what information to provide, you can always contact Northwind Standard for assistance.

It is also important to remember that if you are filing claims with both Northwind Standard and another health plan, you must submit a claim to Northwind Standard first. This will allow Northwind Standard to determine if the service is covered and if you are eligible for subrogation or reimbursement.

Finally, if you have any questions or need assistance with filing claims, Northwind Standard offers a customer service team that can help. You can contact them at any time, and they can provide you with the information you need to understand your coverage and benefits.

By understanding subrogation and reimbursement and the exceptions to it, you can ensure that you are taking advantage of all of your benefits and coverage. Northwind Standard is committed to providing you with the coverage you need and helping you understand your benefits.

### **Uninsured And Underinsured Motorist/Personal Injury Protection Coverage**

#### **WHAT IF I HAVE OTHER COVERAGE?**

#### **Uninsured and Underinsured Motorist/Personal Injury Protection Coverage**

When you sign up for Northwind Standard, you may be eligible for Uninsured and Underinsured Motorist/Personal Injury Protection Coverage (UM/UIM/PIP). This coverage is designed to protect you in the event that you are injured in an accident with an uninsured or underinsured driver. It also provides you with coverage for medical bills and other related costs that you may incur due to the accident.

Under this coverage, Northwind Health will pay for medical bills, lost wages, and other related expenses that are the result of an injury you sustain in an automobile accident. It will also cover you in the event that you are hit by an uninsured or underinsured motorist. Generally, this coverage is limited to the amount of your policy limits.

In some states, you may also be eligible for Personal Injury Protection (PIP) coverage. This coverage is designed to provide you with coverage for medical bills and other related costs that you may incur due to an automobile accident. Generally, PIP coverage is limited to the amount of your policy limits.

However, it's important to note that not all states offer UM/UIM/PIP coverage. It's important to check with Northwind Health to see what type of coverage is available in your state. Additionally, there may be certain exceptions or exclusions to the coverage that you should be aware of.

When it comes to UM/UIM/PIP coverage, there are a few tips that you should keep in mind. First, make sure you have the right amount of coverage for your particular situation. Second, if you are ever in an accident, make sure to get all the necessary information from the other party so that you can file a claim with Northwind Health. Third, if you are ever injured in an accident, make sure to seek medical attention as soon as possible.

Finally, make sure to keep your policy up to date. As life changes, so do your needs, and it's important to make sure that your coverage is enough to protect you in the event of an accident. By taking the time to review your policy and make sure that you have the right coverage, you can be sure that you have the protection you need.

## HOW DO I FILE A CLAIM?

### Timely Filing

#### HOW DO I FILE A CLAIM?

##### Timely Filing

At Northwind Health, timely filing is important to ensure that your claims are processed correctly and in a timely manner. All claims must be filed within twelve months of the date of service, otherwise the claims may be denied. Claims submitted after the twelve month window may be reviewed for consideration of payment, however, no guarantee is made that the claims will be accepted.

If you are a Northwind Standard member, you may be able to file a claim directly through the Northwind website or app. If you're filing a claim on behalf of a family member, make sure that you have their authorization to do so.

It's important to also keep in mind that some services are subject to pre-approval from Northwind Health, and your provider may need to submit a request prior to the service being performed. This includes services such as MRI/CT scans, physical therapy, and other specialty services. If you are unsure whether your provider requires pre-approval for a service, you should contact Northwind Health prior to the service being performed.

There are a few exceptions to the twelve month timely filing limit. These include claims submitted for newborns, claims submitted for a deceased member, and claims submitted for

services that were provided out-of-country. In these situations, claims may be submitted up to 24 months after the date of service.

It's also important to remember that when filing a claim, you should make sure to include all necessary documentation. This includes itemized bills, a completed claim form, and any other documentation that is requested by Northwind Health. If any of these items are missing, your claim may be delayed or denied.

To ensure timely filing, it's important to keep track of the dates of service for all services you receive. You should also keep copies of all documentation related to your services, and if you're unsure of the filing requirements, you should contact Northwind Health for clarification.

Overall, timely filing is an important part of the claim filing process. By following the guidelines for timely filing and including all necessary documentation with your claims, you can help ensure that your claims are processed quickly and accurately.

## COMPLAINTS AND APPEALS

### What You Can Appeal

#### COMPLAINTS AND APPEALS

#### What You Can Appeal

When you have Northwind Standard coverage, you have the right to appeal any denial of services or payment of benefits. This includes if you disagree with the amount of the payment or if you feel that your claim was denied incorrectly. You also have the right to appeal if you feel that an authorization was not provided for a service, or if you believe that a service should be covered by your plan but was not.

If you believe that your claim was wrongly denied or that you have a dispute over a service that is covered or not covered, you have the right to file a formal appeal. It is important to note that the appeals process is different than filing a complaint. A complaint is an informal way of expressing your dissatisfaction with a service or policy, and does not include a formal review of your claim.

You can file an appeal by submitting a letter or appeal form to Northwind Health. The letter or form should include the reason for your appeal, supporting documentation, and any other information that you believe will be relevant to your case. It is important to note that you must file your appeal within 60 days of the date of the denial, or within 180 days if the denial is related to a service that was preauthorized by your insurance provider.

When you file your appeal, Northwind Health will review it and provide you with a written decision. This decision will include an explanation of why your claim was denied or why a service was not covered. It is important to note that all appeals will be reviewed according to the terms of your plan and in relation to any applicable state or federal laws.

If you are not satisfied with the outcome of your appeal, you may be able to pursue a second level of appeal. You may also be able to file a complaint with your state insurance department if you believe that your rights have been violated.

It is important to remember that Northwind Health must provide you with the specific reason for your denial in writing, and must provide you with appeal rights in writing. The appeal process may require you to submit additional information, so it is important to make sure that you provide all relevant information. Additionally, you may also want to consider consulting an attorney or other qualified professional if you believe that your rights have been violated.

When filing an appeal, it is important to keep accurate records of all communication and correspondence. This includes any letters or forms that you submit, as well as any responses that you receive from Northwind Health. Additionally, you should consider keeping copies of any medical records, documents, or other information that may be relevant to your appeal. This will help to ensure that your appeal is handled properly and that you receive a fair and timely response.

Overall, it is important to remember that you have the right to appeal any denied services or payments under your Northwind Standard plan. This process can be complex, so it is important to make sure that you understand your rights and the appeals process. Additionally, if you are not satisfied with the outcome of your appeal, you may be able to pursue a second level of appeal or file a complaint with your state insurance department.

## Appeal Levels

### COMPLAINTS AND APPEALS

At Contoso, we understand that there may be times when you are not satisfied with the service provided by Northwind Health. When this happens, Contoso wants to ensure that you have the opportunity to voice your concerns and appeal a decision. Northwind Health has a three-level appeals process that allows you to dispute coverage decisions and claim denials.

#### Level 1: Initial Appeal

If you disagree with a coverage decision or claim denial from Northwind Health, you can submit a written appeal within 60 days of receiving the decision. This first appeal must be submitted directly to Northwind Health. The appeal must include a detailed explanation of why you believe the claim should be covered and any supporting documentation.

If you need assistance with your appeal, you can contact Contoso's Human Resources department for guidance.

#### Level 2: External Review

If your initial appeal is denied, you can request an external review from the North Carolina Department of Insurance. This review is conducted by an independent, third-party

reviewer. You must submit your request within four months of receiving the decision from Northwind Health.

To submit an external review request, you must provide a written explanation of why you disagree with Northwind Health's decision. You must also include any supporting documentation.

### Level 3: Civil Action

If your external review is denied, you have the right to file a civil action in North Carolina state court. You must file this action within one year of receiving the external review decision.

### Tips for Appealing a Decision

When appealing a decision from Northwind Health, it's important to provide as much detail as possible. This includes an explanation of why you believe the claim should be covered and any supporting documentation. It's also important to remember the deadlines for each level of appeal.

Be sure to keep copies of all documents and records related to your appeal. This includes any correspondence from Northwind Health, your appeal letter, and any supporting documentation. This will help ensure that your appeal is processed efficiently.

Finally, if you need assistance with your appeal, you can contact Contoso's Human Resources department for guidance. We are here to help you navigate the appeals process and ensure that your concerns are heard.

### [How To Submit An Appeal](#)

#### COMPLAINTS AND APPEALS

#### How To Submit An Appeal

At Northwind Health, we understand that you may not agree with every decision made about your coverage or care. If you disagree with a decision made by your plan, you have the right to submit an appeal. Appealing a decision can help ensure that you get the care you need.

#### What Is An Appeal?

An appeal is a written request for your plan to reconsider a decision. This could include decisions about coverage for a service, the amount paid for a service, or a denial of a service. You can also appeal if you feel that your plan hasn't provided the services that it agreed to provide.

#### When Can I Submit An Appeal?

You can submit an appeal if you have received a written denial of coverage or payment. You should receive a written notice from your plan that explains the denial and provides you with instructions on how to file an appeal. If you do not receive a notice, contact your plan for more information.

#### What Is The Deadline For Submitting An Appeal?

You must submit an appeal within 180 days of the date of your notice of denial. If you don't submit the appeal within this time frame, your appeal may be denied.

#### How Do I Submit An Appeal?

You can submit an appeal by mail, fax, or email. You should include the following information in your appeal:

- Your name and address
- Your plan ID number
- The date of the denial notice
- A copy of the denial notice
- A detailed explanation of why you disagree with the decision
- Any additional information to support your appeal
- Your signature

#### Exceptions

If you need an expedited appeal, you can contact your plan to discuss this option. If you need an expedited appeal due to an urgent medical condition, your plan must respond within 24 hours.

#### Tips

- Make sure to include all of the necessary information in your appeal.
- Keep a copy of your appeal for your records.
- Don't hesitate to contact your plan if you need assistance with the appeal process.
- Follow up with your plan if you don't receive a response to your appeal within a reasonable amount of time.
- Consider hiring a lawyer if you need help with your appeal.

#### Once The IRO Decides

Once The IRO Decides

The Independent Review Organization (IRO) is a third-party organization that reviews appeals and complaints about healthcare services that have been denied coverage under the Northwind Standard plan. If an employee is not satisfied with the decision made by Northwind Health, they can submit a written complaint or request an appeal by filing a formal grievance.

#### What Happens After The IRO Decides?

Once the IRO has completed its review, it will issue a formal decision either upholding the original decision or reversing it. The decision made by the IRO is considered final and binding.

#### Exceptions

There are some exceptions to the IRO decision that could be applicable to your case. If the IRO determines that the decision was the result of a misapplication of plan provisions or incorrect information, the decision can be reversed. Additionally, if the IRO finds that the decision was not made in accordance with the terms of the plan, the decision can be reversed.

#### Tips For Employees

If you are not satisfied with the decision made by Northwind Health, there are some tips that can help you in the appeals process.

- Familiarize yourself with the Northwind Standard plan provisions and the process for filing an appeal.
- Gather all relevant information, including medical records, reports, and documents related to the decision that you are appealing.
- Ensure that all relevant information is included in the appeal.
- Submit the appeal within the timeframe specified in the plan.
- Keep a copy of your appeal and all supporting documentation.
- Contact Northwind Health or the IRO if you have any questions or need additional help.
- If the IRO upholds the original decision, you may have other options available to you, such as an external review or an appeal to the state insurance commission.

#### Conclusion

The Independent Review Organization (IRO) is the final step in the appeals process for Northwind Standard plan members. While the decision made by the IRO is considered final and binding, there are some exceptions that could apply to your case. Familiarizing yourself with the plan provisions and the process for filing an appeal, gathering all relevant

information, and submitting the appeal within the timeframe specified in the plan are all important steps in the appeals process.

### **Additional Information About Your Coverage**

#### **COMPLAINTS AND APPEALS**

If you feel that you have not received the health care services or benefits that you are entitled to, or you are not satisfied with the quality of care you have received, you have the right to appeal or file a grievance. Below is additional information about filing a complaint or an appeal.

#### **Understanding Your Right to Appeal or File a Grievance**

If you are enrolled in the Northwind Standard plan, you have the right to file an appeal or a grievance if you believe that Northwind Health has not provided a service or benefit to which you are entitled. The law requires Northwind Health to provide a timely response to your appeal or grievance.

You can file an appeal if you disagree with a decision made by Northwind Health, such as a denial of a claim or a denial of prior authorization for a service. You can file a grievance when you have an issue with the quality of care you have received or with the way you have been treated by Northwind Health or its providers.

#### **Filing an Appeal or Grievance**

When filing an appeal or grievance, you must provide the following information:

- Your name and address
- Your Northwind Health ID number
- The date that you received the services
- A detailed explanation of the services received or requested
- The reason for the appeal or grievance

You can file an appeal or grievance through one of the following methods:

- By mail:

Northwind Health

Attn: Appeals and Grievance Department

123 Main Street

Anytown, USA 12345



-By fax:

123-456-7890

-By phone:

1-800-123-4567

-By email:

appeals@northwindhealth.com

### Processing Your Appeal or Grievance

Once your appeal or grievance is received, Northwind Health will begin the review process. You will receive written confirmation that your appeal or grievance has been received. Your appeal or grievance will be assigned to a case manager, who will contact you if additional information or clarification is needed.

Northwind Health will make a decision regarding your appeal or grievance within 30 days. You will be notified of the decision in writing. If the appeal or grievance was approved, you will receive a detailed explanation of the decision. If the appeal or grievance was denied, you will receive a detailed explanation of the decision, including the right to review the decision and submit additional information.

### Additional Information

If you need assistance filing an appeal or grievance, you can contact Northwind Health's Member Services department at 1-800-123-4567.

It is important to note that Northwind Health is not responsible for any services or benefits provided to you by any other health care provider or plan. For example, if you received a service or benefit from a non-network provider, Northwind Health will not be responsible for any costs associated with that service or benefit.

In some cases, you may have the right to an external review of your appeal or grievance. If you have exhausted the appeals process within Northwind Health and you believe that your appeal or grievance was not adequately addressed, you can contact your state's insurance department or the federal Department of Health and Human Services for more information about the external review process.

## OTHER INFORMATION ABOUT THIS PLAN

### Conformity With The Law

OTHER INFORMATION ABOUT THIS PLAN: Conformity With The Law

Contoso and Northwind Health understand the importance of following the law when it comes to employee benefits and strive to ensure that the Northwind Standard plan is in compliance with all applicable laws.

### ERISA Requirements

The Employee Retirement Income Security Act of 1974 (ERISA) sets minimum standards for pension and health plans in private industry. Northwind Standard meets the requirements established by ERISA, including providing employees with a Summary Plan Description and an annual report.

### COBRA

The Consolidated Omnibus Budget Reconciliation Act (COBRA) gives employees and their families the right to continue their health coverage after a job loss or other qualifying event. Northwind Standard meets the requirements established by COBRA, including providing employees with information about their right to continue coverage and the cost of such coverage.

### HIPAA

The Health Insurance Portability and Accountability Act (HIPAA) sets standards for health insurance plans to protect employees from discrimination and to protect the privacy of their health information. Northwind Standard meets the requirements established by HIPAA, including the provision of special enrollment rights to employees who have experienced a qualifying event.

### Affordable Care Act

The Affordable Care Act (ACA) requires employers to offer minimum essential coverage to their employees or face a penalty. Northwind Standard meets the requirements established by the ACA and provides minimum essential coverage to all eligible employees.

### Tips For Employees

Employees should make sure they understand their rights and responsibilities under the law when it comes to their employer-provided health insurance plan. Here are a few tips employees should keep in mind:

- Be aware of the terms of your health plan: it's important to understand how your plan works and what it covers.
- Keep track of any changes to the plan: employers are required to provide employees with notice of any material changes to the plan.
- Know your rights under COBRA: if you lose your job or otherwise qualify for COBRA, you may be able to continue your coverage for a certain period of time.

- Understand your rights under HIPAA: you have the right to access your health information and correct any inaccurate information.
- Make sure you understand the requirements of the ACA: if you're eligible, your employer must offer you minimum essential coverage or face a penalty.

Following the law is an important part of employee benefits, and Contoso and Northwind Health strive to ensure that the Northwind Standard plan is in compliance with all applicable laws. Employees should make sure they understand their rights and responsibilities under the law when it comes to their employer-provided health insurance plan. With Northwind Standard, you can be sure that you're getting the coverage you need and that you're in compliance with the law.

### Entire Contract

OTHER INFORMATION ABOUT THIS PLAN: Entire Contract

The Northwind Standard plan is a contract between the employee and Northwind Health. By enrolling in the plan, the employee agrees to all of the terms and conditions included in the plan documents. It is important to understand that the plan documents are the ultimate authority for any questions about benefits, coverage, and exclusions.

The plan documents state that the Northwind Standard plan provides coverage for medical, vision, and dental services. This coverage includes preventive care services and prescription drug coverage. The plan does not provide coverage for emergency services, mental health and substance abuse coverage, or out-of-network services.

The plan documents also include information on how to access care, including a list of in-network providers such as primary care physicians, specialists, hospitals, and pharmacies. Additionally, the plan documents outline the plan's coordination of benefits and any limitations or exclusions.

It is important to remember that the plan documents are the ultimate authority for any questions about benefits, coverage, and exclusions. If there is ever a discrepancy between what is stated in the plan documents and what is stated in any other sources, such as Northwind Health's website or a customer service representative, the plan documents take precedence.

### Tips for Employees

When it comes to understanding Northwind Standard, the plan documents are everything. Here are a few tips to help employees get the most out of their plan:

- Read the plan documents thoroughly and keep them in a safe place.
- Make sure to understand what is and what is not covered by the plan.
- Familiarize yourself with the list of in-network providers.

- Be aware of any coordination of benefits that are listed in the plan documents.
- Understand any limitations and exclusions that are listed in the plan documents.
- Remember that the plan documents take precedence over any other sources of information.

By following these tips, employees will be better equipped to make informed decisions about their health care and get the most out of their Northwind Standard plan.

### **Evidence Of Medical Necessity**

#### **OTHER INFORMATION ABOUT THIS PLAN**

##### **Evidence Of Medical Necessity**

When you use Northwind Standard, you must provide evidence of medical necessity for certain services. This evidence is usually provided by your healthcare provider, and is required in order to receive coverage under the plan.

Examples of services that require evidence of medical necessity include, but are not limited to, hospital stays, surgery, diagnostic tests, and specialized treatments. This evidence must be provided to Northwind Health in order for the service to be covered.

Examples of the types of medical evidence that may be requested include:

- Medical records
- Physician's notes
- Diagnostic test results
- Treatment plans

It is important to note that Northwind Health reserves the right to deny any services or treatments that it believes are not medically necessary.

##### **Exceptions**

In some cases, Northwind Health may waive the requirement for evidence of medical necessity. For example, if the service or treatment is deemed to be medically necessary and urgent, Northwind Health may choose to provide coverage without requiring additional evidence.

##### **Tips for Employees**

If you are receiving services or treatments that require evidence of medical necessity, there are a few steps you can take to ensure that your claim is processed quickly and accurately:

- Ask your healthcare provider to provide you with a detailed explanation of the services and treatments you are receiving, as well as the medical necessity for them.
- Make sure that all documentation is complete, including all required forms, test results, and physician's notes.
- Send the documentation to Northwind Health as soon as possible.
- Follow up with Northwind Health to ensure that your claim has been received and is being processed.

By following these steps and providing any necessary evidence of medical necessity, you can help to ensure that your claim is processed quickly and accurately.

### The Group And You

#### OTHER INFORMATION ABOUT THIS PLAN

##### The Group and You

The Northwind Standard plan is a group plan, meaning that it is offered to a group of people and not to individuals. The group includes all eligible employees of Contoso and their spouses or dependents. It is important to understand that the plan may not cover all or part of the cost of services received by those who are not considered eligible members of the group.

##### Exceptions

There are a few exceptions to the group coverage provided by the Northwind Standard plan. For example, the plan does not cover services provided by any health care provider who is not contracted with Northwind Health. In addition, the plan does not cover services that are not medically necessary, such as cosmetic surgery.

##### Tips for Employees

When you enroll in Northwind Standard, it is important to familiarize yourself with the plan and its coverage options. You should also make sure that you understand any restrictions that may apply to the services you receive. Be sure to check with your provider to make sure that they accept the Northwind Standard plan. Also, it is a good idea to familiarize yourself with the cost of the services you receive, so that you know what you may be responsible for paying out of pocket. Finally, keep in mind that the Northwind Standard plan does not cover any services received outside of the network of in-network providers.

### Healthcare Providers - Independent Contractors

#### OTHER INFORMATION ABOUT THIS PLAN

##### Healthcare Providers - Independent Contractors

The Northwind Standard plan includes independent contractors in its network of healthcare providers. These independent contractors provide services that are covered under the plan, such as primary care physician visits, specialty care services, and other healthcare services. Depending on the plan, these independent contractors may also provide services such as mental health and substance abuse counseling, physical therapy, and home health services.

It is important for employees to understand that Northwind Standard does not provide coverage for care received from independent contractors. Employees must pay for these services out-of-pocket, and any claims for services provided by independent contractors must be submitted directly to the provider.

When seeking care from an independent contractor, it is important for employees to make sure they are aware of any additional fees or restrictions that may apply. For example, some providers may require a fee for services such as mental health counseling, or may only accept certain types of insurance. It is also important for employees to understand that the provider may not be able to provide care if the employee does not have the required documentation or is unable to pay the required fee.

In addition, it is important for employees to understand that independent contractors may not be subject to the same regulations as other healthcare providers. For example, the provider may not be required to adhere to the same quality standards as other healthcare providers, and may not be required to be licensed in the state where the services are provided.

When selecting a provider, it is important for employees to make sure they are familiar with the provider's policies and procedures. Employees should also make sure they understand any additional costs that may be associated with the services provided by the independent contractor.

Finally, when selecting a provider, it is important for employees to research the provider's background and credentials. Employees should make sure the provider is properly licensed and certified, and has a good reputation in the healthcare community. Additionally, employees should make sure the provider is up-to-date on the latest advances in healthcare technology and treatments, so they can be sure they are receiving the best possible care.

Overall, when selecting a healthcare provider, it is important for employees to do their research and make sure they understand the provider's policies and procedures, as well as any additional costs that may be associated with the services they provide. Additionally, it is important for employees to make sure the provider is properly licensed and certified, and has a good reputation in the healthcare community. By doing their research and understanding the provider's qualifications and policies, employees can be sure they are receiving the best possible care.

#### **Intentionally False Or Misleading Statements**

#### **OTHER INFORMATION ABOUT THIS PLAN**

### Intentionally False Or Misleading Statements:

When it comes to health insurance, there are unfortunately many companies who make intentionally false or misleading statements about their plans. Northwind Health is no exception. It is important for employees to be aware of any potential inaccuracies or false information that Northwind Health may use when discussing their plans.

First and foremost, it is important to remember that Northwind Standard does not offer coverage for emergency services, mental health and substance abuse coverage, or out-of-network services. The Northwind Standard plan provides coverage for medical, vision, and dental services, but does not cover any of the services mentioned. While Northwind Health may advertise that their plan covers these services, it is important to be aware that they do not.

Northwind Health may also make claims that their plan covers any type of preventive care services. While Northwind Standard does cover some preventive care services, it is important to remember that they may not cover all preventive care services. It is important to read the plan details in order to determine which preventive care services are covered.

It is also important to be aware that Northwind Health may make claims that their network of in-network providers is comprehensive. While Northwind Standard does offer a variety of in-network providers, it is important to remember that the network of in-network providers may not be as comprehensive as Northwind Health claims. It is important to research the providers and services offered in the Northwind Standard plan in order to determine if the providers and services offered are sufficient for the employee's needs.

In addition, Northwind Health may make claims that their plan offers low or no cost prescription drugs. While Northwind Standard does offer a prescription drug coverage, it is important to remember that the plan does not necessarily offer low or no cost prescription drugs. It is important to read the plan details to determine which prescription drugs are covered and what the associated costs are.

Finally, Northwind Health may make claims that their plan is the best plan available. While Northwind Standard may be a good plan, it is important to remember that there may be other plans that are better suited to the employee's needs. It is important to research other plans and compare them to Northwind Standard in order to determine which plan is the best option.

### Tips for Avoiding Intentionally False Or Misleading Statements:

When it comes to understanding a health plan, it is important to be aware of any intentionally false or misleading statements that the plan provider may make. To avoid being misled, employees should follow the following tips:

1. Read the plan details carefully. It is important to understand the details of the health plan in order to make sure that the plan fits the employee's needs.

2. Ask questions. If the employee is unsure about any part of the plan, it is important to ask questions in order to make sure that the plan is suitable for their needs.

3. Research other plans. It is important to research other plans and compare them to Northwind Standard in order to determine which plan is the best option.

4. Verify the information. If the employee is unsure about the accuracy of any information that Northwind Health provides, it is important to verify the information with a trusted source.

By following these tips, employees can make sure that they are not misled by Northwind Health's intentionally false or misleading statements. It is important for employees to be aware of any potential inaccuracies or false information that Northwind Health may use when discussing their plans in order to make the most informed decision possible.

### **Member Cooperation**

#### **MEMBER COOPERATION**

At Northwind Health, we understand that people are more likely to get the care they need when they are informed and empowered with the knowledge they need. That is why we have included the following information in our Northwind Standard plan to help inform and empower our members.

When you sign up for the Northwind Standard plan, you are agreeing to certain responsibilities as a member of the plan. This includes being aware of the plan's benefits and limitations, as well as your obligations under the plan.

#### **Covering Your Expenses**

When you are enrolled in Northwind Standard, your plan will cover a portion of your medical and vision expenses. However, you may be responsible for certain co-payments or co-insurance amounts. It is important to be aware of the terms of your plan and to know what you will be responsible for so that you can plan for these expenses.

#### **Seeking Pre-Approval for Care**

In some cases, you may need to seek pre-approval or authorization before receiving certain medical services. This is especially true for certain types of specialty care, such as mental health and substance abuse treatment. If you are unsure if pre-approval is required, contact Northwind Health to verify.

#### **Staying Informed**

It is important that you stay informed about the benefits, limitations, and requirements of your plan. Northwind Health provides several ways for you to stay informed, including:

- Our website – which provides information about the plan, including benefits, exclusions and limitations, and member responsibilities.



- Our customer service representatives – who are available to answer your questions about the plan and provide guidance.
- Our plan documents – which provide detailed information about the plan and your rights and responsibilities.
- Our newsletters – which provide updates about the plan and new features.
- Our provider directories – which list all of the in-network providers and facilities that are available under the plan.

### Getting the Most Out of Your Plan

To get the most out of your Northwind Standard plan, here are some tips to keep in mind:

- Be sure to use in-network providers as much as possible, as this will help you maximize your benefits and minimize your out-of-pocket expenses.
- If you need to use out-of-network providers, be sure to contact Northwind Health first to verify coverage.
- Be sure to inform your providers of any pre-existing conditions or special circumstances that could affect your care.
- Be sure to stay informed about the plan and your rights and responsibilities as a member of the plan.
- Follow up with your provider after receiving care to ensure that all procedures were properly billed to the plan.
- Remember to use any preventive care benefits that your plan offers. These services can help you stay healthy and ensure that any issues are caught early.
- Remember to contact Northwind Health with any questions you may have about the plan.

By understanding your rights and responsibilities under the plan, as well as the benefits and limitations of the plan, you can feel confident that you are getting the most out of your Northwind Standard plan.

### Exceptions

It is important to note that while Northwind Standard covers a variety of services, there are some exceptions. These include emergency services, mental health and substance abuse coverage, and out-of-network services. If you need any of these services, be sure to contact Northwind Health to verify coverage.

We hope that this information has been helpful in understanding the plan and your rights and responsibilities as a member of Northwind Standard. For more information, contact Northwind Health or visit our website.

## Notice Of Information Use And Disclosure

### Notice Of Information Use And Disclosure

At Northwind Health, we understand how important it is to protect your personal information. As part of that commitment, we abide by the rules of the Health Insurance Portability and Accountability Act (HIPAA), which regulates the use and disclosure of protected health information. This includes your medical records, payment records, and other information related to your health care.

Under the HIPAA Privacy Rule, Northwind Health may use and disclose your protected health information for treatment, payment, and health care operations. These activities include providing you with care, billing you for services, analyzing the performance of our health care services, and improving the services we provide.

However, we may also use and disclose your protected health information for other purposes if we have obtained your written authorization. This includes any use or disclosure that is not for treatment, payment, or health care operations. Examples of non-health care uses and disclosures include marketing, fundraising, and research activities.

We may also use and disclose your protected health information without your authorization to comply with state or federal laws, such as reporting information to the Department of Health and Human Services or other government agencies, or in response to a court order or subpoena. In addition, we may use and disclose your protected health information for public health activities, to report certain types of illnesses, injuries, and medical conditions, or to report suspected abuse, neglect, or domestic violence.

In certain circumstances, we may also disclose your protected health information to friends or family members involved in your care or payment for care. For example, if you are incapacitated, we may discuss your care with a family member to ensure you are getting the best possible care.

It is important to remember that any use or disclosure of your protected health information is subject to the terms of Northwind Standard. Northwind Health will not use or disclose any of your protected health information without your consent, unless it falls into one of the categories described above.

One of the best ways to protect your health information is to be aware of how it is used and disclosed. This includes understanding how Northwind Health may use and disclose your information. We encourage you to read our Notice of Information Use and Disclosure carefully and ask questions if you have any concerns about your privacy.

## Notice Of Other Coverage

### OTHER INFORMATION ABOUT THIS PLAN

### Notice Of Other Coverage

When you enroll in the Northwind Standard plan, you may be eligible to continue coverage under other health plans. This could include coverage from your spouse's or a parent's employer, or from a government-sponsored program such as Medicare or Medicaid.

If you and your spouse have coverage under different plans, you must determine which plan is the primary plan and which is secondary. This is important, as the primary plan will pay first; the secondary plan will pay what the primary plan does not.

If you have other coverage, you must notify Northwind Health of any changes in your coverage status or any changes in any of your other coverage. If you fail to do so, you may be responsible for any charges that Northwind Health would have paid if you had notified them of the other coverage.

In certain circumstances, you may be able to keep your other coverage and still be eligible for coverage under the Northwind Standard plan. However, if the other coverage is primary, you will be responsible for any charges that would have been paid by the Northwind Standard plan.

It is also important to note that if you have coverage through a government-sponsored program such as Medicare or Medicaid, you may be subject to certain restrictions. For example, you may be required to obtain certain services through the government-sponsored plan.

#### Tips for Employees

To ensure you get the most out of your Northwind Standard coverage, here are some tips:

- Make sure you understand the terms and conditions of your other coverage and any restrictions associated with it.
- Know which plan is primary and which is secondary.
- Notify Northwind Health of any changes in your coverage status or any changes in any of your other coverage.
- Understand any restrictions associated with any government-sponsored programs you may be enrolled in.
- Your Northwind Standard plan does not cover certain services, such as emergency care, mental health and substance abuse coverage, or out-of-network services. Be sure to explore alternative coverage options if you need coverage for these services.
- Take advantage of preventive care services and prescription drug coverage available through your Northwind Standard plan.
- Make sure you understand your plan's coverage limits and any out-of-pocket expenses you may be responsible for.

By understanding your coverage and taking advantage of all the benefits available through the Northwind Standard plan, you can make sure that you are getting the most out of your health insurance coverage.

## Notices

### OTHER INFORMATION ABOUT THIS PLAN: Notices

It is important to be aware of any notices related to Northwind Standard. The notices provide important information about the plan and its coverage. Below, you will find a list of the notices you should be aware of as an employee of Contoso.

#### Notice of Privacy Practices:

This notice provides information about how Northwind Health collects, uses, and discloses protected health information. It is important to read this notice and make sure you understand how Northwind Health may use your information.

#### Notice of Benefit and Payment Parameters:

This notice provides important information about the plan and its benefits, including what kind of coverage is provided, what types of services are covered, and what out-of-pocket costs you may be responsible for.

#### Notice of Pre-Existing Condition Exclusions:

This notice provides information about any pre-existing condition exclusions that may apply to your coverage. It is important to read this notice carefully to make sure you understand when pre-existing condition exclusions may apply and how they could affect your coverage.

#### Notice of Continuation Coverage Rights:

This notice provides information about your rights to continue coverage if you lose your job or if you experience a qualifying event. It is important to read this notice carefully to make sure you understand your rights to continue coverage.

#### Notice of Availability of Plan Documents:

This notice provides information about where you can find the plan documents for Northwind Standard. It is important to read this notice so you know how to access the plan documents if you need them.

#### Notice of Creditable Coverage:

This notice provides information about your rights to creditable coverage. This notice explains what creditable coverage is and how it may affect your coverage under Northwind Standard.

### Notice of Right to Change Coverage:

This notice provides information about your rights to change your coverage. It is important to read this notice so you understand how and when you can change your coverage under Northwind Standard.

### Notice of Addition or Deletion of Benefits:

This notice provides information about any additions or deletions to the benefits provided under Northwind Standard. It is important to read this notice carefully so you know what changes have been made to your coverage.

### Tips for Understanding Notices

When reading the notices provided by Northwind Health, it is important to take the time to read them carefully and understand what they mean. Here are a few tips to help you:

- Read all of the notices thoroughly, even if some of the information does not apply to your situation.
- Ask questions if you are unsure of what the notices mean or how they might affect your coverage.
- Make sure you understand the terms and conditions of each notice, including any exclusions or limitations that may apply.
- Keep a copy of all notices in a safe place so you can refer back to them if needed.
- Contact Northwind Health if you have any questions or need additional information.

By taking the time to read and understand the notices provided by Northwind Health, you can make sure you are aware of all the important information related to Northwind Standard, including any changes that have been made to the plan and what coverage is provided. This can help you make informed decisions about your coverage and ensure you are getting the best possible coverage.

### Right Of Recovery

#### OTHER INFORMATION ABOUT THIS PLAN

#### Right of Recovery

Northwind Standard plan offers a right of recovery for any services that were already paid for by the insured. This is a great feature for employees to be aware of, as it can help to save time and money.

This right of recovery means that if the insured has already paid for a service that is covered under the Northwind Standard plan, they can submit a claim to the insurance company and be reimbursed for the amount they paid. This is a great option for employees who may have

already paid for a service that is covered under the plan and are unaware that they can be reimbursed.

However, there are certain conditions that must be met in order for the right of recovery to be available. In order to be eligible, the service must have been provided and paid for during the plan's effective date, before the employee was enrolled in the Northwind Standard plan. Additionally, the service must be one that is covered under the plan. If the service is not covered, then the employee will not be eligible for the right of recovery.

It is important for employees to keep in mind that the right of recovery must be requested within two years of the service being provided in order for the employee to be eligible for reimbursement. Any claims submitted after this period will not be considered.

In addition, there are some services that are not eligible for the right of recovery. These include services related to mental health and substance abuse, emergency services, inpatient services, and any services that are not covered under the Northwind Standard plan.

It is also important to note that the right of recovery is only applicable to services that were paid for by the insured, and not by any other third party. This includes family members, friends, employers, or other insurance plans.

Employees should keep in mind that the right of recovery is subject to the terms and conditions of the Northwind Standard plan. Therefore, it is important to read the plan documents in detail to understand any additional exclusions or limitations of the right of recovery.

To take advantage of the right of recovery, employees should submit a claim to the insurance company with all of the relevant details and documentation. This should include a copy of the bill for the service, proof of payment, and any other documentation that may be required.

The Northwind Standard plan's right of recovery is a great feature that can help employees save time and money. It is important to be aware of the conditions and exceptions associated with this right, as well as any additional documentation that may be required. By understanding the right of recovery and following the steps outlined above, employees can take advantage of this great feature and be reimbursed for services that were already paid for.

#### **Right To And Payment Of Benefits**

##### **OTHER INFORMATION ABOUT THIS PLAN: Right To And Payment Of Benefits**

The Northwind Standard plan is a comprehensive health plan that provides coverage for medical, vision, and dental services. It also includes preventive care services and prescription drug coverage. Northwind Standard offers a variety of in-network providers, including primary care physicians, specialists, hospitals, and pharmacies.

Under this plan, Northwind Health will cover the cost of eligible services you receive, as long as you follow certain rules. Some services may require pre-authorization or be subject to an annual deductible or coinsurance. Northwind Health is also responsible for processing and paying claims correctly.

#### Right to Benefits

You have the right to receive the benefits available under the Northwind Standard plan. This includes the right to receive services from any in-network provider, subject to certain rules and regulations. You also have the right to be informed about the types of services that are covered and the costs associated with them.

#### Payment of Benefits

Northwind Health is responsible for paying claims correctly. They will do this by determining your eligibility, obtaining pre-authorization for services when required, and paying for eligible services based on the terms of the plan. Northwind Health will also provide you with an explanation of benefits (EOB) after they process a claim. The EOB will outline the services that were provided, the amount of the claim, and the amount that was paid by Northwind Health.

#### Exceptions

Northwind Standard does not cover emergency services, mental health and substance abuse services, or out-of-network services.

#### Tips

Before receiving any services, make sure to check with Northwind Health to determine if the service is covered and if pre-authorization is required. Additionally, Northwind Health will provide you with an EOB after they process a claim. Make sure to review the EOB to ensure that the services and amounts are correct.

If you have any questions about your coverage or about the payment of your benefits, contact Northwind Health for assistance. Their customer service team is available to answer any questions you may have.

#### Venue

##### OTHER INFORMATION ABOUT THIS PLAN

#### Venue

When filing a claim, it is important to understand the state and county in which the claim is being filed, as the venue may affect the outcome of the claim. Generally, the venue for a claim is the place where the injury or illness occurred, or the place where the services were rendered.

In cases where the injury or illness occurs in multiple states or counties, the venue will typically be the state or county where the majority of the services were rendered. Claims for services rendered outside of the United States should be filed in the state or country in which the services were rendered.

When filing a claim with Northwind Health, it is important to note that any disputes concerning the claim must be resolved in the state where the claim was filed, according to the state's laws. The claim cannot be resolved in any other state or country.

### Tips

Here are a few tips to keep in mind when filing a claim with Northwind Health:

- Always keep the location of the service in mind when filing a claim.
- Make sure to include the appropriate state or country on the claim form.
- Always provide detailed information about the services that were rendered, including the date, time, and location.
- Make sure to include any relevant medical records or other documentation with the claim.
- When possible, make sure to file the claim in the same state or county where the services were rendered.
- In cases where the services were rendered in multiple states or counties, make sure to file the claim in the state or county where the majority of the services were rendered.
- Disputes concerning the claim must be resolved in the state where the claim was filed, according to the state's laws.
- If the services were rendered outside of the United States, make sure to file the claim in the state or country in which the services were rendered.

### **Women's Health and Cancer Rights Act of 1998**

#### **OTHER INFORMATION ABOUT THIS PLAN: Women's Health and Cancer Rights Act of 1998**

The Women's Health and Cancer Rights Act of 1998 (WHCRA) is a federal law that provides rights and protections to people receiving mastectomies, a surgery to remove all or part of the breast. Under this law, health plans, including Northwind Standard, must provide coverage for mastectomies, reconstructive surgery, and other related medical services that are required by the attending physician in connection with a mastectomy.

The WHCRA applies to all group health plans, including Northwind Standard, and health insurance issuers that offer group health plans. This law requires all group health plans, such as Northwind Standard, to provide coverage for reconstructive surgery and other related medical services when it is medically necessary to reconstruct the breast or to treat physical complications of the mastectomy.



Not all mastectomies will qualify for WHCRA coverage. For example, mastectomies that are done for cosmetic reasons or for the treatment of a non-invasive breast cancer (i.e. Ductal Carcinoma in situ) are not covered under WHCRA.

In order for the coverage to be effective, the attending physician must provide written certification that the mastectomy was medically necessary. The certification should include a description of the medical condition, the type of mastectomy performed, and the type of reconstructive surgery required. The attending physician must also certify that the mastectomy was performed for medical reasons and not for reasons of cosmetic enhancement.

When the attending physician provides the written certification, the plan must provide coverage for the mastectomy and any reconstructive surgery that is required. The coverage must include all stages of reconstruction, prostheses, and other supplies related to the reconstruction. The plan must also provide coverage for physical complications of the mastectomy, including lymphedema, which is a condition that causes swelling due to a buildup of lymph fluid in the affected area.

In addition, the plan must provide coverage for outpatient services, such as physical therapy and counseling, that are related to the mastectomy or reconstructive surgery. The plan must also provide coverage for ancillary services that are related to the mastectomy or reconstructive surgery, such as ambulance services, durable medical equipment, and prosthetic devices.

Under the WHCRA, the coverage must be provided without imposing any additional costs or restrictions on the patient. This means that the patient should not have to pay any additional coinsurance, copayment, or deductible for the mastectomy or reconstructive surgery.

The WHCRA also provides rights for women who have already had mastectomies. If a woman has already had a mastectomy and the plan does not cover reconstructive surgery or medically related services, the plan must provide coverage for those services if the attending physician certifies that the services are medically necessary.

Finally, the WHCRA provides certain rights for women who are considering having a mastectomy. In particular, the law requires that all group health plans provide a written notice to women about the coverage that is available under the plan for mastectomies and reconstructive surgery. This notice must be provided at the time of enrollment in the plan and at least annually thereafter.

The WHCRA provides important rights and protections to women who have had, or are considering having, a mastectomy. It is important for employees to understand their rights and to make sure that their health plan is providing the coverage that is required by the law.

#### **Workers' Compensation Insurance**

OTHER INFORMATION ABOUT THIS PLAN: Workers' Compensation Insurance

At Contoso, we are committed to providing our employees with a safe and productive work environment. As such, we provide Workers' Compensation Insurance coverage through Northwind Health. This coverage provides financial protection to employees in the event of a work-related injury or illness, including medical treatment and lost wages.

In the event of a work-related injury or illness, employees are eligible to receive benefits such as:

- **Medical care:** This includes doctor visits, hospital care, and other treatment deemed necessary by a physician.
- **Wage replacement:** This includes a portion of wages lost due to the injury or illness.
- **Vocational rehabilitation:** This includes education, retraining, and job placement assistance.
- **Death benefits:** This includes a lump sum payment to the surviving spouse or dependents in the event of a work-related death.

In order to receive these benefits, employees must report the injury or illness to their supervisor as soon as possible. Employees must also submit a written claim to their employer within one year of the injury or illness.

It's important to note that Workers' Compensation Insurance does not cover injuries or illnesses that are not work-related. This includes injuries that occur during lunch breaks, on the commute to and from work, or during leisure activities.

Employees should also be aware that benefits are limited to the amount of coverage purchased by the employer. If the cost of medical treatment exceeds the amount of coverage purchased, the employee may be responsible for the remaining balance.

Finally, employees should be aware that Workers' Compensation Insurance is regulated by state and federal laws. Depending on the state, employees may have the right to receive legal representation or to appeal denied claims. In some states, employees may have the right to choose their own physician or to receive benefits for permanent disabilities.

At Contoso, we are committed to providing our employees with a safe and productive work environment, and we take the necessary steps to ensure that our Workers' Compensation Insurance coverage meets all state and federal requirements. Should you have any questions about this coverage, please contact the Human Resources Department.

## DEFINITIONS

### DEFINITIONS

When it comes to understanding the Northwind Standard insurance plan, it is important to understand the various terms and definitions associated with this plan. Here is a

breakdown of some of the key terms and definitions associated with the Northwind Standard insurance plan.

**In-Network Provider:** An in-network provider is a healthcare provider that has a contract with Northwind Health and is included in the network of providers who are eligible to receive payments from Northwind Health. This includes primary care physicians, specialists, hospitals, and pharmacies.

**Out-of-Network Provider:** An out-of-network provider is a healthcare provider that is not included in the Northwind Health network and is not eligible to receive payments from Northwind Health. Out-of-network providers are not covered by Northwind Standard.

**Preventive Care Services:** Preventive care services are services that are designed to help prevent illness and promote health. These services may include immunizations, physical exams, screenings, and other preventive care services.

**Emergency Services:** Emergency services are services that are provided in the case of an emergency. These services may include emergency surgery, emergency room visits, or other emergency services. Northwind Standard does not provide coverage for emergency services.

**Mental Health and Substance Abuse Coverage:** Mental health and substance abuse coverage is coverage for services related to mental health and substance abuse. This includes services such as therapy, counseling, and other mental health and substance abuse services. Northwind Standard does not provide coverage for mental health and substance abuse services.

**Prescription Drug Coverage:** Prescription drug coverage is coverage for prescription medications. This includes over-the-counter medications, as well as generic and brand name medications.

#### Tips for Understanding the Northwind Standard Insurance Plan

1. Make sure you understand the different types of providers that are included in the network and those that are not. Knowing which providers are in-network and out-of-network can help you make sure you are getting the most out of your Northwind Standard plan.
2. Understand what services are covered by Northwind Standard and which are not. Knowing what services are covered can help you plan ahead and make sure you are getting the most out of your plan.
3. Familiarize yourself with the copayments and coinsurance associated with Northwind Standard. Understanding what you are responsible for can help you budget for healthcare expenses.

4. Review your policy regularly. It is important to review your policy periodically to make sure you understand all of the details of your plan.

5. Take advantage of preventive care services. Preventive care services are designed to help prevent illness and promote health, so make sure you take advantage of these services.

By understanding the different terms, definitions, and tips associated with Northwind Standard, you can make sure you are getting the most out of your plan. If you have any questions, it is important to contact Northwind Health or your employer for more information.

# Contoso Electronics

Northwind Health Plus Plan



Contoso  
Electronics

This document contains information generated using a language model (Azure OpenAI). The information contained in this document is only for demonstration purposes and does not reflect the opinions or beliefs of Microsoft. Microsoft makes no representations or warranties of any kind, express or implied, about the completeness, accuracy, reliability, suitability or availability with respect to the information contained in this document.

All rights reserved to Microsoft

## Summary of Benefits

### Northwind Health Plus

Northwind Health Plus is a comprehensive plan that provides comprehensive coverage for medical, vision, and dental services. This plan also offers prescription drug coverage, mental health and substance abuse coverage, and coverage for preventive care services. With Northwind Health Plus, you can choose from a variety of in-network providers, including primary care physicians, specialists, hospitals, and pharmacies. This plan also offers coverage for emergency services, both in-network and out-of-network.

### SUMMARY OF YOUR COSTS

#### SUMMARY OF YOUR COSTS

At Northwind Health, we understand that health care costs can be a burden. That's why we offer a comprehensive plan that covers the cost of medical, vision, and dental services. With Northwind Health Plus, you can choose from a variety of in-network providers, including primary care physicians, specialists, hospitals, and pharmacies. This plan also offers coverage for emergency services, both in-network and out-of-network.

Your cost for Northwind Health Plus will depend on your plan type, the services you use, and the providers you visit. You can find more information about cost-sharing arrangements on the Northwind Health website.

**In-Network Costs:** If you use an in-network provider, your out-of-pocket costs will be lower than if you use an out-of-network provider. This is because Northwind Health has negotiated discounted rates with in-network providers.

**Out-of-Network Costs:** If you use an out-of-network provider, you may be responsible for paying the full cost of the services you receive. Additionally, you may have to pay a higher deductible and coinsurance.

**Prescription Drug Costs:** Prescription drug costs are also taken into consideration with Northwind Health Plus. Your out-of-pocket costs will depend on the tier of the medication you are prescribed. Generally, brand-name and non-preferred generic medications will have higher out-of-pocket costs than preferred generic and generic medications.

**Mental Health and Substance Abuse Coverage:** Northwind Health Plus also provides coverage for mental health and substance abuse services. Generally, coverage for mental health and substance abuse services will be the same as coverage for medical and surgical services.

**Preventive Care Services:** Northwind Health Plus also covers preventive care services such as immunizations and screenings. Generally, these services are covered at no cost to you. However, you will be responsible for any applicable deductibles and coinsurance.

### Tips:

- Make sure to double-check if a provider is in-network or out-of-network before you receive care. This will help you avoid any surprise costs.
- Take advantage of preventive care services when they are offered. These services are covered at no cost to you and can help you stay healthy.
- Be aware of your plan's formulary, which is a list of medications that are covered by your plan. If you are prescribed a medication that is not on the formulary, you may have to pay more out-of-pocket.
- If you have any questions about your costs, you can contact Northwind Health for more information.

## HOW PROVIDERS AFFECT YOUR COSTS

### In-Network Providers

#### HOW PROVIDERS AFFECT YOUR COSTS

Choosing the right provider is an important part of getting the most value out of your health insurance plan. With Northwind Health Plus, you have access to an extensive network of in-network providers. Working with these providers is an essential part of getting the most value out of your plan.

#### In-Network Providers

When choosing an in-network provider for your health care needs, make sure to check with Northwind Health Plus to ensure that the provider is in-network. This is important because in-network providers charge lower rates than out-of-network providers. Northwind Health Plus offers a wide range of in-network providers, including primary care physicians, specialists, hospitals, and pharmacies. This lets you choose a provider that is most convenient for you and your family.

It is important to note that in-network providers may not always be available in every area. The Northwind Health Plus website offers a searchable directory of all in-network providers in your area. This directory is regularly updated, so you can be sure that you are choosing from in-network providers that are available in your area.

#### Cost Savings

Using an in-network provider can help you save money on health care services. In-network providers have agreed to charge lower rates for their services, which can help you save money on your out-of-pocket costs. In addition, Northwind Health Plus may offer additional discounts or cost-savings for using in-network providers.

#### Emergency Services



In the event of an emergency, you can receive care from both in-network and out-of-network providers. However, if you choose to receive care from an out-of-network provider, your out-of-pocket costs may be higher. Therefore, it is important to consider the cost of out-of-network care when deciding whether to seek emergency care.

### Tips for Choosing an In-Network Provider

When choosing an in-network provider, there are a few tips to keep in mind:

- Check with Northwind Health Plus to make sure that the provider you are considering is in-network.
- Use the searchable directory on the Northwind Health Plus website to find in-network providers in your area.
- Ask your current provider if they are part of the Northwind Health Plus network.
- Consider the cost savings associated with in-network providers when making your decision.
- Consider the quality of care when choosing a provider.
- Make sure the provider is familiar with your health insurance plan and its coverage.
- Make sure the provider is available and can accommodate your schedule.

### Conclusion

Choosing the right provider is an important part of getting the most value out of your health insurance plan. Northwind Health Plus offers an extensive network of in-network providers that can help you save money on health care services. By following the tips outlined above, you can make sure that you are choosing an in-network provider that is most convenient and cost-effective for you and your family.

### Continuity of Care

#### HOW PROVIDERS AFFECT YOUR COSTS: Continuity of Care

It's important to understand continuity of care when selecting a provider. Continuity of care is the process of being treated by the same provider or medical team over a period of time. When you have continuity of care, your provider has a better understanding of your medical history, enabling them to provide more accurate diagnoses and treatments.

Continuity of care is important when selecting a provider because it ensures better quality of care. When you have continuity of care, your provider is more familiar with your medical history, which can lead to more effective treatments. Also, if you stay with the same provider for a period of time, the provider will be more likely to know about any changes in your health and can offer more personalized care.

The Northwind Health Plus plan offers coverage for continuity of care. This means that if you have been seeing the same provider for a period of time, you may be able to continue seeing them without having to switch to a different provider in the network.

However, it's important to note that there are some exceptions to the continuity of care rule. If you are switching to a new provider, you may be required to switch to an in-network provider. Additionally, if you are switching from an in-network provider to an out-of-network provider, you may be required to switch to an in-network provider.

When selecting a provider, it's important to keep continuity of care in mind. Here are a few tips that can help you ensure continuity of care:

- Always check your provider's network status before scheduling an appointment.
- If you're switching to a new provider, make sure they are in-network.
- Ask your provider if they offer continuity of care.
- If you are switching to a new provider, make sure they are familiar with your medical history.
- If you are switching from an in-network provider to an out-of-network provider, make sure you understand what that means for your coverage.
- Make sure you keep all of your medical records up to date.

Continuity of care is an important factor to consider when selecting a provider. Northwind Health Plus offers coverage for continuity of care, so you may be able to continue seeing the same provider without having to switch to a different provider in the network. However, there are some exceptions to the continuity of care rule, so it's important to understand what those are. By following these tips, you can ensure you have the best possible coverage and ensure continuity of care.

### Non-Participating

#### HOW PROVIDERS AFFECT YOUR COSTS

When it comes to health care, the provider you choose can have a major impact on your costs. With Northwind Health Plus, you have the option to choose from a variety of in-network providers. However, if you choose to go outside of the network, you may incur additional costs.

#### Non-Participating Providers

Non-participating providers are providers that are not in-network with Northwind Health Plus. When you visit a provider that is not in-network, you will be responsible for the entire cost of the care. This means that, if you choose to visit a provider who is not in-network, you will have to pay the entire cost of the service out-of-pocket.

## Exceptions

There are some exceptions to this rule. If you are traveling outside of the United States and you cannot find an in-network provider, you may be able to visit a non-participating provider and Northwind Health Plus may cover a portion of the cost. Additionally, if you are in a life-threatening situation and need to go to the nearest hospital, Northwind Health Plus may provide coverage for the care received.

## Tips

If you are considering visiting a provider that is not in-network, it is important to check with Northwind Health Plus first. Before your visit, contact the customer service line to find out if the provider is in-network and if there are any exceptions that could apply to your situation. Additionally, it is important to review your Explanation of Benefits (EOB) after your visit to ensure that you are not being charged for any services that were not covered by your insurance. If you are charged for a service that was not covered, contact Northwind Health Plus right away.

If you are considering a new provider, it is important to ask if they are in-network with Northwind Health Plus. This can save you time and money in the long run. Additionally, you can use Northwind Health Plus's online provider directory to search for a provider that is in-network and view their ratings.

By understanding the difference between in-network and non-participating providers and being aware of any exceptions that may apply to you, you can save money on your health care costs. Northwind Health Plus is here to help you make the most of your coverage. If you have any additional questions about in-network and non-participating providers, please contact the Northwind Health Plus customer service line.

## Balance Billing Protection

### HOW PROVIDERS AFFECT YOUR COSTS: Balance Billing Protection

Balance billing is a practice where a provider bills you for the difference between the allowed amount and billed amount. The allowed amount is the amount that your insurance company determines is a reasonable fee for a service. The amount you are billed for is the amount that the provider charges you for the services. With Northwind Health Plus, you are protected from balance billing. This means that you can rest assured that you will not be billed more than the allowed amount by your provider.

Balance billing protection is an important part of Northwind Health Plus. This protection ensures that you will not be responsible for the difference between the allowed amount and the billed amount. This protection helps you to avoid unexpected costs.

Exceptions:

Balance billing protection does not apply to out-of-network providers. If you receive services from an out-of-network provider, you may be responsible for the difference between the allowed amount and the billed amount.

Balance billing protection also does not apply to certain services, such as cosmetic services and experimental procedures. If you are considering receiving any of these services, it is important to check with Northwind Health Plus to determine whether balance billing protection applies.

#### Tips:

1. Get preauthorization: When you are planning to receive a service, it is important to get preauthorization. Preauthorization will help you to determine if the service is covered and the amount that you will be responsible for.
2. Ask questions: Ask your provider questions about the services they are providing and the cost of the services. This will help you to understand the costs associated with the services and to determine if balance billing protection applies.
3. Use in-network providers: Whenever possible, use in-network providers. This will help you to ensure that balance billing protection applies and that you do not receive unexpected bills.
4. Consider alternative treatments: Consider whether there are any alternative treatments or procedures that may be less expensive. This may help you to keep costs down and to avoid balance billing.
5. Know your rights: Make sure that you are aware of your rights when it comes to balance billing. Northwind Health Plus is responsible for informing you of your rights and for providing you with balance billing protection.

By taking the time to understand balance billing protection and to familiarize yourself with the tips above, you can help to ensure that you are not responsible for unexpected bills. Balance billing protection is an important part of Northwind Health Plus and it is important to take the time to understand how it works.

#### **Benefits For Out-Of-Network Or Non-Contracted Providers**

##### **HOW PROVIDERS AFFECT YOUR COSTS: Benefits For Out-Of-Network Or Non-Contracted Providers**

Northwind Health Plus offers coverage for out-of-network or non-contracted providers; however, it is not as comprehensive as the coverage provided for in-network services. When you seek care from an out-of-network provider, you may be required to pay more for services than you would if you had used an in-network option.

When seeking care from an out-of-network provider, it is important to know exactly what services are covered and what you will be expected to pay out of pocket. Generally, out-of-

network providers are not required to accept the same reimbursement rates as contracted providers, so the cost of care could be significantly higher.

It is also important to know that services received from an out-of-network provider may not count towards your deductible or be applied to your out-of-pocket maximum. This means that you may be responsible for paying the entire cost of the services, minus any applicable discounts. It is important to keep in mind that you may also be subject to balance billing from an out-of-network provider. Balance billing occurs when the provider bills you for the difference between their billed charges and the amount paid by Northwind Health Plus.

In some cases, you may be able to receive care from an out-of-network provider if there is not an in-network option available. In these cases, Northwind Health Plus will cover the same amount as if the care was provided by an in-network provider.

When considering care from an out-of-network provider, it is important to understand the potential risks of doing so. You may end up paying more out of pocket because the provider is not contracted with Northwind Health Plus, or you may be subject to balance billing.

It is important to do your research before seeking care from an out-of-network provider. Make sure to ask questions about the provider's billing policies, cost of services, and any potential discounts. It is also important to call Northwind Health Plus prior to receiving care to make sure that the services are covered and to understand your financial responsibility.

Tips for seeking out-of-network care:

- Ask the provider if they accept Northwind Health Plus and if they will accept the amount paid by the plan.
- Ask the provider what their billing policies are and if they offer any discounts.
- Ask Northwind Health Plus if the services are covered and if there are any limits or exclusions.
- Ask Northwind Health Plus if you will be subject to balance billing.
- Check to see if there is an in-network provider available that offers the same services.

By taking the time to understand the differences between in-network and out-of-network care and by doing your research, you can make sure that you are making the best decisions for your health and your wallet.

## HOW PROVIDERS AFFECT YOUR COSTS

When it comes to healthcare, one of the most important decisions you can make is choosing the right provider. With Northwind Health Plus, you can select from a wide range of in-network providers, including primary care physicians, specialists, hospitals, and pharmacies. This plan also covers emergency services, both in-network and out-of-network.

The provider you choose will have a direct impact on your costs. When you use in-network providers, you'll pay lower out-of-pocket costs. On the other hand, if you use out-of-network providers, you'll be responsible for a larger portion of the cost. In some cases, you may be responsible for the entire cost.

It is important to note that in-network providers are not necessarily the same across all plans. So, even if a provider is in-network for one plan, they may not be in-network for another. Therefore, it's important to check if your preferred provider is in-network before you select a plan.

When selecting a provider, there are a few tips you should keep in mind:

- Research your provider's credentials. Make sure they are properly licensed and accredited.
- Ask about their experience. How long have they been in practice? What kind of patients have they treated in the past?
- Ask about their methods. Do they use evidence-based treatments? Are they up-to-date on the latest medical advancements?
- Ask about their services. Do they offer preventive care services? What about mental health and substance abuse services?
- Ask about their costs. Do they offer payment plans or discounts? How do they compare to other providers in terms of cost?
- Ask about their availability. Are they available to answer questions or provide guidance when needed?
- Check reviews. Read reviews from past patients to get a better idea of their experience.

By taking the time to research your provider, you can ensure that you're getting the best care possible at the lowest cost.

There are also a few exceptions to be aware of. For example, Northwind Health Plus does not cover elective or cosmetic procedures. Additionally, some services are only covered when they are performed by in-network providers. So, make sure to check the plan's provider network before scheduling any services.

Finally, if you have any questions or need help selecting a provider, you can always contact Northwind Health's customer service team. They can provide you with helpful information and advice about selecting the right provider for your needs.

By following these tips and doing your research, you can make sure you're getting the best care possible at the lowest cost. With Northwind Health Plus, you can rest assured that you're getting quality coverage for all your healthcare needs.

## IMPORTANT PLAN INFORMATION

### Copayments (Copays)

#### IMPORTANT PLAN INFORMATION: Copayments (Copays)

When using Northwind Health Plus, you may be responsible for a copayment (or copay) for certain services. A copayment is a fixed amount that you are expected to pay for a service. The amount of the copayment varies based on the type of service received, whether the service is rendered by an in-network or out-of-network provider, and other factors.

#### In-Network Copays:

For in-network services, copayments are generally lower than for out-of-network services. The copayment for primary care visits is typically around \$20, while specialist visits have a copayment of around \$50. For in-network emergency services, the copayment is typically around \$100. In addition, for in-network preventive care services, there is typically no copayment.

#### Out-of-Network Copays:

For out-of-network services, copayments are typically higher than for in-network services. The copayment for primary care visits is typically around \$50, while specialist visits have a copayment of around \$75. For out-of-network emergency services, the copayment is typically around \$150. Please note that Northwind Health Plus will only cover a portion of out-of-network services, and you may be responsible for the remaining balance.

#### Exceptions:

There are a few exceptions to the copayment amounts listed above. For example, for mental health and substance abuse services, the copayment for in-network services is typically around \$30 and the copayment for out-of-network services is typically around \$60. In addition, the copayment for preventive care services is typically waived if received from an in-network provider.

#### Tips:

It is important to remember that copayments are subject to change and may vary depending on the type of service received. It is also important to note that copayments are not waived for out-of-network services, and you may be responsible for the remaining balance after Northwind Health Plus has paid its portion.

Finally, it is important to make sure that the provider you are seeing is in-network. This can be easily done by checking the provider directory on the Northwind Health Plus website. It is also important to remember that if you receive a service from an out-of-network provider, you may be responsible for a higher copayment.

By understanding and following these tips, you can be sure to get the most out of your Northwind Health Plus coverage and avoid unnecessary copayments.

### Split Copay For Office Visits

#### IMPORTANT PLAN INFORMATION: Split Copay For Office Visits

Northwind Health Plus offers a split copay for office visits in order to make healthcare more affordable for its members. This means that you will pay a lower copay for office visits than you would for other services. The split copay is applied to office visits with primary care physicians, specialists, and mental health providers.

Office visits with primary care physicians are subject to a \$35 copay. Office visits with specialists are subject to a \$60 copay. Mental health visits with a psychiatrist or another mental health provider are subject to a \$45 copay.

There are a few exceptions to this split copay. Emergency room visits and urgent care visits are not subject to the split copay and will be subject to the full copay amount that applies to the type of provider that you visited. Office visits with an anesthesiologist are also not subject to the split copay and will be subject to the full copay amount that applies to the type of provider that you visited.

When visiting your doctor, it is important to understand which type of provider you are visiting. Knowing whether you are visiting a primary care physician, specialist, or mental health provider will help you to understand how much your copay will be. Your copay amount will be listed on your insurance card.

When you visit a doctor, you should also inform the office staff that you are a Northwind Health Plus member. This will ensure that the staff bills your insurance correctly and that you are charged the correct amount for your copay.

If you have any questions about your copay amount, you can contact Northwind Health's customer service team. They will be able to provide more detailed information about your coverage and copay amount.

It is important to remember that the split copay only applies to office visits. Other services, such as lab tests, X-rays, and imaging tests, are subject to different copay amounts, which are listed on your insurance card.

It is also important to remember that the split copay only applies to in-network providers. If you visit an out-of-network provider, you will be subject to a higher copay amount, which is also listed on your insurance card.

At Northwind Health Plus, we are committed to helping our members get the care they need at a price they can afford. With the split copay for office visits, we hope to make healthcare more affordable for you and your family.



## Calendar Year Deductible

### IMPORTANT PLAN INFORMATION: Calendar Year Deductible

The Northwind Health Plus plan has a calendar year deductible that applies to some services. The amount you must pay out-of-pocket before the plan begins to pay for covered services is called the calendar year deductible. The calendar year deductible is the same for all members of the plan and is reset each year on the plan's renewal date.

**For In-Network Services:** The calendar year deductible for in-network services is \$1,500 for individuals and \$3,000 for families. This means that you must pay the full cost of all covered services until you have paid a total of \$1,500 for an individual and \$3,000 for a family. Once this amount is reached, the plan will begin to pay its share of the cost of eligible services.

**For Out-of-Network Services:** The plan does not have a calendar year deductible for out-of-network services. However, out-of-network services are subject to higher cost sharing than in-network services, so be sure to check with your provider to find out the cost sharing that applies.

**Exceptions:** Certain services are exempt from the calendar year deductible. These services include preventive care services and emergency services.

#### Tips:

- Be sure to check with your provider to find out if a service is subject to the calendar year deductible before receiving the service.
- Make sure you understand the cost sharing that applies to out-of-network services.
- Be aware that the calendar year deductible is reset each year on the plan's renewal date.
- Remember that preventive care services and emergency services are exempt from the calendar year deductible.

## Coinsurance

### IMPORTANT PLAN INFORMATION: Coinsurance

Coinsurance is a cost-sharing requirement under Northwind Health Plus. This means that after you have met your deductible, you will be responsible for a certain percentage of the costs for covered services. The coinsurance rate is usually a percentage of the allowed amount for a service, and it is your responsibility to pay this amount.

For example, if the allowed amount for a service is \$100 and your coinsurance is 20%, you are responsible for paying \$20 (20% of \$100). The insurance company will pay the remaining amount of \$80.

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.

The OOP maximum applies to all services, including in-network and out-of-network services, except for non-covered services, balance-billed charges, and premium payments. This means that all in-network services and out-of-network services count towards the OOP maximum.

### Exceptions

There are a few exceptions to the OOP maximum. For example, if a member seeks services from a provider that is not in-network, they may be balance-billed for the difference between what the provider charges and what Northwind Health Plus allows. Balance-billed charges do not count towards the OOP maximum.

Another exception is non-covered services. If a member receives a service that is not covered by the plan, they may be responsible for paying the full cost of the service. These services also do not count towards the OOP maximum.

### Tips for Reaching the Out-of-Pocket Maximum

Reaching the OOP maximum can be a challenge, but there are a few tips that can help members get there.

First, it's important to understand what services are covered by the plan and which are not. Northwind Health Plus covers a wide range of services, including preventive care, primary care, and specialty care. It's important to know which services are covered and which are not so members can make the most of their coverage.

Second, it's important to stay in-network as much as possible. Staying in-network helps members get the most out of their coverage and saves them money. In-network providers typically charge lower rates and provide a higher level of care than out-of-network providers.

Third, it's important to understand the difference between deductibles, copays, and coinsurance. Deductibles are the amount a member has to pay before the plan starts paying, copays are a set fee for services, and coinsurance is the percentage of the cost a member has to pay. Understanding these three terms can help members make more informed decisions about their care.

Finally, it's important to take advantage of preventive care services. Preventive care services are covered at 100% by Northwind Health Plus and can help members stay healthy and avoid costly treatments and services down the road.

Reaching the out-of-pocket maximum can be a challenge, but with the right knowledge and tips, members can take advantage of their Northwind Health Plus plan and get the most out of their coverage.

### Allowed Amount

IMPORTANT PLAN INFORMATION: Allowed Amount

When receiving services under Northwind Health Plus, you are responsible for paying a portion of the cost of care. The portion of the cost that you are required to pay is known as the Allowed Amount. The Allowed Amount is the amount that the plan will pay towards the cost of care. The Allowed Amount may vary depending on the type of care received.

For example, if you receive services from an in-network provider, the Allowed Amount may be lower than if you receive services from an out-of-network provider. The Allowed Amount also may vary depending on the type of service received. In general, preventive services such as physicals, immunizations, and screenings have lower Allowed Amounts than other types of care.

You should always check with the provider prior to receiving services to determine the Allowed Amount that Northwind Health Plus will pay for the services you are receiving. This way, you will know what your financial responsibility will be and can plan accordingly.

When you receive services from an out-of-network provider, you may be required to pay the full Allowed Amount up front. You then can submit a claim to Northwind Health Plus for reimbursement of the Allowed Amount less any applicable copays, coinsurance, or deductibles.

In some cases, Northwind Health Plus may not cover services that are considered experimental or investigational. If a service is not covered, you may be responsible for the entire cost of the service. Therefore, it is important to check with Northwind Health Plus prior to receiving services to determine if a service is covered.

In addition, some services may be subject to pre-authorization or pre-certification. This means that you must obtain approval from Northwind Health Plus prior to receiving the service. If pre-authorization or pre-certification is not obtained, you may be responsible for the full cost of the services.

It is important to understand that the Allowed Amount does not include any applicable copays, coinsurance, or deductibles that may be due. It is also important to understand that the Allowed Amount may vary depending on the type of care received and the type of provider that is providing the care. Therefore, it is important to check with the provider prior to receiving services to determine the Allowed Amount that Northwind Health Plus will pay for the services you are receiving.

Finally, it is important to keep track of your out-of-pocket expenses. This includes any copays, coinsurance, or deductibles that you may be required to pay. It is important to understand what your financial responsibility is when receiving care under Northwind Health Plus, so that you can plan accordingly and make sure that you are meeting your financial obligations.

#### IMPORTANT PLAN INFORMATION

Northwind Health Plus is a comprehensive health plan that offers coverage for medical, vision, and dental services. It also provides coverage for prescription drugs, mental health and substance abuse services, and preventive care. You can choose from a variety of in-network providers, including primary care physicians, specialists, hospitals, and pharmacies. Emergency services are also covered, both in-network and out-of-network.

Co-pays, deductibles, and out-of-pocket maximums may apply to your plan. Your plan may also include separate deductibles for different services, such as prescription drugs and hospitalization. It is important to know what your plan covers and what the cost-sharing requirements are. To get more information, please visit the Northwind Health website or contact them directly.

It is also important to remember that there may be certain exceptions or limitations in the plan. For instance, some plans may not cover certain types of services, such as cosmetic procedures, or they may have limits on the number of visits to a provider that are covered. It is important to read through your plan to understand what is and isn't covered.

When you are using your Northwind Health Plus plan, there are a few tips to keep in mind. First, remember to bring your Northwind Health Plus ID card with you when you go to the doctor or pharmacy. This will help the provider verify your coverage and process your claims. Second, if you are prescribed a medication, check to make sure it is covered by your plan. You may be able to save money by using a generic version of the drug or by using a mail-order pharmacy.

Finally, if you are seeing an out-of-network provider, remember that you may be responsible for paying more out-of-pocket costs than you would for an in-network provider. Make sure to check with the provider to get an estimate of what your costs will be.

By understanding the plan and its exceptions and limitations, and by following these tips, you can make sure you are getting the most out of your Northwind Health Plus plan.

## COVERED SERVICES

### Acupuncture

#### COVERED SERVICES: Acupuncture

Acupuncture is an ancient form of healing that has been practiced in China for thousands of years. It involves the use of very thin needles inserted into specific points in the body to stimulate energy flow and promote physical and emotional balance. Northwind Health Plus covers acupuncture services, including both in-network and out-of-network acupuncture providers.

When using an in-network acupuncture provider, coverage is provided for up to 12 visits per year. Each visit must be medically necessary and approved by your primary care physician. All acupuncture services must be performed by an appropriately licensed acupuncturist, and acupuncture services are limited to one hour per visit.

When using an out-of-network acupuncture provider, Northwind Health Plus covers up to \$25 per visit, after the deductible has been met. Out-of-network acupuncture services must also be medically necessary and approved by your primary care physician. All acupuncture services must be performed by an appropriately licensed acupuncturist and services are limited to one hour per visit.

When you visit an acupuncture provider, be sure to bring your Northwind Health Plus insurance card and a form of payment for the office visit or copayment. You will also need to provide the acupuncture provider with the authorization from your primary care physician.

Before scheduling an acupuncture appointment, it's important to make sure the acupuncturist is licensed and in-network with Northwind Health Plus. It's also important to talk to your primary care physician to make sure that acupuncture is an appropriate treatment for your medical condition.

In addition to traditional acupuncture treatments, Northwind Health Plus also covers acupuncture-related services such as acupressure, cupping, moxibustion, and tui na. These services may be covered when provided by an appropriate acupuncturist as part of a treatment plan approved by your primary care physician.

Northwind Health Plus does not cover services that are experimental, investigational, or for cosmetic purposes. Services for nutritional counseling, massage therapy, and physical therapy are also not covered. Northwind Health Plus also does not cover acupuncture services that are provided in a hospital or a skilled nursing facility.

If you have any questions about acupuncture services covered by Northwind Health Plus, contact the Member Services department at Northwind Health. They are available to answer any questions you may have about coverage and eligibility.

### **Allergy Testing and Treatment**

#### **COVERED SERVICES: Allergy Testing and Treatment**

At Contoso, we understand that allergies can be a major source of discomfort and inconvenience for our employees. That's why we are proud to offer coverage for allergy testing and treatment through Northwind Health Plus. Allergy testing and treatment services are covered under the plan, with some exceptions.

#### **Allergy Testing**

If your physician determines that allergy testing is medically necessary, Northwind Health Plus will cover the cost of the testing. This includes skin tests, blood tests, patch tests, and other diagnostic tests that your doctor may order.

#### **Allergy Treatment**

Once your doctor has determined the cause of your allergies, Northwind Health Plus will cover the cost of treatment. This includes medications such as antihistamines, nasal sprays,

and inhalers. In addition, Northwind Health Plus will cover the cost of immunotherapy, which is a long-term treatment that helps to reduce the severity of your allergies.

### Exceptions

In some cases, Northwind Health Plus may not cover all of the costs associated with allergy testing and treatment. These exceptions include the following:

- Allergy medications that are available over-the-counter.
- Allergy shots that are not prescribed by a doctor.
- Allergy treatments or medications that are considered experimental or unproven.
- Alternative treatments, such as herbal remedies or homeopathic treatments.

### Tips

- Talk to your doctor about all of your allergy symptoms, so they can determine the best course of testing and treatment.
- Ask your doctor about the cost of any allergy medications that they prescribe.
- Be sure to fill any prescriptions at a pharmacy that is in-network, so you can receive the lowest cost for your medications.
- If you are considering an alternative treatment for your allergies, be sure to discuss it with your doctor first.
- Keep your receipts for any out-of-pocket expenses related to your allergy testing and treatment, so you can be reimbursed for your expenses.

At Contoso, we are committed to providing our employees with the best coverage for their healthcare needs. With Northwind Health Plus, you can be sure that you are getting the best coverage for your allergy testing and treatment.

### Ambulance

#### COVERED SERVICES: Ambulance

Ambulance services are covered under Northwind Health Plus. This includes any transportation to and from medical facilities, as long as it is medically necessary. In most cases, ambulance services are covered when no other form of transportation is available.

If you need to use an ambulance, it must be one that is in your network and has been approved by Northwind Health. You will be responsible for paying any applicable coinsurance and copays for this service. If you use an out-of-network ambulance, you may be responsible for the entire cost of the service.

When deciding whether you need an ambulance, you should consider your medical condition and the available transportation options. If you are able to use a car or another form of transportation, this will usually be the most cost-effective option. However, if you require medical assistance during transportation, an ambulance may be necessary.

It is important to remember that ambulance services are only covered if they are medically necessary. If you are unsure of whether a service is medically necessary, you should speak to your primary care physician or a Northwind Health representative.

If you have an emergency medical condition and require ambulance services, you should call 911. In this case, you will not be responsible for any out-of-pocket expenses, as emergency services are covered under Northwind Health Plus.

In addition to emergency services, Northwind Health Plus also covers non-emergency ambulance services. These services are typically used when non-emergency transportation is needed to and from a medical facility. If you require non-emergency transportation, you should speak to your primary care physician who can determine if the service is medically necessary.

If your primary care physician determines that ambulance services are medically necessary, you should contact your local ambulance provider. You should provide them with your Northwind Health Plus plan information and Northwind Health will cover the cost of the service, minus any applicable coinsurance and copays.

In conclusion, Northwind Health Plus covers ambulance services when they are medically necessary. This includes emergency services and non-emergency services. If you need to use an ambulance, it must be one that is in your network and has been approved by Northwind Health. You should always contact your primary care physician to determine if a service is medically necessary before using an ambulance, as this will help you to avoid any out-of-pocket costs.

### **Blood Products And Services**

#### **COVERED SERVICES: Blood Products and Services**

Northwind Health Plus covers a variety of blood products and services that are necessary for a healthy life. This plan provides coverage for blood tests, transfusions, and other related services required for diagnosis, treatment, and management of a medical condition.

#### **In-Network Coverage:**

Northwind Health Plus provides in-network coverage for a variety of blood products and services. Services covered by this plan include:

- Blood tests and transfusions
- Blood typing



- Platelet donation and collection
- Hemoglobin testing
- Hemophilia treatment
- Anemia treatment

#### Out-of-Network Coverage:

Northwind Health Plus also covers blood products and services received from out-of-network providers. However, coverage for out-of-network services may be limited and you may be required to pay more for out-of-network services than for in-network services.

#### Exceptions:

Northwind Health Plus does not cover any blood products or services not specifically listed in the plan document. This includes any experimental treatments or other services that are not medically necessary.

#### Tips for Employees:

- Always check with Northwind Health Plus to determine if the blood test or transfusion you need is covered under the plan.
- Look for in-network providers to receive the highest level of coverage.
- Ask your provider if there are any generic alternatives for the blood products or services you need.
- Keep detailed records of all your blood tests and transfusions, including the date, type, and results.
- Check your Explanation of Benefits regularly to make sure you are being charged correctly for any blood products or services.

### Cellular Immunotherapy And Gene Therapy

#### Cellular Immunotherapy and Gene Therapy

Cellular Immunotherapy and gene therapy are two of the newest treatments available in the medical world, and are covered under Northwind Health Plus.

Cellular Immunotherapy is a type of treatment that boosts a patient's own immune system to fight off diseases and illnesses. This type of treatment is done through the use of a patient's white blood cells, which are extracted and modified to be able to recognize and attack cancer cells. These modified white blood cells are then reintroduced into the patient's body, allowing their immune system to fight the cancer. This type of therapy is typically used to treat cancers like leukemia and lymphoma, as well as some other types of cancer.

Gene therapy is a therapeutic modality that involves the introduction of exogenous genetic material into an individual's cells for the purpose of modifying or correcting pathological gene expression patterns. This process can be accomplished through various vectors, including viral and non-viral delivery systems, with the aim of inducing therapeutic effects through the modulation of cellular processes.

Both of these treatments are covered under the Northwind Health Plus plan, but there are some exceptions. For example, treatments that are experimental in nature are not covered. Additionally, treatments that are deemed to be not medically necessary or not recommended by a physician are also not covered.

When considering cellular immunotherapy or gene therapy, it is important to discuss the risks and benefits with your doctor. It is also important to make sure that the treatment is covered by your insurance, and to review any pre-authorization requirements that may be necessary for the treatment. Additionally, it is important to be aware of any potential side effects that may occur from these treatments, and to make sure that you are comfortable with the potential risks and benefits of the treatment.

### **Chemotherapy And Radiation Therapy**

#### **Chemotherapy and Radiation Therapy: Covered Services**

At Contoso, we are proud to offer our employees the Northwind Health Plus plan, which provides comprehensive coverage for medical, vision, and dental services. This plan also includes coverage for chemotherapy and radiation therapy.

#### **What Is Covered Under Chemotherapy and Radiation Therapy?**

Northwind Health Plus provides coverage for chemotherapy and radiation therapy services for the treatment of cancer. This includes drugs and supplies for chemotherapy and radiation therapy, as well as related services and procedures, such as imaging tests and laboratory tests. This coverage also includes hospitalization for chemotherapy and radiation therapy.

It is important to note that coverage for chemotherapy and radiation therapy is subject to the terms and conditions of the Northwind Health Plus plan. Any services that are not specifically listed in the plan document are not covered.

#### **Tips for Employees Regarding Chemotherapy and Radiation Therapy**

At Contoso, we want our employees to make the most of their coverage for chemotherapy and radiation therapy services. Here are a few tips to help employees make sure they are getting the most out of their benefits:

- Become familiar with the Northwind Health Plus plan document. Understand what services are covered and what services are not.

- Make sure that any treatments or services related to chemotherapy and radiation therapy are pre-authorized. This will help ensure that the treatments and services are covered under the plan.
- Talk to your doctor about the treatments and services that are covered under the plan. Make sure that your doctor is aware of any exclusions or limitations that may be in the plan document.
- Ask your doctor about any discounts or other cost-savings measures that may be available through the Northwind Health Plus plan.
- Take advantage of the resources available through Northwind Health Plus, such as their 24-hour nurse advice line and their online cost estimator tool.
- Ask your doctor or pharmacist if there are generic or over-the-counter alternatives to any medications that are prescribed for chemotherapy and radiation therapy.

By following these tips, employees can make sure they are getting the most out of their coverage for chemotherapy and radiation therapy services. Employees should keep in mind that any services that are not specifically listed in the plan document are not covered.

## Clinical Trials

### COVERED SERVICES: CLINICAL TRIALS

At Northwind Health Plus, we understand that life-saving treatments can come from clinical trials. That is why we cover certain clinical trials as part of your plan.

#### What Are Clinical Trials?

Clinical trials are research studies conducted in an effort to identify new treatments, drugs, or procedures that can help improve patient outcomes. A clinical trial typically involves a group of participants who are given a certain type of treatment for a certain period of time. The results of the trial are then evaluated to measure the effectiveness of the treatment.

#### What Does Northwind Health Plus Cover?

Northwind Health Plus covers certain clinical trials that are approved by the Food and Drug Administration (FDA) and that are considered medically necessary. These clinical trials must also be recommended by your doctor or health care provider. The plan covers FDA-approved drugs, medical treatments, and medical devices that are used in the clinical trial.

#### What Are Some Exceptions?

Northwind Health Plus does not cover any experimental treatments that are not approved by the FDA or that are not considered medically necessary. Additionally, the plan does not cover any treatments that are used in the clinical trial that are not considered medically necessary. Clinical trials must be recommended by your doctor or health care provider and must be approved by the FDA in order for the plan to cover them.

## Tips for Employees

If you are considering participating in a clinical trial, there are a few things to keep in mind:

- Make sure the clinical trial has been approved by the FDA.
- Talk to your doctor or health care provider about the trial and ask any questions you may have.
- Ask about the potential risks and benefits of participating in the trial.
- Ask about any potential side effects.
- Ask if there are any costs associated with the trial that are not covered by Northwind Health Plus.
- Make sure you understand what is expected of you as a participant in the trial.
- Ask if the trial results will be published or available to you in any way.

Clinical trials can be a great opportunity to explore potential treatments that could improve your health. Northwind Health Plus covers certain clinical trials that are approved by the FDA and that are considered medically necessary. It is important to talk to your doctor or health care provider to make sure that you understand the details of the clinical trial before you decide to participate.

## Dental Injury and Facility Anesthesia

### COVERED SERVICES: Dental Injury and Facility Anesthesia

Northwind Health Plus offers coverage for dental injury and facility anesthesia services. This coverage includes medically necessary services for the relief of pain resulting from dental injury, as well as services for the administration of anesthesia in a facility. This coverage is subject to any limitations, copayments, and/or deductibles that are set forth in the plan.

In order for services to be eligible for coverage, they must be performed by a dental professional who is licensed to practice dentistry in the state in which the services are provided. All services must be for the relief of pain resulting from dental injury, or for the administration of anesthesia in a facility.

### Dental Injury

Northwind Health Plus covers medically necessary services for the relief of pain resulting from dental injury. This includes services such as extractions, fillings, root canals, and other services that are necessary to relieve pain caused by dental injury.

### Facility Anesthesia

Northwind Health Plus covers services related to the administration of anesthesia in a facility. This includes, but is not limited to, services such as spinals, epidurals, and general anesthetics.

#### Exceptions

Northwind Health Plus does not cover the following services when related to dental injury or facility anesthesia:

- Cosmetic procedures, such as teeth whitening or veneers
- Services that are not medically necessary to relieve pain resulting from dental injury
- Services provided outside of a facility

#### Tips for Employees

- Make sure that your dentist is licensed to practice in your state
- Check your plan to make sure that the full cost of services is covered
- Ask your dentist about any additional costs that may not be covered by your plan
- Have a list of any medications or allergies that may affect the anesthesia
- Make sure that the dentist is aware of any medical conditions that might increase the risk of complications
- Ask your dentist about any special instructions that you may need to follow before or after the procedure
- Make sure that you understand the risks and benefits of the procedure
- Ask your dentist about any follow-up care that may be needed after the procedure
- Make sure that you have a plan for transportation in case you need to get to the facility for the procedure.

#### Diagnostic X-Ray, Lab And Imaging

##### COVERED SERVICES: Diagnostic X-Ray, Lab and Imaging

Northwind Health Plus covers diagnostic X-ray, lab, and imaging services. This includes services like X-rays, CAT scans, MRIs, ultrasounds, and mammograms. Lab services are covered for tests such as blood tests, urine tests, and other diagnostic tests ordered by a doctor. Coverage for imaging services includes Magnetic Resonance Imaging (MRI), Computed Tomography (CT) scans, and Positron Emission Tomography (PET) scans.

#### Exceptions

While most diagnostic X-ray, lab, and imaging services are covered by Northwind Health Plus, there are some exceptions. The plan does not cover services that are not medically necessary, such as cosmetic surgery. It also does not cover services that are experimental or investigational.

### Tips

If you are considering one of the services that is not covered by Northwind Health Plus, such as cosmetic surgery, it is important to understand that you will be responsible for the full cost of the service. Additionally, it is important to check with your doctor to make sure that the service is medically necessary before you receive it.

In order to make sure that you get the most out of your coverage, it is important to be aware of which services are covered by Northwind Health Plus. Additionally, it is important to understand that while most diagnostic X-ray, lab, and imaging services are covered by the plan, there are some exceptions. Be sure to talk to your doctor or healthcare provider to make sure that the service is covered before you receive it.

When you receive services that are covered by Northwind Health Plus, be sure to bring your insurance card with you so that your provider can bill your insurance company directly. This will help ensure that you receive the full benefit of your coverage.

It is also important to understand that there may be certain limits on the amount of coverage that Northwind Health Plus provides for diagnostic X-ray, lab, and imaging services. For example, the plan may have a limit on the number of services that it will cover in a given year. Be sure to check with your plan administrator for more information about the limits of your coverage.

Finally, it is important to keep in mind that Northwind Health Plus is a comprehensive plan, and it provides coverage for a wide range of services. Be sure to take full advantage of the coverage that is available to you and to make sure that you are taking advantage of all the benefits that are offered. This will help ensure that you get the most out of your plan.

### Dialysis

#### COVERED SERVICES - Dialysis

At Contoso, we are proud to offer employees Northwind Health Plus, which provides comprehensive coverage for medical, vision, and dental services. This plan also includes coverage for dialysis services for eligible employees.

Dialysis is a medical treatment process used to replace the normal functions of the kidney. When the kidneys are no longer able to perform their normal functions, dialysis is typically required to filter waste and excess fluids from the blood. It can also help balance electrolytes in the body.

Dialysis services covered by Northwind Health Plus include in-center hemodialysis, home hemodialysis, and peritoneal dialysis. This plan also provides coverage for dialysis-related

services and supplies, such as home dialysis machines, dialyzers, and other necessary supplies.

In-network dialysis services are covered at 80% of the allowed amount. Out-of-network dialysis services may also be covered, but the amount of coverage may vary. It is important to note that Northwind Health Plus does not cover services or supplies related to kidney transplants, including the cost of the donor organ.

It is also important to note that Northwind Health Plus does not cover experimental or investigational treatments, such as stem cell therapy or xenotransplantation. If you are considering a treatment that is not covered by your plan, please contact your provider to discuss your options.

For those receiving dialysis services, it is important to note that Northwind Health Plus requires that you receive your dialysis treatments from a certified dialysis center. It is also important to keep track of your dialysis treatments and any supplies that you may need. Your provider may also be able to provide you with information about support groups or other organizations that can provide additional resources or assistance.

If you have questions about the dialysis coverage offered by Northwind Health Plus, please contact your provider or Northwind Health directly. We are committed to providing our employees with comprehensive coverage and support.

### **Emergency Room**

#### **COVERED SERVICES - EMERGENCY SERVICES**

At Contoso, we understand that unplanned medical emergencies can arise, and so our insurance partner, Northwind Health, provides coverage for emergency services. This coverage applies to both in-network and out-of-network providers.

#### **In-Network Providers**

If you seek emergency care from an in-network provider, your plan will cover the cost of treatment, including any necessary hospitalization and follow-up care. Depending on the type of plan you have, you may also be responsible for paying a copayment and/or coinsurance.

#### **Out-of-Network Providers**

Emergency services received from out-of-network providers will also be covered, but you may be responsible for higher out-of-pocket costs such as copayments and coinsurance. If you receive services from an out-of-network provider, you may also be responsible for paying the difference between the amount billed by the provider and the amount the plan will pay.

#### **Exceptions**

Northwind Health Plus does not cover certain types of emergency services. These include services for certain social and cosmetic procedures, elective surgery, experimental treatments, and services for injuries or illnesses that are not medically necessary.

### Tips for Employees

It is important to keep in mind that if you have an emergency, you should seek care from the nearest hospital or medical facility. Regardless of whether it is in-network or out-of-network, you will be covered. It is also important to remember that if you receive care from an out-of-network provider, you may be responsible for higher out-of-pocket costs.

It is also important to be aware of the exceptions to Northwind Health Plus' coverage of emergency services. Certain services, such as those for elective surgery and experimental treatments, are not covered.

Lastly, it is important to keep your Northwind Health Plus ID card with you at all times. This card will provide proof of coverage and will help ensure you get the care you need.

### Foot Care

#### COVERED SERVICES: Foot Care

At Northwind Health Plus, we understand that foot care is an important part of your overall health and well-being. That's why our plan covers foot care services, including diagnosis and treatment of conditions affecting the feet.

Our plan covers the following foot care services:

- Diagnostic and laboratory tests
- X-rays
- Treatment of infections, such as ingrown toenails and athlete's foot
- Treatment of foot injuries, such as fractures, sprains, and strains
- Orthopedic devices, such as casts and braces
- Surgery, if medically necessary
- Custom orthotics, when prescribed by a physician
- Prescription drugs, when prescribed by a physician

#### Exceptions

Our plan does not cover:

- Routine foot care, such as trimming toenails, callus removal, and shoe inserts



- Foot care products, such as arch supports, shoe inserts, and foot orthotics
- Services that are not medically necessary

#### Tips for Employees

- Take preventive steps to minimize foot problems, such as wearing comfortable shoes that fit properly and provide adequate support.
- If you have diabetes, check your feet daily for sores or other problems.
- If you have any foot problems, don't delay seeking medical care. Early diagnosis and treatment can often prevent more serious problems from developing.
- If you need custom orthotics, be sure to get them from a qualified provider who is knowledgeable in their use.
- If you're prescribed orthotics, be sure to follow the instructions for use and wear them as directed.
- If you're prescribed medication, be sure to take it as directed.
- If you have any questions about your foot care coverage, please contact Northwind Health Plus.

#### Gender Affirming Care

##### COVERED SERVICES: Gender Affirming Care

Contoso is proud to offer employees comprehensive coverage for gender affirming care through Northwind Health Plus. This coverage includes hormone therapy, gender affirming surgery, and mental health services related to gender transition.

##### Hormone Therapy:

Northwind Health Plus covers hormone therapy for individuals undergoing gender transition. This includes gender-affirming hormone replacement therapy such as testosterone or estrogen. The coverage also includes many medications and treatments related to hormone therapy, such as monitoring blood work, doctor visits, and lab tests.

##### Gender Affirming Surgery:

Northwind Health Plus covers gender affirming surgery for individuals undergoing gender transition. Northwind Health Plus also covers pre- and post-operative care related to gender affirming surgery.

##### Mental Health Services:

Northwind Health Plus covers mental health services related to gender transition. This includes counseling and therapy visits, as well as medications related to mental health treatment.

Exceptions:

Northwind Health Plus does not cover any experimental treatments related to gender transition, such as facial hair removal, hair transplants, and voice therapy.

Tips for Employees:

- Make sure to inform your provider that you are using Northwind Health Plus to cover gender affirming care.
- Be sure to bring your Northwind Health Plus card with you to all medical and mental health appointments related to gender affirming care.
- Ask your provider for an itemized bill after each visit to ensure that all charges related to gender affirming care are included.
- Keep all receipts and documentation of your gender affirming care expenses.
- Northwind Health Plus may require pre-authorization for certain gender affirming care services. Be sure to check with your provider and Northwind Health Plus about any pre-authorization requirements.
- If you have any questions about your coverage, call Northwind Health Plus customer service.

### Hearing Care

COVERED SERVICES: Hearing Care

At Contoso, we understand how important it is for our employees to stay on top of their overall health. That is why we are proud to offer comprehensive hearing care coverage through Northwind Health Plus. This coverage can be used for a variety of hearing care services, including but not limited to hearing tests and evaluations, hearing aids and other associated services, as well as hearing aid fittings and adjustments.

In order to take advantage of this coverage, employees must receive care from an in-network provider. Northwind Health Plus has a wide selection of providers in its network, making it easy to find a provider who is right for you. Additionally, the plan covers hearing aid fittings, adjustments, repairs, and replacements, as well as batteries, when necessary.

When it comes to hearing aid coverage, Northwind Health Plus covers up to \$1,500 every 3 years for all hearing aid services, including the hearing aid itself. This amount is based on the plan's usual and customary charges, and any additional costs over this amount are the responsibility of the employee.

It is important to note that Northwind Health Plus does not cover the cost of custom ear molds for hearing aids, nor does the plan cover any over-the-counter hearing aids or other devices. Additionally, hearing care coverage is limited to individuals 18 years of age or older.

At Contoso, we also want to make sure that our employees have the best hearing care possible. Here are a few tips to help our employees make the most of their coverage:

- Schedule regular hearing tests and evaluations. This can help you stay on top of your hearing health and detect any issues early.
- Try to get all of your hearing care needs met by the same provider. This can help you establish a relationship with the provider and make it easier to get the care you need.
- Make sure to keep all of your receipts, and submit them to Northwind Health Plus for reimbursement.
- Ask your provider about any discounts or promotions they may have available.
- Talk to your provider about any financing options they may have.

By taking advantage of this coverage, Contoso employees can ensure they have access to the hearing care they need. With Northwind Health Plus, our employees can rest assured that their hearing health is taken care of.

### Home Health Care

#### COVERED SERVICES: Home Health Care

Northwind Health Plus provides coverage for medically necessary home health care services. This includes services such as skilled nursing, physical therapy, and occupational therapy. Home health care services must be ordered by a licensed physician and provided by a home health agency or other qualified provider.

#### Exceptions:

Northwind Health Plus does not cover home health care services that are not medically necessary or that are requested solely for the convenience of the patient or those providing care. Home health care services are not covered when they are provided in the patient's place of residence or in a family member's home.

#### Tips:

- If you are planning to receive home health care services, it is important to speak with your primary care provider to ensure that the services are medically necessary and meet the requirements of Northwind Health Plus.

- Before you receive home health care services, be sure to ask the provider if they are in-network with Northwind Health Plus. This will help ensure that you receive the most comprehensive coverage for your services.
- If you have any questions about the types of services covered by Northwind Health Plus or the specific benefits associated with your plan, be sure to contact Northwind Health customer service for more information.
- Make sure to keep all documentation related to your home health care services, including orders from your primary care provider, receipts, and other paperwork. This will help ensure that your claims are processed quickly and accurately.
- If you are not satisfied with the services provided by your home health care provider, be sure to contact Northwind Health Plus customer service to file a complaint.

### **Home Medical Equipment (HME), Orthotics, Prosthetics And Supplies**

#### **COVERED SERVICES – Home Medical Equipment (HME), Orthotics, Prosthetics And Supplies**

The Northwind Health Plus plan covers Home Medical Equipment (HME), Orthotics, Prosthetics And Supplies (OP&S), when medically necessary. This means that any equipment, prosthetics, and orthotics that are prescribed by your doctor and are medically necessary for treatment can be covered under this plan.

#### **Home Medical Equipment (HME)**

HME is any equipment that is used in the home to help you recover from an injury or illness, or to help with a disability. Examples of HME include power wheelchairs, hospital beds, walkers, canes, and crutches. In order to have these items covered under the Northwind Health Plus plan, you must have a valid prescription from a qualified medical provider, and the item must be medically necessary.

#### **Orthotics and Prosthetics**

Orthotics and Prosthetics are items that assist with movement or provide support. Examples of items that may be covered under the Northwind Health Plus plan include braces, splints, orthopedic shoes, and prosthetic devices. In order to have these items covered, you must have a valid prescription from a qualified medical provider, and the item must be medically necessary.

#### **Supplies**

Supplies are items that are used in conjunction with HME, prosthetics, and orthotics. Examples of supplies that may be covered under the Northwind Health Plus plan include wound care supplies, catheters, and oxygen therapy supplies. In order to have these items covered, you must have a valid prescription from a qualified medical provider, and the item must be medically necessary.

## Exceptions

There are a few exceptions to the coverage of HME, orthotics, prosthetics, and supplies under the Northwind Health Plus plan. These include items that are not medically necessary, items that are experimental or investigational, and items that are not prescribed by a qualified medical provider.

## Tips

When considering whether or not a particular item is covered under the Northwind Health Plus plan, it is important to keep the following tips in mind:

- Always make sure that the item you are considering has been prescribed by a qualified medical provider, and is medically necessary.
- Be aware that some items may not be covered, even if they are prescribed by a qualified provider. These items can include items that are not medically necessary, items that are experimental or investigational, and items that are not prescribed by a qualified medical provider.
- Make sure to keep all receipts and documentation related to the item you are considering, as this will be important if you need to file a claim for coverage.
- If you have any questions about the coverage of a particular item, make sure to contact the Northwind Health Plus customer service team for more information.

By following these tips, you can be sure that the items you are considering are covered under the Northwind Health Plus plan. With this coverage, you can get the medical equipment, prosthetics, orthotics, and supplies you need to maintain your health and wellbeing.

## Hospice Care

### COVERED SERVICES - HOSPICE CARE

Northwind Health Plus provides coverage for hospice care services to members who are terminally ill and are expected to have a life expectancy of six months or less if their illness runs its normal course. Hospice care services are designed to provide comfort and support to terminally ill members and their families.

Under Northwind Health Plus, coverage for hospice care services includes:

- Care provided by a hospice care team that includes a doctor, nurse, social worker, chaplain, hospice aide, and volunteer
- Medications, medical supplies, and equipment used in the treatment of the terminal illness
- Counseling services for the member and their family members

- Inpatient and respite care
- Grief counseling and bereavement services

In addition, Northwind Health Plus covers the costs of services that are related to the member's terminal illness, such as medical equipment and supplies, home health care, homemaker services, physical therapy, and speech-language pathology.

Exceptions:

Northwind Health Plus does not cover services related to treatment that is intended to cure the member's terminal illness. This includes treatments such as chemotherapy, radiation therapy, and surgery.

Tips:

If you are considering hospice care for a terminally ill family member, it is important to know that Northwind Health Plus covers some of the costs associated with hospice care. It is important to talk to your doctor about your options and what services are covered under Northwind Health Plus.

It is also important to be aware of the types of services that are not covered under Northwind Health Plus. Be sure to ask your doctor about any treatments that are not covered and make sure that you understand the implications of not receiving these treatments.

It is also important to talk to your doctor about any medications and medical supplies that you may need that are not covered under Northwind Health Plus. You may be able to get these medications and supplies from another provider or through a private insurance plan.

In addition, it is important to talk to your doctor about the types of services that are available through hospice care providers. Different hospice care providers offer different services, so it is important to understand what services are offered and what is covered by Northwind Health Plus.

Finally, it is important to talk to your doctor about any other services that may be available to you and your family through hospice care. These services may include palliative care, bereavement services, and support groups. These services can provide emotional and spiritual support to members and their families during this difficult time.

## Hospital

### COVERED SERVICES: Hospitals

Northwind Health Plus provides coverage for hospital services, both in-network and out-of-network. In-network hospital services are covered at 100%, meaning you won't be responsible for any additional costs. Out-of-network services are covered at a lower rate, meaning you may be responsible for a portion of the costs.

When visiting an in-network hospital, you may be required to pay a copayment or coinsurance depending on the type of service you're receiving. Copayments are a fixed dollar amount that you're responsible for paying, while coinsurance is a percentage of the total cost of the services.

It's important to note that some services, such as cosmetic procedures, are not covered by Northwind Health Plus. Be sure to check with your plan to see what is and isn't covered.

#### Tips for Using Your Hospital Coverage

When visiting a hospital, it's important to be as informed as possible about your coverage. Here are a few tips to help you make the most of your Northwind Health Plus hospital coverage:

- Make sure you know if the hospital you're visiting is in-network or out-of-network. If it's out-of-network, you'll be responsible for a portion of the costs.
- Ask your doctor or hospital staff about any potential copayments or coinsurance costs you'll be responsible for before receiving any services. This will help you budget accordingly.
- If you're admitted to the hospital, make sure you understand the services you'll be receiving and verify that they're covered by your plan.
- Ask the hospital staff if they've taken all the necessary steps to ensure that all the services you're receiving are covered by your plan.
- Keep track of all your hospital bills and make sure that you're only paying for services that are covered by your plan.
- If you have any questions about your hospital coverage, contact Northwind Health Plus directly.

By following these tips and understanding your hospital coverage, you can make sure that you're getting the most out of your Northwind Health Plus plan.

#### Infusion Therapy

Infusion Therapy:

Infusion therapy is a type of medical treatment where medications are administered directly into the bloodstream. At Northwind Health Plus, infusion therapy is covered as part of the plan's medical benefits. It is covered when it is medically necessary and prescribed by a doctor. This includes medications and supplies that are used during the infusion.

Exceptions:

There are a few exceptions to coverage of infusion therapy under Northwind Health Plus. All infusion medications must be approved by the insurance company's medical review

team. In addition, certain types of treatments, such as those related to infertility, are not covered under the plan. If you have any questions about coverage for a specific type of infusion therapy, it is best to call the insurance company to find out if it is covered.

#### Tips for Employees:

It is important to be aware of the coverage for infusion therapy under the Northwind Health Plus plan. Here are a few tips to help you get the most out of this coverage:

- Make sure to get a written prescription from your doctor for the infusion therapy you need.
- Ask your doctor or pharmacist about drugs that are covered under the plan.
- Ask your doctor or pharmacist about the cost of the infusion medications and supplies so you can plan ahead and budget accordingly.
- Talk to your doctor or pharmacist about any potential side effects or interactions that could occur with the medications you are taking.
- Ask your doctor or pharmacist about any special instructions you need to follow while receiving the infusion.
- Make sure to keep track of your infusion treatments and the medications you take. This will help you stay on top of your healthcare needs.
- If you have any questions or concerns about your infusion therapy, talk to your doctor or pharmacist. They can help you understand your coverage and ensure you are getting the best care possible.

#### Massage Therapy

##### COVERED SERVICES: Massage Therapy

At Contoso, we want to provide our employees with the best healthcare possible, which is why we have partnered with Northwind Health to offer Northwind Health Plus. Under this plan, massage therapy is covered for our employees and their eligible dependents.

Massage therapy is a type of therapy that involves pressing, rubbing, and manipulating muscles and other soft tissues to improve overall health and well-being. It can be used to reduce pain, relax muscles, reduce stress, and improve overall health. Massage therapy is a great way to reduce stress and relax the body, and with Northwind Health Plus, you can have massage therapy covered.

However, there are some restrictions and exceptions to this coverage. Massage therapy must be prescribed and provided by a licensed massage therapist. It must also be medically necessary, meaning that it must be a service that is used to treat a condition or illness that is diagnosed by a doctor or other healthcare provider. Massage therapy must also be



performed in a professional setting, such as a doctor's office, hospital, or massage therapy clinic.

In addition, there are certain services that are not covered under this plan. This includes services that are not medically necessary, services that are not provided by a licensed massage therapist, and services that are not performed in a professional setting.

Here are some helpful tips for getting the most out of your massage therapy coverage with Northwind Health Plus:

1. Make sure to get pre-authorization from your doctor or healthcare provider before scheduling an appointment.
2. Make sure to find a licensed massage therapist who is in-network with Northwind Health Plus.
3. Do your research and find a massage therapist who is experienced in treating your specific condition or illness.
4. Make sure to keep all receipts and documentation of your massage therapy sessions for reimbursement.
5. Take advantage of the preventive care coverage offered by Northwind Health Plus, which can help to reduce your out-of-pocket costs.

At Contoso, we want to make sure that our employees are getting the best care possible. With our partnership with Northwind Health Plus, our employees can take advantage of the massage therapy coverage that it offers. We hope that you find this coverage useful and that it helps you to improve your overall health and well-being.

### **Mastectomy and Breast Reconstruction**

#### **Mastectomy and Breast Reconstruction**

At Northwind Health, we understand that it is important to support our members through all stages of life and medical needs. We offer coverage for mastectomy and breast reconstruction services through our Northwind Health Plus plan to ensure that our members have access to the care they need.

#### **Covered Services**

Northwind Health Plus offers coverage for both the mastectomy procedure itself, as well as the breast reconstruction procedure following the mastectomy. This includes coverage for implants, prostheses, and other reconstructive surgery. We also offer coverage for outpatient services related to the mastectomy, such as skin grafts, lymph node dissection, and other associated procedures.

In addition, we provide coverage for breast reconstructive surgery following a mastectomy, including breast reconstruction with implants or flap surgery. We cover the cost of surgery, anesthesia, hospital stays, and any prostheses or implants that may be necessary.

#### Exceptions

Northwind Health Plus does not cover cosmetic breast surgery, such as breast augmentation, breast reduction, or breast lifts. We also do not cover services for male breast reduction.

#### Tips for Employees

If you are considering mastectomy or breast reconstruction surgery, it is important to be aware of the coverage that is available to you through Northwind Health Plus. Talk to your doctor about the options available to you and make sure to ask questions about the cost and coverage of any procedure that you are considering.

In addition, if you have questions about your coverage or need help understanding our policy, please call our Member Services team at 1-800-123-4567. Our team is available 24/7 to answer any questions that you may have about your Northwind Health Plus coverage.

### Maternity Care

#### COVERED SERVICES: Maternity Care

At Contoso, we understand that having a baby is an exciting and important time for new parents and their families. That's why we want to make sure you and your growing family have the support and coverage you need. Northwind Health Plus provides comprehensive coverage for maternity care, including prenatal and post-natal care and labor and delivery services.

#### Prenatal Care

Prenatal care is essential for both the mother and baby, as it helps to ensure the health and safety of both during pregnancy. Northwind Health Plus covers all services related to prenatal care, including office visits, tests, and ultrasounds. Additionally, Northwind Health Plus covers any necessary vaccines or medications that may be prescribed by your doctor during prenatal care.

#### Delivery and Post-natal Care

Northwind Health Plus covers all services related to the delivery of your baby, including labor and delivery, as well as post-natal care for both mother and baby. This includes any necessary treatments, tests, or medications prescribed by your doctor. Northwind Health Plus also covers any necessary follow-up care for both mother and baby for up to six weeks post-delivery.

#### Exceptions

Northwind Health Plus does not cover infertility treatments or elective or cosmetic procedures. Additionally, Northwind Health Plus does not cover any services related to the termination of a pregnancy.

### Tips

To ensure you are getting the best care possible, it is important to choose a doctor who is in-network and who is experienced in providing prenatal and post-natal care. Additionally, it is important to familiarize yourself with the coverage provided by Northwind Health Plus and be aware of any out-of-pocket expenses you may be responsible for. Finally, it is important to get regular check-ups throughout your pregnancy to make sure you and your baby are healthy and safe.

### Medical Foods

#### COVERED SERVICES: Medical Foods

At Contoso, we are proud to provide our employees with access to Northwind Health Plus, a comprehensive insurance plan that covers a variety of medical services. Included in this plan is coverage for medical foods. Medical foods are specially formulated products used to manage medical conditions and promote overall health.

#### What is a medical food?

Medical foods are specially formulated products intended for the dietary management of a medical condition. Medical foods are intended for the dietary management of a disease or condition that has distinctive nutritional requirements, and which cannot be managed by normal diet alone. They are designed to be used as a supplement to a normal diet and are typically available only with a prescription. Examples of medical foods include enteral formulas, low-protein foods, and specialty formulas.

#### What is covered?

Northwind Health Plus covers the cost of medical foods prescribed by a physician for the treatment of a medical condition. These medical foods must be used as part of an overall dietary management plan. Medical foods used for general nutrition or preventive care are not covered by this plan.

### Tips for Employees

When selecting a medical food, it is important to consider the nutritional needs of the individual. For example, a low-protein medical food may be necessary for individuals with kidney disease. It is also important to consider the cost of the medical food, as well as the cost of shipping and storage.

When using medical foods, it is important to follow the instructions provided by the physician and the manufacturer. Medical foods must be stored and used properly to ensure

safety and effectiveness. It is also important to keep accurate records of the medical foods used, as these records may be necessary for insurance reimbursement.

At Contoso, we are committed to providing our employees with access to the best medical care available. Northwind Health Plus offers coverage for medical foods, helping to ensure that our employees have access to the treatments they need.

### Medical Transportation

#### COVERED SERVICES: Medical Transportation

At Northwind Health Plus, we understand how challenging it can be to get to and from medical appointments, especially if you don't have access to a personal vehicle or any other means of transportation. For this reason, we are proud to offer Medical Transportation coverage for our members.

Medical Transportation coverage provides access to transportation for medical-related purposes, including doctor's appointments, physical therapy, and other medical-related activities. This includes coverage for transportation to and from the doctor's office, as well as travel to and from any in-network hospital or urgent care facility. Our Medical Transportation coverage is provided in partnership with a third-party provider to ensure that our members have access to reliable transportation when they need it most.

In addition to providing coverage for routine medical appointments, Northwind Health Plus also covers transportation for emergency care. If you require emergency care and don't have access to a personal vehicle, you can use our Medical Transportation coverage to get to the nearest hospital or urgent care facility.

For members who require transportation to and from a medical appointment, Northwind Health Plus offers a variety of options. Our coverage includes non-emergency medical transportation through ground transportation services, such as taxi, Uber, or Lyft. In addition, we also offer coverage for medical transportation via air or train.

It's important to note that our Medical Transportation coverage does not apply to transportation for non-medical purposes, such as travel to work or leisure activities. Additionally, our coverage does not include transportation for medical appointments outside of your network, as these are not covered by Northwind Health Plus.

Here are a few tips to help you make the most of your Medical Transportation coverage:

- Make sure to call your Northwind Health Plus Member Services team before scheduling any medical appointments to ensure that you have access to the coverage you need.
- Keep your Medical Transportation coverage card with you at all times, so you can easily access it when needed.
- If you need to access Medical Transportation coverage for an emergency situation, make sure to call the Member Services team as soon as possible.

- Before scheduling any medical transportation services, check to make sure that the provider is an in-network provider.

At Northwind Health Plus, we are committed to providing our members with access to quality healthcare services, including Medical Transportation coverage. If you have any questions about your coverage, our Member Services team is always available to help.

#### **Medical Transportation – State Restricted Care**

##### **COVERED SERVICES - Medical Transportation – State Restricted Care**

Medical transportation, also known as non-emergency medical transportation (NEMT), is an important benefit provided by Northwind Health Plus. This service provides transportation for medically necessary services and is available to members living in select states.

The states that currently offer this service are Colorado, Delaware, Georgia, Indiana, Massachusetts, Michigan, Minnesota, Montana, Nevada, New Jersey, Ohio, Pennsylvania, and Wisconsin. If you are a member in any of these states, you are eligible to receive NEMT services.

NEMT services are available to members who need to travel to medical appointments as long as they meet certain criteria. These criteria include:

- The member is unable to arrange for transportation on their own.
- The member is unable to travel to their appointment safely by themselves.
- The member is unable to travel to their appointment by public transportation.
- The appointment is medically necessary and is covered by Northwind Health Plus.

If you meet these criteria, you may be eligible to receive NEMT services. You will need to contact your provider to arrange for transportation. You will also need to inform your provider of the date, time, and location of your appointment, as well as the type of service you require.

It's important to note that NEMT services are not available for all types of medical appointments. This service is only available for medically necessary services that are covered by Northwind Health Plus. Additionally, NEMT services are only available for appointments within the state you live in. For example, if you live in Delaware, you can only receive NEMT services for appointments in Delaware.

When you need to arrange for transportation, make sure to contact your provider at least 72 hours in advance. This will help ensure that your transportation request is processed in time for your appointment. Additionally, be sure to have your Northwind Health Plus member ID card with you when you receive transportation services.

Finally, it's important to note that NEMT services are provided by a third-party provider. Northwind Health Plus is not responsible for any fees associated with NEMT services. This includes any fees charged by the transportation provider.

At Northwind Health Plus, we understand that transportation can be a barrier for many members. That's why we are proud to offer NEMT services for members living in select states. With this service, you can receive the care you need without having to worry about how you'll get there.

### **Mental Health Care**

#### **COVERED SERVICES: Mental Health Care**

At Contoso, we understand the importance of mental health care and are proud to offer Northwind Health Plus, which provides comprehensive mental health coverage to our employees.

Northwind Health Plus covers a wide range of mental health services, including counseling, psychiatric visits, therapy, and group therapy. Services are provided in-network and out-of-network, with coverage for both inpatient and outpatient visits.

#### **In-Network Services**

When receiving mental health care, it is important to make sure you are using an in-network provider. When you use an in-network provider, your out-of-pocket costs are generally lower and your coverage is more comprehensive. Northwind Health Plus offers a network of providers that are in-network, including primary care physicians, specialists, hospitals, and pharmacies.

#### **Out-of-Network Services**

In some cases, it may be necessary to receive mental health care from an out-of-network provider. Northwind Health Plus will still cover a portion of the cost of services received from an out-of-network provider. However, it is important to note that out-of-pocket costs are typically higher when receiving care from an out-of-network provider.

#### **Exceptions**

Northwind Health Plus does not cover some services related to mental health care, including long-term treatment plans, experimental treatments, and treatments related to pre-existing conditions.

#### **Tips for Receiving Mental Health Care**

At Contoso, we encourage our employees to prioritize their mental health and seek out the care they need. Here are a few tips to keep in mind when seeking mental health care:

- Make sure you are using an in-network provider to access the most comprehensive coverage and the lowest out-of-pocket costs.

- Take advantage of preventive care services, such as counseling and therapy.
- Talk to your doctor about your treatment plan and any cost-saving options available.
- Consider talking to a mental health professional if you are feeling overwhelmed or struggling with mental health issues.
- Ask your doctor or mental health professional about support groups in your area.
- Research any alternative treatments that may be available and discuss them with your doctor.
- Utilize the mental health resources at Contoso, such as our Employee Assistance Program.

At Contoso, we understand the importance of mental health care and are committed to supporting our employees in their journey to mental wellbeing. We encourage you to take advantage of the mental health coverage provided by Northwind Health Plus.

### Neurodevelopmental Therapy (Habilitation)

#### Neurodevelopmental Therapy (Habilitation)

Neurodevelopmental therapy (habilitation) is a type of service offered under the Northwind Health Plus plan that is designed to help individuals with physical, mental, and/or developmental disabilities. Habilitation services focus on helping individuals develop, maintain, and improve skills and functioning in areas like communication, self-care, mobility, and social skills.

Under the Northwind Health Plus plan, habilitation services are covered up to a certain dollar amount and number of visits. This amount and the number of visits may vary depending on the individual's needs. To receive coverage for habilitation services, the individual must be referred to a qualified provider by their primary care physician.

When seeking habilitation services, it is important to consider the individual's needs and goals. The provider should take this into consideration when creating a treatment plan. Some of the goals of habilitation services may include improving the individual's ability to communicate, learning how to use adaptive equipment, improving physical coordination and strength, and developing social and behavioral skills.

When seeking habilitation services, it is important to understand the different types of therapy that are available. This may include physical therapy, occupational therapy, speech and language therapy, and/or behavior modification therapy. Each of these therapies has different goals and approaches. It is important to understand which type of therapy is best suited for the individual's needs and goals.

It is also important to note that habilitation services are not covered for individuals under the age of 21. These services are only available for those 21 and older. Additionally, habilitation services are not covered for the treatment of mental illness or substance abuse.

Finally, it is important to remember that habilitation services can be expensive. If an individual is not able to afford the cost of habilitation services, they may want to consider seeking assistance from a state-funded program or other organizations that provide financial assistance.

Overall, the Northwind Health Plus plan provides comprehensive coverage for habilitation services. It is important to understand the coverage limits and exceptions for habilitation services before seeking treatment. Additionally, it is important to consider the individual's needs and goals when choosing a type of therapy. Finally, if an individual is unable to afford the cost of habilitation services, they may want to explore other options for financial assistance.

### Newborn Care

#### COVERED SERVICES: Newborn Care

At Northwind Health, we understand that bringing a new life into the world is both exciting and overwhelming. That's why our Northwind Health Plus plan offers coverage for newborn care. This coverage includes care provided by a physician or other health care professional in the hospital, or at an alternate birthing facility, for a newborn baby up to 30 days old.

This coverage includes:

- Newborn screening tests
- Physical assessment and evaluation
- Treatment for any medical condition
- Feeding care
- Follow-up treatments and visits

#### Exceptions

This coverage does not include services or treatments for any pre-existing conditions. It also does not include any elective services such as cosmetic procedures.

#### Tips for Employees

- If you are pregnant, it is important to make sure that you understand the coverage available under the Northwind Health Plus plan. Talk to your doctor and make sure that you have a plan for delivery and postpartum care that is covered by your insurance.
- Make sure that you understand the newborn screening tests that are covered and any follow-up treatments or visits that may be required.
- If you are planning to use a birthing facility other than a hospital, make sure that you check to see if it is covered under the plan.



- Make sure that you understand the exceptions to coverage, and if you have any questions, contact Northwind Health directly.
- Be aware that some services, such as elective cosmetic procedures, are not covered under this plan.
- Contact your doctor or Northwind Health if you have any questions or concerns about the coverage provided for your newborn.

### **Orthognathic Surgery (Jaw Augmentation Or Reduction)**

Orthognathic Surgery (Jaw Augmentation or Reduction):

Northwind Health Plus covers Orthognathic Surgery, also referred to as Jaw Augmentation or Reduction, as a covered service. This procedure is used to correct irregularities in the jaw and face caused by misalignment of bones or teeth. It is a complex procedure that involves cutting and repositioning the jaw bones to improve the alignment and overall appearance of the face.

Orthognathic Surgery is typically covered when medically necessary and is performed to improve the functional aspects of the jaw and face. It is important to note that Northwind Health Plus will only cover this procedure when it is performed by a physician who is a member of the Northwind Health provider network.

When considering Orthognathic Surgery, it is important to note that it is a major procedure and you should ask your physician any questions you may have about the operation. Additionally, you should discuss the risks and benefits of the procedure with your physician to make sure it is the right decision for you.

Before undergoing Orthognathic Surgery, you may need to have certain tests and evaluations performed, such as X-rays, CT scans, MRI scans, and physical exams. In some cases, you may need to be referred to a specialist for a more in-depth evaluation.

In some cases, Northwind Health Plus may require pre-authorization for Orthognathic Surgery prior to the procedure being performed. This means that you may need to get approval from Northwind Health Plus before the procedure can be done. Your physician can provide you with more information about this process.

After the procedure, your physician may recommend that you wear a protective appliance, such as a splint or headgear, to protect your jaw while it heals. You may also need to attend follow-up appointments with your physician to monitor your progress.

Northwind Health Plus typically covers the cost of Orthognathic Surgery, but you should confirm with your provider that all costs associated with the procedure are covered. Additionally, you should keep in mind that there may be certain limitations or exclusions that apply to this coverage, so it is important to review your policy in detail to be sure that you understand what is and is not covered.

If you have any questions about Orthognathic Surgery and whether or not it is covered under your Northwind Health Plus plan, you should contact your provider for more information.

### Prescription Drug

#### COVERED SERVICES: Prescription Drug

Northwind Health Plus offers comprehensive coverage for prescription drugs. This coverage includes both generic and brand name drugs. The plan also includes access to mail order services, which allows you to order up to a 90-day supply of medications at a time.

The plan covers a variety of drug classes, including but not limited to:

- Antibiotics
- Antidepressants
- Anti-anxiety medications
- Asthma inhalers
- Hormone replacement therapies
- Pain relievers
- Statins
- Vaccines

In addition, Northwind Health Plus covers most over-the-counter medications and supplies when prescribed by your doctor.

#### Exceptions

While Northwind Health Plus covers a wide variety of drug classes, there are some exceptions. These exceptions include:

- Non-FDA approved medications
- Non-prescription vitamins and supplements
- Drugs for cosmetic or elective purposes
- Drugs for fertility treatments
- Drugs for weight loss or gain

In addition, Northwind Health Plus does not cover drugs that are considered experimental or investigational.

## Tips For Employees

- Be sure to ask your doctor if any of the medications he or she is prescribing are covered by Northwind Health Plus.
- If you fill a prescription for a drug that is not covered by the plan, you may have to pay the full cost.
- Make sure to check the Northwind Health Plus drug list to see if the medications you need are covered by the plan.
- If you have any questions about your coverage, contact Northwind Health Plus customer service.
- When you fill a prescription at a retail pharmacy, make sure to present your Northwind Health Plus insurance card so that you can receive the discounted rate.
- If you have a chronic condition, consider using a mail order pharmacy to get up to a 90-day supply of medications. This can help you save money.
- If you have any questions about your benefits, contact your employer's human resources department. They can provide you with more information about your coverage.

## Preventive Care

### COVERED SERVICES: Preventive Care

Northwind Health Plus provides coverage for preventive care services. Preventive care is an important part of staying healthy and managing existing health conditions, and Northwind Health Plus covers many different types of preventive care services.

#### Routine Physicals:

Northwind Health Plus covers routine physicals with no cost-sharing. Routine physicals can help detect health issues early and can help keep you healthy. During a routine physical, your doctor will review your medical history, check your vital signs, and perform any other tests that are necessary. They may also discuss lifestyle choices and preventive screenings.

#### Vaccinations:

Northwind Health Plus covers many different types of vaccinations, including those for flu, shingles, measles, mumps, and rubella. Vaccinations can help prevent serious and potentially deadly illnesses, so it's important to stay up-to-date on your vaccinations.

#### Screenings:

Northwind Health Plus covers many different types of screenings, including those for cancer, diabetes, and high blood pressure. Screenings can help detect potential health issues in the early stages, when they are often easier to treat.

#### Exceptions:

Northwind Health Plus does not cover any services that are deemed medically unnecessary. This includes any services that are not recommended by your doctor, or any services that are not covered by the plan.

#### Tips:

It's important to take advantage of the preventive care services that are covered by your Northwind Health Plus plan. Be sure to talk to your doctor about any screenings or vaccinations that you need, and don't be afraid to ask questions about any services that you're unsure about. Staying up-to-date on your preventive care services can help you stay healthy and catch any health issues early.

### Professional Visits And Services

#### COVERED SERVICES: Professional Visits And Services

Northwind Health Plus covers a variety of professional visits and services, including office visits, laboratory tests, and imaging services. The plan also covers diagnostic tests and treatments, as well as specialty care services.

**Office Visits:** Northwind Health Plus covers office visits with primary care physicians, specialists, and other healthcare providers. This includes well visits, sick visits, and follow-up visits. The plan also covers preventive care services, such as vaccinations and screenings.

**Laboratory Tests:** Northwind Health Plus covers laboratory tests prescribed by a healthcare provider. This includes blood tests, urine tests, and other tests to diagnose and treat illnesses and injuries.

**Imaging Services:** Northwind Health Plus covers imaging services, including X-rays, CT scans, MRIs, and ultrasound. This coverage is subject to any applicable copayments, coinsurance, or deductibles.

**Diagnostic Tests And Treatments:** Northwind Health Plus covers diagnostic tests and treatments prescribed by a healthcare provider. This includes tests to diagnose illnesses and injuries, as well as treatments to treat illnesses and injuries.

**Specialty Care Services:** Northwind Health Plus covers specialty care services, such as physical therapy, occupational therapy, and mental health services. The plan also covers services provided by specialists, such as cardiologists, endocrinologists, and neurologists.

**Exceptions:** Northwind Health Plus does not cover services that are not medically necessary, such as cosmetic surgery, elective treatments, and experimental treatments. In addition, the plan does not cover services for conditions that are not covered by the plan, such as pre-existing conditions.

Tips: When selecting a healthcare provider, be sure to choose one that is in-network. This will help you save money by avoiding out-of-network fees. In addition, be sure to ask your doctor or healthcare provider about any copayments, coinsurance, or deductibles that may apply to the services you receive. It is also a good idea to review your plan documents to better understand your coverage and plan benefits.

### Psychological and Neuropsychological Testing

#### COVERED SERVICES – Psychological and Neuropsychological Testing

Northwind Health Plus recognizes the importance of mental health care and offers psychological and neuropsychological testing as a covered service. In this section, we will cover what these tests are, what they cover, and what the exceptions are.

#### What are Psychological and Neuropsychological Tests?

Psychological and neuropsychological tests are tests used to diagnose and treat mental health conditions and disorders. Psychological tests are used to assess personality, behavior, and emotions, while neuropsychological tests are used to diagnose and treat neurological disorders.

#### What do these Tests Cover?

Psychological and neuropsychological testing can cover a wide range of topics, including memory, concentration, and attention; language and communication; motor skills; problem-solving; and executive functioning. Tests may also assess mood and behavior and can help to diagnose conditions such as anxiety, depression, and bipolar disorder.

#### Exceptions

There are some exceptions to the coverage for psychological and neuropsychological tests. These include tests for intelligence, achievement, and aptitude. In addition, tests that are intended to evaluate an individual's ability to perform specific job functions are also not covered under Northwind Health Plus.

#### Tips for Employees

If you think you may need psychological or neuropsychological testing, be sure to discuss this with your primary care physician or mental health provider. These tests can be expensive and time-consuming, so it's important to make sure that any testing you have is necessary and covered under your health plan. In addition, you should research providers who offer these services and make sure they are in-network with Northwind Health Plus so that you can receive the maximum benefit. Finally, make sure to keep track of all of your medical records and any tests you have so that you can provide this information to your providers if necessary.

By understanding what psychological and neuropsychological tests are, what they cover, and any exceptions to coverage, you can make sure that you are getting the most out of your

Northwind Health Plus plan. By taking the time to research providers in-network with Northwind Health Plus and keeping track of your medical records and tests, you can make sure you are receiving the care and coverage you need.

## Rehabilitation Therapy

### Rehabilitation Therapy

Rehabilitation therapy is a valuable service that is often necessary to help individuals recover from injury, surgery, or illness. It can help restore physical functioning and help individuals return to their normal daily activities. Northwind Health Plus covers rehabilitation therapy services, including physical therapy, occupational therapy, and speech-language pathology.

### Physical Therapy

Physical therapy helps restore physical function and mobility. It can help individuals who have difficulty walking, bending, or moving due to an illness or injury. Physical therapy can also help improve balance, coordination, and strength. Northwind Health Plus covers physical therapy services that are medically necessary.

### Occupational Therapy

Occupational therapy helps individuals develop, maintain, or restore skills for daily living and work. It can help individuals who have difficulty performing activities of daily living due to an injury, illness, or disability. Northwind Health Plus covers medically necessary occupational therapy services.

### Speech-Language Pathology

Speech-language pathology helps individuals who have difficulty communicating due to a speech, language, or hearing disorder or disability. It can help individuals improve their communication skills, as well as their ability to interact with others. Northwind Health Plus covers medically necessary speech-language pathology services.

### Exceptions

Northwind Health Plus covers rehabilitation therapy services that are medically necessary. Services that are not considered medically necessary are not covered. Examples of services that are not medically necessary include, but are not limited to, recreational therapy and personal training.

### Tips

If you need rehabilitation therapy services, it is important to talk to your doctor or health care provider to determine if the service is medically necessary. Your doctor or health care provider can also work with you to find an in-network provider who can provide the service. You should also keep track of your visits and make sure that they are billed to your

Northwind Health Plus plan. Finally, you should ask your doctor or health care provider about any co-pays or coinsurance that may apply to the services.

### Skilled Nursing Facility Services

#### Skilled Nursing Facility Services

Northwind Health Plus provides comprehensive coverage for skilled nursing facility services. This coverage includes a wide range of services such as nursing care, physical therapy, occupational therapy, and speech-language pathology services. These services are generally provided on an inpatient basis in a skilled nursing facility or hospital setting.

This plan also covers services provided in a Medicare-certified skilled nursing facility, as well as services provided in a non-Medicare-certified facility. For those enrolled in the plan, services provided in a non-Medicare-certified facility will be covered up to the same coverage limits as those provided in a Medicare-certified facility.

Skilled nursing facility services are generally provided on an inpatient basis and are generally provided under the supervision of a physician. These services can include nursing care, physical therapy, occupational therapy, and speech-language pathology services.

In order to be eligible for coverage under Northwind Health Plus, the services must be medically necessary and must be ordered by the patient's attending physician. The services must also be provided by a facility that is licensed and accredited by the appropriate state or local government agency and must meet all applicable state and federal regulations.

In addition, Northwind Health Plus does not cover services that are not medically necessary or services that are provided for the convenience of the patient. Furthermore, Northwind Health Plus does not cover services that are not ordered by the patient's attending physician or services that are provided by an unlicensed or unaccredited facility.

It is important to note that the coverage limits for skilled nursing facility services may vary by state. Therefore, it is important to check with Northwind Health Plus for coverage limits in your state.

#### Tips for Employees:

- When selecting a skilled nursing facility, it is important to ensure that the facility is licensed and accredited by the appropriate state or local government agency and that it meets all applicable state and federal regulations.
- Be sure to check with Northwind Health Plus for coverage limits in your state so you are aware of the maximum coverage available.
- Make sure that any services provided are medically necessary and ordered by your attending physician in order to be covered under Northwind Health Plus.

- Remember that Northwind Health Plus does not cover services that are not medically necessary or services that are provided for the convenience of the patient.
- Be aware that Northwind Health Plus does not cover services that are not ordered by the patient's attending physician or services that are provided by an unlicensed or unaccredited facility.

By being aware of these tips, you can ensure that you are receiving the coverage that you need to get the skilled nursing facility services that you require.

### Spinal and Other Manipulations

#### COVERED SERVICES: Spinal and Other Manipulations

The Northwind Health Plus Plan covers spinal and other manipulations. Spinal manipulation is a form of manual therapy that is used to treat musculoskeletal conditions. It is often used to treat back pain, neck pain, and headaches. Other manipulations may be used to treat conditions such as shoulder pain, hip pain, and knee pain.

Spinal manipulations can be performed by a variety of healthcare providers, including physical therapists, chiropractors, and osteopaths. These manipulations involve applying manual force to joints of the spine, hips, and other areas of the body. The goal is to reduce pain and improve mobility.

The Northwind Health Plus Plan covers the cost of spinal manipulations up to a certain amount each year. In addition to covering the cost of the manipulation itself, the plan also covers the cost of x-rays and other tests that may be necessary to diagnose the condition being treated. This plan also covers the cost of any supplies or equipment needed to perform the manipulation.

However, the Northwind Health Plus Plan does not cover the cost of spinal manipulations performed for cosmetic reasons. It also does not cover the cost of long-term care or maintenance manipulations.

When considering spinal manipulation as a treatment option, it is important to discuss the potential risks and benefits with your doctor. Your doctor can help you determine if this form of therapy is right for you and can provide you with information on the potential side effects.

In addition, it is important to make sure that you are working with a qualified practitioner. Check with your insurance company to make sure that the practitioner you are considering is in-network and covered by your plan. Also, make sure that the practitioner is experienced and knowledgeable in the type of manipulation that they are performing.

Finally, keep in mind that spinal manipulations are not a substitute for medical care. If you are experiencing severe pain or other symptoms, you should seek medical attention immediately.



By taking the time to understand the benefits and risks of spinal and other manipulations, you can make sure that you are making an informed decision about your health care. With the Northwind Health Plus Plan, you can take advantage of the coverage provided for these services and get the treatment you need.

## Substance Use Disorder

### Substance Use Disorder Coverage

At Contoso, we are proud to offer our employees Northwind Health Plus, an insurance plan that provides comprehensive coverage for medical, vision, and dental services. This plan also offers coverage for substance use disorder (SUD) as part of our commitment to promoting employee well-being.

#### What is Substance Use Disorder?

Substance use disorder (SUD) is a condition in which an individual has difficulty controlling their use of alcohol or other drugs, even when it causes negative consequences in their life. It is a chronic, relapsing condition that can have a significant impact on an individual's physical, mental, and social well-being.

#### What is Covered under the Northwind Health Plus Plan?

The Northwind Health Plus plan covers a wide range of services related to the treatment of SUD. These services include inpatient and outpatient treatment, counseling, and medications to help with recovery. It also covers mental health services and support for family members of those with SUD.

#### Exceptions

Not all services related to SUD are covered by the Northwind Health Plus plan. For example, the plan does not cover experimental treatments or services that are not medically necessary. It also does not cover services provided by non-network providers.

#### Tips for Employees

If you or someone you care about is struggling with SUD, there are a few things you can do to get the most out of your Northwind Health Plus plan:

- Talk to your doctor or a mental health professional about your symptoms and the treatments that may be available.
- Make sure you understand the coverage provided by your plan and that you receive all the services that are covered.
- Be aware of the out-of-pocket costs associated with the services you receive.
- Take advantage of any support services offered by the plan, such as counseling, group therapy, or family support.

- Ask your doctor or mental health provider about medications that may be covered by your plan.
- Reach out to family and friends for support.
- Take steps to reduce stress in your life and find healthy ways to cope with difficult emotions.

At Contoso, we want to make sure our employees have the resources they need to take care of their mental and physical health. That's why we are proud to offer Northwind Health Plus and its coverage for substance use disorder. If you or someone you know is struggling with SUD, we encourage you to take advantage of the services available through this plan.

## Surgery

### Surgery

Surgery is a medical procedure that involves the use of invasive techniques, such as cutting open or removing tissue, to diagnose or treat certain medical conditions. With Northwind Health Plus, you have access to comprehensive coverage for a variety of surgeries, including inpatient and outpatient procedures. However, there are some exceptions to this coverage.

The first exception is that Northwind Health Plus does not cover cosmetic surgery. Cosmetic surgery is a procedure that is done for aesthetic purposes, such as to improve the appearance of the face or body, rather than for medical reasons. This includes procedures such as breast augmentation, liposuction, and nose reshaping.

The second exception is that Northwind Health Plus does not cover experimental procedures or treatments. This includes any form of surgery or treatment that is not medically accepted or approved by a major medical organization.

The third exception is that Northwind Health Plus does not cover any procedure or treatment that is not medically necessary. This includes elective or cosmetic procedures, such as breast reduction or hair removal.

Finally, Northwind Health Plus also does not cover any procedure or treatment that is not performed by a licensed medical practitioner. This includes any procedure or treatment that is performed by an unlicensed or untrained practitioner.

When it comes to surgery, it is important to understand the coverage that you have under Northwind Health Plus. It is also important to be aware of any exceptions to your coverage. If you have any questions or concerns about your coverage, it is important to contact Northwind Health Plus directly to ensure that you have the coverage you need.

In addition to understanding the coverage you have, it is also important to understand the risks associated with surgery. It is important to discuss any potential risks with your doctor before undergoing a surgical procedure. It is also important to understand what is involved in the recovery process, so that you can plan accordingly.

Finally, it is important to take the necessary steps to ensure that the surgery is successful. This includes following your doctor's instructions closely, avoiding any activities that could put you at risk for complications, and getting the proper follow-up care. It is also important to understand how to manage any pain or discomfort that may occur after the surgery.

By understanding the coverage you have with Northwind Health Plus and the risks associated with surgery, you can make an informed decision about your healthcare needs. With the right coverage and the right care, you can ensure that you receive the care you need to stay healthy and happy.

### **Surgical Center Care – Outpatient**

#### **Surgical Center Care - Outpatient**

The Northwind Health Plus plan covers surgical center care when performed on an outpatient basis. This includes services such as diagnostic tests, minor surgeries, and procedures that are typically done in a surgical center. All services must be medically necessary, and prior authorization may be required for some services.

#### **Exceptions**

There are some exceptions to coverage for surgical center care. The plan does not cover cosmetic or elective procedures, experimental treatments, or services for which the patient is not eligible under the plan. In addition, the plan does not cover any services that are not considered medically necessary.

#### **Tips**

Before scheduling any outpatient surgical procedure, it is important to make sure that the procedure is covered by the Northwind Health Plus plan. Your provider should be able to provide you with information about coverage for the procedure. It is also important to make sure that the provider is in-network under the plan. You can find a provider in-network by visiting the Northwind Health website.

Prior authorization is required for some services, so it is important to make sure you have prior authorization before the procedure is scheduled. Your provider should be able to provide more information about the prior authorization process.

If you have any questions about coverage for a specific procedure, you should contact Northwind Health customer service. They can provide you with more information about your plan's coverage and any applicable limits or exclusions.

It is important to remember that the Northwind Health Plus plan covers only medically necessary services. Non-essential services, such as elective or cosmetic procedures, are not covered.

Finally, it is important to know that the plan does not cover services provided outside of the United States. If you are traveling outside of the country, you should contact Northwind Health to determine what coverage, if any, is available for any necessary medical services.

By understanding the coverage provided by the Northwind Health Plus plan, you can make sure that you get the most out of your benefits. With the right information, you can make sure that you get the care you need without having to worry about out-of-pocket costs.

### **Temporomandibular Joint Disorders (TMJ) Care**

#### **COVERED SERVICES: Temporomandibular Joint Disorders (TMJ) Care**

Temporomandibular joint (TMJ) disorders are a group of conditions that affect the jaw joint and the muscles that control the jaw's movement. It can be a debilitating condition that affects an individual's ability to talk, eat, and perform other daily activities. Northwind Health Plus covers treatments for TMJ disorders, including the cost of diagnostic tests, medications, and physical therapy.

#### **Diagnostic Tests**

Northwind Health Plus covers a variety of diagnostic tests that can help determine the cause of an individual's TMJ disorder. These tests may include X-rays, CT scans, MRI scans, and ultrasound. Northwind Health Plus will cover the cost of these tests when they are deemed medically necessary.

#### **Medications**

Northwind Health Plus will cover the cost of medications to help relieve the symptoms of TMJ disorders. These medications may include anti-inflammatory medications, muscle relaxants, and pain medications. In some cases, Northwind Health Plus may also cover the cost of injections to help relieve pain in the jaw joint.

#### **Physical Therapy**

Northwind Health Plus will cover the cost of physical therapy to help relieve the symptoms of TMJ disorders. Physical therapy may include stretching exercises, massage, and ultrasound treatments. Northwind Health Plus will also cover the cost of splints and other devices that can help reduce jaw pain and improve jaw movement.

#### **Exceptions**

Northwind Health Plus does not cover the cost of any treatments or procedures that are considered experimental or cosmetic. This includes treatments such as facial surgery, Botox injections, and laser treatments.

#### **Tips**

To help manage the symptoms of TMJ disorders, Northwind Health Plus recommends the following tips:

- Practice good posture and body mechanics: Make sure you maintain good posture when sitting and standing, and avoid clenching your teeth or grinding them.
- Avoid chewing gum: Chewing gum can cause your jaw muscles to become fatigued, which can worsen TMJ symptoms.
- Avoid large meals: Eating large meals can put a strain on your jaw muscles, so try to avoid eating large meals or snacks.
- Practice relaxation techniques: Relaxation techniques such as deep breathing and progressive muscle relaxation can help reduce jaw tension and relieve TMJ symptoms.
- Use heat and cold therapy: Applying heat or cold to your jaw can help reduce pain and muscle tension.
- Avoid extreme jaw movements: Avoid extreme jaw movements, such as widely opening your mouth or clenching your teeth.

### Therapeutic Injections

#### COVERED SERVICES: Therapeutic Injections

At Northwind Health, we understand the importance of having access to therapeutic injections that can help treat medical conditions and provide relief from pain. We are pleased to offer coverage for therapeutic injections as part of the Northwind Health Plus plan.

Therapeutic injections are a type of procedure in which drugs or other substances are injected directly into the body to treat medical conditions and provide relief from pain. The most common types of therapeutic injections are corticosteroids, which reduce inflammation, and hyaluronic acid, which can be used to treat joint pain.

Therapeutic injections are often used to treat a range of conditions, such as arthritis, tendonitis, bursitis, and muscle spasms. They can also be used to treat chronic pain and can help reduce inflammation and swelling. Therapeutic injections can also be used to provide relief from migraines, headaches, and other types of pain.

Under the Northwind Health Plus plan, therapeutic injections are covered when they are administered by a licensed healthcare professional. These injections must be medically necessary and prescribed by a physician in order to be eligible for coverage.

In some cases, members may be required to obtain prior authorization before receiving a therapeutic injection. This prior authorization ensures that the injection is medically necessary and that it is the most appropriate treatment for the condition.

The Northwind Health Plus plan does not cover experimental or investigational treatments, including injections that are not medically necessary. Members should also be aware that not all therapeutic injections are covered under the plan.

It is important to note that therapeutic injections can have side effects and risks, so members should always discuss these with their healthcare provider before undergoing the procedure. Members should also discuss any potential costs that may not be covered under the plan, such as the cost of the drug or any additional procedures that may be necessary.

When using therapeutic injections, it is important to follow up with your healthcare provider to ensure the injection was effective and that there are no complications. Additionally, members should always follow the instructions provided by their healthcare provider and ensure that the injection is administered properly.

By taking advantage of the therapeutic injections covered under the Northwind Health Plus plan, members can benefit from improved health and pain relief without additional costs. Members should always discuss their options with their healthcare provider and be sure to follow the instructions provided in order to ensure the best outcome.

## Transplants

### COVERED SERVICES: Transplants

At Contoso, we understand the importance of providing the best coverage available to our employees. That's why we have partnered with Northwind Health to offer our employees Northwind Health Plus coverage. Northwind Health Plus offers coverage for transplants, with some exceptions.

Transplant coverage includes both the transplant itself, as well as associated costs such as pre- and post-transplant care, hospital stays, medications, and laboratory services. Pre-transplant testing and evaluation, including laboratory services, imaging tests, and other tests may also be covered.

It's important to note that not all transplants are covered under Northwind Health Plus. For example, transplants of non-vital organs such as the gallbladder, spleen, and pancreas are not covered. Additionally, transplants of non-human organs, such as animal organs, are not covered.

When considering a transplant, it's important to be aware of the costs associated with the procedure and associated care. Northwind Health Plus helps offset the costs of most transplants, but it's important to be aware that there may be co-pays or deductibles associated with the procedure. Additionally, there may be out-of-pocket costs for services that are not covered under Northwind Health Plus.

It's also important to be aware of the eligibility criteria for transplants. Most transplants are only available to individuals who are healthy enough to tolerate the procedure and the associated recovery time. Additionally, most transplants require the individual to comply with certain medical protocols to ensure the best chance of success. For example, some transplants require the individual to undergo certain laboratory tests or to take certain medications prior to the procedure.

It's also important to be aware of the potential risks associated with transplants. Potential risks include infection, organ rejection, and other issues related to the body's response to the procedure. It's important to discuss the potential risks with your doctor prior to undergoing the procedure.

Finally, it's important to be aware that the availability of transplants is limited. Transplants are only available if suitable organs and/or tissues are available. Additionally, the wait time for a transplant can vary significantly based on the availability of organs and tissues.

At Contoso, we are proud to provide employees with access to Northwind Health Plus coverage, which includes coverage for transplants. We understand the importance of providing employees with access to the medical care they need, which is why we have partnered with Northwind Health to provide our employees with the best coverage available.

### **Urgent Care**

#### **COVERED SERVICES: Urgent Care**

At Northwind Health Plus, we understand that life can be unpredictable and that sometimes, you may need urgent care. We offer coverage for urgent care services, so you can get the medical attention you need without worrying about the cost.

#### **In-Network Coverage**

When you visit an in-network urgent care provider, you will pay a co-pay or co-insurance for your visit. You may also be responsible for any additional costs, such as lab tests and x-rays, if they are not covered by your plan. Your in-network urgent care provider should be able to tell you what your costs will be before you receive any services.

#### **Out-of-Network Coverage**

If you receive care from an out-of-network provider, you may be responsible for a higher cost-sharing amount than if you had visited an in-network provider. You will also be responsible for any additional costs, such as lab tests and x-rays, that you receive from an out-of-network provider.

#### **Emergency Care**

Emergency care is covered by Northwind Health Plus, even if it is received from an out-of-network provider. However, you may be responsible for a higher cost-sharing amount than if you received care from an in-network provider.

#### **Tips for Seeking Urgent Care**

When you need urgent care, it is important to remember that not all urgent care facilities are the same. Here are some tips to help you make the best decision for your situation:

- **Do your research:** Before you visit an urgent care facility, be sure to research the facility to make sure it is in-network.
- **Make sure the facility is open:** Always double-check the hours of operation for the facility you plan to visit.
- **Have your insurance card on hand:** Bring your insurance card with you to the visit, as you may need to provide it to the facility.
- **Bring your medical records:** If you have any relevant medical records, bring them with you to the facility. This will help the provider make a more informed diagnosis.
- **Know when to go to the emergency room:** If you are experiencing a medical emergency, call 911 or go to the nearest emergency room for treatment.

We understand that receiving urgent care can be a stressful situation. At Northwind Health Plus, we strive to make the process as easy and stress-free as possible. If you have any questions about your coverage, please reach out to us so we can help.

### Virtual Care

#### COVERED SERVICES: Virtual Care

At Contoso, we understand that taking time off to go to the doctor's office isn't always possible. That's why we've partnered with Northwind Health to provide access to virtual care services. With Northwind Health Plus, you can get the care you need from the comfort of your own home, office, or other location.

Northwind Health Plus covers the cost of virtual care services, such as telemedicine, e-visits, and other virtual consultations with in-network providers. These services can be used to diagnose and treat minor medical conditions and can also be used to follow up on existing medical issues. If a virtual visit isn't appropriate, Northwind Health Plus covers the cost of an in-person visit.

In addition to providing convenient access to care, Northwind Health Plus also offers cost savings benefits. By using virtual care services, you can avoid paying for office visits and other out-of-pocket costs associated with seeing a doctor in person.

Before scheduling a virtual visit, it's important to note that there may be some limitations. For instance, some services, such as laboratory tests, imaging studies, and mental health services, may not be available via virtual care. It's also important to note that some services may require prior authorization.

We encourage you to take advantage of virtual care services when appropriate. To make the most of your virtual care experience, be sure to:

- **Prepare for your visit:** Make sure you have the necessary supplies and documents in advance, such as your insurance card, medical history, and any questions you may have.



- Follow up: If you need to follow up with your doctor, be sure to do so. Virtual care services are an excellent way to stay in touch with your provider.
- Follow instructions: Make sure you follow any instructions given to you by your doctor during or after your virtual visit.
- Contact us: If you have any questions or need help scheduling a virtual visit, please contact Northwind Health customer service.

At Contoso, we understand that today's busy lifestyles can make it difficult to schedule and attend doctor's appointments. That's why we're proud to offer Northwind Health Plus, which provides access to convenient and cost-saving virtual care services. With Northwind Health Plus, you can get the care you need from the comfort of your own home.

### Weight Management

#### WEIGHT MANAGEMENT - COVERED SERVICES

Weight management is an important part of overall health and wellness, and Northwind Health Plus recognizes this. As part of your health plan, you have access to a variety of coverage options for weight management.

##### Coverage for Weight Loss Programs

Northwind Health Plus offers coverage for medically supervised weight loss programs. These programs are designed to help you reach and maintain a healthy weight. Covered services may include nutrition counseling, medical evaluation and follow-up, and laboratory tests. Your plan may also cover the cost of medications prescribed by your doctor as part of your weight loss program.

##### Coverage for Weight Loss Surgery

Northwind Health Plus also offers coverage for weight loss surgery. Weight loss surgery is a serious procedure that can help some people achieve major health benefits. Under this plan, coverage is available for certain types of weight loss surgeries, such as gastric bypass, gastric sleeve, and gastric banding.

##### Exclusions and Limitations

Please note that not all weight management services are covered under Northwind Health Plus. For example, Northwind Health Plus does not cover over-the-counter weight loss supplements, diet or exercise programs, or any services related to cosmetic weight loss. Additionally, pre-authorization may be required for certain weight loss procedures.

##### Tips for Employers

There are several steps employers can take to support their employees in their weight management efforts. Employers can consider providing resources and programs that focus on healthy lifestyle habits, such as nutrition education and physical activity. They can also

provide access to weight management programs, including medically supervised programs and weight loss surgery. Additionally, employers can create a wellness culture in the workplace by encouraging healthy eating, offering healthy snacks, and providing incentives for employees who participate in health and wellness activities.

## Conclusion

Weight management is an important part of overall health and wellness, and Northwind Health Plus provides coverage for certain services related to weight management. This includes coverage for medically supervised weight loss programs and weight loss surgery. However, there are some exclusions and limitations, and it is important for employers to understand what is and is not covered. Additionally, employers can take several steps to support their employees in their weight management efforts.

## WHAT DO I DO IF I'M OUTSIDE WASHINGTON?

### Out-Of-Area Care

#### What Do I Do If I'm Outside Washington?

If you are outside Washington, you may still be eligible for coverage through Northwind Health Plus. Northwind Health Plus offers a network of providers that are located throughout the United States. These providers are part of Northwind Health Plus' nationwide network, which is designed to ensure that you are able to receive care, no matter where you are.

Out-of-area care is coverage that extends outside of Washington. This means that if you travel outside of the state, you can still receive care from a Northwind Health Plus provider. However, there are some exceptions to this coverage. For example, you may be limited to a certain number of visits or treatments that are covered outside of Washington. Additionally, certain services may not be covered, such as home health care services that are provided outside of the state.

If you travel outside of Washington, it is important to keep a few tips in mind. First, you should make sure that any provider you plan to visit is a part of Northwind Health Plus' nationwide network. You can do this by checking Northwind Health Plus' online directory or calling the Northwind Health Plus customer service line. Additionally, it is important to keep track of any expenses or services that you receive outside of Washington. You may need to provide receipts or other documentation to Northwind Health Plus in order to be reimbursed for these expenses.

Finally, it is important to remember that Northwind Health Plus does not cover all services outside of Washington. In some cases, you may be required to pay for a service in full and then submit a claim to Northwind Health Plus for reimbursement. It is important to contact Northwind Health Plus prior to receiving any services to ensure that they are covered by your plan.

Northwind Health Plus is committed to providing coverage to its members, no matter where they are located. By following these tips and understanding the coverage limits, you can ensure that you will be able to receive the care you need, even when you are outside of Washington.

## CARE MANAGEMENT

### Prior-Authorization

#### CARE MANAGEMENT: Prior Authorization

Under Northwind Health Plus, there is a care management system that includes prior authorization. Prior authorization is a process that requires approval from Northwind Health Plus for certain services and medications before they are covered. Prior authorization is intended to ensure that members receive medically necessary, safe, and cost-effective healthcare services.

Prior authorization is required for some outpatient services, such as outpatient surgery, some imaging studies and physical therapy, as well as for some medications. Prior authorization is also required for some inpatient services and procedures. Northwind Health Plus may also require prior authorization for other services or medications.

For services and medications that require prior authorization, you must contact Northwind Health Plus before receiving the service or medication to determine if prior authorization is required. If so, you will need to obtain prior authorization through the Northwind Health Plus prior authorization process.

#### Exceptions

There are some exceptions to the prior authorization requirement. Certain preventive services, such as annual physicals and routine check-ups do not require prior authorization. In some cases, Northwind Health Plus may also waive the prior authorization requirement for certain services and medications.

#### Tips for Employees

If you think you may need a service or medication that requires prior authorization, it is important to plan ahead and contact Northwind Health Plus before receiving the service or medication. This will help ensure that your service or medication is covered by Northwind Health Plus.

If you receive a service or medication without prior authorization, you may be responsible for the entire cost of the service or medication. You can also be billed for any services or medications that are determined to be not medically necessary.

Prior authorization can take several days to complete, so it is important to plan ahead and contact Northwind Health Plus as soon as possible. Northwind Health Plus may also require

additional information, such as medical records or lab results, in order to complete the prior authorization process.

If you have any questions about prior authorization, it is important to contact Northwind Health Plus for more information. Northwind Health Plus can provide you with information about prior authorization and help you understand what services and medications require prior authorization.

### How Prior-Authorization Works

#### CARE MANAGEMENT: Prior-Authorization

Prior authorization (or pre-authorization) is an important part of the Northwind Health Plus plan. Before certain services and treatments can be covered, they must first be authorized by Northwind Health. This means that your doctor or health care provider will need to get prior authorization from Northwind Health before providing the care.

Prior authorization is also known as pre-certification, pre-notification, pre-service review, or pre-authorization. It is important for you to understand that prior authorization does not guarantee that the service will be covered by your Northwind Health Plus plan.

#### When Prior Authorization is Required

Prior authorization is required for certain services and treatments such as:

- Hospital admissions
- Inpatient surgery
- Outpatient surgery
- Magnetic Resonance Imaging (MRI)
- Computed Tomography (CT)
- Radiation Therapy
- Durable Medical Equipment
- Physical, Occupational, and Speech Therapy
- Home Health Care
- Infusion Therapy
- Prosthetics and Orthotics
- Specialty Drugs

In certain cases, Northwind Health may require prior authorization even if the service is not listed above. Your doctor or health care provider should contact Northwind Health to determine if prior authorization is required prior to providing care.

#### Exceptions to Prior Authorization

There are certain services and treatments that are exempt from prior authorization. These include:

- Routine office visits
- Immunizations
- X-Ray services
- Emergency services
- Family planning services
- Maternity services
- Services and supplies related to diabetes
- Preventive care services
- Mental health and substance abuse services
- Routine eye exams
- Routine dental exams

It is important to note that the list of services and treatments that are exempt from prior authorization is subject to change. Your doctor or health care provider should contact Northwind Health to determine if prior authorization is required prior to providing care.

#### Tips for Obtaining Prior Authorization

When obtaining prior authorization for a service or treatment, it is important to provide Northwind Health with all of the necessary information. This includes:

- The patient's diagnosis
- The proposed treatment
- The anticipated duration of the treatment
- Any other relevant information that may be requested by Northwind Health

It is also important to understand that prior authorization is not a guarantee of payment. The decision to authorize a service or treatment will be based on the information provided as well as Northwind Health's policies and procedures.

Your doctor or health care provider should contact Northwind Health for prior authorization as soon as possible to avoid any delays in care. You can also contact Northwind Health if you have any questions or need assistance with the prior authorization process.

It is important to understand that prior authorization is a critical part of the Northwind Health Plus plan. By understanding the prior authorization process and following the tips outlined above, you can help ensure that you receive the care you need in a timely and efficient manner.

### **Prior-Authorization for Benefit Coverage**

#### **CARE MANAGEMENT: Prior-Authorization for Benefit Coverage**

The Northwind Health Plus plan includes a care management system that requires prior-authorization for certain services to ensure that the plan is covering only medically necessary care. Prior-authorization is a process used by the insurance company to review a request for a specific service to ensure that it is medically necessary and meets the criteria set by the plan. This process helps to ensure that members are receiving the best care possible and that their benefits are used in the most cost-effective manner.

In order to receive prior-authorization, members must provide their Northwind Health Plus provider with the necessary clinical information regarding their diagnosis and treatment plan. The provider then submits this information to Northwind Health Plus for review. Northwind Health Plus will then contact the provider with the decision on the prior-authorization request.

Prior-authorization is required for certain services, including but not limited to:

- Inpatient Hospitalizations
- Outpatient Surgery
- Durable Medical Equipment
- Certain Imaging Services
- Certain Lab Tests
- Certain Physical and Occupational Therapy Services
- Certain Prescription Drugs
- Certain Home Health Services

It is important to note that some services do not require prior-authorization, as they are considered non-medically necessary. In addition, some services may only require prior-authorization for certain members, such as those with high-risk conditions. The Northwind Health Plus plan has a list of services that require prior-authorization, which is available on the Northwind Health Plus website.

There are certain exceptions to prior-authorization requirements. For example, if a member requires emergency services, prior-authorization is not required. In addition, certain pediatric services are exempt from prior-authorization.

It is important for members to understand that prior-authorization does not guarantee coverage. The prior-authorization process is used to determine if a service is medically necessary and meets the criteria set by the plan. If a service is not medically necessary or does not meet the criteria set by the plan, the service may be denied.

It is also important for members to understand that prior-authorization is not a guarantee that the service will be provided in a timely manner. While Northwind Health Plus strives to make decisions on prior-authorization requests as quickly as possible, the process can take time.

Here are some tips for members to help ensure that prior-authorization requests are processed in a timely manner:

- Ensure that all necessary information is provided to the provider when requesting prior-authorization.
- Make sure that the provider submits the prior-authorization request as soon as possible.
- Contact the insurance company if you have not received a response after a reasonable amount of time.
- Ensure that the provider is aware of any changes in the member's condition that may affect the prior-authorization request.

Prior-authorization is an important part of the Northwind Health Plus care management system. It helps ensure that members are receiving the best care possible and that their benefits are used in the most cost-effective manner. By understanding prior-authorization and following the tips outlined above, members can help ensure that their prior-authorization requests are processed in a timely manner.

### **Exceptions To Prior Authorization For Benefit Coverage**

#### **CARE MANAGEMENT: Exceptions To Prior Authorization For Benefit Coverage**

At Northwind Health Plus, we understand that medical care can be complex and that you may need access to specialized care when needed. That is why we provide exceptions to prior authorization for certain medical services, procedures and treatments that may require additional review and approval. The exceptions to prior authorization are based on

national and state medical regulations, as well as medical necessity and appropriateness criteria.

The exceptions to prior authorization provided by Northwind Health Plus include:

**Emergency Care:** Emergency care is covered without prior authorization if it is determined to be medically necessary. If you believe that you need emergency care, please contact Northwind Health Plus for approval.

**Inpatient Hospital Services:** Inpatient hospital services are covered without prior authorization if it is determined that the services are medically necessary. However, if you require hospital services, please contact Northwind Health Plus to ensure that the hospital you are admitted to is an in-network provider.

**Outpatient Hospital Services:** Outpatient hospital services are covered without prior authorization if it is determined that the services are medically necessary. However, if you require outpatient services, please contact Northwind Health Plus to ensure that the hospital you are visiting is an in-network provider.

**Ambulatory Surgery Center Services:** Ambulatory surgery center services are covered without prior authorization if it is determined that the services are medically necessary. However, please contact Northwind Health Plus to ensure that the ambulatory surgery center you are visiting is an in-network provider.

**Outpatient Rehabilitative Services:** Outpatient rehabilitative services are covered without prior authorization if it is determined that the services are medically necessary. However, please contact Northwind Health Plus to ensure that the outpatient rehabilitative provider you are visiting is an in-network provider.

**Long-Term Care Services:** Long-term care services are covered without prior authorization if it is determined that the services are medically necessary. Please contact Northwind Health Plus to ensure that the long-term care provider you are visiting is an in-network provider.

**Hospice Care Services:** Hospice care services are covered without prior authorization if it is determined that the services are medically necessary. Please contact Northwind Health Plus to ensure that the hospice care provider you are visiting is an in-network provider.

**Home Health Services:** Home health services are covered without prior authorization if it is determined that the services are medically necessary. Please contact Northwind Health Plus to ensure that the home health provider you are visiting is an in-network provider.

**Maternity Services:** Certain maternity services are covered without prior authorization if it is determined that the services are medically necessary. Please contact Northwind Health Plus to ensure that the maternity provider you are visiting is an in-network provider.



**Durable Medical Equipment and Prosthetic Devices:** Durable medical equipment and prosthetic devices are covered without prior authorization if it is determined that the services are medically necessary. Please contact Northwind Health Plus to ensure that the durable medical equipment and prosthetic device provider you are visiting is an in-network provider.

**Prescription Drugs:** Prescription drugs are covered without prior authorization if it is determined that the services are medically necessary. Please contact Northwind Health Plus to ensure that the prescription drug provider you are visiting is an in-network provider.

### Tips For Employees

If you are ever in need of medical services, procedures, or treatments that require prior authorization, it is important to contact Northwind Health Plus in advance to ensure that the care is covered by your plan.

It is also important to remember that the exceptions to prior authorization are based on national and state medical regulations, as well as medical necessity and appropriateness criteria. Therefore, it is important to contact Northwind Health Plus to ensure that the care you require is covered by your plan.

Additionally, it is important to remember to check that the provider you are visiting is an in-network provider, as this will help you to save money on your medical care.

Finally, if you ever have any questions or concerns about your benefits, please do not hesitate to contact Northwind Health Plus for assistance. We are here to help you get the most out of your benefits and to ensure that you have access to the care you need.

### **Prior-Authorization For Out-Of-Network Provider Coverage**

#### **CARE MANAGEMENT: Prior Authorization For Out-Of-Network Provider Coverage**

As an employee of Contoso, you may be eligible to receive coverage for care provided by out-of-network providers. Northwind Health Plus offers coverage for out-of-network providers, but the plan requires prior authorization. This means that you must obtain approval from Northwind Health before seeing an out-of-network provider.

Prior authorization is a process in which Northwind Health reviews your request for coverage and decides whether or not it will cover the care that you have requested. To be approved for prior authorization, you must meet certain criteria and provide certain information. This criteria and information may vary depending on the type of care you are requesting.

Prior authorization requests must be submitted to Northwind Health by your provider. In most cases, your provider will submit the request for you. Northwind Health will then review the request and make a decision about whether or not it will cover the care.

In some cases, Northwind Health may approve the request for coverage, but with certain limitations or conditions. For example, Northwind Health may limit the number of visits for a specific procedure or limit the amount of coverage for a specific procedure. It is important to understand any limitations or conditions that Northwind Health places on the prior authorization before you receive care from an out-of-network provider.

It is also important to understand that certain services may not require prior authorization. For example, emergency services and certain preventive services may not require prior authorization.

#### Tips for Employees:

1. Understand the prior authorization process and any requirements that you must meet to receive coverage for an out-of-network provider.
2. Find out if the type of care you need requires prior authorization.
3. Ask your provider if they will be submitting the prior authorization request for you.
4. Ask Northwind Health about any limitations or conditions that may be placed on the prior authorization.
5. Understand that certain services may not require prior authorization.

Remember, if you have any questions about the prior authorization process or coverage for an out-of-network provider, contact Northwind Health directly. Northwind Health is available to answer any questions you may have and provide more information about the prior authorization process.

#### Exceptions to Prior-Authorization For Out-Of-Network Providers

##### CARE MANAGEMENT - Exceptions to Prior-Authorization For Out-Of-Network Providers

Northwind Health Plus provides coverage for certain services that may require prior authorization when provided by an out-of-network provider. Prior authorization is required to ensure that the service is medically necessary and to ensure that the service is being provided in accordance with the plan's specific rules and guidelines.

Northwind Health Plus makes exceptions to the prior authorization requirement for the following services when provided by an out-of-network provider:

- **Emergency Services:** For services that are medically necessary and when the out-of-network provider is the closest provider available, prior authorization is not required. However, the provider must submit a claim for the services rendered to Northwind Health Plus for review and processing.
- **Outpatient Mental Health Services:** Services that are medically necessary and provided by an out-of-network provider are not required to have prior authorization. However, the

provider must submit a claim for the services rendered to Northwind Health Plus for review and processing.

- **Skilled Nursing Care:** Prior authorization is not required for services provided in a home or other non-institutional setting. The provider must submit a claim for the services rendered to Northwind Health Plus for review and processing.
- **Durable Medical Equipment:** Prior authorization is not required for services provided in a home or other non-institutional setting. The provider must submit a claim for the services rendered to Northwind Health Plus for review and processing.
- **Radiology Services:** Prior authorization is not required for services provided in a home or other non-institutional setting. The provider must submit a claim for the services rendered to Northwind Health Plus for review and processing.
- **Laboratory Services:** Prior authorization is not required for services provided in a home or other non-institutional setting. The provider must submit a claim for the services rendered to Northwind Health Plus for review and processing.
- **Prescription Drugs:** Prior authorization is not required for services provided in a home or other non-institutional setting. The provider must submit a claim for the services rendered to Northwind Health Plus for review and processing.

When selecting an out-of-network provider, it is important to remember that Northwind Health Plus may not cover all of the services provided. It is important to ask the provider if the services are covered by Northwind Health Plus and to check with Northwind Health Plus to make sure that the services are covered.

It is also important to remember that out-of-network providers may charge more than those in-network. Northwind Health Plus does not guarantee the amount charged by an out-of-network provider, and the member is responsible for any balance remaining after the plan has paid its portion.

Finally, it is important to remember that prior authorization is still required for some services even if they are provided by an out-of-network provider. Prior authorization is a process in which Northwind Health Plus reviews and evaluates the medical necessity of the requested service. This process helps to ensure that the services being requested are medically necessary and are provided in accordance with the plan's specific rules and guidelines.

In conclusion, Northwind Health Plus makes exceptions to the prior authorization requirement for certain services when they are provided by an out-of-network provider. However, it is important to remember that Northwind Health Plus may not cover all of the services provided by an out-of-network provider, that out-of-network providers may charge more than those in-network, and that prior authorization is still required for some services even if they are provided by an out-of-network provider. By being aware of these

exceptions and tips, employees can ensure that they are making responsible and informed decisions about their healthcare needs.

### Clinical Review

#### CARE MANAGEMENT – Clinical Review

Northwind Health Plus offers several care management services to ensure that members are receiving the best possible care. One of the primary care management services is Clinical Review. Clinical Review is an important process that helps to ensure that members are receiving the most appropriate care and that their care is in line with established clinical guidelines.

Clinical Review involves a team of healthcare professionals who review services, treatments, and medications to ensure that they are medically necessary and appropriate for the individual's condition. The review team may also look at other factors, such as cost and effectiveness, to ensure that the care provided is in line with established standards.

Clinical Review is available for all care services covered by Northwind Health Plus. This includes preventive care, primary care, specialty care, and hospital services. Clinical Review is also available for services provided by out-of-network providers.

In some cases, Clinical Review may result in a denial of coverage for certain services and medications. If a service or medication is denied, the provider will be notified and will have the opportunity to appeal the decision. The appeal process is designed to ensure that members receive the care that is medically necessary and appropriate for them.

There are a few exceptions to Clinical Review. In some cases, the review team may not be able to review all of the information necessary to make an appropriate decision. In these cases, the review team may be unable to make a decision and the provider may be able to provide coverage for the service or medication without going through the review process. Additionally, Clinical Review does not apply to services that are not covered by Northwind Health Plus, such as cosmetic surgeries or experimental treatments.

It is important to remember that Clinical Review is an important component of quality care. Northwind Health Plus is committed to ensuring that members receive the care that is medically necessary and appropriate for them.

#### Tips for Employees

- Talk to your doctor about the care you need. Your doctor can help determine if the services you are requesting are medically necessary and appropriate for your condition.
- Ask your doctor if he or she is familiar with the Northwind Health Plus Clinical Review process.
- Make sure your doctor provides accurate and complete information to the review team.

- If your coverage is denied, talk to your doctor about appealing the decision.
- If you are considering a service or medication that is not covered by Northwind Health Plus, ask your doctor about other options that may be available.

### Personal Health Support Programs

#### CARE MANAGEMENT

Northwind Health Plus offers a number of personal health support programs to help members stay healthy and manage their health care costs. Through this program, members can access a range of services, programs, and benefits including:

**Case Management:** Northwind Health Plus provides a case management program that connects members with a team of health professionals, depending on the individual's needs. These professionals will help assess the member's health situation, develop a plan of care, coordinate care and resources, and provide support and education.

**Disease Management:** Northwind Health Plus offers disease management programs for members with certain chronic conditions. These programs provide members with support, information, and resources about their conditions, as well as assistance in managing their health care.

**Wellness Programs:** Northwind Health Plus provides wellness programs to help members stay healthy and manage their health care costs. These programs include programs to help members quit smoking, manage stress, and improve their overall health and well-being.

Exceptions:

- Members must be enrolled in Northwind Health Plus to be eligible for these programs.
- These programs may not be available in all areas.
- Some services may not be covered by Northwind Health Plus.

Tips:

- Take advantage of the services and programs offered through Northwind Health Plus.
- Talk to your doctor or other health care provider about your health and any treatments that may be available.
- Take an active role in your health care. Ask questions and be informed about your health and any treatments that may be available.
- Make sure to follow your doctor's instructions and stay up to date on your health care.
- If you have any questions or concerns about your health, contact Northwind Health Plus for assistance.

## Chronic Condition Management

### CARE MANAGEMENT: Chronic Condition Management

At Northwind Health, we understand that managing chronic conditions can be overwhelming and expensive. We are committed to helping our members manage their chronic conditions and live healthier, happier lives. That's why we offer a Chronic Condition Management Program (CCMP) as part of our Northwind Health Plus plan. This program provides members with access to an interdisciplinary team of healthcare professionals who can provide personalized care and support. The team includes physicians, nurses, social workers, nutritionists, pharmacists, and other specialists.

The CCMP is designed to help members better manage their chronic conditions, reduce the risk of complications, and improve their quality of life. Through the program, members receive:

- Comprehensive care assessments and care plans
- Regular follow-up visits
- Personalized health education
- Assistance with medication management
- Coordination of services with other providers
- Referrals to community resources

Exceptions: The CCMP is only available to Northwind Health Plus members who have one or more of the following chronic conditions: diabetes, asthma, congestive heart failure, coronary artery disease, chronic obstructive pulmonary disease (COPD), chronic kidney disease, and hypertension.

#### Tips to Help Employees Manage Chronic Conditions:

- Talk to your doctor: It's important to have open and honest conversations with your doctor about your condition and any concerns you may have.
- Make lifestyle changes: Eating a healthy diet, exercising regularly, and quitting smoking can help manage your condition and reduce the risk of complications.
- Stay organized: Keeping track of your medications, appointments, and lab results can help you stay on top of your condition and make informed decisions about your care.
- Ask for help: Don't be afraid to ask for help from family, friends, and healthcare professionals.
- Take advantage of resources: Northwind Health Plus offers a variety of resources and programs to help members manage their chronic conditions.

- Be proactive: Talk to your doctor if you have any questions or concerns about your condition or care plan.

At Northwind Health, we understand that managing chronic conditions can be challenging. That's why we're committed to helping our members get the care and support they need to stay healthy and active. Through our Chronic Condition Management Program, we provide members with access to an interdisciplinary team of healthcare professionals who can provide personalized care and support. We also offer a variety of resources and programs to help members manage their chronic conditions. With Northwind Health Plus, you can rest assured that you'll have the support and resources you need to stay healthy and active.

## EXCLUSIONS

### EXCLUSIONS

Although Northwind Health Plus provides comprehensive coverage for medical, vision, and dental services, there are certain services and treatments that are excluded from the plan. It is important to understand these exclusions so that you can plan your care accordingly.

#### Services Not Covered:

Northwind Health Plus does not cover services that are not medically necessary, such as cosmetic surgery or elective procedures. Additionally, services or treatments that are experimental or investigational are not covered under this plan.

**Prescriptions Not Covered:** The plan does not cover prescriptions that are not medically necessary, certain over-the-counter medications, or prescription medications that are used to enhance performance in athletics.

**Mental Health and Substance Abuse Treatment:** The plan does not cover mental health or substance abuse treatment services provided by a non-network provider or any services that are not medically necessary.

**Preventive Care:** Northwind Health Plus does not cover preventive care services provided by a non-network provider.

#### Tips for Avoiding Exclusions

When considering a medical service or treatment, it is important to review the plan's evidence of coverage to ensure that the service or treatment is covered under the plan. You should also discuss the service or treatment with your doctor to ensure that it is medically necessary. Additionally, you should review the list of excluded services and prescriptions to ensure that you are not seeking treatment for an excluded service or prescription.

If you are considering a medical service or treatment that is not covered under the plan, you should discuss payment options with your doctor or healthcare provider. Additionally, you may need to consider other payment sources, such as private insurance, flexible spending accounts, or state or federal programs.

Finally, it is important to understand the plan's coverage limits and to keep track of all out-of-pocket expenses. You should also be aware of your plan's annual deductible and coinsurance amounts.

By understanding Northwind Health Plus's exclusions and following the tips outlined above, you can ensure that you are receiving the most comprehensive coverage available under the plan and avoid any unexpected costs.

## **WHAT IF I HAVE OTHER COVERAGE?**

### **Coordinating Benefits With Other Health Care Plans**

#### **WHAT IF I HAVE OTHER COVERAGE?**

##### **Coordinating Benefits With Other Health Care Plans**

If you have other health care coverage, such as Medicare or a health plan from another employer, you may be able to coordinate benefits with Northwind Health Plus. Coordinating benefits means that both plans work together to pay for covered services. This coordination helps to ensure that you don't pay more than you should for your health care.

When coordinating benefits, one plan pays first and the other plan pays what is left after the first plan has paid. The plan that pays first is called the primary plan, and the plan that pays second is called the secondary plan. Generally, the primary plan pays up to the amount of its allowed amount for the services you received. The secondary plan then pays the difference between what the primary plan paid and the total cost of the services.

The way in which you coordinate benefits will depend on the type of coverage you have.

##### **Coordinating Benefits with Medicare**

If you have Medicare, you may be able to coordinate benefits with Northwind Health Plus. Medicare is a federal health insurance program for people 65 years of age and older, people with certain disabilities, and people with End-Stage Renal Disease (ESRD). Northwind Health Plus is a secondary payer to Medicare, meaning that Medicare will pay first and then Northwind Health Plus will pay the remaining balance after Medicare has paid its portion.

If you have Medicare, you will need to use an in-network provider within the Northwind Health Plus network to coordinate benefits with your Medicare coverage. Medicare will pay first and then Northwind Health Plus will pay the remaining balance.

##### **Coordinating Benefits with Other Employer Plans**

If you are covered under a health plan from another employer, that plan is usually considered the primary payer and Northwind Health Plus is considered the secondary payer. Your other employer plan will pay first and then Northwind Health Plus will pay the remaining balance after the other employer plan has paid its portion.



To coordinate benefits with your other employer plan, you must use an in-network provider within the Northwind Health Plus network. You will need to provide your other employer plan's information in order to coordinate benefits.

### Exceptions

There are a few exceptions to coordinating benefits with other health care plans. For example, you cannot coordinate benefits with a health plan that is not a major medical plan. Also, if you are enrolled in a health plan that is a high-deductible plan, you cannot coordinate benefits with Northwind Health Plus until you have met the deductible.

### Tips

If you have other health care coverage, here are a few tips to help you coordinate benefits with Northwind Health Plus:

- Make sure you have your other health care plan's information handy when you use Northwind Health Plus.
- Always use an in-network provider within the Northwind Health Plus network to ensure that your benefits are coordinated correctly.
- Make sure you understand your plan's rules for coordinating benefits.
- Ask your doctor or other health care provider about the cost of services before you receive them to make sure that you are not paying more than you should.
- Read your Explanation of Benefits (EOB) carefully to make sure that your benefits are being coordinated correctly.

By understanding how to coordinate benefits with Northwind Health Plus and other health care plans, you can make sure that you are getting the most out of your health care coverage.

### COB Definitions

#### WHAT IF I HAVE OTHER COVERAGE?

The term "Other Coverage" is defined as any other insurance, health plan, or other coverage which provides benefits and services for medical care that is also provided under the Northwind Health Plus plan. This includes, but is not limited to, Medicare, TRICARE, Medicaid, employer-sponsored plans, and government-sponsored plans.

When you have Other Coverage, Northwind Health Plus follows something called "Coordination of Benefits" (COB). This means that Northwind Health Plus coordinates its benefits with the Other Coverage in order to ensure that you receive the maximum amount of benefits available to you. Northwind Health Plus will pay benefits only after the Other Coverage pays its benefits.

To understand how COB works, it is important to understand the following terms:

- **Primary Coverage:** This is the coverage that pays benefits first.
- **Secondary Coverage:** This is the coverage that pays benefits after the Primary Coverage has paid out its benefits.
- **Crossover Claims:** These are claims that are submitted to both the Primary Coverage and the Secondary Coverage at the same time.

In order for Northwind Health Plus to serve as the Secondary Coverage, you must provide us with a copy of the Explanation of Benefits (EOB) that you receive from your Primary Coverage. This will help us determine the benefits that are available to you under Northwind Health Plus.

For Crossover Claims, you should submit the claim to both Northwind Health Plus and your Primary Coverage. You must provide Northwind Health Plus with a copy of the EOB for the Primary Coverage, as well as a copy of the claim that you submitted to your Primary Coverage. This will allow us to determine the benefits that are available to you under Northwind Health Plus.

It is important to note that Northwind Health Plus does not cover any expenses that are considered to be the responsibility of the Primary Coverage. Additionally, Northwind Health Plus does not cover any expenses that are outside of the scope of coverage of the plan.

Here are some tips to help you make the most of your Coordination of Benefits:

- Make sure that you provide Northwind Health Plus with a copy of the EOB from your Primary Coverage in order to determine the benefits that are available to you.
- Submit Crossover Claims to both your Primary Coverage and Northwind Health Plus.
- Be aware of any expenses that are considered to be the responsibility of the Primary Coverage.
- Be aware of any expenses that are outside of the scope of coverage of the plan.

By understanding how Coordination of Benefits works and following these tips, you can maximize your Northwind Health Plus benefits.

### **Primary And Secondary Rules**

#### **WHAT IF I HAVE OTHER COVERAGE?**

When you have other coverage, the Northwind Health Plus plan has primary and secondary rules. This means that the Northwind Health Plus plan is the primary payer, and the other coverage is the secondary payer. The Northwind Health Plus plan pays first, and the other coverage pays second.

## Exceptions

There are exceptions to this primary and secondary rules with the Northwind Health Plus plan. These exceptions include:

- If you are covered by Medicare Part A and/or Part B, your other coverage is the primary payer and the Northwind Health Plus plan is the secondary payer.
- If you are covered by Medicaid, your other coverage is the primary payer and the Northwind Health Plus plan is the secondary payer.
- If you are covered by TRICARE, your other coverage is the primary payer and the Northwind Health Plus plan is the secondary payer.
- If you are covered by a State Children's Health Insurance Program (CHIP), your other coverage is the primary payer and the Northwind Health Plus plan is the secondary payer.

## Tips

It's important to know the primary and secondary rules of the Northwind Health Plus plan, and to understand any exceptions that may apply. Here are some tips that can help:

- Make sure you understand what type of coverage you have. This will help you understand which provider is the primary payer and which is the secondary payer.
- Keep track of all your medical expenses and bills. This will help you understand how much you need to pay out of pocket, and how much the primary and secondary payers will cover.
- Make sure you understand the rules and regulations of each coverage plan. This will help you understand when claims will be covered and what benefits you are eligible for.
- Know the deadlines for filing claims. This will help you ensure that you get the coverage you need and that your claims are processed in a timely manner.
- Ask questions if you are unsure about anything related to the Northwind Health Plus plan. The customer service representatives at Northwind Health can help you understand the primary and secondary rules, as well as any exceptions that may apply.

It's important to understand the primary and secondary rules of the Northwind Health Plus plan, and to understand any exceptions that may apply. Following these tips can help you get the coverage you need and ensure that your claims are processed in a timely manner.

## COB's Effect On Benefits

### WHAT IF I HAVE OTHER COVERAGE? - COB's Effect On Benefits

When you have more than one health insurance policy, the policies coordinate benefits through a process called Coordination of Benefits (COB). Coordination of Benefits is a process that helps to determine which plan pays first when there are multiple health plans

available. This process is important because it affects how much you will pay out-of-pocket for care.

When Northwind Health Plus is the primary insurance (the plan that pays benefits first), any other insurance you may have will become the secondary insurance and only pays benefits if there are unpaid charges from the primary plan. However, if Northwind Health Plus is the secondary plan, then it pays benefits after the primary plan has paid its share.

The amount Northwind Health Plus pays for a covered service depends on the coverage of the primary plan and the total amount charged for the service. Northwind Health Plus may pay up to the amount of the maximum allowable charge, which is the maximum amount the plan pays for a service.

If you have more than one health insurance policy, you may need to provide proof of the other coverage, such as an insurance card or a letter from the other insurer, to verify which plan is primary and which is secondary.

When you receive care, you may need to provide both your Northwind Health Plus insurance card and your other insurance card to the provider, so they can coordinate the benefits correctly.

When you receive care, you may need to provide both your Northwind Health Plus insurance card and your other insurance card to the provider, so they can coordinate the benefits correctly. It is important to note that Northwind Health Plus does not coordinate benefits with Medicare, Medicaid, or TRICARE programs.

When coordinating benefits, there are a few important exceptions to keep in mind. If you are covered by a spouse's health plan, the primary plan is usually the plan that covers the spouse and the secondary plan is usually the plan that covers you. Additionally, if you are covered by more than one group plan, the primary plan is usually the plan of the employer who has the most employees.

Following these tips can help you understand how COB works and how to get the most out of your health coverage:

- Understand the coverage of all of your health plans so that you know which plan is primary and which is secondary.
- Contact your health care providers and make sure they are aware of all of your coverage and that they know how to coordinate benefits.
- Keep copies of your insurance cards, letters from insurers, and other documents that explain your coverage.
- Contact Northwind Health Plus if you have any questions or need help understanding how COB works.

By understanding your coverage and being aware of how COB works, you can ensure that you are getting the most out of your health plan and that you are not paying more out of pocket than you need to.

### Subrogation And Reimbursement

#### Subrogation and Reimbursement

Subrogation and reimbursement are two important concepts to understand when it comes to Northwind Health Plus insurance. Subrogation is the process by which Northwind Health Plus can seek reimbursement from another insurance company if you have secondary medical coverage. In other words, if you have coverage through Northwind Health Plus and another insurance provider, Northwind Health Plus may be able to recoup the costs of medical services they paid for from the other insurance company.

Reimbursement works in the opposite way. It is the process by which Northwind Health Plus can reimburse you for certain medical expenses that you paid for out-of-pocket. This is beneficial if you received medical services that were not covered by Northwind Health Plus.

When it comes to subrogation and reimbursement, it is important to note that Northwind Health Plus reserves the right to subrogate and reimburse any payments made for medical services. This includes payments made directly by you and other insurance companies. In the event that Northwind Health Plus is able to subrogate or reimburse payments, you will be notified of this before any funds are exchanged.

When it comes to subrogation, it is important to remember that Northwind Health Plus will only seek reimbursement from another insurer if your primary insurance coverage does not cover the services that you received. This means that if your primary insurance covers the services that you received, Northwind Health Plus will not seek reimbursement.

When it comes to reimbursement, there are certain exceptions to Northwind Health Plus's policy. For example, Northwind Health Plus will not reimburse you for any medical services that were covered by another insurance provider. Additionally, Northwind Health Plus will not reimburse you for any medical services that you received from an out-of-network provider, unless the service was deemed medically necessary and was not available from an in-network provider.

Finally, it is important to remember that Northwind Health Plus may require that you submit certain documentation in order to receive reimbursement. This documentation may include itemized bills, proof of payment, and/or medical records.

In order to ensure that you are able to take full advantage of Northwind Health Plus's subrogation and reimbursement policy, it is important to keep detailed records of all medical services that you receive. This includes records of payments made by you, other insurance companies, and Northwind Health Plus. Additionally, it is important to keep a record of any documentation you submit to Northwind Health Plus to support your

reimbursement claim. Keeping these records will help to ensure that you receive the full reimbursement that you are entitled to under the Northwind Health Plus policy.

### Uninsured And Underinsured Motorist/Personal Injury Protection Coverage

#### WHAT IF I HAVE OTHER COVERAGE?

#### Uninsured and Underinsured Motorist/Personal Injury Protection Coverage

Uninsured and Underinsured Motorist (UM/UIM) coverage is an optional form of coverage that may be included in Northwind Health Plus. This coverage will help protect you and your passengers if you're injured in an accident caused by an uninsured or underinsured driver.

If you have UM/UIM coverage, it will provide coverage for medical bills, lost wages, and other expenses that you may incur as a result of an accident. However, it is important to note that UM/UIM coverage only applies when the other driver is at fault, and does not cover damage to your vehicle or property.

There are a few exceptions to the coverage provided by UM/UIM coverage. For example, it does not cover intentional acts of another driver, damage caused by an uninsured or underinsured driver in a hit-and-run accident, or damage to your vehicle or property.

It is important to understand the limits of your UM/UIM coverage and any exclusions that may apply. You should make sure to review your policy thoroughly to ensure that you are properly covered.

In addition to understanding the limits of your coverage, there are other tips that you can use to help protect yourself in the event of an accident.

First, make sure that you have a valid driver's license and that the other driver does as well. It's also important to make sure that the other driver has valid insurance coverage. You may want to ask to see proof of insurance before you get in the car.

If you do get into an accident, it's important to stay calm and take down the other driver's name, contact information, and insurance information. You should also call the police and make sure to file a police report. This will help provide evidence of the accident and can be used to pursue a claim with your insurance company.

Finally, if you do find yourself in an accident, make sure to contact your Northwind Health Plus insurance provider as soon as possible to file a claim. Your insurance company will be able to help you understand the limits of your coverage and provide you with the resources you need to pursue a claim.

Having Uninsured and Underinsured Motorist/Personal Injury Protection Coverage through Northwind Health Plus can provide you and your passengers with peace of mind in the event of an accident. It's important to understand the limits of your coverage and any exclusions that may apply. It's also important to stay vigilant and always make sure that the

other driver has valid insurance coverage. By following these tips, you can help protect yourself and your passengers in the event of an accident.

## HOW DO I FILE A CLAIM?

### Timely Filing

#### HOW DO I FILE A CLAIM?

##### Timely Filing

At Northwind Health Plus, it is important to file a claim within the set time frame in order to ensure that your claim is processed and you receive the benefits you are entitled to. Generally, you must file a claim within 90 days after you receive services or supplies.

##### Exceptions

There are some exceptions to the 90-day filing requirement. If you are filing a claim for a hospital stay, the claim must be filed within one year of the date of service. In addition, if you are filing a claim for a mental health, substance abuse, or preventive care services, the claim must be filed within one year of the date of service.

##### Tips

When filing a claim, it is important to submit all the necessary information, including the Northwind Health Plus claim form, the Northwind Health Plus ID card, and the provider's bill. In addition, make sure that the provider's bill includes the diagnosis and the service codes. It is also important to keep copies of the claim form, the provider's bill, and any other documents that you submit with the claim.

If you have any questions about the claims process, contact Northwind Health Plus customer service at 1-800-123-4567. Northwind Health Plus customer service representatives are available 24 hours a day, 7 days a week.

If you are filing a claim for a hospital stay, make sure to get a copy of the discharge summary from the hospital. This document should include the date and type of services provided, the diagnosis, and the service codes.

If you are filing a claim for a mental health, substance abuse, or preventive care services, make sure to get a copy of the summary of services from the provider. This document should include the date and type of services provided, the diagnosis, and the service codes.

It is also important to keep track of the claims you have submitted. Make sure to keep copies of all documents related to the claim, including the claim form, the provider's bill, and any other documents that you submit with the claim.

If you receive a denial of your claim, make sure to review the denial letter to understand why your claim was denied. If you still have questions, contact Northwind Health Plus customer service at 1-800-123-4567.

Finally, if you are filing a claim for a service that has already been paid for by another insurance company, make sure to include a copy of the Explanation of Benefits (EOB) from the other insurance company. This document should include the date and type of services provided, the diagnosis, and the service codes.

By following the tips outlined above, you can ensure that your claim is filed on time and that you receive the benefits you are entitled to. If you have any questions about the claims process, contact Northwind Health Plus customer service at 1-800-123-4567.

## COMPLAINTS AND APPEALS

### What You Can Appeal

#### COMPLAINTS AND APPEALS

#### What You Can Appeal

When you receive a denial of a claim or service under Northwind Health Plus, you have the right to appeal. This means you can challenge a decision made by Northwind Health Plus or your provider. You can appeal a coverage decision, including a denial of a claim, a denial of service, a determination of medical necessity, or a determination of out-of-network coverage. You can also appeal a payment decision regarding the amount of payment or the balance billed.

It is important to note that you may only appeal a decision made by Northwind Health Plus or your provider. You cannot appeal a decision made by your employer.

Here are some tips and exceptions to help you understand the appeals process.

- You must file your appeal within 60 days of the date of the denial letter or other written notification from Northwind Health Plus, unless Northwind Health Plus has given you more time.
- You should include all relevant medical and other information with your appeal. This may include medical records, test results, and/or other supporting documents.
- Northwind Health Plus will review your appeal and notify you in writing of their decision. The decision must be made within 30 days of receipt of your appeal.
- If Northwind Health Plus does not make a decision within the 30 day timeframe, you may consider the appeal to be denied and may file an external appeal to the California Department of Managed Health Care.



- If Northwind Health Plus denies your appeal, you may be able to file a second appeal with Northwind Health Plus.
- If Northwind Health Plus denies your second appeal, you may file an external appeal with the California Department of Managed Health Care.
- You may be able to get help with the appeals process from your employer or the benefits department.
- You may also want to contact a legal professional to help you with the appeals process.
- If Northwind Health Plus denies your appeal, you may be able to file a lawsuit against them.
- If Northwind Health Plus denies your appeal, you may be able to file a complaint with the California Department of Managed Health Care.

Understanding the appeals process can help you get the coverage and care you need. It is important to remember that you have the right to appeal a decision made by Northwind Health Plus or your provider. It is also important to remember that you must file your appeal within 60 days of the date of the denial letter or other written notification from Northwind Health Plus, unless Northwind Health Plus has given you more time. You should also include all relevant medical and other information with your appeal and contact a legal professional if you need help.

## Appeal Levels

### COMPLAINTS AND APPEALS

At Northwind Health Plus, we take complaints and appeals seriously, and we strive to provide our members with the highest quality of care. We have a multi-level process in place to ensure that any grievances are addressed and resolved quickly and fairly.

#### Level 1: Initial Review

This is the first step in the appeals process. If you have a problem with a service or product received, contact the plan's Customer Service team. The team will review your complaint to determine if a solution can be reached or if the complaint should be escalated to the next level.

#### Level 2: Formal Complaint

If a satisfactory resolution is not reached at Level 1, you may submit a formal written complaint to Northwind Health Plus. This should include details of the issue, the date and time of the incident, and the names of any involved personnel. It should also include any relevant documentation or other evidence that supports your claim.

#### Level 3: External Review

If the issue is not resolved at Level 2, you may request an external review to be conducted. This review will be conducted by an independent organization that is not affiliated with Northwind Health Plus. The external review will consider all facts and evidence that have been submitted in the appeal and make a final decision on the matter.

### Exceptions

There are some exceptions to the appeals process. If the issue involves a claim that is more than one year old, the appeal must be denied. Additionally, if the claim was filed more than two years after the date of service, the appeal must also be denied.

### Tips

If you have a complaint or appeal, it is important to remember the following tips:

- Gather all relevant evidence and documents that support your claim.
- Submit your complaint or appeal in writing and keep a copy for your own records.
- Be sure to include all relevant details such as the date and time of the incident.
- Follow the timeline outlined in the appeals process to ensure your complaint is addressed in a timely manner.
- Be patient and follow up with the plan if you have not heard back within a reasonable amount of time.

### How To Submit An Appeal

#### COMPLAINTS AND APPEALS:

#### How To Submit An Appeal

At Northwind Health Plus, we understand that sometimes the coverage you receive is not what you expected or hoped for. If you believe that Northwind Health Plus has not properly applied a coverage determination or payment to your claim, you may submit an appeal.

#### What Is an Appeal?

An appeal is a formal request to reconsider a decision or action taken by Northwind Health Plus. This includes decisions on coverage and payment of services, supplies, or drugs. You or your healthcare provider can submit an appeal to Northwind Health Plus. In order to submit an appeal, you must provide information that supports your appeal.

#### How to Submit an Appeal

If you disagree with a coverage determination or payment made by Northwind Health Plus, you can appeal the decision. Here are the steps you need to take to submit an appeal:

#### Step 1: Gather Information

The first step in submitting an appeal is to gather the information you need. This includes any documents that support your appeal, such as receipts, doctors' notes, and lab test results. It is also important to have a copy of the explanation of benefits (EOB) that shows the decision made by Northwind Health Plus.

#### Step 2: Prepare Your Appeal

Next, you need to prepare your appeal. You will need to include a written request that explains why you are appealing the decision and any supporting documents. Be sure to include the claim number and the name of the service or drug that was denied. You should also include a copy of the EOB that shows the decision made by Northwind Health Plus.

#### Step 3: Submit Your Appeal

Once you have prepared your appeal, you can submit it to Northwind Health Plus. You can submit your appeal online, mail it to Northwind Health Plus, or fax it to the number provided in your EOB.

#### Step 4: Wait for a Response

Once you have submitted your appeal, Northwind Health Plus will review it and make a decision. You will receive a letter in the mail within 30 days of the date Northwind Health Plus received your appeal.

#### Exceptions

In certain situations, Northwind Health Plus may waive the normal time frames for appeals. This includes situations where waiting for a decision could result in a serious health risk or cause severe financial hardship. If this is the case, you can submit a request for an expedited appeal.

#### Tips for Submitting an Appeal

When submitting an appeal, keep these tips in mind:

- Make sure to include all relevant information, such as receipts, doctors' notes, and lab test results.
- Be sure to include a copy of the explanation of benefits (EOB) that shows the decision made by Northwind Health Plus.
- Be sure to include your claim number and the name of the service or drug that was denied.
- Submit your appeal online, mail it to Northwind Health Plus, or fax it to the number provided in your EOB.
- If you need an expedited appeal, be sure to include information that explains why you need it.

- You will receive a letter in the mail within 30 days of the date Northwind Health Plus received your appeal.

We understand that appealing a decision can be a confusing and time-consuming process. If you have any questions about submitting an appeal, please contact Northwind Health Plus for more information.

### Once The IRO Decides

#### COMPLAINTS AND APPEALS: Once The IRO Decides

Once the Internal Review Officer (IRO) has made a decision on a complaint or appeal, the decision is final and binding. However, there are exceptions to this rule that employees should be aware of.

An exception to the IRO decision being final and binding may occur if an employee can prove that the decision was made in error. In this case, the employee may be eligible to file a grievance with the insurance company. The grievance must be filed within 180 days of the IRO's decision. The grievance must be in writing and should include supporting documentation that proves the decision was made incorrectly.

If the grievance is approved, the employee may be eligible to receive a refund of any premiums paid or benefit payments received in error. The employee should also be aware that an approved grievance may also result in changes to their coverage or benefits.

Another exception to the IRO decision being final and binding may occur if an employee can prove that the decision was based on incomplete or inaccurate information. In this case, the employee may be eligible to file an appeal with the insurance company. The appeal must be filed within 60 days of the IRO's decision. The appeal must be in writing and should include supporting documentation that proves the decision was based on incomplete or inaccurate information.

If the appeal is approved, the employee may be eligible to receive a refund of any premiums paid or benefit payments received in error. The employee should also be aware that an approved appeal may also result in changes to their coverage or benefits.

In addition to exceptions to the IRO decision being final and binding, employees should also be aware of tips to help ensure that the IRO decision is accurate. Employees should be sure to provide any and all supporting documentation when filing a complaint or appeal. This documentation should include medical records, prescriptions, bills, and any other relevant information. Employees should also be sure to provide contact information for any other providers involved in the complaint or appeal.

Employees should also be sure to provide a clear and concise explanation of their complaint or appeal. This explanation should include the dates of service, the providers involved, and the reason for the complaint or appeal. Employees should also be sure to provide any and all supporting documentation when filing a complaint or appeal.

Finally, employees should be sure to follow up on their complaint or appeal. Employees should contact the insurance company if they have not received a response within 30 days. Employees should also contact the IRO if they have any questions or concerns about the decision.

By understanding the exceptions and tips for making sure the IRO decision is accurate, employees can ensure that their complaint or appeal is heard and that the decision is made in their favor.

### **Additional Information About Your Coverage**

#### **COMPLAINTS AND APPEALS**

Northwind Health Plus offers a variety of ways for members to submit complaints and appeals. These procedures are designed to ensure that all members have the opportunity to have their issues addressed in a timely manner.

If you have a complaint or grievance about your coverage or care, you can contact Northwind Health Plus directly. You can submit a complaint or appeal by phone, mail, or online. You can also contact your insurance provider directly or the state insurance commissioner in your state.

If you have a complaint or grievance about the quality of care or services you received, you can contact Northwind Health Plus directly. You can submit a complaint or appeal by phone, mail, or online. You can also contact the state insurance commissioner in your state.

You may also be able to file a complaint or appeal with an external review organization. An external review organization is an independent entity that reviews complaints or appeals from members and makes a decision based on the facts of the case.

It's important to remember that the Northwind Health Plus plan does not cover some services, such as cosmetic surgery. In addition, some services may require prior authorization before being covered by the plan. If you have questions about what is covered, you should contact Northwind Health Plus directly.

If you are not satisfied with the outcome of a complaint or appeal, you may be able to file a lawsuit in a court of law. You should contact an attorney for more information about this option.

Finally, if you have a complaint or grievance about your rights as a member, you can contact the Northwind Health Plus Member Services Department. This department is dedicated to ensuring that all members have access to the services and benefits that they are entitled to under the plan.

#### **Tips for Submitting Complaints and Appeals**

When submitting a complaint or appeal to Northwind Health Plus, it's important to provide as much information as possible. This includes any documentation or evidence that may be

relevant to your case. Be sure to include your contact information and the details of your complaint or appeal.

It's also important to be patient. Northwind Health Plus typically responds to complaints and appeals within 30 days. However, some cases may take longer to resolve.

Finally, be sure to keep a record of all correspondence with Northwind Health Plus. This includes any phone calls, emails, or letters you send or receive. This will help ensure that your complaint or appeal is being addressed in a timely manner.

## **OTHER INFORMATION ABOUT THIS PLAN**

### **Conformity With The Law**

#### **OTHER INFORMATION ABOUT THIS PLAN – CONFORMITY WITH THE LAW**

Northwind Health Plus is in compliance with applicable state and federal laws and regulations, including the Employee Retirement Income Security Act (ERISA). This plan is also compliant with the Affordable Care Act (ACA) and the Mental Health Parity and Addiction Equity Act (MHPAEA).

Under ERISA, the plan must provide certain benefits, such as protection from discrimination, vesting rights, and reasonable notice of plan changes. The plan must also provide detailed information to participants, such as a Summary Plan Description (SPD), which outlines plan provisions and benefits.

Under the ACA, Northwind Health Plus must provide essential health benefits, such as ambulatory patient services, hospitalization, maternity and newborn care, preventive and wellness services, mental health and substance abuse services, and prescription drugs. The plan also must provide coverage for preventive services without cost sharing.

Under MHPAEA, the plan must provide comparable benefits for mental health and substance abuse services as it does for medical and surgical benefits. This includes covering services that are medically necessary, such as inpatient and outpatient services, medication management, and psychological and psychosocial therapies.

It is important to note that the plan may not provide coverage or impose any limits or exclusions that are not in compliance with applicable laws and regulations. Additionally, the plan may not discriminate against individuals based on their medical condition or health status. Individuals who feel they have been discriminated against should contact the Department of Labor, who can investigate the issue.

Finally, it is important to note that the plan may not provide coverage or impose any limits or exclusions that are not in compliance with applicable laws and regulations. Additionally, the plan may not discriminate against individuals based on their medical condition or health status. Individuals who feel they have been discriminated against should contact the Department of Labor, who can investigate the issue.

### Tips for Employees:

1. Read your Summary Plan Description (SPD) carefully to understand the benefits available to you under Northwind Health Plus.
2. Familiarize yourself with the applicable laws and regulations, such as ERISA, the Affordable Care Act (ACA), and the Mental Health Parity and Addiction Equity Act (MHPAEA).
3. Be aware of the coverage and limits your plan provides.
4. Be aware of any exclusions or exceptions that may apply to your plan.
5. If you feel you have been discriminated against, contact the Department of Labor.

By understanding the applicable laws and regulations and the coverage and limits of your plan, you can ensure that you are getting the most out of your Northwind Health Plus benefits.

### Entire Contract

#### OTHER INFORMATION ABOUT THIS PLAN - Entire Contract

The Northwind Health Plus plan is a contract between you and Northwind Health. It is important to understand that this document contains the entire contract. This contract includes the plan documents that you receive from Northwind Health, the Northwind Health Plus plan summary, and any additional contracts or documents that you may have received from Northwind Health.

It is important to remember that any changes made to this plan must be in writing and signed by both you and Northwind Health. Additionally, if something in the plan is not included in the plan documents or summary, then it does not apply to the plan.

You should also be aware that the Northwind Health Plus plan may contain certain exceptions, exclusions, and limitations. It is important to familiarize yourself with the plan documents to make sure that you understand what services are covered and which are not covered. If you have any questions, Northwind Health has customer service representatives who are available to answer your questions.

Additionally, Northwind Health may make changes to the plan at any time. You should make sure to check the plan documents or summary regularly to stay informed of any changes that have been made to the plan.

Finally, it is important to remember that the Northwind Health Plus plan is not a substitute for a regular health insurance plan. This plan is intended to supplement your existing health insurance coverage. It is important to make sure that you have adequate coverage for all of your medical needs.

These are just a few tips to help you understand the Northwind Health Plus plan and to make sure that you are taking advantage of all the benefits it offers. Remember, it is important to read the plan documents carefully and to ask questions if you have any. By doing so, you can make sure that you are getting the most out of your Northwind Health Plus plan.

### Evidence Of Medical Necessity

#### OTHER INFORMATION ABOUT THIS PLAN: Evidence of Medical Necessity

Evidence of medical necessity is an important component of health insurance coverage. It is an indication that a certain service or treatment is medically necessary for a patient's health and wellbeing. The Northwind Health Plus plan requires evidence of medical necessity when a service or treatment is being requested.

#### What Is Evidence of Medical Necessity?

Evidence of medical necessity is documentation that is provided by a healthcare provider or other healthcare professionals to support a request for a specific service or treatment. This documentation should provide detailed information about the patient's medical condition, the recommended service or treatment, and why it is medically necessary.

Evidence of medical necessity is typically required when requesting services or treatments that are not commonly used or are more costly than other services or treatments. This requirement helps to ensure that the patient is receiving the most appropriate care and that the services or treatments being requested are medically necessary.

#### What Types of Services and Treatments Require Evidence of Medical Necessity?

The Northwind Health Plus plan requires evidence of medical necessity for a variety of services and treatments, including:

- Durable medical equipment (DME)
- Home health services
- Skilled nursing services
- Physical, occupational, and speech therapy services
- Mental health services
- Substance abuse services
- Infertility treatments
- Bariatric surgery
- Sleep studies



- Inpatient hospital services

It is important to note that the Northwind Health Plus plan may require additional documentation for certain services or treatments, such as preauthorization or prior authorization. It is also important to note that the Northwind Health Plus plan may not cover certain services or treatments, such as those deemed to be experimental or investigational.

#### Tips For Obtaining Evidence of Medical Necessity

The following tips can help you obtain evidence of medical necessity for services or treatments that are covered by the Northwind Health Plus plan:

- Talk to your healthcare provider about the services or treatments you are requesting. Your provider should be able to provide you with the necessary documentation to support your request.
- Make sure that you provide your healthcare provider with all of the relevant information about your medical condition, such as your medical history, any recent lab tests or imaging studies, and any other pertinent information.
- Make sure that the documentation you provide is complete and accurate.
- Contact your healthcare provider if you have any questions or concerns about the services or treatments you are requesting.
- Make sure that the documentation you provide is submitted to Northwind Health in a timely manner.
- Contact Northwind Health if you have any questions or concerns about the evidence of medical necessity requirements for the services or treatments you are requesting.

By following these tips, you can help ensure that your request for services or treatments is approved in a timely manner and that you are receiving the most appropriate care.

#### Conclusion

Evidence of medical necessity is an important component of health insurance coverage, and it is important to understand the requirements of the Northwind Health Plus plan in order to obtain the services or treatments you need. By following the tips outlined above, you can help ensure that your request for services or treatments is approved in a timely manner and that you are receiving the most appropriate care.

#### **The Group And You**

#### OTHER INFORMATION ABOUT THIS PLAN

#### The Group and You

The Northwind Health Plus plan is a group health plan that is sponsored by Contoso and administered by Northwind Health. As a participant in this group plan, you will have access to a wide range of health benefits and services.

Your employer, Contoso, pays a portion of the premium for the plan, and you are responsible for paying the remaining portion. This will be deducted directly from your paycheck each month. In addition to the premium, you may be responsible for certain costs when you receive health care services.

Your contributions to the plan are based on the type of coverage you choose. For example, if you choose a single plan, you will pay a lower premium than if you choose a family plan. The premium and other costs you may incur when you receive health care services may change from year to year.

It is important to note that you may be subject to certain exclusions or limitations on your coverage, such as pre-existing condition exclusions and/or waiting periods. You should review your plan documents carefully to make sure you understand exactly what is covered and what is excluded.

It is also important to understand that the plan is not a substitute for health insurance. You should still maintain health insurance coverage through an employer, a private plan, or a government-sponsored plan. The Northwind Health Plus plan is intended to supplement the coverage you have from other sources.

#### Tips for Making the Most of Your Plan

- Make sure you understand your plan documents and know what is covered and what is excluded.
- Take advantage of preventive care services, such as check-ups and screenings, as these will help you stay healthy and avoid more costly treatments down the road.
- Consider signing up for the Northwind Health Plus online portal, which allows you to view your health plan information, make payments, and access other resources.
- Take advantage of Northwind Health's 24/7 nurse hotline, which can provide you with medical advice and other assistance.
- Use your plan's in-network providers whenever possible, as this will help you save money.
- Utilize Northwind Health's online pharmacy service, which allows you to easily order and manage your prescriptions without leaving home.
- When you receive health care services, make sure to check that the provider is in-network and that the services are covered by your plan.
- Keep track of your claims and other plan information, as this will help you to better understand your plan and stay on top of your health care expenses.

- Utilize Northwind Health's customer service to answer any questions or address any concerns you may have about your plan.

### **Healthcare Providers - Independent Contractors**

#### **OTHER INFORMATION ABOUT THIS PLAN**

##### **Healthcare Providers - Independent Contractors**

The Northwind Health Plus plan includes coverage for healthcare services provided by independent contractors. This means that services provided by independent contractors may be covered under the Northwind Health Plus plan, provided that the service is medically necessary.

Independent contractors are healthcare providers that are not employed by Northwind Health or any other company or organization. They are self-employed and provide services on a contract basis. These services can include medical, vision, and dental services, as well as prescription drug coverage and mental health and substance abuse coverage.

It is important to note that services provided by independent contractors are not covered under the Northwind Health Plus plan unless they are necessary to treat an illness or injury. For example, a physical therapist who is an independent contractor may be covered under the plan if the services are necessary to treat an illness or injury. However, services provided by an independent contractor that are not medically necessary, such as a massage therapist or acupuncturist, are not covered under the plan.

When selecting a healthcare provider, it is important to make sure that the provider is an independent contractor and is covered under the Northwind Health Plus plan. You can do this by checking the provider's website or calling the provider's office to confirm that they are an independent contractor and that their services are covered under the Northwind Health Plus plan.

It is also important to note that any services that you receive from an independent contractor may be subject to a deductible or coinsurance. This means that you may be responsible for a portion of the cost of the service. It is important to check with the provider to confirm the cost of the service before receiving any services.

Finally, it is important to remember that services that are provided by an independent contractor are not covered under the Northwind Health Plus plan unless they are necessary to treat an illness or injury. If you have any questions about whether a service is covered under the plan, it is important to contact Northwind Health or the healthcare provider to confirm coverage.

### **Intentionally False Or Misleading Statements**

#### **OTHER INFORMATION ABOUT THIS PLAN: Intentionally False or Misleading Statements**

It's important to be aware of intentionally false or misleading statements when it comes to health insurance plans. Intentionally false or misleading statements about Northwind Health Plus can be found in any form of advertisement, marketing material, or other communication that is intended to influence a person's decision to purchase the plan.

In order to protect yourself from being misled, it's important to read all the materials you receive from Northwind Health Plus carefully. This includes any emails, mailers, brochures, website materials, or other communications. Be sure to read the plan's Summary of Benefits and Coverage (SBC) for a complete description of the plan's coverage, benefits, and limitations.

Some of the statements that may be considered intentionally false or misleading include:

- Claiming that the plan covers services that it does not cover, such as cosmetic surgery or experimental treatments.
- Claims that the plan has "no deductible" or "no out-of-pocket costs."
- Claims that the plan covers "all" medical services or "everything."
- Claims that the plan has lower premiums than other plans.
- Claims that the plan will cover medical expenses that are not covered by other plans.
- Claims that the plan covers pre-existing conditions.
- Claims that the plan covers all prescription drugs.

It's also important to be aware of statements that are misleading because of their omission of important information. For example, a statement that the plan has "low copays" may be misleading if it does not also mention the fact that the plan has high deductibles.

It's also important to remember that Northwind Health Plus may have restrictions on certain services or treatments. Be sure to read the plan's Summary of Benefits and Coverage (SBC) for a complete description of the plan's coverage, benefits, and limitations.

If you become aware of any intentionally false or misleading statements about Northwind Health Plus, be sure to report it to the plan administrator immediately. You can also contact the North Carolina Department of Insurance to file a complaint.

It's important to remember that Northwind Health Plus is a complex plan and you should always ask questions and read all materials carefully before making any decisions. It's important to be aware of the coverage that is available to you, as well as any restrictions or limitations. Be sure to contact the plan administrator if you have any questions or concerns.

### **Member Cooperation**

#### **MEMBER COOPERATION**

Northwind Health Plus requires that members cooperate with their plan and use the services covered by the plan in the most cost-effective manner. This includes following the rules and regulations of the plan and using services in the most appropriate and beneficial way.

It is the members' responsibility to make sure they are using the plan in the most cost-effective manner. This includes understanding the plan's benefits and coverage including any limitations, exclusions, and exceptions. Members are expected to use in-network providers and to get pre-authorization or prior approval when required by the plan. Members must also use generic medications when available, and they must also follow the plan's rules for referrals and second opinions.

Members are also expected to provide accurate information to Northwind Health Plus and the plan's providers. This includes medical history, current medical condition, and any other information that is requested by the plan or providers. Failing to provide accurate information can result in the denial of coverage or benefits.

In addition, members must keep the plan informed of any changes in their contact information or other personal information. This includes changes in address, phone number, and insurance coverage.

#### EXCEPTIONS

The plan may make exceptions to some of its requirements in certain circumstances. For example, the plan may waive its pre-authorization or prior approval requirements in certain cases. Members must speak directly with the plan in order to request a waiver.

#### TIPS

Here are some tips to help members get the most out of Northwind Health Plus:

- Become familiar with the plan's coverage and any limitations, exclusions, or exceptions.
- Make sure to use in-network providers and to get pre-authorization when required.
- Use generic medications when available.
- Follow the plan's rules for referrals and second opinions.
- Provide accurate information to the plan and its providers.
- Keep the plan informed of any changes in personal information.
- Contact the plan when requesting a waiver.

By following these tips and understanding the plan's coverage, members can make sure they are getting the most out of Northwind Health Plus.

## Notice Of Information Use And Disclosure

### OTHER INFORMATION ABOUT THIS PLAN: Notice of Information Use and Disclosure

At Northwind Health, we understand that your personal health information and health plan information is important to you and must be handled responsibly. This section of the document outlines the information use and disclosure practices of Northwind Health Plus.

#### Notice of Information Use and Disclosure

Northwind Health Plus is required to protect the privacy of your protected health information (PHI) and provide you with notice of our legal duties and privacy practices. Northwind Health Plus must follow the terms of the Notice of Information Use and Disclosure currently in effect and will not use or disclose your PHI without your authorization, except as described in this Notice.

Your PHI includes information that can be used to identify you and that relates to your past, present, or future physical or mental health or condition, and related health care services. This includes information such as your name, address, telephone number, date of birth, and Social Security number. Northwind Health Plus may use and disclose your PHI for the following purposes:

**Treatment:** Northwind Health Plus may use and disclose your PHI to provide you with treatment, including coordination and management of your health care and payment for your health care services. This includes making referrals to specialists and other health care providers, and providing follow-up care.

**Payment:** Northwind Health Plus may use and disclose your PHI to obtain payment for your health care services. This includes billing, collecting payment, and determining eligibility for benefits.

**Health Care Operations:** Northwind Health Plus may use and disclose your PHI for health care operations. This includes quality assessment and improvement activities, customer service, legal and compliance activities, and business planning and development.

**Exceptions:** In certain circumstances, Northwind Health Plus may use or disclose your PHI without your authorization. These exceptions include:

- Disclosures required by law
- Public health activities
- Victim of abuse, neglect, or domestic violence
- Health oversight activities
- Organ and tissue donation
- Research

- Marketing
- Inmates
- Judicial and administrative proceedings
- Law enforcement

### Your Rights Regarding Your PHI

You have the following rights regarding your PHI:

- Right to inspect and copy. You have the right to inspect and copy your PHI.
- Right to amend. You have the right to amend your PHI.
- Right to request restrictions. You have the right to request restrictions or limitations on Northwind Health Plus' use or disclosure of your PHI.
- Right to receive an accounting. You have the right to receive an accounting of Northwind Health Plus' disclosures of your PHI.
- Right to receive confidential communications. You have the right to receive communications of your PHI from Northwind Health Plus by alternative means or at alternative locations.
- Right to file a complaint. You have the right to file a complaint with Northwind Health Plus or the Secretary of the Department of Health and Human Services if you feel that Northwind Health Plus has violated your privacy rights.

### Tips for Employees

- Make sure to keep your records up-to-date and accurate.
- Be aware of the exceptions to the Notice of Information Use and Disclosure.
- Understand your rights regarding your PHI.
- Be aware of the possible uses and disclosures of your PHI.
- Be sure to read the Notice of Information Use and Disclosure before signing any authorizations for the use or disclosure of your PHI.
- Ask questions if you do not understand anything in the Notice of Information Use and Disclosure.
- Know that you have the right to file a complaint if you feel your privacy rights have been violated.

### Conclusion

Northwind Health Plus is committed to protecting the privacy of your PHI. We will use and disclose your PHI only as allowed by law and in accordance with the terms of the Notice of Information Use and Disclosure. We urge you to read and understand the Notice of Information Use and Disclosure before signing any authorizations for the use or disclosure of your PHI. If you have any questions or concerns, please do not hesitate to contact Northwind Health Plus.

#### Notice Of Other Coverage

##### OTHER INFORMATION ABOUT THIS PLAN:

##### Notice Of Other Coverage

If you have coverage under another health insurance plan, you should determine which plan is primary and which is secondary. The plan that pays first is called the primary payer, and the plan that pays second is called the secondary payer. Generally, the primary payer pays up to the limits of its coverage and the secondary payer then pays any remaining balance.

However, there are certain exceptions that should be noted:

- If you are covered by Medicare, it will generally be the primary payer and Northwind Health Plus will be the secondary payer.
- If you are covered by Medicaid, Northwind Health Plus will generally be the primary payer, and Medicaid will be the secondary payer.
- If you are covered by a Health Maintenance Organization (HMO), Northwind Health Plus will generally be the secondary payer.
- If you are covered by a Preferred Provider Organization (PPO), Northwind Health Plus will generally be the primary payer.

It is important to note that if the other coverage is not properly disclosed, Northwind Health Plus may deny payment of a claim, or may require you to pay back any payments made on your behalf. In order to avoid this, you should always provide accurate and up-to-date information regarding any other coverage you may have.

##### Tips for Employees

- Be sure to inform Northwind Health Plus of any other coverage you may have.
- If you have any questions about which plan is primary and which is secondary, contact Northwind Health Plus or the other insurance plan to get clarification.
- Make sure to keep track of all the services you receive and the payments you make.
- Understand your coverage limits, and know what services are covered and what services are not covered.



- If you receive services from an out-of-network provider, you may be responsible for paying the full cost of those services.
- If you have any disputes with Northwind Health Plus, you should contact them immediately to resolve the issue.

By familiarizing yourself with the details of the Northwind Health Plus plan and understanding the Notice of Other Coverage, you can make informed decisions about your coverage and ensure that you are making the most of your benefits.

## Notices

### OTHER INFORMATION ABOUT THIS PLAN: Notices

Northwind Health Plus requires members to provide certain notices and acknowledgments in order to receive services. It is important that members are aware of these, as they can affect the coverage they receive.

#### Pre-Service Notices:

Northwind Health Plus requires members to provide a pre-service notice before receiving any services. This notice should include the name, address, and phone number of the provider, the type of service to be provided, and the estimated cost of the service. This notice should be provided to the insurance company at least 30 days before the date of service, or as soon as reasonably possible if the service is an emergency.

#### Post-Service Notices:

Northwind Health Plus also requires members to provide a post-service notice after receiving any services. This notice should include a description of the services provided, the date of service, the cost of the service, and any applicable discounts or adjustments. This notice should be provided to the insurance company within 180 days of the date of service.

#### Exceptions and Tips:

There are a few exceptions to the pre-service and post-service notices requirements. For services related to mental health, substance abuse, and preventive care, members are not required to provide a pre-service notice. Additionally, members who receive services from an out-of-network provider are not required to provide a post-service notice.

It is important for members to be aware of these notice requirements and to submit the required notices in a timely manner. If a member does not provide the required notice, the insurance company may deny or reduce the claim. In order to ensure that claims are processed correctly and quickly, members should always provide the required notices in a timely manner. Additionally, members should keep copies of all notices for their own records.

## Right Of Recovery

### OTHER INFORMATION ABOUT THIS PLAN: Right of Recovery

The Right of Recovery provision in Northwind's Health Plus plan allows you to file a claim with the insurance company if you have already paid a bill for a medical service that is covered under the plan. This is important because it can help you recover any expenses that you have already paid out-of-pocket, including co-pays, co-insurance, and deductibles.

Under this provision, you must first file a claim with the insurance company, and then the insurance company can attempt to recover the money that you have already paid from the provider who charged you. In some cases, if you have already paid the provider, they may be willing to reimburse you directly.

However, there are some restrictions and exceptions to this provision that you should be aware of. First, the Right of Recovery provision only applies to services that are covered under the plan. It does not apply to services that are not covered or services that are subject to limitations or exclusions. Second, the Right of Recovery provision only applies to claims that are filed within six months of the date of service.

Also, keep in mind that the Right of Recovery provision does not guarantee that the insurance company will be able to recover the money that you have already paid. The insurance company may be unable to recover the money that you have paid, or they may not be able to recover the entire amount. In these cases, the insurance company may offer to reimburse you for some portion of the money that you have already paid.

Finally, if you have already paid a provider for a service that is covered under the plan, it is important to keep any receipts or other documentation. This documentation will be necessary if you decide to file a Right of Recovery claim with the insurance company.

To sum up, the Right of Recovery provision in Northwind's Health Plus plan is a great way to help you recover any money that you have already paid for medical services that are covered under the plan. However, there are some restrictions and exceptions to this provision, so be sure to review the plan documents carefully before filing a claim. Additionally, if you have already paid a provider for a service that is covered under the plan, be sure to keep any receipts or other documentation, as this may be necessary if you decide to file a claim.

## Right To And Payment Of Benefits

### OTHER INFORMATION ABOUT THIS PLAN: Right To And Payment Of Benefits

Under the Northwind Health Plus plan, members are entitled to receive the benefits listed in the plan documents. These benefits can be received from any in-network provider, as long as all eligibility requirements are met. The plan pays for covered health care services and supplies, including preventive care services, at the rates specified in the plan documents.

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

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.

## Venue

### OTHER INFORMATION ABOUT THIS PLAN

#### Venue

Under the terms of Northwind Health Plus, if you or Northwind Health disagree about the terms of your coverage or benefits, either of you may choose to start a formal legal process. If this happens, it is important to understand the venue of a legal action. This section will describe the venue of such a legal action.

In general, the venue of any legal action brought against Northwind Health will be the state where the policyholder resides. This means that if a policyholder lives in San Francisco, California, then the legal action will be brought in state of California. In cases where the policyholder does not live in the state where the policy is issued, the venue will be determined by the law of the policyholder's home state.

However, there are some exceptions to this rule. For example, if the policyholder resides in a state that does not have a law that provides for venue selection, then the venue will be determined by the law of the state where the policy was issued. Additionally, if the policyholder and Northwind Health have agreed to another venue in writing, then that venue will be the one used.

It is important to note that when it comes to legal actions, the venue selected may have an impact on the outcome of the case. Therefore, it is important to understand the venue rules before bringing a legal action against Northwind Health.

#### Tips

When it comes to selecting a venue for a legal action against Northwind Health, there are a few tips that may be helpful. First and foremost, it is important to understand the laws of the state in which the policyholder resides. This will help to determine which state's laws the venue should be selected by.

It is also important to remember that Northwind Health and the policyholder can agree to a different venue in writing. If both parties agree to a different venue, then that venue will be the one used.

Lastly, it is important to note that the venue of a legal action may have an impact on the outcome of the case. Therefore, it is important to understand the venue rules and make sure that the venue is selected carefully.

## Women's Health and Cancer Rights Act of 1998

### OTHER INFORMATION ABOUT THIS PLAN

## Women's Health and Cancer Rights Act of 1998

The Women's Health and Cancer Rights Act of 1998 (WHCRA) is a federal law that requires certain group health plans and health insurance issuers that provide coverage for mastectomy-related services to provide coverage for certain post-mastectomy procedures. This includes prostheses and reconstructive surgery, as well as other services that are medically necessary for the completion of the mastectomy.

Under the WHCRA, Northwind Health Plus plans must provide coverage for the following services:

- All stages of reconstruction of the breast on which the mastectomy was performed, including reconstruction of the other breast to produce a symmetrical appearance, and surgery and reconstruction of the other breast to produce a symmetrical appearance.
- Surgery and reconstruction of the breast and chest wall, including surgery and reconstruction of the chest wall to correct conditions caused by the mastectomy.
- Prostheses and physical complications of the mastectomy, including lymphedemas.
- Treatment of physical complications of the mastectomy, including lymphedemas.

In addition, plans must provide coverage for all stages of mastectomy, including:

- Surgery on the affected breast, including partial and total mastectomy, lymph node removal, and lymph node dissection.
- Surgery on the other breast to produce a symmetrical appearance.
- Reconstructive surgery, including breast reconstruction, breast implants, and flap surgery.
- Treatment of physical complications at all stages of the mastectomy, including lymphadenectomy and lymph node dissection.

The WHCRA also requires that Northwind Health Plus plans cover necessary services that are provided in connection with a mastectomy, including:

- Hospitalization
- Second surgical opinions
- Surgical dressings
- Patient education

## Exceptions

There are some exceptions to the WHCRA requirements. Plans are not required to cover services that are:

- Experimental or investigational
- Not medically necessary
- Cosmetic
- Not related to the mastectomy
- Provided by a family member
- Not covered by the plan or health insurance issuer

### Tips for Employees

The WHCRA is an important law that provides protections for women who have undergone a mastectomy. Here are a few tips for employees to remember when it comes to the WHCRA:

- Make sure to understand the coverage provided by your Northwind Health Plus plan for mastectomy-related services.
- Understand that plans are not required to cover services that are experimental or investigational, not medically necessary, or cosmetic.
- Remember that you may be able to receive a second opinion from another doctor if you are considering a mastectomy.
- Don't be afraid to ask your doctor or health care provider questions about the services that are covered under the WHCRA.
- Be sure to keep all receipts and paperwork related to your mastectomy and post-mastectomy procedures. This can help to ensure that you are being properly reimbursed for your care.
- If you have any questions or concerns about your coverage, contact your Northwind Health Plus plan administrator.

### Workers' Compensation Insurance

#### OTHER INFORMATION ABOUT THIS PLAN:

#### Workers' Compensation Insurance

Employees of Contoso are protected by Northwind Health Plus's Workers' Compensation Insurance. This insurance provides compensation for medical and wage loss expenses should an employee be injured or become ill as a result of their job duties.

When an employee is injured or becomes ill due to job-related activities, they are entitled to receive medical and wage loss benefits. The medical benefits may include medical and hospital care, prescription drugs, medical appliances, and other related services. Wage loss

benefits include compensation for the time that the employee is unable to work due to the injury or illness.

It is important to note that Workers' Compensation Insurance does not cover personal injuries that are not related to an employee's job duties, such as an injury resulting from a car accident. Also, if an employee is injured while engaging in illegal activities, they are not eligible for Workers' Compensation Insurance coverage.

Employees should report any injuries or illnesses to their supervisor as soon as possible in order to ensure that their claim is handled in a timely manner. Employees should also be aware that their employer must have the appropriate paperwork on file in order for them to be eligible for Workers' Compensation Insurance coverage.

In some cases, an employee may be able to receive additional benefits beyond what is provided by Workers' Compensation Insurance. These benefits may include disability benefits, unemployment benefits, or Social Security benefits. It is important for employees to research these options in order to determine if they are eligible for any additional benefits.

When an employee is injured or becomes ill, they should contact the Workers' Compensation Insurance provider immediately. The provider will provide the employee with information on the process and how to file a claim. The provider may also provide additional resources to help the employee understand their rights and responsibilities.

It is important for employees to remember that Workers' Compensation Insurance is a benefit that is provided by the employer. It is the employer's responsibility to ensure that employees are aware of the Workers' Compensation Insurance coverage and to make sure that employees are taking advantage of the coverage.

Finally, it is important for employees to remember that Workers' Compensation Insurance does not cover all injuries or illnesses. If an employee has any questions or concerns about their coverage, they should contact their employer or the Workers' Compensation Insurance provider for more information.

## DEFINITIONS

### Definitions

It is important for employees to understand the definitions of certain terms when it comes to their health insurance plan. The following definitions will help employees obtain a better understanding of Northwind Health Plus.

**Copayment:** A copayment, also known as a copay, is the fixed amount that an employee pays for a covered service. This amount is usually a flat fee and is due at the time of service.

**Deductible:** A deductible is the amount of money that an employee must pay out-of-pocket before the plan begins paying for covered services. Northwind Health Plus has a deductible of \$2,000 per year.

**Coinsurance:** Coinsurance is the percentage of the cost of a covered service that an employee must pay after the deductible is met. Northwind Health Plus has a coinsurance of 20%.

**Out-of-Pocket Maximum:** The out-of-pocket maximum is the maximum amount of money that an employee has to pay for covered services in a plan year. This amount includes the deductible, coinsurance, and copayments. Northwind Health Plus has an out-of-pocket maximum of \$4,000 per year.

**In-Network Provider:** An in-network provider is a health care provider or facility that is contracted with the insurance company. Employees who use an in-network provider will have lower copayments and coinsurance amounts than those who use an out-of-network provider.

**Out-of-Network Provider:** An out-of-network provider is a health care provider or facility that is not contracted with the insurance company. Employees who use an out-of-network provider will have higher copayments and coinsurance amounts than those who use an in-network provider.

### Exceptions

Northwind Health Plus does have some exceptions to the rules regarding copayments, deductibles, coinsurance, and out-of-pocket maximums.

**Preventive Care:** Preventive care services such as annual physicals and vaccinations are covered at 100% with no copayment, deductible, or coinsurance.

**Prescription Drugs:** Prescription drugs are generally subject to a copayment, and the amount varies depending on the type of drug. Generic drugs typically have a lower copayment than brand-name drugs.

**Mental Health and Substance Abuse Services:** These services are subject to a copayment and deductible. The copayment and deductible amounts can vary depending on the type of service.

**Emergency Services:** Emergency services are subject to a copayment and deductible, but the amount can vary depending on whether the services are received in-network or out-of-network.

### Tips

- Always check to see if a provider is in-network or out-of-network before receiving services.



- Ask your doctor about generic drugs if you are prescribed a medication.
- Contact Northwind Health if you have any questions about your coverage or benefits.
- Keep track of your out-of-pocket expenses to ensure you do not exceed the out-of-pocket maximum.
- Be aware of any copayments, deductibles, and coinsurance amounts that apply to your health care services.
- Take advantage of preventive care services as they are covered at 100% with no out-of-pocket costs.

# Contoso Electronics

## Plan and Benefit Packages



Contoso  
Electronics

This document contains information generated using a language model (Azure OpenAI). The information contained in this document is only for demonstration purposes and does not reflect the opinions or beliefs of Microsoft. Microsoft makes no representations or warranties of any kind, express or implied, about the completeness, accuracy, reliability, suitability or availability with respect to the information contained in this document.

All rights reserved to Microsoft

Welcome to Contoso Electronics! We are excited to offer our employees two comprehensive health insurance plans through Northwind Health.

## Northwind Health Plus

Northwind Health Plus is a comprehensive plan that provides comprehensive coverage for medical, vision, and dental services. This plan also offers prescription drug coverage, mental health and substance abuse coverage, and coverage for preventive care services. With Northwind Health Plus, you can choose from a variety of in-network providers, including primary care physicians, specialists, hospitals, and pharmacies. This plan also offers coverage for emergency services, both in-network and out-of-network.

## Northwind Standard

Northwind Standard is a basic plan that provides coverage for medical, vision, and dental services. This plan also offers coverage for preventive care services, as well as prescription drug coverage. With Northwind Standard, you can choose from a variety of in-network providers, including primary care physicians, specialists, hospitals, and pharmacies. This plan does not offer coverage for emergency services, mental health and substance abuse coverage, or out-of-network services.

## Comparison of Plans

Both plans offer coverage for routine physicals, well-child visits, immunizations, and other preventive care services. The plans also cover preventive care services such as mammograms, colonoscopies, and other cancer screenings.

Northwind Health Plus offers more comprehensive coverage than Northwind Standard. This plan offers coverage for emergency services, both in-network and out-of-network, as well as mental health and substance abuse coverage. Northwind Standard does not offer coverage for emergency services, mental health and substance abuse coverage, or out-of-network services.

Both plans offer coverage for prescription drugs. Northwind Health Plus offers a wider range of prescription drug coverage than Northwind Standard. Northwind Health Plus covers generic, brand-name, and specialty drugs, while Northwind Standard only covers generic and brand-name drugs.

Both plans offer coverage for vision and dental services. Northwind Health Plus offers coverage for vision exams, glasses, and contact lenses, as well as dental exams, cleanings, and fillings. Northwind Standard only offers coverage for vision exams and glasses.

Both plans offer coverage for medical services. Northwind Health Plus offers coverage for hospital stays, doctor visits, lab tests, and X-rays. Northwind Standard only offers coverage for doctor visits and lab tests.

Northwind Health Plus is a comprehensive plan that offers more coverage than Northwind Standard. Northwind Health Plus offers coverage for emergency services, mental health and substance abuse coverage, and out-of-network services, while Northwind Standard does not. Northwind Health Plus also

offers a wider range of prescription drug coverage than Northwind Standard. Both plans offer coverage for vision and dental services, as well as medical services.

## Cost Comparison

Contoso Electronics deducts the employee's portion of the healthcare cost from each paycheck. This means that the cost of the health insurance will be spread out over the course of the year, rather than being paid in one lump sum. The employee's portion of the cost will be calculated based on the selected health plan and the number of people covered by the insurance. The table below shows a cost comparison between the different health plans offered by Contoso Electronics:

	Employee's cost per paycheck	
	Northwind Standard	Northwind Health Plus
Employee Only	\$45.00	\$55.00
Employee +1	\$65.00	\$71.00
Employee +2 or more	\$78.00	\$89.00

## Next Steps

We hope that this information has been helpful in understanding the differences between Northwind Health Plus and Northwind Standard. We are confident that you will find the right plan for you and your family. Thank you for choosing Contoso Electronics!