

Have questions? We have answers.

Who is Bind?

Bind is a company that helps your employer administer health benefits. Bind is also a health plan and experience created by a close-knit team of veteran health insurance innovators passionate about making health insurance work for the people to whom it belongs—you and us. We formed Bind by asking people—a lot of people—what they wanted, needed and were missing from health insurance. They told us—affordability, simplicity, flexibility and partnership. So, we took health insurance apart. And we built that.

What is on-demand health insurance?

Our lives are on-demand. And with the Bind plan, now your health insurance is, too. You have immediate coverage answers, clear costs and can flex elements of your coverage to your own health needs as they change.

The Bind plan also goes to work for you immediately. You don't have to chip away at a deductible (ours is \$0) before your coverage ramps up. With Bind on-demand health insurance, you get the power on your benefit every time you use it—from day one to day 365.

How does the Bind Plan work?

The Bind plan is simple. No deductible. No coinsurance. It's a copay plan, and you can find out your complete cost of care before you step foot in the doctor's office. No waiting weeks or months for the bill to arrive.

Not having a deductible means you don't have to chip away at a deductible before your plan kicks into action.

When you're dealing with chronic conditions or a life-changing health crisis, or if your family is welcoming a newborn, you tap the power of your benefit when you need it and use it. Every time.

With Bind, you're automatically covered for the care 95% of people need annually—from preventive to emergency, from colds to cancer. And you can add coverage for a small list of plannable treatments and tests fewer people need, if and when you do (as long as you purchase the Add-In coverage at least three business days before obtaining the service).

Does the Bind experience differ from other health plans?

Quite a bit—yes. We designed Bind to work like other useful services of our modern daily lives:

- Treatment costs are clear and simple
- You can compare your options easily
- We show you where and when you can save
- You pay less for cost-effective treatments
- The MyBind app or website give you clear answers in real-time

The Bind plan makes people the center of our design. Not doctors, clinics and drugs. With Bind, people shape their cost and coverage around their own health needs—and the health care marketplace becomes their marketplace.

Does Bind have an easy-to-use app?

Absolutely, we do! We designed the digital Bind

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experience to fit your life and your pocket. Download the MyBind app. Drive it around the block. And get used to having a health insurance partner on your side, and in your pocket.

Because we're all about on-demand, you get helpful information in real-time—immediate coverage answers, precise treatment costs, nearby doctors and clinics and important savings opportunities. When you can, we encourage you to check MyBind before you get care.

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

Yes, it's true. Health insurance was meant to be a benefit—we redesigned it so it is. The Bind Plan has \$0 deductible and no coinsurance. We make it easy for you to know your full cost of care in advance. And for most treatments, your cost is a single copay—and some copays are \$0.

When you need clear and immediate cost and coverage answers, just tap the MyBind app, log on to MyBind.com or call Bind Help. Find out what things cost and explore your options before you step foot in the doctor's office.

Is the Bind Plan a “skinny” plan?

Quite the opposite. The Bind plan was designed to give you **more** coverage from day one for the things you may need, from routine visits to major emergencies, from common colds to cancer. We began by getting rid of the **deductible**, which under a traditional plan usually means you pay several thousand dollars out of your pocket before your plan helps offset your out-of-pocket costs. It also means your coverage might kick in the first few months of the year, or not until the final few weeks, depending on when you pay off your deductible. That's a skinny plan.

With Bind, you don't chip away at anything before your plan powers up. It's ready to go to work day one, dollar one, claim one—and all the way to day 365.

Does Bind cover the same things as my current plan does?

Yes, probably. We might not know all the things your current plan covers, but chances are the Bind plan covers those same things, and maybe more. With the Bind plan, you're automatically covered for the care 95% of people need annually—from preventive visits to emergency care, from colds to cancer. And you can add coverage for

plannable procedures fewer people need—at least three business days before the procedure—if and when you do.

With Bind, you can personalize your coverage so it fits your health needs.

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

With the Bind plan, you choose your doctors. And you're not required to designate a primary doctor. The Bind plan has a broad national network. Use our Search tool to find the network doctors who meet your needs.

Do I need a referral to see a specialist?

No. You don't need a referral to see a specialist. You select the network doctors who best meet your needs. And the Bind network is broad, not narrow. Use our Search tool to find the network specialist doctors you need.

Can my dependents be covered if they live in different state than me?

Yes. Bind partners with national and regional provider networks to give you broad access to doctors, clinics, hospitals and pharmacies—including those in different states. Use our Search tool to find network providers in any state.

Does the Bind Plan have an out-of-pocket maximum? How do my costs apply to it?

Yes, the Bind plan has an out-of-pocket max that provides you with a safety net for your annual copay costs for care—should you or your family have an unusually high health cost year. All copays for in-network covered services, including routine care, inpatient, outpatient, Add-In treatments, etc., count toward your in-network out-of-pocket max. Similarly, copays for covered out-of-network services count toward your out-of-network, out-of-pocket max. Your premium payments and out-of-pocket costs for any non-covered services do not count toward your out-of-pocket maximums.

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I can't find my condition, treatment or provider using the Search tool. Does that mean it isn't covered?

Not necessarily! Contact the Bind Help Team for more support. We can help you confirm the options available to you. Or, help you find other options you may not know about.

What's an Add-In, or Add-In coverage?

Add-In coverage is optional coverage you can literally “add in” to your plan if you need it during the year for additional premium. Add-Ins cover a small set of plannable treatments and tests few people need annually, if at all—like knee replacements or upper GI endoscopies. It's simple—keep the coverage out of your plan, and your premium lower, without the Add-In coverage. Add it if and when you do. Please note: Add-In coverage must be purchased at least three business days prior to the covered procedure.

Can I purchase an Add-In after I've received the Add-In covered service?

No. You can't purchase Add-In coverage for a treatment or test you've already received, because insurance doesn't work in reverse. Add-In coverage must be purchased at least three business days in advance of the Add-In covered treatment or service. Call the Bind Help Team if you have questions about how Add-In coverage works.

What's a virtual visit?

Virtual visits are 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.

What's a retail clinic?

Retail clinics are clinics located within a retail setting or store such as a drug store or “big box” store. Retail clinics, also known as convenience care clinics, provide a select set of primary care services.

Does Bind cover pre-existing conditions?

Yes. Bind offers you coverage regardless of any pre-existing medical conditions you may have. Whatever your health care needs, use our Search tool and quickly see your cost and coverage options.

Can I submit my copay expenses to my HRA, FSA or HSA for reimbursement?

Yes. You can submit your copay expenses to your HRA, FSA or HSA for reimbursement. Because Bind is a copay plan without a deductible, neither you nor your employer can contribute to an HSA with the Bind plan.

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 giving everyone more opportunity to define their health and health care choices with clear costs in advance of care, easy ways to compare options and the ability to adjust coverage when needs change. You'll likely get more out of Bind by checking on things through the MyBind app before you get treatment for yourself or your family. If there absolutely has to be a catch, maybe it's that. But we think that's a good catch. Take us with you, and we'll be there for you. How's that for a positive “catch”?