


BALANCE by CCHP DED. HMO + NSH (MERP) PLAN		
WHAT YOU PAY	Base Plan	You Pay^ Using your Nonstop Health (NSH) Visa Card
Nonstop Health (NSH) Medical Expense Reimbursement Plan (Individual/Family)		\$6,550/\$13,100 NSH Visa Card (paid for by Heluna Health)
Calendar Year Deductible (Single)	\$7,050	\$0 with NSH Visa Card
Calendar Year Deductible (Family)	\$14,100	\$0 with NSH Visa Card
Calendar Year OOP Maximum (Single)	\$7,050	\$500
Calendar Year OOP Maximum (Family)	\$14,100	\$1,000
Preventive Services	0%¹	No Charge
Office Visits (Primary/Specialist/Telehealth)	0%¹	\$0 Co-pay with NSH Visa Card (Thereafter up to \$500 OOP Max)
Lab & X-ray	0%¹	\$0 Co-pay with NSH Visa Card (Thereafter up to \$500 OOP Max)
Complex Radiology (includes CT, PET and MRI)	0%¹	\$0 Co-pay with NSH Visa Card (Thereafter up to \$500 OOP Max)
Inpatient Hospital Services (includes maternity)	0%¹	\$0 Co-pay with NSH Visa Card (Thereafter up to \$500 OOP Max)
Outpatient Surgery	0%¹	\$0 Co-pay with NSH Visa Card (Thereafter up to \$500 OOP Max)
Urgent Care	0%¹	\$0 Co-pay with NSH Visa Card (Thereafter up to \$500 OOP Max)
Emergency Room	0%¹	\$0 Co-pay with NSH Visa Card (Thereafter up to \$500 OOP Max)
Ambulance (Emergency only)	0%¹	\$0 Co-pay with NSH Visa Card (Thereafter up to \$500 OOP Max)
PRESCRIPTION DRUGS		
Prescription Deductible	Medical Deductible Applies	
Retail Rx (up to 30 day supply)		\$0 Co-pay with NSH Visa Card (Thereafter up to \$500 OOP Max)
Tier 1	0%¹	
Tier 2		
Tier 3		

EMPLOYEE SEMI-MONTHLY CONTRIBUTIONS

Employee	\$0.00
Employee + Spouse	\$323.34
Employee + Child(ren)	\$61.86
Employee + Family	\$421.55

The first \$6,550 of in-network medical expenses for Employee Only (\$13,100 for Family) is paid using your Nonstop Health (NSH) Visa Card. The member responsibility after this limit is shown in the You Pay column.

^These amounts apply after all your Nonstop Health (NSH) funds have been used.  
¹Calendar deductible must be satisfied first before any benefits are paid (unless specified otherwise).

 Sign up as a member online to print ID cards, locate providers, and view benefits, claims and member resources.

[www.balancebycchp.com](http://www.balancebycchp.com)

# BALANCE by CCHP MEDICAL PROVIDER SEARCH

## CCHP Plan Members

- 1 Visit: [www.balancebycchp.com](http://www.balancebycchp.com)
- 2 Click on “Find a Doctor at the top right of the page.
- 3 Select your “Primary Care Type” and enter your zip code.
- 4 Under plan type select “Employer Plans”
- 5 Click on “Search Provider” and a list of localized Doctors will be made available for you to choose from.

**Remember:** if you choose the HMO plan, make sure to check that any provider or facility you visit is both in-network with Balance by CCHP and part of your Medical Group. Medical Group information will be displayed on the website. Provider contracts are always changing with the carriers. Please call your provider to ensure that they are still in- network before going to see them. Contact Balance by CCHP before the 15th of the month to change your assigned Primary Care Doctor or Medical Group.

## Balance by CCHP Plan Networks

Looking for your Medication?

Visit **Balance by CCHP:**  
[2025 CCHP May Commercial Exchange Formulary 25.05.01.pdf](#)

### Getting Precertification

When receiving care through the HMO plan, you should always make sure the services requested by your provider are medically necessary and cost effective.

Some services—such as outpatient surgeries, scheduled hospitalizations, and complex lab and radiology procedures—require precertification.

**This is an important step.**

Failure to obtain precertification will result in a reduction of benefits.

## Balance by CCHP Service Area:

