

HealthShare Member Guidelines

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We have streamlined the HealthShare experience to make medical cost sharing more accessible to everyone. Our Member Guidelines outline who we are as an organization, and how we facilitate sharing of medical costs for our members.

HEALTHSHARE BEGINNINGS

Medical cost sharing organizations, also known as HealthShares, began in the 1980s when a beloved pastor in Ohio was involved in a terrible automobile accident. His congregation came together to pay his medical bills—in full, in just forty-five days. This same community decided to continue following the biblical mandate to “bear one another’s burdens” by sharing healthcare costs in a simple yet practical way. Members of HealthShares across the country share one another’s medical expenses in a similar fashion. This system has proven to be an effective alternative to traditional health insurance. Members enjoy the freedom, stability, and flexibility of medical cost sharing while keeping more money in their own pockets. Our HealthShare partner began facilitating medical cost sharing with its members in 2019 and has since become the fastest-growing, top-rated HealthShare in the nation. Learning from the organizations that came before, we are on a mission to reimagine what medical cost sharing could be and better serve member needs amid the rapidly changing environment of American healthcare.

OUR MISSION

As a nonprofit, HealthShares are redefining healthcare through an affordable, community-driven alternative to traditional health insurance. We provide a transparent, flexible approach to medical cost sharing, free from network restrictions, religious requirements, and enrollment limitations. Rooted in simplicity and compassion, our mission is to ensure members can access the care they need with the support of a reliable community.

OUR VALUES

Focus on Community Service with Compassion: We stand together in solidarity, fostering a reliable and steadfast community our members can always count on.

Service with Compassion: We nurture a welcoming and supportive community, serving every member with empathy and respect.

Culture of Transparency: We are committed to honesty and accountability, ensuring responsible stewardship of our shared resources.

Guided by Simplicity: We make health sharing accessible and understandable, providing a straightforward membership experience.

ADVISORY OPINION

All sharing request determinations may only be done by a Determination Adjudicator with the HealthShare. If a member receives information whether by phone, email, direct message, or any other means of communication from any employee who is not a Determination Adjudicator the member will be receiving an opinion and not a binding decision.

PRINCIPLES OF MEMBERSHIP

Adherence to the HealthShare's Principles of Membership minimizes medical risks, encourages good health practices, and ensures member integrity and accountability. Our members must comply with certain requirements to maintain membership and remain eligible to participate in our medical cost sharing community.

HealthShare members are expected to act with honor and integrity. Members should not falsify a sharing request, medical records, or use other deceptive practices. If a member abuses the trust of our community, their membership may be revoked or withdrawn.

All HealthShare members must attest to the following statements:

1. I believe that a community of ethical, health-conscious people can most effectively care for one another by directly sharing the costs associated with each other's healthcare needs. I acknowledge that HealthShare affiliates itself with, and considers itself accountable to, a higher power. I recognize that HealthShare welcomes members of all faiths.
2. I understand that HealthShare is a benevolent organization, not an insurance entity, and that HealthShare cannot guarantee payment of medical expenses.
3. I will practice good health measures and strive for a balanced lifestyle. I agree to abstain from the use of any illicit or illegal drugs and refrain from excessive alcohol consumption, acts which are harmful to the body. I understand that members who use tobacco will have an increased monthly contribution (per household membership) of \$50. Failure to report tobacco use will result in a one-time \$500 fee for the household. Cost sharing for all open sharing requests will pause until this fee is paid in full to the community.
4. I am obligated to care for my family. I believe that mental, physical, emotional, or other abuse of a family member, or any other person, is morally wrong. I am committed to always treating my family and others with care and respect.
5. I agree to submit to mediation followed by subsequent binding arbitration, if needed, for any instance of a dispute with the HealthShare or its affiliates.

INDIVIDUAL MEMBERSHIP ELIGIBILITY

Individual membership eligibility is primarily based on:

1. Adherence to the HealthShare Principles of Membership.
2. Participation in the community by submitting monthly contributions.
3. Under the age of 65.
4. Residency in the United States or Puerto Rico.

After committing to these primary eligibility requirements, prospective members are eligible to join the HealthShare community. Membership may begin on a date selected by the prospective member, specified by the HealthShare, or the company their membership originates from, known as the membership start date.

COMMITMENT

Members commit to abide by a set of personal standards as outlined in our Principles of Membership. If a violation of the Principles of Membership is discovered through review of a member's submitted medical records, all sharing for that member will be put on hold. This hold will begin on the date the violation was discovered or recorded. Notification of the hold and an explanation of the discovery will be issued to the member.

Members will have 30 days to submit documentation supporting compliance with the Principles of Membership. If submitted documentation does not satisfactorily demonstrate compliance, membership may be revoked. If membership is revoked due to a violation of the Principles of Membership, the HealthShare will not return the offending member's contributions received prior to the date of revocation.

PARTICIPATION THROUGH CONTRIBUTIONS

Members submit monthly contributions to participate in the medical cost sharing community. Direct members make their contributions directly with the HealthShare. Essential members make monthly contributions through their employer or DPC practice.

Participation in the medical cost sharing community is voluntary, but monthly contributions are required for active membership and sharing eligibility.

Contributions are not tax deductible. Monthly contributions must be received no later than 15 days after the contribution date. If a monthly contribution is not received by the last day of the billing month, the membership will become inactive, and the member will be withdrawn from the medical cost sharing community.

Withdrawn members may reapply if they meet all eligibility requirements. Once the member reapplys and membership is reinstated by the HealthShare, the member will become eligible to participate in our medical cost sharing community. If membership is reinstated after more than 30 days, all sharing requests submitted after the membership is inactive and before reinstatement will be ineligible for member-to-member sharing, and any medical conditions existing before the member is reinstated will be considered pre-membership medical conditions. If the membership is reinstated before 30 days, all sharing will resume as though membership never lapsed.

QUALIFICATION

Applicants must meet all criteria in the Member Guidelines, Principles of Membership, and membership enrollment form to qualify for membership. If, at any time, it is discovered that a member did not submit a complete membership enrollment form, membership may be retroactively withdrawn or revoked.

While member health status has no effect on eligibility for membership, there are sharing limits for some pre-membership medical conditions. Sharing requests that are not eligible for sharing may still be eligible through the Additional Giving fund.

ACTIVE MEMBERSHIP

Membership is considered active when the member has paid their monthly contributions on time and is in good standing with the HealthShare. For a sharing request to be shared, membership must be active during the date(s) of service, when the sharing request is submitted, when medical bills are received, and when the IUA is paid. If a membership becomes inactive before a sharing determination is made, the bills may not be shared with the community. Any pre-membership medical condition limitations are applied based on the first date of active membership.

RESIDENCY STATEMENT

HealthShare members must reside within, and be a resident of, the United States or Puerto Rico to participate in and contribute to medical cost sharing. Members who choose to move outside of the United States or Puerto Rico for missions, military, or serving abroad can maintain their membership with the following requirements:

- Regular monthly contributions,
- Member(s) must have a physical address in the United States or Puerto Rico, and
- Cost sharing for medical care outside of the United States or Puerto Rico will follow the International Medical Treatment guidelines. That is, only acute and sudden onset medical

expenses will be considered for sharing. Preventive, scheduled, or the like will not be considered for sharing.

HealthShare is unable to enroll new members who reside in the state of Washington.

MEMBERS AND MEMBERSHIP

HealthShare offers different membership options for individuals and families. Monthly contributions are based on the membership type (Direct or Essential), age group, membership tier, and Initial Unshareable Amount (IUA).

Determination of Household Membership

There are four membership tiers:

- Member Only: An individual member
- Member & Spouse: Two married members or two members in a domestic partnership
- Member & Child(ren): A member and any eligible children, without membership of a spouse or domestic partner
- Member & Family: A member, spouse or domestic partner, and any children

Spouse/Domestic Partner

A Domestic Partner is an unrelated and unmarried person who shares common living quarters with a Primary Member and lives in a relationship that is not legally defined as marriage by the state in which the member resides. A spouse is a significant other in a state-defined marriage. In certain contexts, it can also apply to a civil union or common-law marriage.

Child(ren)

An unmarried child under twenty-six (26) years of age may participate under a household membership with the Primary Member. The Primary Member is responsible for ensuring that each individual participating under the household membership complies with the Member Guidelines and Principles of Membership.

When a child turns twenty-six (26) or marries, they can no longer participate under the household membership. To ensure a continuous membership, the child must complete an enrollment form within thirty (30) days after being withdrawn from their previous household membership.

Children who age out of a membership and choose to re-enroll after the 30-day time limit, will be subject to the sharing limitations for pre-membership medical conditions. Any sharing requests that occur between the time a child is withdrawn from their previous membership and beginning their own are ineligible for sharing.

Newborns

Newborns whose birth is related to an eligible maternity sharing request must be added to the household membership by the parent within 30 days of birth. In the case of a membership tier change, the monthly contribution amount will automatically be adjusted for the next contribution. If the parent does not enroll their newborn within 30 days, any conditions present at birth or that occur

before the newborn's membership start date will be considered pre-membership medical conditions.

If a parent wishes to add a newborn who was not born in connection with an eligible maternity sharing request, the parent must submit a membership enrollment form for the baby. The newborn's membership start date can be no sooner than seven (7) days after delivery. Any genetic conditions or complications for newborns not born in connection with an eligible maternity sharing request are considered pre-membership medical conditions and subject to the same limitations as defined in the Pre-Membership Medical Conditions section.

Adoption

HealthShare considers adopted children the same as biological children; therefore, some medical expenses in relation to the birth may be eligible for sharing.

Adopted children cannot be added to the HealthShare membership prior to birth as they are not considered born through an eligible maternity sharing request and therefore must be added no sooner than seven (7) days after delivery. Any conditions present prior to the legal adoption of the child are considered pre-membership medical conditions and are subject to the sharing limitations and phase-in period as defined in the Pre-Membership Medical Conditions section.

Grandchildren

A grandchild (or grandchildren) may be included as part of their grandparent's membership under the following criteria:

1. The grandparent has legal custody of the grandchild.
2. The grandchild lives with their grandparents at least nine months out of the year.
3. There is no other group, agency, or person responsible for the grandchild's medical needs.

TOBACCO/CANNABIS USERS

Household memberships with one or more tobacco users are required to contribute a higher monthly contribution to maintain membership. The monthly tobacco surcharge is \$50 per household membership.

A tobacco user is defined as a member who uses any tobacco product one or more times within the past twelve (12) months. Tobacco products include, but are not limited to, cigarettes, cigars, chewing tobacco, snuff, pipe tobacco, and inhaled products through vape, hookah, and similar delivery devices. Smoked cannabis products are considered tobacco for the purposes of the tobacco surcharge.

Failure to report tobacco use will result in a one-time \$500 fee for the household. Cost sharing for all open sharing requests will pause until this fee is paid in full to the community. The tobacco surcharge will be applied to the monthly membership contribution beginning with the next billing cycle. In keeping with the Principles of Membership, deliberate failure to report tobacco use may result in the membership being revoked or withdrawn. If the tobacco user(s) have not used tobacco products for over twelve (12) months, the tobacco surcharge may be removed by providing supporting documentation from the treating licensed medical provider to the HealthShare. Although the surcharge may be removed, the sharing limitations as described in Sharing Limitations on Tobacco Use will remain.

THE INITIAL UNSHAREABLE AMOUNT (IUA)

The Initial Unshareable Amount, or IUA, is the amount a member must pay before expenses related to a medical need become eligible for sharing with the medical cost sharing community. There are two membership IUA options: \$1,250 and \$2,500.

After the IUA is met, additional eligible medical expenses are eligible for sharing with the HealthShare community. There is no annual or lifetime limit on eligible expenses. Members do not need to pay another IUA for any given eligible sharing request until they are symptom free for 12 months. Additionally, household memberships will not be responsible for more than three (3) IUAs in a rolling 12- month period.

Note: Maternity sharing requests have a standard \$2,500 IUA.

Changing IUA Amounts

Household memberships may choose to change their IUA once per membership year. If an IUA is lowered, a 60-day waiting period will apply to all sharing requests other than those resulting from an accident.

Multiple Sharing Requests in a 12-Month Period

HealthShare provides a safeguard for household memberships that experience more than three (3) sharing requests in a rolling 12-month period. Each household membership will only be responsible for three (3) IUAs in a rolling 12-month period beginning on the date the member submits the verified IUA. If a household membership has paid three (3) IUAs in a rolling 12-month period, any additional eligible sharing requests exceeding \$500 will be shared with no IUA responsibility.

SHARING REQUESTS

Sharing requests are submitted on a per member, per medical need basis. A medical need is the reason for which a member submits a sharing request. This includes, but is not limited to, preventive visits, maternity, an accident, or a serious medical incident. Each medical need may result in medical expenses incurred by receiving medically necessary treatment that is proven safe and effective from licensed medical professionals and facilities, such as physicians, emergency rooms, and hospital facilities. All diagnostic testing, including but not limited to blood and imaging tests, must be FDA-approved to be eligible for sharing. Costs for testing done by laboratories and/or facilities whose results are not validated by the FDA are ineligible for sharing.

When a member has a medical expense to be shared, the member must submit a sharing request. Once their sharing request is open, the member must submit original, itemized bills for the medical expense within six (6) months of treatment.

Bills submitted more than six (6) months after the date of service may be considered ineligible for sharing. There is no lifetime limit on the number of eligible expenses that may be shared.

Submitting a Sharing Request

Sharing requests must be submitted by active members through the Member Portal, as soon as possible, but no later than six (6) months from the date of service. Most nonemergency eligible sharing requests, such as surgical procedures and preventive, should be submitted prior to the date of service.

Determination of a Sharing Request

Expenses related to the same medical need, whether expenses for a single incident or separate incidents, will be shared as one sharing request. Members do not need to pay another IUA for any given sharing request until they are symptom free for 12 months. After 12 months, if symptoms return a new sharing request will need to be opened and another IUA paid.

Required Documentation & Time Limit for Providing Documentation

In order to be eligible for sharing, sharing requests and each itemized bill and statement must be submitted within six (6) months of the date of service. The IUA must also be paid within six (6) months to be considered for sharing. When submitting a sharing request, members must submit any documentation received from their provider. HealthShare may request additional documents that may be required throughout the sharing request process. Document types can include, but are not limited to, receipts, proofs of payment, itemized bills and statements. Original, itemized bills and statements must be submitted promptly to the HealthShare along with the sharing request form, opened through the Member Portal, for the sharing request to be processed as soon as possible. Please reference all applicable guidelines to determine if there are other document requirements or time limits.

Meeting the IUA

Medical expenses are only eligible for sharing after members have met their IUA. Members must provide documentation to the HealthShare of all payments that may contribute toward the member's IUA. The IUA must be paid within six (6) months of the date of service or bills may become ineligible for sharing. Consideration will be given for situations where the cost of treatment has not exceeded the IUA after six (6) months for certain eligible sharing requests. Members must communicate with their Member Needs team representative about a timeline for IUA payment.

Paying at the Time of Service

HealthShare is not insurance, so members should tell their provider they are an uninsured, self-pay patient if they do not have insurance through other means. That way, members can obtain self-pay discounts on services, which allows HealthShare to keep membership contributions low. Members must obtain itemized bills and receipts to request payment or reimbursement from the HealthShare community. In some cases, prepayment may be an option.

Contact our Member Advocate team before receiving nonemergency medical treatment for prompt payment at the time of service.

Requesting Discounts

Members have options for sharing prior to, at the time of, or after medical services are rendered. For all purposes, members should present as self-pay patients and communicate costs and discounts as soon as possible to HealthShare.

Insurance, Group Plan, Government Assistance Plans, Legal Representation, and Other Coverage & Memberships

If you have other insurance, a group plan, or government assistance, health share membership or the like, those will be responsible for covering your medical expenses first. The HealthShare community may share any remaining eligible medical expenses after those options have been exhausted.

If you've hired a lawyer to handle medical expenses related to a specific need or because of issues with medical services, HealthShare will wait for the case to be resolved before determining if the community can share in any remaining eligible medical expenses.

It's important to inform HealthShare if you have any other coverage (insurance or not), including through a spouse, family member, employer, or government program. Failure to disclose this information may make your expenses ineligible for sharing.

Appeals

If a member believes that a sharing limitation was incorrectly placed or a determination of ineligibility for sharing was provided on their sharing request, they may submit an appeal. Members may submit an appeal only if their membership remains active throughout the appeals process. All appeals are

reviewed by a committee, which includes at least one HealthShare board member, as well as trained medical professionals. All appeals results are final and may not be appealed again.

Appeal requests must be submitted within thirty (30) days of the sharing request determination and must be submitted by the member, not the member's providers. HealthShare may request additional information from providers if needed. To file an appeal, send the medical evidence, a written explanation, and any other supporting documentation to the Determination Adjudicators.

Aging Out at 65

Medical incidents, services, and expenses that occur prior to the members age-out at sixty-five (65), will have up to thirty (30) days after their membership end date to submit a sharing request. All other time limits will remain in effect including:

- itemized bills and statements must be submitted within six (6) months of the date of service, and
- the IUA must be paid within six (6) months of the initial date of service, or they become ineligible for sharing.

Medical Records Addendums

A member's Medical Records may be requested to assist with the determination of a sharing request. After the requested medical records have been reviewed and a determination is made, medical record addendums will not be considered unless they are combined with an official addendum from the applicable provider. The addendum must be separate and include the following:

- signature from the applicable provider,
- date,
- description of what was changed, and
- reason for change.

Conflict of Interest

In keeping with the Principles of Membership, and in the interest of protecting the HealthShare community, medical expenses incurred by a member that obtains medical treatment from a provider with which the member has an affiliation, partnership, personal or business relationship, or the like, and receives financial gain, is ineligible for sharing.

Maximum Shareable Amount

There is no annual or lifetime maximum for any member or household membership. However, some expenses may be subject to limitations according to these Member Guidelines.

PRE-MEMBERSHIP MEDICAL CONDITIONS

To keep membership contributions low for all members, a waiting period was implemented for sharing of medical conditions that existed prior to a member's membership start date. HealthShare calls such medical conditions: pre- membership medical conditions. This section defines pre-membership medical conditions and outlines related sharing limitations.

Definition of a Pre-Membership Medical Condition

A pre-membership medical condition is anything where a member has experienced one or more of the following:

- been examined,
- been diagnosed,
- taken medication,
- had symptoms,
- a personal history of or known increased risk of conditions that may arise or worsen in pregnancy,
- or received medical treatment within the 24 months prior to their membership start date.

Sharing requests related to pre-membership medical conditions are only eligible for sharing if the condition was regarded as cured and did not require treatment or present symptoms for 24 months prior to the membership start date.

Pre-Membership Medical Condition Phase-In Period

Pre-membership medical conditions have a phase-in period wherein sharing is limited. Starting from the membership start date, there is a one-year waiting period before pre-membership medical conditions are eligible for sharing. After the waiting period, the amount eligible for sharing increases with each membership year.

Sharing for pre-membership medical conditions are based on service date.

Amounts eligible for sharing for pre-membership medical conditions:

- Year One: \$0 (waiting period)
- Year Two: \$25,000 maximum per sharing request
- Year Three: \$50,000 maximum per sharing request
- Year Four: \$125,000 maximum per sharing request

After four years of membership, expenses related to pre-membership medical conditions will be eligible for sharing up to a maximum of \$125,000 in a 12-month period. The maximum resets each membership year.

Exceptions for High Blood Pressure, High Cholesterol, & Diabetes

High blood pressure, high cholesterol, and diabetes (types 1 and 2) are not considered pre-membership medical conditions as long as

- the member has not been hospitalized for the condition in the 12 months prior to enrolling, and
- the member is able to control the condition through medication or diet.

PREVENTIVE SERVICES

HealthShare shares specific preventive services with the Direct Membership, or with the additional Preventive Sharing service added to the Essential Membership, for six (6) months. Preventive sharing is not subject to the IUA and all preventive services must occur after the waiting period. Members should take advantage of the Member Advocate team to help them locate low-cost facilities.

HealthShare references the following resources regarding preventive sharing:

- US Preventive Services Task Force
- American Cancer Society
- Centers for Disease Control (CDC) and Prevention Guidelines
- American Academy of Pediatrics
- American Academy of Family Physicians

Annual Provider Visit

Sharing for an annual provider visit is available upon membership start date and every twelve (12) months from the eligible visit date. Sharing is limited to the services provided during the office visit only, up to \$175. Cervical cancer screenings are considered eligible for sharing only when performed during the annual provider visit. Prostate cancer screenings by blood tests for prostate specific antigen (PSA) are considered eligible for sharing only when ordered or drawn during the annual provider visit and after fifty (50) years of age. If a follow-up is requested for either, it will require a separate sharing request and subsequent IUA.

Please note: Emergency room or urgent care visits are not eligible for sharing as an Annual Provider Visit.

Colorectal Cancer Screenings

Sharing for a colorectal cancer screening is available every ten (10) years beginning at the age of forty-five (45) and after six (6) months of a continuous membership that includes the Preventive Services additional service. Sharing is limited to \$5,000 for the screening colonoscopy, anesthesia, diagnostic testing, biopsies, and pathology performed as a part of the screening. Any additional costs, services, or follow-ups will be the member's responsibility. For high-risk members under forty-five (45), this service may be eligible for sharing with prior written approval from the HealthShare.

Home colorectal cancer screening tests such as high sensitivity gFOBT (guaiac fecal occult blood test), FIT (fecal immunochemical test), and sDNA-FIT (stool DNA with fecal immunochemical test)

are eligible for sharing beginning at the age of 45 and after six (6) months of continuous membership with preventive services. gFOBT and FIT are eligible for sharing once every twelve (12) months; sDNA-FIT is eligible for sharing once every three (3) years up to \$500 for the test.

Any additional testing resulting from a home colorectal cancer screening test, including a colonoscopy, will require a separate sharing request and is subject to the IUA. All other colorectal cancer screenings are ineligible for sharing as a preventive service but may be considered for sharing as a separate sharing request dependent upon the reason and only with prior written approval from HealthShare. All non-preventive colorectal cancer screenings are subject to the IUA.

Mammograms

Sharing for a mammogram is available every year beginning at the age of forty (40) and after six (6) months of a continuous membership that includes the Preventive Sharing additional service. Sharing is limited to \$600 for a 2D or 3D mammogram. The exam, appointment, and evaluation of imaging performed as a part of the screening will count toward the \$600 limit. Any extra services provided will be the member's responsibility. For high-risk members under the age of forty (40) this service may be considered for sharing with prior written approval from HealthShare.

If the finding of the screening mammogram is inconclusive and warrants an ultrasound ordered by a licensed medical provider, HealthShare will consider sharing in the cost which will be included in the \$600 sharing limit. All other mammograms are ineligible for sharing as a preventive service but may be considered for sharing as a separate sharing request dependent upon the reason and only with prior written approval from the HealthShare. All non-preventive and diagnostic mammograms are subject to the IUA.

Youth Immunizations

Youth immunizations are eligible for sharing if the preventive sharing feature is added to the membership. There is a 6-month waiting period before sharing can begin. If a child is born through a maternity sharing request and the household has had Preventive Sharing for at least 6 months before birth, sharing can begin at membership start date. However, if a child is added to the membership later and not through a maternity sharing request, the 6-month waiting period will apply.

HealthShare may share up to the CDC price list in effect at the time of the eligible sharing request. Sharing is limited to the immunizations outlined below:

- HPV (Human Papilloma Virus)
- Men (Meningococcal)
- PCV (Pneumococcal)
- RV (Rotavirus Immunization)

- IPV (Inactivated Polio Immunization)
- HIB (Haemophilus Influenza Type B)
- Hep A (Hepatitis A)
- Hep B (Hepatitis B)
- VAR (Varicella)
- DTaP (Diphtheria, Tetanus, acellular pertussis)
- Tdap (Tetanus, Diphtheria, acellular pertussis)
- MMR (Measles, Mumps, Rubella)

Well Child Visits

Well Child Visits are eligible for sharing if the preventive sharing feature is added to the membership. There is a 6-month waiting period before sharing can begin. If a child is born through a maternity sharing request and the household has had Preventive Sharing for at least 6 months before birth, sharing can begin at membership start date. However, if a child is added to the membership later and not through a maternity sharing request, the 6-month waiting period will apply.

Sharing is limited to \$175 for the office visit costs, and associated immunizations are limited as outlined in the Youth Immunizations section. Qualifying visits are for children at the following ages:

- Birth
- 1 Month
- 2 Months
- 4 Months
- 6 Months
- 9 Months
- 12 Months
- 15 Months
- 18 Months
- 24 Months
- 30 Months
- 36 Months

MATERNITY SHARING REQUESTS

General

Maternity sharing requests have a structured Initial Unshareable Amount (IUA) as follows:

- Household Membership IUA: \$1,250 → Standard Maternity IUA: \$2,500
- Household Membership IUA: \$2,500 → Standard Maternity IUA: \$2,500

Expenses eligible for sharing may include prenatal care, postnatal care, and delivery. Any newborn expenses incurred after delivery are subject to a separate sharing request and IUA. The maternity sharing request must be submitted within six (6) months from the first date of service for which sharing is requested. Sharing requests submitted more than six (6) months after the newborn's delivery date will not be eligible for sharing.

Once the maternity sharing request is open, submission of original, itemized bills for the medical expense(s) must be within six (6) months of service. Bills submitted more than six (6) months after the date of service may be considered ineligible for sharing.

Waiting Period

Maternity sharing requests are ineligible for sharing during the first six (6) months of membership. To be eligible for sharing, the conception date must occur after six (6) months of continuous membership, as confirmed by medical records. Members who intentionally misrepresent their conception dates may be subject to membership revocation.

Newborns who are not born in connection with an eligible maternity sharing request may be added to a household membership by calling or emailing Member Support Admin. The newborn's membership start date can be no sooner than seven (7) days after delivery, if not born in connection with an eligible maternity sharing request. Any complications that the newborn may have, or any medical conditions present at birth, will be considered pre-membership medical conditions.

Eligible for Sharing

Prenatal

- Routine office visits
- Routine lab work
- Immunizations must be ordered by a licensed practitioner and are subject to the CDC Pricing List:
 - RSV: One dose ordered as part of routine prenatal care for women in their third trimester during the months of September through January.

- Tdap: Ordered for women between 27 and 36 weeks, only.
- Fetal non-stress test (after 36 weeks)
- Up to three standard ultrasounds (unless an unexpected complication requires additional scans)
- STD/STI screenings prescribed by a licensed practitioner as part of routine prenatal care

Delivery

- Ob-gyn labor and delivery
- Cesarean
- Multiple births
- Hospital labor and delivery
- Hospital room and board
- Anesthesiologist
- Nitrous Oxide: Must use FDA approved devices, cannot be combined with or also receive an epidural, and a sharing limit of \$400.
- Home births
- Maternal fetal medical specialist consultations, when ordered by the medical provider managing the pregnancy.
- Pelvic manipulation is only eligible for sharing if there is a new onset of back and/or pelvic pain, after the 30th week, and with a total of 20 visits but no more than \$2000, whichever occurs first. Exceptions will be considered for multiple births. Pelvic manipulation will no longer be eligible for sharing with the eligible maternity request after the date of delivery.
- Birthing centers
- Charges related to unexpected complications for the mother
- One in-hospital pediatrician visit, including routine immunizations, routine lab work, and routine hearing tests (all eligible for sharing when the baby is added to the household membership within 30 days of delivery and when these services occur prior to discharge from hospital). When the baby is born outside of a hospital (ex. Home Birth), services outlined above are eligible for sharing within the first two weeks following birth.

Postnatal

- Mother's six (6)-week postpartum checkup with pap test
- Two-week cesarean post-op appointment

Ineligible for Sharing

Prenatal

- 3D and 4D ultrasounds
- Most immunizations (such as flu shots)
- Non-prescription supplements
- Chiropractic services for babies in breech positions
- Genetic testing/counseling, including but not limited to:
 - Amniocentesis
 - Inhibin A
 - Alpha-Fetoprotein Serum (AFP)
 - Any type of Nuchal Translucency (NT) ultrasound
 - NIPT testing
 - Services by companies providing genetic testing

Delivery

- Doula services
- Birthing tubs
- Placenta encapsulations
- Circumcision
- Diagnostic hearing screening (including evoked auditory tests, BAEP, ABR, or BAER)

Postnatal

- Breast pumps
- Lactation consultant
- Mother's immunizations
- Postpartum counseling
- Additional postpartum services

Other services may be ineligible or eligible as determined by the HealthShare. If you have questions about a specific service, please contact the Maternity department prior to receiving care. All genetic testing will be the responsibility of the member.

Checkups for the newborn after delivery are not part of the maternity sharing request. If the newborn has any complications, they will require a separate sharing request. All of the newborn's checkups and any complications are subject to eligibility determination based on the Member Guidelines.

Midwives

Midwifery care from legally regulated providers is generally considered eligible for sharing, up to a \$7,000 sharing limit. Not all midwifery services may be eligible for sharing, and any expenses exceeding the \$7,000 limit will be the member's responsibility.

Home Births

Home births are generally considered eligible for sharing with the chosen household membership's Initial Unshareable Amount (IUA).

If care becomes co-managed with a physician, complications arise, or delivery occurs in a hospital, the standard maternity IUA will be required before the HealthShare community contributes to any remaining eligible expenses.

- Household Membership IUA: \$1,250 → Standard Maternity IUA: \$2,500
- Household Membership IUA: \$2,500 → Standard Maternity IUA: \$2,500

Separate Sharing Requests

Any complication for the newborn occurring after birth, whether the complication existed before or after birth (including congenital conditions), is separate from the mother's eligible maternity sharing request and will require its own sharing request and IUA (in the event of a multiple birth, complications, each individual newborn will require their own sharing request and IUA).

Expenses for any pregnancy or birth-related complications of the mother are eligible for sharing as part of the eligible maternity sharing request.

Premature Birth

Any services outside standard maternity and newborn care would be considered a separate medical need for the baby and will require a new sharing request submission and new IUA.

In Vitro Fertilization (IVF)

Expenses related to fertility treatments are ineligible for sharing. For pregnancies occurring by IVF or other non-traditional fertilization methods, HealthShare defines date of conception as the date the fertilized embryo is implanted in the uterus.

Gestational Diabetes

Gestational diabetes is considered a complication of pregnancy, and members who develop this condition are encouraged to follow the recommendations of their treating providers. Gestational diabetes is not considered insulin dependent. Therefore, costs of medications prescribed to treat gestational diabetes, including insulin, can be shared according to our prescription sharing guidelines.

Members are encouraged to seek counsel from their OB/GYN on dietary changes and exercise. Glucometers and test strips can be purchased at local pharmacies or online at reasonable costs. For these reasons, nutritionists, other therapists, and testing supplies are ineligible for sharing.

EXPENSES ELIGIBLE FOR SHARING

The following list reflects sharing limitations for certain conditions or requirements for certain expenses to become eligible. All expenses eligible for sharing are subject to the member's IUA.

Adoption Birth Expenses

HealthShare considers adopted children the same as biological children. Therefore, the HealthShare community may share up to \$2000 for post-birth eligible expenses related to the following categories only:

- OB/GYN labor and delivery
- Cesarean
- Hospital labor and delivery
- Hospital room and board
- Anesthesiologist

To be eligible for sharing, all bills must be submitted within six (6) months from the date of service and after one (1) year waiting period from an active household membership. The newborn is not considered born through an eligible maternity sharing request and therefore must be added no sooner than seven (7) days after delivery. Any complications the newborn may have, or any medical conditions present at birth, will be considered pre-membership medical conditions.

Alcohol & Drug Abuse Treatment

Sharing for alcohol and drug abuse treatment is available upon membership start date and is not considered a pre-membership medical condition. Treatment for alcohol abuse, substance abuse, or chemical dependency is only eligible for sharing up to \$3,000 per member.

Ambulance Transport

Medical transportation, including air and ground, is eligible for sharing when it is required in relation to a specific illness or injury eligible for sharing. Every effort should be made to be transported to the closest appropriate facility.

Arthritis Treatment

Arthritic conditions, even if asymptomatic, are considered a pre-membership medical condition. Any treatment and/or procedure costs, including but not limited to joint injections, physical therapy, and chiropractic manipulations, are subject to the pre-membership medical condition phase-in period.

Audiological

Audiological treatment to correct hearing loss is eligible for sharing.

Automobile Accidents

In the event of an automobile accident, HealthShare will only consider sharing in medical expenses after any relevant insurers have processed claims and made final payments. This includes, but is not limited to, automobile insurance, health insurance policies, government assistance plans, workers compensation, or liability insurance.

Incidental insurance policies are not considered relevant for this purpose. These include but are not limited to accident, critical illness, and hospital indemnity coverage. Members must submit a sharing request within six (6) months of a medical need arising from the accident informing HealthShare of any relevant insurers, upon which the relevant insurers will be primarily responsible for the payment of the member's medical expenses. Any remaining expenses will be reviewed by the HealthShare for sharing eligibility. Failure to disclose coverage with an insurance, group plan, government assistance plan, or legal representation may result in ineligibility for sharing. This includes, but is not limited to, any form of coverage through a non-member spouse, family member, employer, or government entity. If you have primary insurance coverage,

HealthShare will be the secondary payor, and some expenses not covered by insurance may be eligible for sharing.

Basal & Squamous Cell Cancer

Each individual location of a squamous cell or basal cell cancer requires a separate sharing request and separate IUA.

Cataract Surgery

Cataract surgery is treated as a pre-membership medical condition and subject to a one-year waiting period before it is eligible for sharing. Age-related cataracts requiring multiple procedures may be shared with one (1) IUA if the second procedure is completed within three (3) months of the first procedure. Non-age- related cataract surgery requiring multiple procedures that is considered eligible for sharing requires two (2) separate IUAs.

Congenital Conditions

Congenital conditions of children born outside an eligible maternity sharing request will be considered pre-membership medical conditions and therefore subject to the waiting period for sharing.

Contraception

Contraceptive costs are ineligible for sharing. This includes but is not limited to intrauterine devices (IUDs), implantable contraceptive methods, condoms, surgical sterilization procedures, and the Plan-B pill. Members can obtain birth control medications from their WoW Health pharmacy benefits.

Hormonal treatments and IUDs for non-contraceptive purposes may be eligible for sharing.

Cosmetic Surgery

Expenses related to cosmetic surgery are eligible for sharing only for disfigurement due to an injury or illness eligible for sharing.

Degenerative Conditions

Degenerative conditions, even if asymptomatic, are generally considered a pre-membership medical condition and are subject to the applicable phase-in period.

Dilation & Curettage (D&C)

Dilation and curettage (D&C) procedures related to an eligible sharing request and indicated for diagnostic and therapeutic purposes are generally considered to be eligible for sharing. Elective dilation and curettage procedures are ineligible for sharing.

Durable Medical Equipment (DME)

Durable medical equipment (DME) is eligible for sharing if it is prescribed by a licensed medical provider and if it is related to an eligible sharing request. Durable medical equipment can generally be rented, is reusable by other patients, is prescribed for a specific illness or injury, and can be used in the home. Some examples of DME are oxygen tanks, wheelchairs, walkers, crutches, canes, and hospital beds.

HealthShare encourages members to rent equipment when possible if the rental costs for the duration of the treatment are less than the purchase price. Sharing in the cost of purchasing DME requires prior written approval from the HealthShare. Sharing is limited to 120 days per medical need.

Sleep apnea equipment is not eligible for sharing.

Emergency Visits

Emergency room (ER) visits are generally eligible for sharing, whether or not they are in conjunction with an eligible medical need. The first ER visit for a medical condition is treated as a normal sharing request. Each additional visit related to the same condition may require the member to take on a personal responsibility of \$500 in addition to the member's IUA. Members with nonemergency needs should seek out other treatment options such as doctor visits, telemedicine, urgent care clinics, or other appropriate care. Seeking proper nonemergency care reduces emergency room visits and the financial strain on the entire community.

Genetic Mutation

Sharing requests resulting from a genetic mutation that existed prior to membership start date are subject to the same limitations as other pre-membership medical conditions. If the member did not receive a diagnosis, require treatment, present symptoms, or take medication for the genetic mutation in the 24 months prior to membership start date, eligible sharing requests related to the condition may not be subject to pre-membership medical condition limitations.

Genetic Testing

Genetic testing will only be considered for sharing if it is required for the treatment of an eligible condition, such as breast cancer.

High Risk

HealthShare understands the importance of testing when a member is considered “high risk” for a specific condition or illness. To help aid in the cost of increased testing for these members, the HealthShare community may share in high-risk testing up to \$3000 after the IUA has been met. Pre-membership medical condition waiting periods will apply.

Home Healthcare

Home healthcare expenses are eligible for sharing when related to an eligible accident, illness, or injury and when a licensed physician has prescribed the care. Sharing of home healthcare expenses is limited to 30 days.

Hormonal Deficiencies

Evaluations, treatments, and/or medical expenses associated with hormonal deficiencies are only eligible for sharing when in relation to an eligible sharing request. Age-related hormonal deficiencies (e.g. menopause, perimenopause, male menopause) are not eligible for sharing.

Hospice Care

Hospice care is eligible for sharing for 90-day periods with certification of terminal illness and when ordered by, and under the care of, a licensed medical professional.

Hyperbaric Therapy

Inpatient or outpatient hyperbaric therapy may be eligible for sharing for the treatment of a specific illness or injury. Outpatient hyperbaric therapy is eligible for sharing up to 35 therapy sessions.

Injections

Injections related to an eligible sharing request are eligible for sharing up to \$5,000. Hormone therapy injections related to an eligible sharing request are eligible for sharing up to \$3,000. Injections related to gender transitioning or sex reassignment therapy are ineligible for sharing.

International Medical Treatment

Medical expenses for emergency and acute care incurred outside the United States or Puerto Rico will be considered for sharing based on the Member Guidelines. All other medical expenses are ineligible for sharing.

Joint Replacement Treatment

Joint replacement treatment and surgery for degenerative arthritis conditions may be eligible for sharing following the pre-membership conditions sharing limits.

Laboratory Tests & Checkups

Laboratory tests and checkups in relation to an eligible sharing request may be considered for sharing when prescribed by a licensed medical provider.

Long-Term Care & Skilled Nursing

Long-term care and skilled nursing are eligible for sharing when prescribed by a licensed medical provider for recovery from an eligible injury or illness.

Medical Supplies

Medical supplies that directly aid in the treatment of, or recovery from, an eligible medical need is generally able to be shared for up to 120 days from the treatment start date, as prescribed by a licensed medical provider. Medical supply costs must be over \$100 per item to be considered for sharing, with a limit of \$500 per eligible medical need. HealthShare will share the retail costs (or fair market costs when applicable), and members are encouraged to use vendors such as local pharmacies or medical supply stores.

Cranial helmets prescribed by a licensed medical practitioner for the treatment of conditions of the skull in infants such as plagiocephaly may be eligible for sharing with a limit of \$1500. Medical supplies are supplies that are disposable, not meant to be used by another patient, are meant for single use, or are meant for short-term use. Examples are joint stabilizing braces, urinary catheters, oxygen masks, and nasal cannulas.

Miscarriage

Miscarriage-related costs are generally eligible for sharing, subject to the chosen household membership's Initial Unshareable Amount (IUA). Conception must occur on or after the membership start date; however, sharing is not subject to the six (6)-month maternity waiting period.

Nutritionists

Expenses related to nutritionists or dietician services are ineligible for sharing unless prescribed by a licensed medical provider and are limited to two (2) visits per eligible sharing request, specifically the initial and follow-up visit.

Occupational Therapy

Occupational therapy in relation to an eligible sharing request is eligible for sharing for inpatient treatment and up to 35 outpatient sessions, up to \$7,500.

Organ Transplants

Organ transplants are eligible for sharing; however, they are subject to limitations for pre-membership medical conditions. See Pre-Membership Medical Conditions Guidelines for more information.

Osteoporosis

Osteoporosis, even if asymptomatic, is considered a pre-membership medical condition and is subject to the sharing phase-in period. See Pre-Membership Medical Conditions Guidelines for more information.

Prescriptions

Prescription medications are considered eligible for sharing under the following conditions:

- The prescription is related to the treatment of an eligible sharing request.
- The prescription is ordered by a licensed provider.
- The prescription is approved by HealthShare.

When these conditions are met, the member will be reimbursed for the cost or given a one-time use credit card for the exact cost of the prescription to take to the pharmacy and pay for their prescription.

Sharing in all prescription costs is limited to 12 months. Prescriptions such as Eliquis, Humira, Stelara, and others, may be eligible for sharing under the above conditions. For all other prescriptions that do not meet the above conditions please use WoW Health prescription benefits.

Self-Referrals

Referrals not ordered by a licensed medical provider, or self-referrals, require review and approval for sharing by HealthShare, including all deposits, retainers, or other payments a provider may require prior to scheduling an appointment. Referrals ordered by a licensed medical provider for additional consultation, or services directly related to an eligible medical need are generally considered to be eligible for sharing.

Sharing Limitations on Tobacco Use

Medical cost sharing for eligible sharing requests of current or previous tobacco users who have utilized tobacco within the past 15 years are limited to \$50,000 for each of the following four disease categories:

- Stroke
- Cancer -Tobacco Related
- Heart conditions
- Chronic obstructive pulmonary disease (COPD)

Speech Therapy

Speech therapy in relation to an eligible illness, injury, or accident is eligible for sharing for 35 outpatient visits per condition, up to \$3,000. Speech therapy for conditions such as speech delays or learning impairments not caused by injury or accident is ineligible for sharing.

Sports

Medical expenses related to recreational sporting activities are generally eligible for sharing. Illness or injury resulting from practicing, or participating in, any semi-professional or professional competitive athletic contest for which the member receives any compensation is ineligible for sharing.

Suicide & Attempted Suicide

HealthShare will share in expenses related to the suicide or attempted suicide of an adolescent, aged eighteen (18) and under. Up to \$25,000 may be shared after one (1) year of continuous membership.

If you or someone you know is experiencing suicidal thoughts or a crisis, please reach out immediately to the Suicide and Crisis Lifeline at 988 or text HOME to the Crisis Text Line at 741741. These services are free and confidential.

Therapeutic Treatments

When prescribed and performed by a licensed medical professional for a specific illness, injury, or disease to the musculoskeletal, and related to an eligible sharing request, expenses for therapeutic treatments are eligible for sharing up to either a maximum shareable amount of \$7,500, or a maximum total of 35 treatments, per medical need. Once either the maximum shareable amount, or maximum total of 35 treatments has been exceeded, therapeutic treatments related to the medical need are ineligible for sharing.

Therapeutic services include, but are not limited to:

- Alternative and/or integrative therapies such as acupuncture, craniosacral therapy, dry needling, ozone treatments, prolotherapy, and alternative infusion therapies.
- Chiropractic treatments and services provided by licensed chiropractors.
- Massage therapy and services provided by licensed massage therapists.
- Physical therapy and services performed by licensed physical therapists.

When alternative or integrative medical practices are chosen by the member, sharing in the same medical need may be limited if the member decides to return to traditional care methods.

Varicose Veins

Evaluation and treatment for varicose veins may be eligible for sharing and is subject to the pre-membership medical condition sharing limits.

Weight Reduction

Expenses related to weight reduction are considered pre-membership medical conditions and are subject to the sharing phase-in period. Expenses are considered eligible for sharing if prescribed by a licensed medical provider and approved by HealthShare, up to \$3,000 per sharing request.

END OF LIFE FINANCIAL ASSISTANCE

If a member passes away after one year of uninterrupted membership, the HealthShare community may provide financial assistance after receiving a copy of the death certificate. The surviving family may receive \$10,000 per deceased member, 18 years of age and older, and \$3,500 for dependent members aged 17 and younger. If a child, born through an eligible maternity sharing request, under the age of one year, passes away, the surviving family may receive \$3,500, provided the household membership has been active for over one year and the child was added to the membership before their passing.

The surviving family must notify HealthShare of the member's passing within 60 days by providing the death certificate. The individual membership can be canceled and does not need to remain active to receive the End of Life Financial Assistance or remaining sharing. Any remaining eligible medical expenses that occurred prior to the member passing must be submitted to HealthShare within 90 days of the death for review of sharing. Expenses submitted after 90 days will not be eligible for sharing.

EXPENSES INELIGIBLE FOR SHARING

The HealthShare medical cost sharing community chooses not to share in some medical expenses. Decisions for sharing eligibility are made to benefit all members by keeping monthly contributions low and sharing in medical expenses based on our Principles of Membership. The following expenses are excluded from sharing with the HealthShare community.

Abortion

Expenses for the abortion of a living, unborn baby are ineligible for sharing.

Allergy Treatments

Allergy testing and medication are excluded from sharing. Members can take advantage of WoW Health Pharmacy benefits to receive prescription discounts. Sharing requests related to non-seasonal allergies, such as an emergency room visit for an allergic reaction, may be considered for sharing.

Breast Implant Removal

Breast implant removal is ineligible for sharing.

Dental

Dental services, such as caps, crowns, root canals, fillings, wisdom tooth extraction, anesthesia, sedation, and cleanings are not eligible for sharing. Expenses related to devices including, but not limited to splints, bite guards, and expanders are ineligible for sharing. Tooth damage caused by an accident or injury (e.g., car accident) and in relation to an eligible sharing request may be considered for sharing.

Diabetic Medication & Supplies

Any medical expenses related to supplies, testing, medication, or other implements used to treat diabetes are ineligible for sharing.

Fees, Interest, and Taxes

Any fees, interest charges, or taxes on medical bills are considered ineligible for sharing, are member responsibility, and do not count toward the IUA. Additionally, any late payment fees or interest charges resulting from a member's delay in providing necessary documentation to HealthShare are ineligible for sharing.

Credit card transaction fees associated with a payment by the member are ineligible for sharing.

Fertility

Expenses related to fertility evaluations and treatments are ineligible for sharing.

Genetic Screening

Genetic screenings and/or genetic counseling are ineligible for sharing.

Hearing Aids

Expenses related to hearing aids are ineligible for sharing.

Injuries Obtained from Certain Acts

Injuries or illnesses resulting from a criminal act, euthanasia, assisted suicide, participation in a riot, or other such acts that would violate the Principles of Membership are ineligible for sharing.

Injuries or illnesses resulting from being under the influence of alcohol or drugs while committing a criminal act, such as operating a motor vehicle while impaired, are ineligible for sharing.

Medical Noncompliance

Failure or refusal to comply with a licensed medical professional's treatment plan or leaving a facility against medical advice (AMA) may result in ineligibility of the sharing request and any complications that arise.

Medically Stable & Chronic Conditions

An eligible medical need may be considered medically stable when the condition is chronic and further treatment will not likely result in improvement. At this point, the sharing request is subject to review and may result in determination of ineligibility for future sharing.

Mental Health

Expenses related to medications or other treatment for any mental health illness or condition are ineligible for sharing. Mental health conditions may include anxiety, depression, mental illnesses, and other psychological conditions. Through WoW Health, HealthShare members may have access to mental health resources including acute counseling sessions.

Neurodivergent Disorders

Expenses for evaluations, treatments, and prescriptions related to neurodivergent disorders, such as autism, ADHD, or Sensory Processing Disorder (SPD), are ineligible for sharing.

Sleep Apnea

Sleep apnea equipment and testing are ineligible for sharing.

Sterilization

Elective sterilization, such as tubal ligation and vasectomy, is ineligible for sharing.

Subscriptions

Expenses related to subscriptions for Direct Primary Care's (DPC), gym memberships, chiropractor memberships, or anything similar are ineligible for sharing.

Surrogacy

Expenses related to a surrogate pregnancy, whether or not the surrogate is a member, are ineligible for sharing.

TMJ (Temporomandibular Disorder)

Expenses related to evaluation and treatment of Temporomandibular Disorder (TMJ) and other similar conditions are ineligible for sharing.

Vision

Vision expenses related to hardware, such as glasses and contacts, are ineligible for sharing.

Expenses to correct refraction, including but not limited to Lasik, PRK, lens implants, and/or other surgical or non-surgical visual acuity procedures and treatments not related to cataract surgery, are also ineligible for sharing.

Vitamins & Supplements

The cost of vitamins and supplements is ineligible for sharing.

MEMBERSHIP WITHDRAWAL

Members (including a spouse or adult child) may withdraw their individual membership, completely or from a specific household membership, at any time. All requests may take up to the following business day to be processed, including those that take place on a holiday or weekend. To avoid being charged for the next billing cycle, membership withdrawal requests must be submitted at least 24 hours in advance. The membership will remain active until the end of the household membership's current billing cycle.

HealthShare cannot backdate withdrawals and therefore does not prorate withdrawals or provide refunds. Only the primary member may remove other members from the membership. Once a membership is withdrawn any open sharing requests and all future sharing requests will no longer be eligible for sharing (unless the membership is reinstated before thirty (30) days). Members should plan accordingly. Requests for membership withdrawal must be submitted through the Member Portal Admin Request Form.

Note: If your membership is administered through your employer, a group plan, or any entity other than directly through HealthShare, you must reach out to your employer, TPA, or the like's representative to withdraw.

ADDITIONAL GIVING

The Additional Giving fund is made of voluntary contributions from members of our medical cost-sharing community, and the generous donations of others, for the purpose of supporting other members who have medical expenses ineligible for sharing. The request and expenses must align with the Principles of Membership and may be considered for sharing from the Additional Giving fund. The allocation of these funds is decided on a case-by-case basis by the Additional Giving Committee.

Members are encouraged to give funds in addition to their standard monthly contributions. One hundred percent of Additional Giving contributions, which are tax deductible, are placed in the Additional Giving fund, which is used solely to assist members who have a sharing request that is determined ineligible for sharing. Additional Giving funds are not subject to any administrative costs. Additional Giving is not mandatory, and members may contribute however much they feel is appropriate.

All members who adhere to the Principles of Membership are eligible to apply for assistance through the Additional Giving fund via an Additional Giving sharing request. Members may apply when they have an ineligible sharing request and have been active members for a minimum of three (3) months.

Guidelines for Additional Giving

Sharing requests that align with the Principles of Membership but do not meet the Member Guidelines may be eligible for sharing through the Additional Giving fund.

- Members and other contributors may give additional funds to share with the community or give toward a specific sharing request.
- Members are encouraged to share out of their surplus.
- Members looking to request sharing from the Additional Giving fund must still meet their IUA before the sharing request becomes eligible for sharing.
- Members who apply for sharing from the Additional Giving fund may only have part of their costs shared.

DEFINED TERMS

Additional Services

Preventive sharing may be added to, or included with, existing household memberships.

Application Date

The date HealthShare receives a complete membership enrollment.

Community Sharing Activity

In the Member Portal, an active list of eligible sharing requests indicating how the households' contributions are being shared.

Continuous Membership

The uninterrupted period of time when a household or individual has been an active member of the medical cost sharing community, by which sharing limitations requiring phase-in or waiting periods are determined. A membership may remain continuous as long as uninterrupted monthly contributions are received. These changes may include changes to your membership, a change in membership type, or a reinstatement after withdrawal as long as it is within thirty (30) days.

Date Of Service

The date medical services were rendered on behalf of a member.

Eligible For Sharing

Medical expenses are considered eligible for sharing within the medical cost-sharing community if they adhere to the Member Guidelines and Principles of Membership and receive a final determination indicating eligibility of sharing. These eligible expenses are also known as "shareable."

Eligible Sharing Request

A sharing request that is eligible for sharing with the medical cost sharing community.

Household Membership

A group of members, including the primary member, their spouse or domestic partner, and/or unmarried children under 26. A household can only have one household membership. Individual members within the household can have unique membership start and termination dates.

Inactive Member

A member, and applicable household member(s) thereof, who have withdrawn from the household membership or have had their membership revoked.

Ineligible For Sharing

A medical expense incurred by a member that is excluded from sharing based on our Member Guidelines and Principles of Membership. Also known as unshareable.

Ineligible Sharing Request

A sharing request ineligible for sharing by the medical cost sharing community, for reasons stipulated in our Member Guidelines and Principles of Membership.

Initial Unshareable Amount (IUA)

The amount members are required to pay on their own before associated eligible medical expenses may be shared. Members have six (6) months from the initial date of service to meet their IUA.

Licensed Medical Professional

An individual who has successfully completed a prescribed program of study in one of a variety of health fields, and who has obtained a license or certificate indicating their competence to practice in that field (MD, DO, ND, NP, PT, PA, Chiropractor, etc.), and whose license or certificate is both active and recognized by the state where services are rendered.

Medical Cost Sharing Organization

A membership-based, nonprofit organization whose primary purpose is to care for the medical needs of the members, or what is referred to as the HealthShare community. A medical cost sharing organization is not an insurance company.

Medical Need

The reason for which a member submits a sharing request. This includes, but is not limited to, preventive visits, maternity, an accident, or a serious medical incident. A medical need may be related to one contributing incident (i.e. car accident) or separated based on medical evidence indicating no relation (see Basal & Squamous Cell Cancer guideline) and determined by our Determination Adjudicators.

Medically Necessary

A scientifically validated, and evidence-based service, procedure, medication, evaluation, or treatment necessary to improve or restore physiological function and that is provided in the most cost-effective setting consistent with the member's condition. The fact that a provider may prescribe, administer, or recommend services does not always make them eligible for sharing. This applies even if the recommended service is not listed as a sharing limitation or mentioned in the Member Guidelines. To help determine medical necessity, HealthShare may request medical records and information from licensed medical professionals.

Member

The individual(s) within a household who, demonstrated by their participation, have agreed to abide by our requirements and are therefore eligible to share medical expenses with other members in accordance with the Member Guidelines, and their membership type. This includes the primary member, their spouse or domestic partner* and any unmarried children (by birth, marriage, or legal guardianship) under the age of 26.

*A Domestic Partner is an unrelated and unmarried person who shares common living quarters with a Primary Member and lives in a relationship that is not legally defined as marriage by the state in which the member resides.

Member Responsibility

Any amount paid by the member for medical costs that is ineligible for sharing with the medical cost sharing community. These amounts are in addition to the IUA.

Membership Age Group

The age group, as defined by HealthShare, which the oldest household member belongs to.

Membership IUA

The IUA that is chosen by the primary member, usually at the time of enrolling, and applied to the household's sharing requests.

Membership Start Date

The date on which a person's membership begins.

Membership Tier

Determined by the number of individuals participating in a household membership and their relationship to the primary member.

Member-To-Member Sharing

Members voluntary sharing of one another's medical expenses.

Monthly Contributions

A set monetary amount voluntarily submitted by a member and placed in the care of HealthShare, for the purpose of maintaining active membership and sharing in the medical expenses of fellow members. Funds are disbursed each month for members' medical expenses, other than the small portion of these funds allocated for administrative and vendor costs, as allowed by law.

Primary Member

The member who created the household membership. The primary member may or may not be the oldest member in the membership household.

Revocation Of Membership

Membership may be revoked for multiple reasons including, but not limited to, a violation of our Principles of Membership. Members who have their membership revoked may not have it reinstated or reestablished for a minimum of five (5) years. Revocation of membership causes a membership to become inactive.

Sharing Limit

The maximum amount that can be shared for any individual eligible sharing request or type of medical service, as described in the Member Guidelines.

Sharing Request

A form required to notify the medical cost sharing community of a member's medical need and associated medical expenses. Sharing Requests must be submitted via the Member Portal. See the applicable sections of the Member Guidelines for qualifying requirements.

Sharing Request Type

Identified as either regular, surgery, preventive, maternity, alternative, or Additional Giving depending on the type of medical services and treatment the member is receiving.

DISCLAIMER NOTICE

HealthShare is not an insurance company. Neither this publication nor membership in HealthShare are issued or offered by an insurance company. The purpose of the Member Guidelines is to help members understand and identify

medical needs that may qualify for member sharing and the process by which member-to-member sharing is facilitated. The Member Guidelines are not for the purpose of defining the amounts that the HealthShare community will reimburse or share into. While the HealthShare community has shared in all eligible member sharing requests to date, membership does not guarantee or promise that all eligible sharing requests will be shared. Rather, membership in the HealthShare community merely guarantees the opportunity for members to share the financial burden in another member's time of need. The financial assistance members receive will come from other members' monthly contributions and not from HealthShare.

THIS PUBLICATION AND MEMBERSHIP IN HEALTHSHARE SHOULD NEVER BE CONSIDERED A SUBSTITUTE FOR A HEALTH INSURANCE POLICY. IF THE COST-SHARING COMMUNITY IS UNABLE TO SHARE ALL OR PART OF A MEMBER'S ELIGIBLE MEDICAL SHARING REQUEST, THE MEMBER WILL REMAIN SOLELY FINANCIALLY LIABLE FOR ANY AND ALL UNPAID MEDICAL EXPENSES. THESE GUIDELINES DO NOT CREATE A LEGALLY ENFORCEABLE CONTRACT BETWEEN HEALTHSHARE AND ANY OF ITS MEMBERS. NEITHER THESE GUIDELINES NOR ANY OTHER ARRANGEMENTS BETWEEN MEMBERS AND HEALTHSHARE CREATE ANY RIGHTS FOR ANY MEMBER AS A RECIPROCAL BENEFICIARY, A THIRD-PARTY BENEFICIARY, OR OTHERWISE. AN EXCEPTION TO A SPECIFIC PROVISION OF THESE GUIDELINES ONLY MODIFIES THAT

PARTICULAR PROVISION AND DOES NOT SUPERSEDE OR VOID ANY OTHER PROVISION. THE DECISION BY HEALTHSHARE TO REIMBURSE A MEMBER'S ELIGIBLE SHARING REQUEST DOES NOT AND SHALL NOT CONSTITUTE A WAIVER OF THIS PROVISION OR ESTABLISH BY ESTOPPEL OR ANY OTHER MEANS ANY OBLIGATION ON THE PART OF HEALTHSHARE TO REIMBURSE A MEMBER'S ELIGIBLE SHARING REQUEST. TO SEE YOUR STATE NOTICE AND REGULATIONS PLEASE VISIT OUR WEBSITE.