Introduction

Bind On-Demand Health Insurance is a new product offering for self-insured employers. Bind Benefits, Inc., accesses UnitedHealthcare provider contracts, as an affiliate of UnitedHealthcare. Bind administers the first-ever on-demand health insurance product model.* The on-demand model delivers:

- Answers to key consumer questions upfront - Is the treatment or service covered? How much will it cost?
- A solution to the ever-increasing health insurance cost to employers without impacting quality or cost shifting to employees.

The Bind plan includes in-network preventive care; primary and specialty care; urgent, emergency and hospital care; chronic care for long-term and recurring illnesses; and pharmacy. Members pay a copay for services received under Bind plan. There is no deductible or co-insurance. Copay amounts are available to the member in advance for any in network visit through the My Bind app, website, or Bind Help team.

Providers will be able to view copay amounts using the same methods they use to verify benefits and copay amounts today – through the provider portal or by calling the provider services number on a member’s ID card. There is additional information below on how to check member eligibility and benefits.

The on-demand structure of Bind also means members can purchase additional coverage for approximately 45 plannable, non-emergent procedures, when and if they need them. For example, members can purchase additional coverage for a knee replacement when they actually need it. The list of the applicable procedures for additional coverage may vary based on the customer and the plan year. A sample list is available in the appendix of this document.

*Federal law (the Employee Retirement Income Security Act of 1974, or ERISA) exempts self-funded plans established by private employers from most state insurance laws, including reserve requirements, mandated benefits and consumer protection regulations

What do I need to do to prepare for Bind members?

Please add the Bind Benefits, Inc., payer ID number into your systems; this is a critical step to avoid delays in claims handling and processing.

- Bind Benefits Inc. is the payer. **Payer ID: 25463**
  - Bind Benefits, Inc., may be entered as the “insurance” carrier (dependent on provider processing system).
  - All claims should be routed to Bind Benefits, Inc., following the instructions on the Member ID card.
  - Claims address: Bind • PO Box 211758 • Eagan, MN 55121
• This payer ID may be attached to multiple networks. Examples of these include:
  - UnitedHealthcare networks
  - PreferredOne networks
  - SmartHealth network

• Refer to the Member ID card for the specific network accessed by the member.

**What does the Member ID card look like for Bind?**

Each member ID card may look different depending on the employer, the member location, and also depending on the location that the provider services are rendered.

Sample member ID cards for illustration only; actual information varies depending on payer, plan and other requirements.

1. Claims column – provides the payer ID and claim mailing address.
2. Networks column – provides the network and provider resources. For some members, the network accessed will depend on the location of the provider.
How do I check member eligibility, benefits, and claims status for Bind members?

For UnitedHealthcare networks: If the Member ID card references the UnitedHealthcare Choice Plus Network or other UnitedHealthcare networks, refer to the UHSS provider portal, uhss.umr.com, or call the Provider Services number listed on the Member ID card. This would include verification of benefit coverage for additional coverage purchases. When checking eligibility and benefits, you’ll need to search by the subscriber name or ID. All covered dependents will then show under the subscriber name.

For PreferredOne networks: If the member ID card references a PreferredOne network, refer to the PreferredOne provider portal, preferredone.com/providers, or call the number listed on the Member ID card.

For SmartHealth networks: If the member ID card references the SmartHealth network, refer to the website on the card, yourbind.com/SmartHealth or call the number listed on the card. You may also check eligibility using EDI 270/271 inquiry for eligibility and benefits.

Who do I contact for prior authorizations/notifications?

Advance notification and prior authorization requirements for Bind are the same for the network the member is accessing. For example, when accessing UnitedHealthcare networks, advance notification and prior authorization requirements for Bind are the same as for UnitedHealthcare network that the member is accessing. This includes admission notifications. Any Bind specific protocols will be outlined in a Bind supplement to the UnitedHealthcare Administrative Guide. For prior authorization/notification, call 877-237-0006.

What is the authorization process for an Add-in procedure?

Add-ins do NOT require prior authorization; however, providers are encouraged to check eligibility to verify their patient has coverage in advance of performing the Add-In procedure.

Participating care providers may receive a lack of coverage notification for medically necessary procedures typically covered by other health plans when that procedure is one of the Bind Add-In procedures (See Appendix for sample list). This indicates that a member has not yet purchased coverage for the procedure. Members are required to purchase an Add-In at least three days prior to the procedure being performed.

Are referrals required for a member to see a specialist?

Referrals are not required for Bind members.

Who do I contact if I have questions?

Please contact the provider services team indicated on the back of the Member ID card. For more information about Bind, visit yourbind.com.
Add-in List
Note: List is sample only and may vary based on customer and plan year.

### Musculoskeletal (23)
- Ankle and Foot Bone Fusion
- Ankle Arthroscopy and Ligament Repair
- Ankle Replacement and Revision
- Bunionectomy and Hammertoe Surgery
- Carpal Tunnel Surgery
- Cervical Spine Disc Decompression
- Cervical Spine Fusion
- Elbow Arthroscopy and Tenotomy
- Elbow Replacement and Revision
- Ganglion Cyst Surgery
- Hip Arthroscopy and Repair
- Hip Replacement and Revision
- Knee Arthroscopy and Repair
- Knee Replacement and Revision
- Lumbar Spine Disc Decompression
- Lumbar Spine Fusion
- Morton’s Neuroma Surgery
- Plantar Fasciitis Surgery
- Shoulder Arthroscopy and Repair
- Shoulder Replacement and Revision
- Spinal Ablation and Neurostimulators
- Wrist and Hand Joint Replacement
- Wrist Arthroscopy and Repair

### Gastrointestinal (5)
- Bariatric Surgery
- Gallbladder Removal Surgery (Cholecystectomy)
- Hernia Repair
- Reflux and Hiatal Hernia Surgery
- Upper GI Endoscopy

### ENT (3)
- Ear Tubes
- Sinus and Nasal Septum Surgery
- Tonsillectomy and Adenoidectomy

### Other (8)
- Breast Reduction Surgery
- Cataract Surgery
- Fibroid Removal (Myomectomy)
- Hysterectomy
- Hysteroscopy and Endometrial Ablation
- Kidney Stone Ablation and Removal (Lithotripsy)
- Prostate Removal Surgery
- Sling Surgery for Female Urinary Incontinence

### Cardiovascular (6)
- Cardiac Ablation
- Carotid Endarterectomy and Stents
- Coronary Artery Bypass Graft Surgery
- Coronary Catheterization and Percutaneous Coronary Interventions
- Pacemakers and Defibrillators
- Valve Replacement