

About Bind

What is Bind?

Bind is a health plan offering choice, flexibility and clarity. Decision-making is straightforward. Consumers compare and see treatment options and costs in advance of treatment and provider selection. Consumers can make informed decisions.

Freedom from barriers. We removed deductibles and coinsurance. Members have access to one of the broadest networks of doctors, clinics and hospitals locally and nationally.

Opportunities to save. With Bind, you see transparent prices for treatments, doctors and prescription drugs so that you can decide how much to spend based on provider quality ratings.

How does the Bind plan work?

The Bind plan is simple. \$0 deductible. No coinsurance. Without a deductible, the plan starts contributing whenever people use it. Without coinsurance, there's no confusing cost-sharing math percentages to figure out.

With Bind, people are automatically covered across numerous common conditions and events, from preventive to emergency; colds to cancer treatment.

Does the Bind experience differ from other health plans?

Yes. The Bind plan makes people the center of our design, not doctors, clinics and prescription drugs. With Bind, people shape their cost and coverage around their own health needs, making the health care marketplace *their* marketplace. You know costs before you seek care, not weeks later. You can see savings opportunities by comparing options. Providers with lower direct costs, lower risks of complications and higher rates of effectiveness are listed as more cost-effective options.

The Bind plan almost sounds too good to be true. Is there a catch?

We don't think so. Bind was developed out of our own health care experiences and the desire to make the system work better for the people it's meant to serve—all of us. That means providing people with answers and options before they see doctors or seek care. You'll likely get more out of Bind by using our MyBind app/website or checking with our Help Team before you get treatment. (During annual enrollment use ChooseBind.com to experience the plan.) If there absolutely must be a catch, maybe it's that. But we think that's a good catch.

Coverage

Is it true I don't have a deductible? Or coinsurance? Ever?

Yes, it's true. Health insurance was intended to be a benefit— we redesigned it so it is. With a \$0 deductible and no coinsurance, your benefit starts working for you when you need it. With

Bind, you get clear, on-the-go cost and coverage answers through the MyBind app, logging in to MyBind.com or calling the Bind Help Team. During annual enrollment, use ChooseBind.com to experience the plan. Find out what things may cost and explore your options before you step foot in the doctor's office.

Is Bind compatible with—and can I submit expenses to—my Health Reimbursement Arrangement (HRA), Flexible Spending Account (FSA) or Health Savings Account (HSA)?

Yes, you can submit expenses to your HRA and FSA for reimbursement. You can continue using funds in an existing HSA if you accumulated earnings while on another plan. Because Bind does not have a high deductible (or any deductible)—a requirement of contributing to an HSA—Bind members are not eligible to contribute to an HSA.

How does your no-deductible plan have a cheaper monthly price than a plan with a Health Savings Account (HSA)?

We provide opportunities to save year-round through showing upfront prices for treatments and services in advance—rather than after the fact. Providers with lower direct costs, lower risks of complications and higher rates of effectiveness are listed as more cost-effective options. When members can compare options, they are more likely to shop differently than if they weren't provided price visibility.

I can't find my condition, treatment or provider using the MyBind app or on the MyBind.com website. Does that mean it isn't covered?

Not necessarily. Contact the Bind Help Team for more support by calling the number on the back of your Bind member ID card.

Does Bind cover pre-existing conditions?

Yes. Bind offers you coverage regardless of pre-existing medical conditions. Whatever your health care needs, use our search tool on the MyBind app or on MyBind.com to compare map-view prices of treatments and facilities in your general area. During annual enrollment use ChooseBind.com to experience the plan.

If I was previously on a different health insurance plan and switched to Bind, do I need new prior authorization for medical care?

Probably, yes. Unfortunately, we are not able to transfer your existing prior authorization. Once you receive your Bind member ID card, call the number on the back of your member ID card to discuss prior authorizations.

Is my provider in-network?

You can verify whether your provider is in-network through the MyBind app or by logging onto MyBind.com. You can also reach the Bind Help Team by calling the number on the back of your Bind member ID card.

What does Bind cover?

The Bind plan covers basic health care needs—expected and unexpected, including:

- Preventive care
- Primary and specialty care
- Hospital care
- Urgent and emergency care
- Unexpected care
- Chronic care
- Pharmacy
- Maternity care

For complete details on the services included in your coverage, refer to your plan materials on the MyBind app or on MyBind.com. During annual enrollment use ChooseBind.com to review this information the plan.

Can I keep my same primary care doctor? Am I required to have a primary care provider?

With Bind, it's highly likely that you'll be able to keep your doctor, although you're not required to designate a primary doctor. We have access to a broad network. Use our search tool on MyBind.com or in the MyBind app to find in-network doctors who meet your needs. During annual enrollment use ChooseBind.com to experience the plan. If you see a provider who is *not* in-network, you may have higher out-of-pocket costs. Out-of-network prices tend to be higher than staying in-network.

Do I need a referral to see a specialist?

No specialist referrals are needed.

What happens if my provider is out-of-network?

The Bind plan includes in-network preventive care; primary and specialty care; urgent, emergency and hospital care; chronic care for long-term and recurring illnesses; and pharmacy. Treatment from out-of-network providers may cost members significantly more due to often higher out-of-network prices, compared to staying in-network—and some Bind plans don't include *any* out-of-network coverage for services. Use our search tool on MyBind.com or in the MyBind app for cost comparisons.

Can I access Bind from my cell phone? Is there an app?

Absolutely! We designed the digital Bind experience to fit your lifestyle. Download the MyBind app (or if you'd rather use your laptop or phone, check out the website or call the Bind Help Team) to see what coverage options are available for your specific needs before you select your provider. You can also find support information for chronic conditions, see resources for your condition and compare side-by-side options. During annual enrollment use ChooseBind.com to experience the plan; while it is not an app it is optimized for mobile viewing.

Are my dependents covered if they live in different state than I live?

Yes. Bind partners with national and regional provider networks to give you broad access to doctors, clinics, and hospitals—including those in different states. Simply change your location

within our search tool to find network providers across the country, wherever your family may be.

What's a virtual visit?

Virtual visits are convenient, easy-to-use online or phone visits with treating providers. Virtual visits are performed as a standalone service, not to be confused with a follow-up or related service your treating provider may complete with you online or by phone in tandem with an office visit.

How does the Bind health plan work for members who are already sick?

At Bind, we believe individuals with multiple care needs should have the same or greater financial protection as they do under a traditional health plan. With Bind, members have the added benefit of cost clarity. Straightforward prices are presented for critical treatments and procedures, including high-risk birth, cancer treatment and chronic care.

What provider networks do you use?

Bind is powered by UnitedHealthcare's proprietary networks. On top of that, some members have access to additional in-network providers.

How does this work with other health insurance?

If you have other existing insurance, call us to discuss how Bind works with that coverage. Each insurance plan has its own design, and we can help you understand how the two plans might work together.

Costs

How do I pay for Bind?

You pay for your health insurance coverage through a paycheck deduction that comes out of each paycheck each pay period (referred to as a premium in some plans). You also pay prices for services at the time of use (referred to as a copayment in some plans). You'll know these costs in advance, so you can choose what is best for you. Members often choose the most cost-effective options when they have the ability to see and compare prices upfront.

How much do I pay for the care I receive?

Providers charge different amounts. With Bind, you can pay less for doctors with lower direct costs, lower complications and proven effectiveness. Use our search tool to find your costs.

Does the Bind plan have an out-of-pocket maximum? What does it include?

Yes, the Bind plan has an out-of-pocket maximum that provides you with a safety net. All prices (sometimes referred to as copays in other plans) for in-network covered services, including routine care, inpatient, outpatient, etc., count toward your out-of-pocket max. Your paycheck deductions do *not* count toward your out-of-pocket max.

Is there an out-of-pocket maximum if I choose out-of-network providers?

Yes. Prices covered for out-of-network services count toward your out-of-network out-of-pocket maximum, a separate accumulator from your in-network, out-of-pocket maximum.

What happens if I reach my out-of-pocket maximum?

Your out-of-pocket maximum is the most money you'll pay in a given year for the health care benefits your plan covers. Once you hit this number, we pick up the full cost for covered services the remainder of the year.