Sidecar Health

Plan basics and eligibility

Q. Is Sidecar Health a replacement for Anthem or supplemental insurance?
A. Sidecar Health is a standalone major medical plan. During Koch enrollment, employees choose either a Sidecar Health plan or an Anthem plan, not both.

Q. Can I use Sidecar Health alongside another insurer, Medicare, or VA coverage?
A. Coordination of benefits may be possible with other coverage, including a spouse's plan, Medicare, or VA benefits. Contact Member Care to understand how coordination would work for your circumstances.

Q. Can I use Sidecar Health nationwide or abroad?
A. You can seek covered care from any eligible licensed provider in the United States, including across state lines. International coverage is only for emergency care. Non-emergency care is not covered outside of the United States.

Q. Are pre-existing conditions covered?
A. Yes. Pre-existing conditions do not affect eligibility for covered care.

Q. Are dental and vision part of Sidecar Health?
A. No. These are separate Koch benefits not available through Sidecar Health.

Q. Is COBRA available?
A. Yes. For COBRA premium information, contact Koch Benefits.

Benefit Amounts, shopping, and provider choice

Q. What is a Benefit Amount and how is it determined?
A. A Benefit Amount is the amount Sidecar Health covers for any service or prescription. It's based on the typical cost of care where you live. A number of different data sources inform Benefit Amounts including existing Sidecar Health claims, third-party data, Medicare benchmarks, and direct outreach to providers. It represents the typical cost of care as a Sidecar Health member. While network rates are typically higher than what Sidecar Health members pay, if the network rate were lower, for example, they would not bring down your Benefit Amount.

Q. Can I see providers, prices and Benefit Amounts before enrollment?
A. Yes. Use Test Drive (linked to from https://www.sidecarhealth.com/koch) to experience firsthand how to compare prices, see your savings, and shop for care in the app.

Q. Do I have to switch doctors or use a network?
A. Sidecar Health has no network restrictions, so you can see any eligible provider. Every licensed doctor in America who accepts cash payment (that's virtually every doctor) can see Sidecar Health patients. There's no requirement to switch doctors when you enroll in Sidecar Health — and most people don't. With the app, you'll be able to see your doctor's third-party quality rating, how much your current doctors charge, and compare that to the Benefit Amount

so you can see exactly how much you'll owe or earn. Whether you switch doctors is always up to you.

Q. What if my provider is missing from the app?
A. If you can't find your provider in the app, select "Can't find your provider" and submit their information. Sidecar Health will add the provider (typically in 1 day) so you can compare costs and shop for care. You can also contact Member Care for assistance.

Q. What if the only appropriate provider charges more than the Benefit Amount?
A. Contact Member Care, and they'll work with you to ensure access to the care you need. Sidecar Health guarantees members have access to high-quality care at or below the Benefit Amount.

Q. Can I receive care outside my home pricing area?
A. Yes. Benefit Amounts are based on where you live even when you receive care elsewhere. If you need care when traveling, we'll ensure you have access to options at or below the Benefit Amount.

Q. Can Sidecar Health help me shop for complex services?
A. Yes. Member Care can help compare options and provide consolidated estimates — with guaranteed costs — for surgeries and other complex care.

Q. Can I try out the app before my coverage begins?
A. Yes, Test Drive lets you explore what it's like to shop for care using the Sidecar Health app before enrolling, including comparing provider prices, viewing Benefit Amounts, and seeing the differences between Gold and Platinum. Price Lock isn't available in Test Drive, but you'll be able to lock in prices once your coverage begins.

Q. What if my doctor isn't familiar with Sidecar Health?
A. Sidecar Health is network free, so your doctor doesn't need to be contracted with Sidecar Health or have heard of the plan for you to receive care. A lot of doctors may not know of Sidecar Health, but virtually every doctor accepts cash payments. Just let the office know you'll be paying directly using a Visa card and simply ask for an invoice or visit notes.

Q. Does Sidecar Health require more work from me?
A. Sidecar Health gives you more visibility and control over healthcare costs, including the ability to compare prices before receiving care. While checking prices and submitting claims may be different from what you're used to, it's a big part of how the plan costs less, gives you more choice, and gives you money back. There are also things you may be used to doing with other plans that you won't have to do with Sidecar Health, like checking whether a provider is still in-network, working through prior authorizations, or submitting out-of-network claims when you need care outside the network.

Earnings and savings

Q. How are earnings calculated?
A. When you choose care that costs less than its Benefit Amount, you earn half of the savings. You can see your earnings in the Sidecar Health account after claim processing.

Q. How can I use earnings and when are they paid out?
A. You can use earnings to help pay for future care. If you're on Platinum, you can start using your earnings right away. If you're on Gold, you can use them once you've met your deductible.

If you have earnings left in your account at the end of the plan year, you still get to keep them. Koch will pay you any remaining earnings through payroll as taxable income after the plan year ends.

Q. Do earnings go onto the Sidecar Health Visa Card or into my HSA?
A. Neither. Earnings are added directly to your Sidecar Health account and, if unused, paid through payroll at the end of the plan year (typically about 120 days after).

Q. Can prescription savings accrue on each refill?
A. Yes. Every time you refill a prescription, you have another opportunity to earn money back. If your prescription costs less than your Benefit Amount, you can keep half the savings.

Gold, Platinum, deductibles and out-of-pocket costs

Q. How do the Gold and Platinum deductibles differ?
A. Gold is HSA-eligible, which means most non-preventive care is subject to the deductible, consistent with federal HSA requirements. Platinum covers many commonly used services from day one, including primary care, specialist visits, mental health care, prescriptions, and telehealth, up to the Benefit Amount, without requiring you to meet your deductible. However, services such as physical, occupational, and speech therapy, as well as urgent care, are subject to the deductible.

For 2027, the individual/family deductibles are $2,000/$4,000 for Platinum and $2,500/$5,000 for Gold. Each plan's out-of-pocket maximum is equal to its deductible.

Q. Is the deductible also the maximum out-of-pocket?
A. Yes. However, if you choose care that costs more than the Benefit Amount, the amount above the Benefit Amount doesn’t count toward your deductible, and you always pay the extra for any care you choose that’s above the Benefit Amount. The vast majority of care members choose is at or below the Benefit Amount and you’re guaranteed to always have high-quality care at or below the Benefit Amount. You’ll only pay more if you choose to.

Q. What happens when I reach my deductible?
A. Once you meet your deductible, the plan pays for covered services up to the Benefit Amount. If you choose a provider who charges more than the Benefit Amount, you pay the difference. You can compare costs in advance to make an informed choice about your care. A big reason why Sidecar Health costs less is that higher-cost care is paid for by the member choosing that care, instead of driving up costs for everyone on the plan.

Q. Can I still earn money back before meeting my deductible?
A. Yes. On both plans, choosing care below the Benefit Amount means you keep half the savings. On Gold, because of federal HSA rules, you can’t use your earnings (say, to pay the difference for a higher-cost provider) until you’ve met your deductible — or until the end of the

plan year. On Platinum, you can use earnings toward care before you meet your deductible. On both plans, your unused earnings get paid out after the plan year via payroll as taxable income — even if you didn't meet your deductible.

Q. Is preventive care exempt from the deductible?
A. Yes. Both plans pay the full cost — up to the Benefit Amount — of any preventive care, even before you meet your deductible. Preventive care is defined by federal guidelines, which you can see [here](https://www.healthcare.gov/coverage/preventive-care-benefits/).

Q. Does everyone in my family have to meet their deductibles separately?
A. No. Eligible deductible expenses for covered family members contribute toward the family deductible. Once the family deductible is met, covered services are paid according to the plan's post-deductible benefits, even if every individual family member hasn't met their own deductible.

Price Lock

Q. How are Price Locks calculated and why?
A. Sidecar Health calculates your Price Lock using the Benefit Amount and an estimate of what your provider is likely to charge, based on claims data, third-party sources, and provider pricing information.

But a visit isn't always just a visit. Your doctor might order a test, give you a vaccine, or provide another service you weren't expecting. That's why Price Lock accounts for services commonly provided during that type of visit, and bundles them together with a single, guaranteed cost or earnings amount.

That way, you can choose your provider with confidence, knowing what you'll pay or earn before you receive care.

Q. What is Price Lock and how do I activate it?
A. Price Lock lets you lock in a price before your visit, protecting you from unexpected costs if your provider charges more or adds unexpected covered services. To lock in a price, shop for care in the app, select a provider and click "Lock this price." The most important thing is locking in a price *before* your visit. It's the only way to activate the protection.

Q. Does Price Lock work differently on Gold and Platinum?
A. Yes. On Platinum, Price Lock protects you from paying more than the price you locked in, even if your provider charges more or adds services covered by your Price Lock.

On Gold, federal HSA rules require you to pay the full cost of non-preventive care until you meet your deductible. That means you may pay more than your locked-in price before meeting your deductible, but those extra costs still count toward it. Once you've met your deductible, you'll have the same Price Lock protection as Platinum members.

Q. How long does a Price Lock last?
A. Price Locks last through the entire plan year, but do not automatically carry over to the next plan year. There's no limit to how many providers you can lock in.

Q. What if the provider charges more or less than the locked amount?
A. On the Platinum plan, when you lock in a price, and the provider charges more or adds services (like a test or immunization), you're protected from any extra costs. Your claim will process based on the pay/earn amount you saw when shopping in the app. In other words, you'll never pay more than the "pay" amount shown in the app. And if the provider ends up costing less (like if they give you a discount for paying at the check-in counter, which is common), you'll earn even more.

On the Gold plan, before meeting your deductible, federal law requires you pay the full provider charge, but even costs above the Price Lock count toward your deductible. After your deductible, your costs are capped at the locked-in price.

On both plans, if the provider charges less than what you locked in, you'll pay less or earn more.

Q. Which care is eligible for Price Lock?
A. Price Locks are available for office visits, including:

- Primary care office visits
- Pediatric office visits
- Mental health office visits
- OB/GYN office visits
- Specialist office visits (dermatology, cardiology, orthopedics, etc.)
- Therapy office visits (physical therapy, chiropractic, occupational, speech)
- Urgent care visits

Price Locks cover the visit itself, plus additional services commonly provided during the visit (vaccines, blood draws, EKGs, x-rays, etc.). What's included varies by specialist and visit type. You can see exactly what your Price Lock covers in the app when shopping for care.

Q. What is not included in an office-visit Price Lock?
A. Separate lab analysis (such as Quest Diagnostics or Labcorp), offsite imaging, follow-up visits and referrals generally are not included. Prescriptions, durable medical equipment and complex or high-cost procedures also do not qualify for standard Price Lock. You can still shop for these services and compare to your Benefit Amount.

Q. What does "pre-checked" mean for services without Price Lock?
A. A pre-checked service means Sidecar Health has reviewed the provider's prices in advance. For that specific service and provider, Sidecar Health protects you from costs above the Benefit Amount, regardless of the provider's final bill. You'll see pre-checked options in the app for services where Price Lock isn't available, like labs and imaging.

Q. What if I forget to lock the price before my visit?
A. You can still get care and pay using your Sidecar Health Visa card, but you won't have Price Lock protection unless you lock in your price before your visit. Without Price Lock, each service you receive will be processed separately against its corresponding Benefit Amount. For example,

the office visit itself will be processed against its Benefit Amount, while any additional services, such as an X-ray or immunization, will be processed against their own Benefit Amounts.

Q. What if my provider doesn't honor the price shown in the app?
A. Your provider doesn't need to honor the price shown in the app. You'll pay whatever the provider charges using your Sidecar Health Visa card, and Sidecar Health will apply your Price Lock when processing your claim.

If you're on Gold and haven't met your deductible, you'll still be responsible for the full provider charge, but that amount will count toward your deductible.

Q. Can I lock prescription prices?
A. No, however the prices you see in the app when shopping for prescriptions correspond with the code pharmacies use from your member ID when checking out at the pharmacy, so there should not be a discrepancy.

Visa card, claims and payment

Q. How does the Sidecar Health Visa card work?
A. Use your Sidecar Health Visa card to pay your provider directly. The app automatically creates a claim, and you simply submit information about your visit. Once Sidecar Health processes your claim, any money you've earned gets added to your account. If you owe anything, you'll pay Sidecar Health directly.

Q. Do I have to pay Sidecar Health back for charges on the card?
A. Only for costs you're responsible for, like your deductible or charges above the Benefit Amount. If you owe anything, you'll have 30 days after your claim is processed to pay Sidecar Health back. You can pay manually or put a card on file and set up automatic payments.

Q. Can I use my own credit card instead?
A. Yes. You can use your own credit card and submit a claim for reimbursement, but using your Sidecar Health Visa card makes the process easier.

Q. Does each family member receive a Sidecar Health Visa card and login?
A. Yes. Everyone on your plan gets their own Sidecar Health Visa card. Family members can also have their own logins, or the primary member can help manage shopping for care and locking in prices.

Q. What are the Visa card limits?
A. The Sidecar Health Visa card has a spending limit of $2,500 for medical care and $750 for prescriptions. These limits help make sure you check prices before getting more expensive care.

If you're planning a surgery or procedure that costs more than $2,500, Member Care can help you compare prices, get a guaranteed cost, and increase your card limit.

Q. Do I need to submit an itemized invoice for every visit?
A. No. When you pay with your Sidecar Health Visa card, you can simply upload an invoice, share your visit notes, or provide a brief description of the care you received.

For providers who bill Sidecar Health directly, like pharmacies, Labcorp, Quest Diagnostics, and others identified in the app, you don't need to submit anything. They'll send us the information we need to process your claim.

Q. Where can I find my member ID?
A. You'll find your digital member ID in the Sidecar Health app and website portal.

HSA and FSA

Q. Can I contribute to an HSA on either plan?
A. Only the Gold plan is HSA-eligible, allowing you to make HSA contributions. While Platinum is not HSA-eligible, you can still use existing HSA funds for qualified medical expenses.

Q. Can I use my HSA or FSA to pay for care?
A. Yes. You can use eligible HSA or FSA funds to pay your portion of qualified medical expenses. We recommend paying your provider with your Sidecar Health Visa first, then using your HSA or FSA funds to pay Sidecar Health once your claim has been processed.

Q. Does my existing Bank of America HSA balance carry over?
A. Yes. Your existing Koch HSA remains with Bank of America, and those funds will continue to be available for qualified medical expenses.

Q. Can I have an FSA with Platinum?
A. Yes. You can participate in an FSA while enrolled in the Platinum plan, subject to Koch's FSA eligibility rules.

Emergencies, surgeries and maternity

Q. What should I do in a medical emergency?
A. In an emergency, focus on getting the care you need. Go to the nearest emergency room and show your digital Sidecar Health member ID. There's no need to shop for care or compare prices, and the hospital will bill Sidecar Health directly.

One of the ways Sidecar Health keeps costs down is by helping members compare prices before getting care. But in an emergency, you don't have that option. That's why emergency care works differently: You won't earn money back, but you'll never pay more than your remaining deductible for emergency care. If you haven't met your deductible, you'll pay what you owe afterward.

Q. How are emergency admissions or unexpected complications handled?
A. The same protection you get in the emergency room also applies when unexpected medical needs leave you without the opportunity to shop for care. If an emergency leads to surgery or a hospital stay, you won't pay more than your remaining deductible for that care.

This protection also extends to unexpected complications during planned care, like complications during surgery, an emergency C-section during childbirth, or a newborn who needs NICU care. In these situations, you can focus on getting the care you or your family needs without worrying about shopping for prices.

Q. How can I estimate total surgery costs, including anesthesia and facility fees?
A. Contact Member Care before a planned procedure. The team can assemble a comprehensive, all-inclusive cost comparison. Member Care will provide at least one option that's at or below the Benefit Amount.

Q. Are pregnancy, labor, and delivery covered?
A. Yes. Planned maternity care is covered and generally subject to your deductible. Sidecar Health also offers personalized support from dedicated maternity specialists who can help with cost estimates and finding care throughout your pregnancy and postpartum. Unexpected complications, such as emergency C-sections or NICU stays, are also protected, meaning you won't pay more than your deductible for them.

Q. Can I get 90-day prescriptions or use mail-order pharmacies?
A. Yes. Eligible prescriptions can be filled in 90-day supplies. You can compare prices at local, online, and mail-order pharmacies in the Sidecar Health app to find the best value for your prescriptions.

Prescriptions and specialized care

Q. Can I use any pharmacy and shop for lower prices?
A. Yes. You can compare pharmacy prices in the Sidecar Health app and ask your provider to send your prescription to the pharmacy of your choice. Your digital member ID includes built-in discount codes, so the price you see in the app reflects that discount.

Q. Do prescriptions apply to the deductible?
A. On Gold, covered prescriptions generally apply to the deductible. On Platinum, prescriptions bypass the deductible. You're responsible for any amount above the Benefit Amount.

Q. Are specialty medications covered?
A. Yes, subject to any requirements outlined by your plan. Sidecar Health partners with Costco Specialty Pharmacy, which offers these drugs at or below the Benefit Amount delivered right to your home. No Costco membership is required.

Q. Are direct primary care subscriptions covered?
A. You can get care from a direct primary care provider just like any other doctor. Simply compare prices in the Sidecar Health app and lock in your price before your visit. Your plan covers the care you receive, but not recurring subscription or membership fees.

Q. Are fertility benefits available?
A. Fertility coverage has a $20,000 lifetime maximum under both Koch-offered health insurance carriers.

Q. Are continuous glucose monitors and insulin pump supplies covered?
A. Continuous glucose monitors (CGMs) and insulin pump supplies are covered for eligible members with diabetes, subject to applicable deductibles. Like other services and prescriptions, durable medical equipment (DME) has Benefit Amounts, allowing you to compare prices and earn money back by choosing lower-cost suppliers.