

Mythbusters: Max out-of-pocket



MYTH

With network plans, enrollees are never charged more than their Maximum out-of-pocket (MOOP).



FACT

Network plan enrollees don't always know their costs up front and have restrictions on where they receive care. When going outside the network, they are not protected from balance billing.

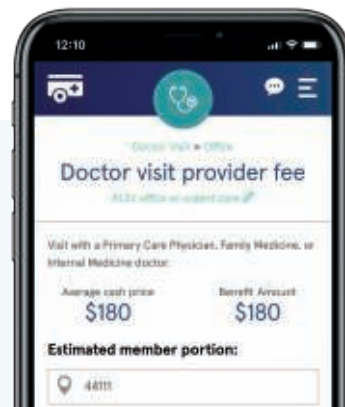
Sidecar Health is the solution

Sidecar Health provides flexibility to see any provider and the information an enrollee needs upfront to understand their benefits.



See any doctor

Goodbye networks, referrals & prior authorizations



Transparent benefits

No unexpected bills

How does Sidecar Health protect members from unexpected costs?

Once a member satisfies their deductible/MOOP, they are only responsible for any charges above the Benefit Amount.

With Sidecar Health, the deductible is the only cost sharing

Sidecar Health provides members with the transparency to shop for care and understand their financial responsibilities upfront, so they can make a choice that works for them.

Max out-of-pocket
=
Deductible

Traditional health plans

Network driven plans restrict members to a contracted network of providers and either don't pay or don't fully cover out-of-network services. Members don't always know what their cost will be.

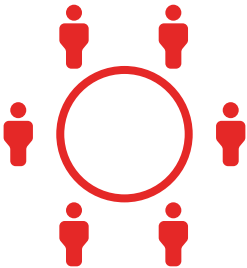
In-network

- Member doesn't always know what services will cost ahead of time
- Member owes deductible, copayments, and/or coinsurance
- Usually no opportunity for members to pocket the savings
- Even after deductible is met, members may not have transparency or control of their out-of-pocket costs



Out-of-network (OON)

- Member (knowingly or unknowingly) goes outside of provider network
- Not all network plans offer OON benefit. In that case, member receives no insurance benefit, and is responsible for 100% of billed charges, with no MOOP
- If there is an OON benefit, MOOP does not protect against costs above the plan's allowed amount. The member is subject to balance billing of the difference between provider charge and allowed amount PLUS the out of network deductible and/or cost-sharing



sidecar health.

Members have flexibility to see any provider. The Sidecar Health model makes it easy for members to know their out of pocket costs before they choose where to go.

Benefit Amount \geq provider charges

- Member knows their Benefit Amount upfront
- Member owes only the deductible (MOOP = Deductible)
- Members keep the savings once deductible is met

Benefit Amount $<$ provider charges

- Member chooses which doctor to see
- Benefit Amounts are fixed regardless of what provider charges and member knows Benefit Amount and their share of costs ahead of time.
- Benefit Amount accumulates toward MOOP. Member pays the difference between Benefit Amount and provider charge.

What about balancing billing?

Sidecar Health offers a full suite of financial protections to safeguard our members from unanticipated balance billing when they can't shop for care:



No surprises

No surprise bills when there are emergencies or complications



Provider location assistance

Always a choice at or below the Benefit Amount*

Questions? Contact your broker support team

Visit sidecarhealth.com/brokers | Call (855) 260-0518 | Email broker@sidecarhealth.com

* Sidecar Health Benefit Amounts are set so members can always find a provider who accepts that amount. If they can't, we will step in to help: either to find a provider who will, cover up to billed charges, or provide a travel benefit.