Northcrest Health Plan

Member Services · P.O. Box 55210, Riverbend, ST 58023
Member services 1-800-555-0210 (TTY 711), Mon–Fri 7:00a–7:00p Central
northcresthealthplan.example · Plan year 2028

MEMBER GUIDE

Document
New member onboarding guide
Plan
Northcrest Select HMO 2000
Version
6.0 · Effective 01/01/2028
Owner
Member Experience · reviewed by Compliance 11/2027

Your First 30 Days as a Northcrest Member

Eight things to finish before February 1, who does each one, and what happens if you do not

THE EVIDENCE OF COVERAGE IS THE DOCUMENT THAT CONTROLS

This guide is a summary written to be readable. Where it differs from the Evidence of Coverage (form NCH-EOC-2028) in the member portal, the Evidence of Coverage governs. Nothing here creates a benefit and nothing here guarantees payment for any service.

MEMBER	MEMBER ID	GROUP	PLAN
Marisol T. Okafor	NCH-884215017	40219 **— Cedar Point Unified School District**	**Northcrest Select HMO 2000**
COVERAGE EFFECTIVE	**COVERED ON THIS ID**	**MEMBER SERVICES**	**CONTROLLING DOCUMENT**
January 1, 2028	**Member plus 2 dependents — see the portal for each person's suffix**	**1-800-555-0210 (TTY 711), Mon–Fri 7:00a–7:00p Central**	NCH-EOC-2028 **in the member portal**

THE 30-DAY CHECKLIST

DAYS	TASK	WHO DOES IT	HOW	YOU ARE DONE WHEN	IF YOU SKIP IT
1–3	Check your ID cards	You	Cards were mailed 12/18/2027. Confirm the spelling, the member ID, the group number, and that the PCP printed on the card is the one you want.	Every card in the envelope is correct and in the wallet of the person it belongs to	A pharmacy or office may not be able to verify you, and you may be asked to pay in full and seek reimbursement.
1–5	Register in the member portal	You	northcresthealthplan.example → Register → member ID, date of birth, and ZIP code	You can open the Evidence of Coverage and see your deductible balance	You will not see claims, authorizations, or the current drug list, and paper mail is slower.
1–7	Confirm or choose your primary care provider	You	Portal → Coverage → Change PCP, or call 1-800-555-0210	The PCP on the portal and on the card is the clinician you intend to use	This plan requires a PCP. One is auto-assigned by ZIP code if you do not choose, and a referral from a PCP you have never met takes longer.
3–10	Check that every clinician and facility you use is in network	You	Portal → Find care → search by name. Confirm the specific location, not just the name.	Each clinician, group, and facility shows “In network — Select HMO” for 2028	Out-of-network care is not covered on this plan except for emergency and urgent care, and for services the plan authorized in advance.
5–14	Move your prescriptions	You and your pharmacy	Give the pharmacy the new card. Check each medicine on the 2028 drug list (NCH-FORM-2028) for its tier and any requirement.	Each medicine fills at the expected tier cost with no rejection at the counter	A medicine that needs prior authorization or step therapy will reject at the pharmacy, usually on the day you run out.
7–21	Schedule the visits you already know about	You	Call your PCP's office directly. Preventive visits do not need a referral.	Appointments are booked and any referral your PCP needs to make has been requested	Specialist availability in January and February is the tightest of the year.
14–30	Read the three sections of the Evidence of Coverage that people actually need	You	Portal → Documents → NCH-EOC-2028 → sections 4 (what is covered), 6 (prior authorization), and 9 (appeals)	You know where those three sections are without searching again	Every disagreement about a bill starts in one of those three sections.
By Jan 31	Set up premium payment	You	Payroll deduction is automatic for this group. Confirm the amount on your first January pay statement.	The deduction on your pay statement matches the amount below	A payroll error in January is easiest to correct in January.

WHAT YOU PAY IN NETWORK, 2028 PLAN YEAR

ITEM	INDIVIDUAL	FAMILY
Annual deductible	$2,000	$4,000
Out-of-pocket maximum	$7,000	$14,000
Coinsurance after the deductible	20%	20%
Primary care visit	$30 copay, deductible does not apply	same
Specialist visit	$60 copay, deductible does not apply	same
Preventive care in network	$0	$0
Urgent care	$75 copay	same
Emergency room	$400 copay after deductible, waived if admitted	same
Outpatient surgery	20% after deductible	same
Inpatient hospital	20% after deductible, prior authorization required	same
Monthly premium share, this group	$214.80	$486.30

Deductible and out-of-pocket accumulators reset to zero on January 1, 2028. Amounts above are taken from the 2028 Summary of Benefits and Coverage for this plan; the Evidence of Coverage controls.

PRESCRIPTION COST SHARING, IN-NETWORK RETAIL, 30-DAY SUPPLY

TIER	WHAT IT HOLDS	YOU PAY	90-DAY MAIL
1	Preferred generic	$10	$25
2	Generic	$30	$75
3	Preferred brand	$75	$187.50
4	Non-preferred brand	35%, maximum $250	35%, maximum $625
5	Specialty	25%, maximum $350	Not available by mail

Before you fill: Tier placement, quantity limits, prior authorization, and step therapy are set by the drug list `NCH-FORM-2028`, which can change during the year with notice. Check a medicine on the day you need it, not from a printed copy.

WHERE TO TAKE EACH QUESTION

YOUR QUESTION	CHANNEL	NUMBER OR ROUTE	HOURS	TYPICAL RESPONSE
Benefits, cost sharing, ID cards, PCP change	Member services	1-800-555-0210 (TTY 711)	Mon–Fri 7:00a–7:00p Central	Answered on the call
Is this clinician in network for 2028?	Portal or member services	Find care, or 1-800-555-0210	Portal 24/7	Immediate
Prior authorization status	Prior authorization line	1-800-555-0214	Mon–Fri 8:00a–6:00p Central	Status given on the call
A pharmacy rejected my prescription	Pharmacy help desk	1-800-555-0216	24 hours, every day	Reason code explained on the call
A claim was processed and I disagree	Appeals and grievances	Fax 1-855-555-0219 · P.O. Box 55219, Riverbend, ST 58023	Mail and fax monitored daily	Acknowledged in writing within 5 business days
I want help coordinating complex care	Northcrest Care Partners	1-800-555-0222	Mon–Fri 8:00a–6:00p Central	Callback within 2 business days
I need an interpreter or an alternate format	Member services	1-800-555-0210 (TTY 711)	Mon–Fri 7:00a–7:00p Central	Arranged at no cost to you
Emergency	**Call 911 or go to the nearest emergency room**	Do not call the plan first	Always	Emergency care does not require prior authorization

Notify the plan within 2 business days of an emergency admission, or as soon as reasonably possible, using 1-800-555-0214. Notification is not a coverage decision.

CHANGING YOUR PRIMARY CARE PROVIDER

1. Confirm the clinician is accepting new Northcrest Select HMO patients — the directory shows this per location.
2. Request the change in the portal, or call 1-800-555-0210.
3. A change requested on or before the 20th of a month takes effect the first day of the following month.
4. A change requested after the 20th takes effect the first day of the month after that.
5. A new ID card is mailed within 10 business days of the effective date.
6. Referrals issued by your previous PCP remain valid until they expire.

THINGS THIS GUIDE DOES NOT DO

- It does not tell you whether a specific service will be covered for you. That depends on eligibility on the date of service, the benefit in the Evidence of Coverage, network status, and any applicable authorization requirement.
- It does not guarantee payment. Neither does a referral, a prior authorization, a benefit quote on a phone call, or a cost estimate.
- It does not give medical advice, and no one at the plan can tell you whether to have a test, a procedure, or a medicine. That conversation belongs to you and your clinician.
- It does not override your employer's eligibility rules or your enrollment elections.
- It is not a substitute for reading the Evidence of Coverage before a planned service.

Controlling document: The Evidence of Coverage for this plan, form `NCH-EOC-2028`, is the controlling document. Where anything in this guide differs from the Evidence of Coverage, the Evidence of Coverage governs. Nothing here creates a benefit, and an approval, referral, or estimate is never a guarantee of payment.