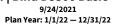


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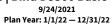


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Deductible	
Coinsurance (Plan Paid) 100%	
Coinsurance (Plan Paid) 100%	
Preventive Care \$0 \$330	
Preventive Care \$0 \$330	
Preventive Care \$0 \$330	
Virtual Care	
Virtual Care Virtual Visit (Doctor on Demand) \$35 Not Covered	
Virtual Visit (Doctor on Demand) \$35	
Office Visit \$35 to \$135	
Urgent Care	
Emergency Room	
Ambulance \$650 \$650	
Prenatal and Postnatal Care \$0 \$330	
Prenatal and Postnatal Care \$0 \$330 Delivery \$1,350 to \$3,050 \$10,000 Procedures (Office, Outpatient and Inpatient) \$65 to \$3,750 Up to \$10,000 Ex: Wound care \$100 \$320 Ex: Needle Biopsy \$130 to \$410 \$1,360 Ex: Small Bowel Surgery \$1,150 to \$2,800 \$7,600 Bariatric Surgery Covered Covered Gender Dysphoria - Treatment Covered Covered Rehabilitative Therapies \$15 to \$40 Up to \$100 Ex: Physical Therapy \$15 to \$35 \$100 Complex Imaging (Ex: MRI, CT, etc.) \$210 to \$740 \$2,400 Routine Diagnostic Test (Ex: X-ray, Lab, Ultrasound) \$0 \$0 Advanced Tests \$45 to \$1,050 Up to \$3,150 Ex: Sleep Study \$90 to \$275 \$800 Medical Infusions And Chemotherapy \$15 to \$1,700 Up to \$5,100 Therapeutic Treatments \$50 to \$950 Up to \$3,500 Up to \$3,500 Up to \$3,500 Complex Imaging (Ex: MRI, CT, etc.) \$90 to \$950 Up to \$3,500 Complex Imaging (Ex: MRI, Ex: Sleep Study \$90 to \$275 \$800 Complex Imaging (Ex: MRI, Ex: Sleep Study \$90 to \$275 \$800 Complex Imaging (Ex: MRI, Ex: Sleep Study \$90 to \$275 \$800 Complex Imaging (Ex: MRI, Ex: Sleep Study \$90 to \$275 \$800 Complex Imaging (Ex: MRI, Ex: Sleep Study \$90 to \$275 \$800 Complex Imaging (Ex: MRI, Ex: Sleep Study \$90 to \$275 \$800 Complex Imaging (Ex: MRI, Ex: Sleep Study \$90 to \$275 \$800 Complex Imaging (Ex: MRI, Ex: Sleep Study \$90 to \$275 \$800 Complex Imaging (Ex: MRI, Ex: Sleep Study \$90 to \$275 \$800 Complex Imaging (Ex: MRI, Ex: Sleep Study \$90 to \$275 \$800 Complex Imaging (Ex: MRI, Ex: Sleep Study \$90 to \$275 \$800 Complex Imaging (Ex: MRI, Ex: Sleep Study \$90 to \$275 \$800 Complex Imaging (Ex: MRI, Ex: Sleep Study \$90 to \$275 \$800 Complex Imaging (Ex: MRI, Ex: Sleep Study \$90 to \$275 \$800 Complex Imaging (Ex: MRI, Ex: Sleep Study \$90 to \$275 \$800 Complex Imaging (Ex: MRI, Ex: Sleep Study \$90 to \$275 \$800 Complex Imaging (Ex: MRI,	
Delivery \$1,350 to \$3,050 \$10,000	
Procedures (Office, Outpatient and Inpatient) \$65 to \$3,750	
Ex: Wound care	
Ex: Needle Biopsy \$130 to \$410 \$1,360	
Bariatric Surgery Covered Covered Covered Covered	
Bariatric Surgery Covered Covered Covered Covered	
Gender Dysphoria - Treatment Covered Covered	
Advanced Tests \$45 to \$1,050 Up to \$3,150 Ex: Sleep Study \$90 to \$275 \$800 Medical Infusions And Chemotherapy \$15 to \$1,700 Up to \$5,100 Therapeutic Treatments \$50 to \$1,350 Up to \$4,050 High Intensity Therapy \$50 to \$950 Up to \$3,500	
Advanced Tests \$45 to \$1,050 Up to \$3,150 Ex: Sleep Study \$90 to \$275 \$800 Medical Infusions And Chemotherapy \$15 to \$1,700 Up to \$5,100 Therapeutic Treatments \$50 to \$1,350 Up to \$4,050 High Intensity Therapy \$50 to \$950 Up to \$3,500	
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Therapeutic Treatments \$50 to \$1,350 Up to \$4,050 High Intensity Therapy \$50 to \$950 Up to \$3,500	
High Intensity Therapy \$50 to \$950 Up to \$3,500	
Durable Medical Equipment \$0 to \$1,000 Up to \$2,000	
Fertility Treatment (\$20,000 Lifetime max, Medical and Pharmacy) \$200 to \$1,500 Not Covered	
Mental Health & Substance Use Disorder	
In an office setting (inc. ABA therapy) \$35 \$330	
Mental Health Telehealth \$35 \$330	
Partial day treatment \$175 \$600	
In an inpatient setting \$2,550 \$8,000	
Residential \$1,900 \$8,000	
Other Outpatient Hospital Services \$950 \$3,500	
Other Inpatient Stay (inc. admission from ER) \$2,550 \$8,000	
Detail Dharmagu, 30 Days Supply	
Retail Pharmacy - 30 Days Supply Tier 1 (Pref./Non-Pref. Pharmacy) \$5 Not Covered	
Tier 2 \$30 Not Covered	
Tier 3 \$145 Not Covered	
Retail Pharmacy - 90 Days Supply	
Tier 1 (Pref./Non-Pref. Pharmacy) S5 Not Covered	
Tier 2 \$90 Not Covered	
Tier3 \$435 Not Covered	
Specialty Retail Pharmacy	
Tier 1 \$145 Not Covered	
Tier 2 \$145 Not Covered	
Tier 3 \$145 Not Covered	



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Category	Plan Design Element	Bind Plan	
		In-Network	Out-of-Network
Other Benefit Notes	Out-of-Pocket Cross Application	In-Network copays accumulate to Out-of- Network OOP Limit	Out-of-Network copays do not accumulate to In-Network OOP Limit
	Out-of-Pocket Accumulator	ERISA Plan Year accumulator	ERISA Plan Year accumulator
	Out of Network Reimbursement	N/A	140% of Medicare Fee Schedule
	Urgent and Emergent Care out of pocket accumulator		
	Emergency Room	In-network copays accumulate to In-Network OOP Limit	Out-of-network copays accumulate to In- Network OOP Limit
	Ambulance	In-network copays accumulate to In-Network OOP Limit	Out-of-network copays accumulate to In- Network OOP Limit
	Therapy Visit Limits:		
	Acupuncture	12 visit limit per person per plan year**	
	Chiropractic	12 visit limit per person per plan year**	
	Physical Therapy	No Visit Limit	
	Occupational Therapy	No Visit Limit	
	Speech Therapy	No Visit Limit	
	Home Health Care	No Visit Limit	
	Skilled Nursing Facility	No Visit Limit	

^{*}Place of Service - the Price (Copays) for some medical services and procedures are determined by the clinical setting in which the individual actually receives the care ("Place of Service"). For example, minor surgery in an office will incur an Office Visit price (copay), whereas minor surgery received in a hospital will incur an Outpatient Hospital Services and Surgery price (copay).

**All visit and stay limits are per covered person per plan year and combined in-network and out-of-network.