

Sidecar Health consumer protections

How Sidecar Health major medical plans are better informing consumers while offering industry leading protections.



Allow us to introduce ourselves

Sidecar Health® is modern, common-sense health insurance that's simple and easy to use. Our model offers industry-defining benefits that put our members in the driver's seat of their healthcare decisions.

We pride ourselves on giving members the tools to know how much their healthcare costs. When members are unable to shop for care, we offer a full suite of financial protections to safeguard our major medical members from unanticipated balance billing.



*Coverage and plan options may vary; coverage subject to policy terms and conditions.



See any doctor

All Sidecar Health plans allow our members to choose the doctor who makes the most sense for them, at a price that is comfortable for their wallet. No referrals. No pre-authorizations. No formularies. No contracted provider networks.



Transparent pricing and cash-pay model

Using the Sidecar Health member portal, members know the cost of their care in advance of the service, and can shop provider prices and check the Benefit Amount for over 170,000 medical codes*, all before scheduling a visit. Members can then pay their provider directly at the point-of-service using our Sidecar Health VISA benefit card. This "cash-pay" approach saves everyone time and money.



Dedicated Member Care

Our best-in-class Member Care team is available 7-days a week. Chat or call for real answers powered by real humans.

How do Sidecar Health[®] major medical plans create informed consumers who are active purchasers of healthcare, while offering protections from unplanned events, ensuring access to care, and meeting consumer protection requirements under the ACA, the No Surprises Act, and state surprise billing laws?

We answered...

1

We empower our members to be smart healthcare purchasers through...

Price transparency

We leverage federal and state transparency rules to help our members shop for care, and tell our members exactly what Sidecar Health pays for each healthcare service and supply.

Sidecar Health shows members the Benefit Amount for over 170,000 medical codes* in the healthcare system. How do we do it?

- The Benefit Amount is based on information gathered from provider engagement, Medicare rates, and other publicly available data.
- Benefit Amounts are set specific to each rating region and updated to reflect increases in provider prices over time.
- **Our member portal captures provider prices every time a member submits a claim. The price data is populated into the portal for all to see, helping members search for care that meets their cost and service needs.**
- For prescription drugs, the member portal uses PBM data to deliver state-of-the-art access to pharmacy prices.

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Member education

Sidecar Health provides robust educational materials to support our members as they learn to be smart healthcare purchasers.

- Email, text and live chat are always available and proactively address member needs throughout their journey.
- Our welcome kit and member card include instructions on how to use the benefits from both the member and provider experience.
- Best-in-class Member Care. Yes, we already said this, but we'll say it again. Our dedicated Member Care team is powered by real humans with real answers. 99% of calls are answered in less than ten seconds by a live, US-based agent.
- FAQs are updated regularly and feature easy-to-understand videos.

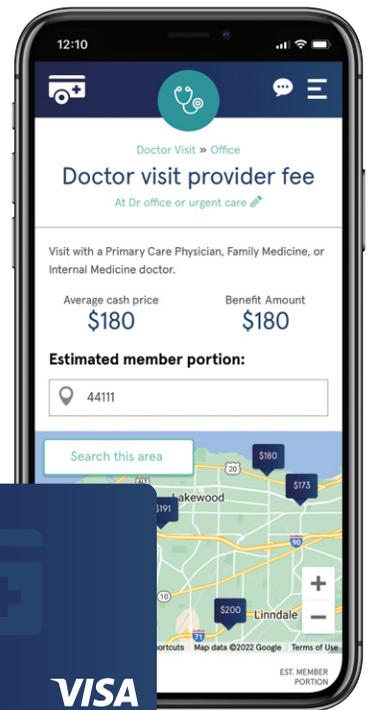


Incentivized price comparisons

Consumers know how to shop for goods and services in their everyday lives. Why should healthcare be any different?

We give members the tools to bring the same price comparison skills to their healthcare choices. When making appointments, members shop for providers and compare their cash-pay price to the plan's Benefit Amount for that service.

- If the provider price is less than the Benefit Amount, our members keep the savings.
- Members can also choose to see a provider who charges more than the Benefit Amount for a given service. And that's okay. Members know they'll be "balanced billed" for the portion of the provider's price that exceeds the Benefit Amount.





2

We set Benefit Amounts to ensure broad acceptance of those amounts by providers in the member's geographic region, and protect members from unanticipated balance billing.

Our Benefit Amounts are set so that members can access approximately 50% of providers in every region without balance billing.

That means for any given region, our Benefit Amounts are accepted as payment in full (or greater than payment in full, resulting in cash back) for over 50% of the providers in a specific geographic area.

For our major medical plans, we regularly assess Benefit Amount adequacy during the plan year and adjust amounts upward when necessary.

And if by chance our members can't find a provider in their area willing to accept the Benefit Amount or less as payment in full, we offer provider location assistance to ensure timely and affordable access to care.

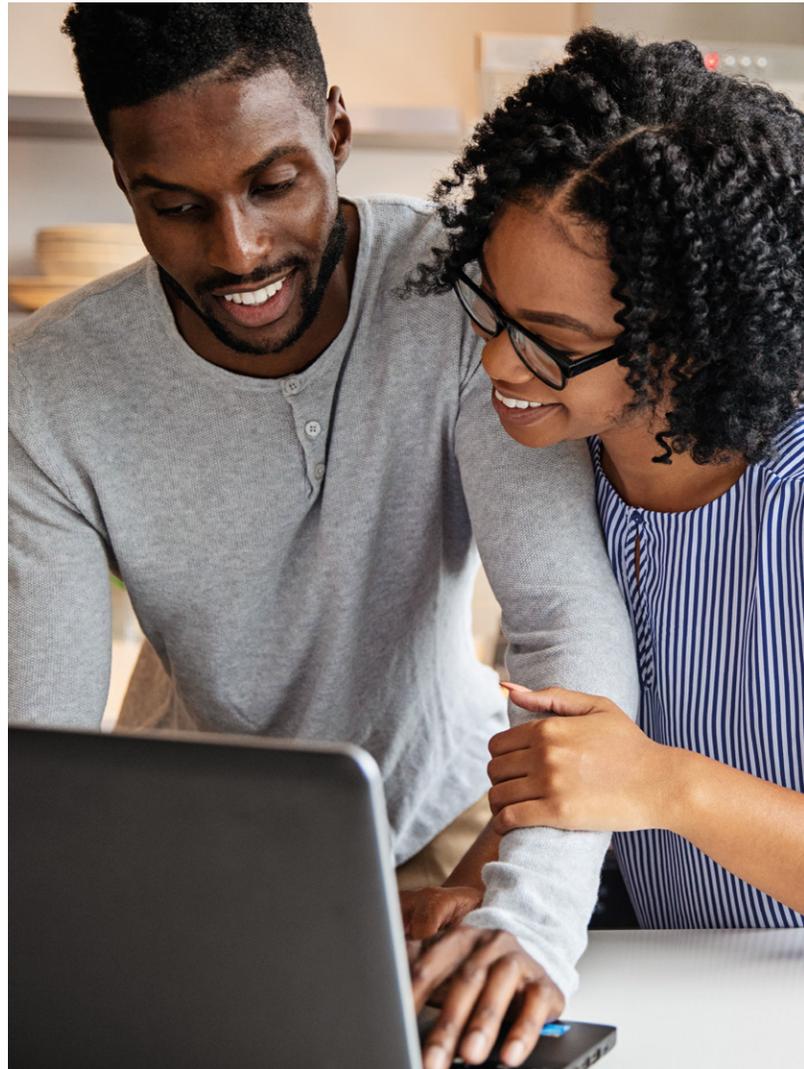
Let's talk cost-sharing, balance billing, and out-of-pocket maximums, and how we are meeting and exceeding required protections.

Cost-sharing

Sidecar Health major medical plans typically use deductibles as the only cost-sharing. Once a member meets their deductible, their only costs will be when they choose to see a doctor who charges more than the Benefit Amount for that service.

Balance billing

Members can choose to see any provider they want. If they make a choice to see a provider who charges more than the Benefit Amount for a given service, the member is responsible for the portion of the provider's price that exceeds the Benefit Amount, known as "balance billing." When the member knows this in advance, they can decide if the extra cost is worth the reasons they selected the provider.



Out-of-Pocket Maximums (MOOP)

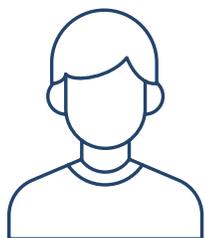
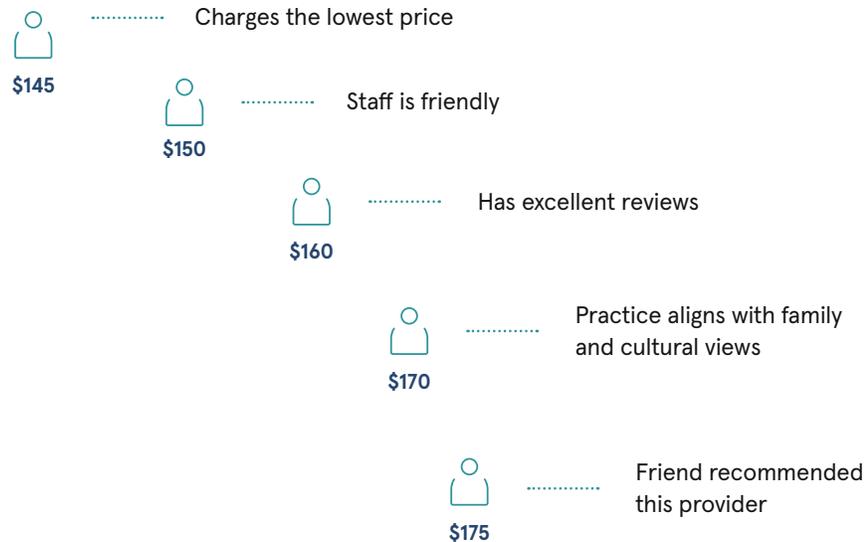
We typically set MOOP at the deductible. Once the member meets their deductible, Sidecar Health covers the entire cost of care, other than balance billing.

Preventive care

Preventive care is never subject to the deductible. This means our members receive preventive care without any cost-sharing.

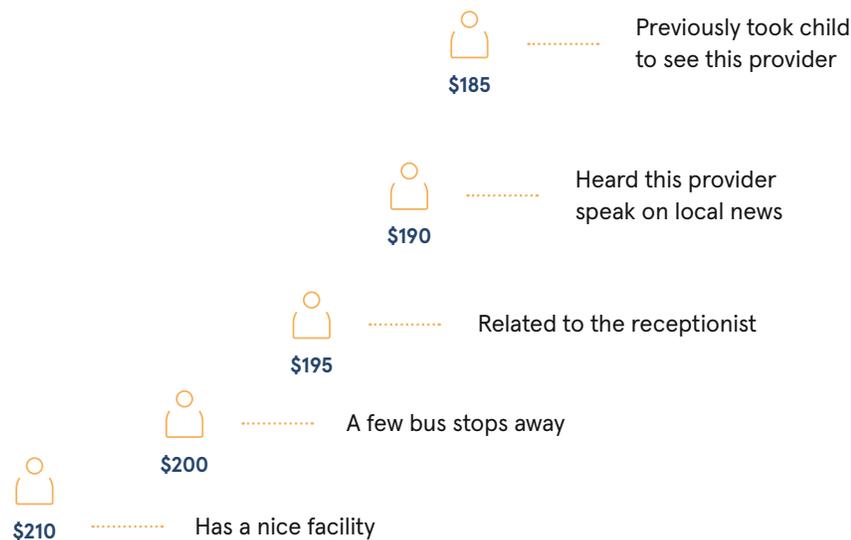
Breadth of access

When members are empowered to shop for care, they become purchasers, not just consumers, of healthcare. They consider their own priorities and needs when deciding what doctor to see and how much they are willing to pay for that care. We set the Benefit Amount to reflect the appropriate cost for that service in their area, and the member makes a choice about how to spend that allowed Benefit Amount.



Pediatrician visit

\$180 Benefit Amount



• Below Benefit Amount

Once the member meets their deductible, if they see one of these providers, they will not be charged any additional money, and could even receive the savings back to pay for future expenses.

Benefit Amount	\$180
Provider charges	\$150
Member keeps	\$30

• Above Benefit Amount

If a member wants to see one of these providers, they will be balance-billed for the cost that exceeds the Benefit Amount, even if they've met the deductible/maximum-out-of-pocket.

Benefit Amount	\$180
Provider charges	\$195
Member pays	\$15

3 When our members can't shop— they are always protected.

It's rare, but our members are covered when it happens.



Unplanned events

We provide coverage up to billed charges when something unexpected happens during a scheduled service. Our major medical members are shielded and only responsible for their known costs and the Benefit Amount (up to their deductible) for any unplanned services.

Emergencies

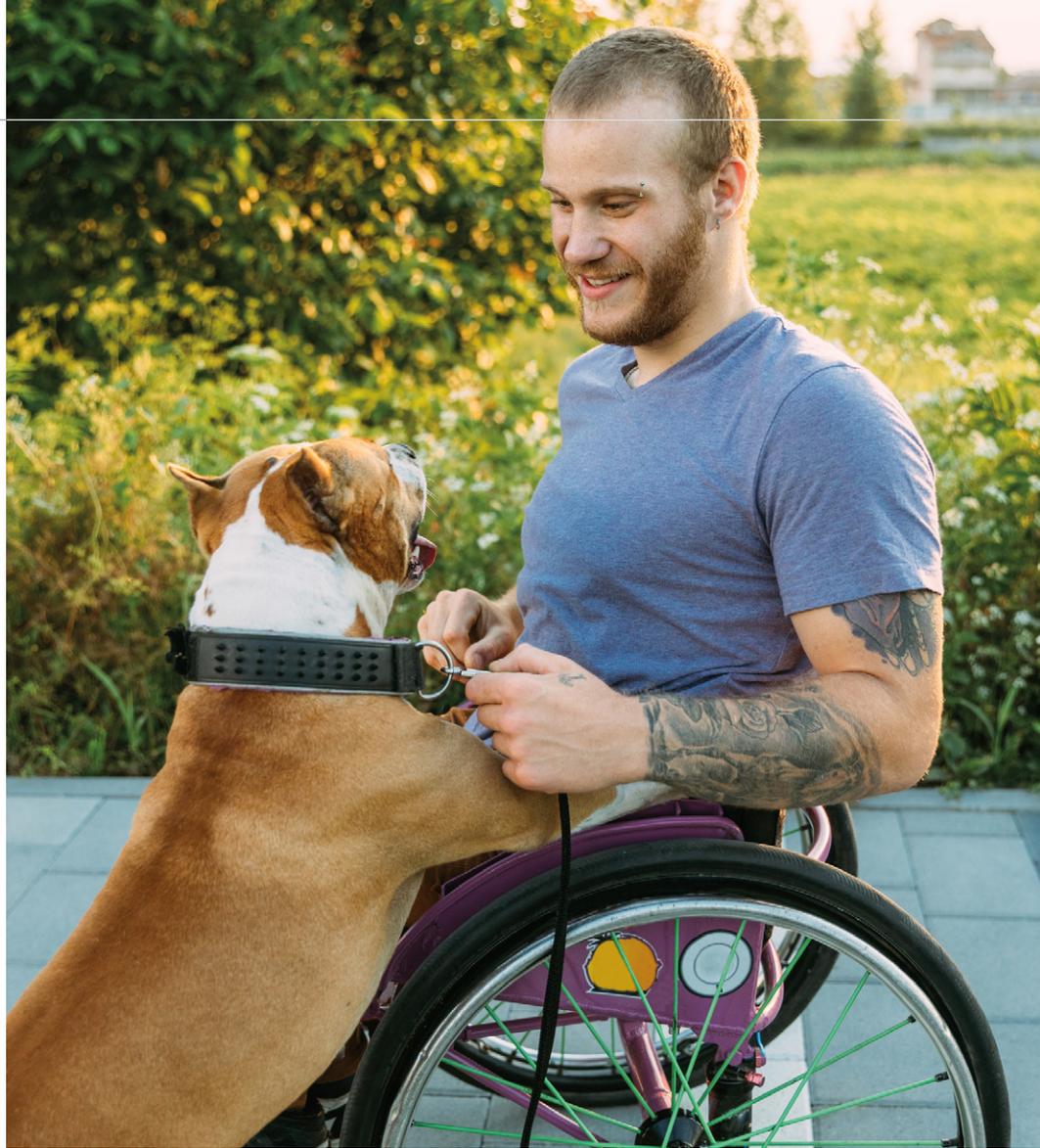
In an emergency, we direct major medical members to get care first, and instruct the provider to bill us.

- Sidecar Health works directly with the provider/emergency room to pay the bill.
- The member is only responsible for covered charges up to their deductible/MOOP (Maximum-out-of-Pocket). Members will never be responsible for covered emergency charges that exceed their deductible.

Can't find a doc?

Our Benefit Amounts are set so major medical members can always find providers who accept that amount as payment in full. However, if for some reason our members can't find a doctor in their area who accepts the Benefit Amount, we step in to help.

- We assist with finding a provider who charges at or below the Benefit Amount,
- Provide coverage up to billed charges, or
- Grant a travel benefit to an available provider.



4

Sidecar Health complies with all No Surprises Act (NSA) requirements and similar state surprise billing laws. Our major medical members are only responsible for the “recognized amount” and we reconcile this with their deductible. That’s it.

When members experience an emergency, we pay all reasonable billed charges. If not reasonable, then per the NSA and state law, we’ll enter good faith negotiations/dispute resolution/arbitration to come to an agreed price, just like any other health plan.



Under the NSA, all emergency costs paid by members are applied to deductible and MOOP.

- Sidecar Health does not contract with provider networks—all providers and facilities are treated as “non-participating” under our model.
- Therefore, all emergency and air ambulance services are furnished by non-participating providers.
- With respect to such services, Sidecar Health will comply with all applicable NSA and similar state law requirements.

Sidecar Health compliance:

- **For NSA and State Laws:** We instruct major medical members to have emergency providers bill the entire cost of their care to Sidecar Health. Members are only responsible for the “recognized amount”, which—since Sidecar Health does not typically impose a copay or coinsurance—is limited to the deductible.
- **Member Education:** We ensure our major medical members know their emergency providers are legally prohibited from billing them or holding them liable for any amount that exceeds the Benefit Amount.

Sidecar Health is on a mission to make quality healthcare more accessible and affordable. Anchored in transparency, our members choose their own doctors and pay a cash price at the time of service. Simply put, we are reshaping healthcare to put people in the driver's seat of their health decisions.

For more information, visit
sidecarhealth.com/nosurprisesact



Your dedicated Member Care team is here to help

Chat with our Member Care team 7 days a week on our website or at [\(877\) 653-6440](tel:877-653-6440) TTY: 711.