

Membership
GUIDELINES

"Share with the Lord's people who are in need. Practice hospitality." ***Romans 12:13 (NIV)***

OneShare Health, LLC
A recognized Health Care Sharing Ministry
OneShare Health, LLC is not an insurance company but a religious health care sharing ministry.
For our full disclosures, see www.onesharehealth.com/legal-notices.

OneShare Health®

Welcome to OneShare Health!

Dear Valued Member,

Welcome to OneShare Health's Health Care Sharing Ministry! At our core, we believe that we are Better Together, and this is especially true when it comes to your health care needs. By becoming a Member of OneShare Health, you are joining other believers to support communities worldwide. We engage in charitable giving and strategic partnerships that broaden the reach of our Mission so we can share the joy of Jesus and spread health and happiness to all people.

Your Program is specifically designed for Members who want to live healthy, active, and fulfilling lives, and we encourage our Members to take advantage of the many perks included in their OneShare Health Membership:

OneShare Health Prayer Request: We care about your spiritual health and prayer needs. Email us at Prayer@OneShareHealth.com and let us pray for you and your loved ones.

Virtual Urgent Care (Telemedicine): Your first line of defense for common and acute ailments is Virtual Urgent Care (Telemedicine), which is 100% shared at no extra cost to you. Telemedicine is available 24/7, 365 days a year.

Rx Valet Prescription Discounts: You receive access to a Premier Pharmacy Program which offers multiple ways to save on prescription medications.

Provider Selection: Members of OneShare Health have access to a robust network of Providers through First Health. Go to mychoice.onesharehealth.com to search for a Provider in the network.

Please take a few minutes to review the Membership Guidelines, as it contains important information about your selected Program as well as valuable resources and references.

Again, welcome to our vibrant community! If you have questions about your Program or Membership perks, please contact Member Support for assistance, Monday through Friday, 7 a.m. to 5 p.m. CST at **(855) 699-1274** or visit us online at OneShareHealth.com.

Blessings,
OneShare Health

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Who is OneShare Health?

Scripture tells us that we should carry one another's burdens through prayer and encouragement. That's why it's OneShare Health's Mission, as a Health Care Sharing Ministry, to help Christians share each other's Medical Expenses by providing affordable sharing programs which align with their beliefs. With origins in the Anabaptist faith and a chaplain on staff, we welcome and unite those who agree with our core biblical principles and Statement of Beliefs relating to life, health, and caring for others.

With industry-leading Membership Programs and an unparalleled Member experience, OneShare Health continues to grow our nationwide community. Everything we do comes from these related biblical commands.

The first is to thoroughly love both God and neighbor (Matt. 22:36-40; Mark 12:28-34; Luke 10:25-28), the "greatest commandments" in all of Scripture.

The second is to carry the burdens of others (Galatians 6:2) and care for them as one would oneself, often called the Golden Rule and epitomized in the Parable of the Good Samaritan (Luke 10:25-37).

OneShare Health is passionate about finding creative and inspiring ways to facilitate ministry to and among Members, staff, and other charitable organizations.

By contributing their monthly Membership amounts, Members are sharing one another's Medical Expenses, supporting ministries within the United States and around the world, and demonstrating the love of God to the entire community.

Statement of Beliefs

With our origins in the Anabaptist faith:

WE BELIEVE

... in the authority of Scripture and the sanctity and dignity of every human life created by God with special meaning and purpose.
II Timothy 3:16; Psalm 139:13-14

... that every individual has the constitutional and religious right and duty to worship God in freedom.
II Corinthians 3:17; U.S. Const. amend. I

... and agree in the biblical and ethical principle of sharing with those who are less fortunate and who experience medical needs.
Galatians 6:2

... and agree that it is our responsibility to God and our fellow Members to engage in accountable, healthy living, and to avoid habits and behaviors which are harmful to the body.
I Corinthians 6:19-20

... in the power of prayer to save lives, to heal lives, and to unite our Members in common purpose and community, and we believe that prayer should be a fundamental practice of daily life.
I John 5:14; Philippians 4:6-7

OneShare Health, LLC is not an insurance company but a religious health care sharing ministry.
For our full disclosures, see www.onesharehealth.com/legal-notices.

How Sharing Works

OneShare Health acts as the facilitator, bringing together first-class processes and providers for the sake of our Members. We strive to provide a superior experience.

This illustration represents an Eligible Expense that is shared by the Members.





Program Overviews

Program Overview

Waiting Periods Apply

Eligible for Sharing[1]	OneShare℠ Catastrophic	OneShare℠ Catastrophic365[9]
Individual Sharing Amount (ISA)	$5,000 / $10,000	
Per Incident Sharing Maximum	$150,000 / $250,000 / $500,000	
Lifetime Sharing Maximum	$300,000 / $500,000 / $1,000,000	
Physician Visits[2]		
Virtual Urgent Care (Telemedicine)[3]	$0 Visit Fee / 100% Shared	
Preventive Services and 1 Wellness Visit	NOT ELIGIBLE	
Primary Care Physician	NOT ELIGIBLE	
Specialist[4]	$75 Visit Fee	
Facility Services		
Urgent Care Facility	NOT ELIGIBLE	
Emergency Room[5]	$500 Visit Fee	
All Other Services[2]		
X-Rays / Labs / Diagnostics	ELIGIBLE after ISA	
In/Outpatient Surgery[6]	ELIGIBLE after ISA	
Maternity	NOT ELIGIBLE	
Hospitalization[6]	ELIGIBLE after ISA	
Additional Features		
Prescription, Health, Wellness and Entertainment Discounts[7]	onesharehealth.com/members	
Mental Health Support[8]	24/7 Mental Health Chatbot	

1 Review Membership Guidelines for full details: Waiting Periods, Pre-Existing Limitations, service-specific limits, ISA, and Visit Fees for all Eligible Expenses. All ISAs, Per Incident Maximums and Lifetime Maximums are per Member.
2 OneShare Members have access to a broad range of Providers through the First Health Network. Choosing an in-network Provider will result in faster sharing request processing and ensure that Members do not face additional sharing responsibility for Eligible expenses.
3 Virtual Urgent Care (Telemedicine) is immediately available. It is not owned or operated by OneShare Health, LLC. but is made available by Clever Health.
4 Specialist Visits due to Eligible Hospitalization or Outpatient Surgery.
5 Emergency Room expenses under $10,000 are subject to a Visit Fee. Emergency Room expenses $10,000 or over are subject to ISA.
6 Eligible after ISA is met up to Per Incident Sharing Maximum.
7 Discount Programs will vary by state and are not owned or operated by OneShare Health, LLC. Members in Washington state are Eligible for the state's WPDP Discount Card through the Washington State HCA.
8 Mental Health Support is not owned or operated by OneShare Health, LLC, but made available by Clever Health. If you are in a crisis situation, please call or text the 988 Suicide & Crisis Lifeline or visit 988lifeline.org for help.
9 The Catastrophic365 Program expires at the end of one Program Year.

Program Overview

Waiting Periods Apply

Eligible for Sharing[1]	OneShare℠ Classic Basic
Individual Sharing Amount (ISA)	$5,000 / $7,500 / $10,000
Per Incident Sharing Maximum	$150,000
Lifetime Sharing Maximum	$1,000,000
Physician Visits[2]	
Virtual Urgent Care (Telemedicine)[3]	$0 Visit Fee / 100% Shared
Preventive Services and 1 Wellness Visit[4]	100% Shared Up to $1,000
Primary Care Physician	1 Per Program Year $40 Visit Fee
Specialist	NOT ELIGIBLE
Facility Services	
Urgent Care Facility	1 Per Program Year $75 Visit Fee
Emergency Room[5]	$500 Visit Fee
All Other Services[2]	
X-Rays / Labs / Diagnostics	ELIGIBLE
In/Outpatient Surgery[6]	ELIGIBLE after ISA
Maternity	NOT ELIGIBLE
Hospitalization[6]	ELIGIBLE after ISA
Additional Features	
Prescription, Health, Wellness, and Entertainment Discounts[7]	onesharehealth.com/members
Mental Health Support[8]	24/7 Mental Health Chatbot

1 Review Membership Guidelines for full details: Waiting Periods, Pre-Existing Limitations, service-specific limits, ISA, and Visit Fees for all Eligible Expenses. All ISAs, Per Incident Maximums and Lifetime Maximums are per Member.
2 OneShare Members have access to a broad range of Providers through the First Health Network. Choosing an in-network Provider will result in faster sharing request processing and ensure that Members do not face additional sharing responsibility for Eligible expenses.
3 Virtual Urgent Care (Telemedicine) is immediately available. It is not owned or operated by OneShare Health, LLC. but is made available by Clever Health.
4 Preventive Services and 1 Wellness Visit are available after a 180-day waiting period.
5 Emergency Room expenses under $10,000 are subject to a Visit Fee. Emergency Room expenses $10,000 or over are subject to ISA.
6 Eligible after ISA is met up to Per Incident Sharing Maximum.
7 Discount Programs will vary by state and are not owned or operated by OneShare Health, LLC. Members in Washington state are Eligible for the state's WPDP Discount Card through the Washington State HCA.
8 Mental Health Support is not owned or operated by OneShare Health, LLC, but made available by Clever Health. If you are in a crisis situation, please call or text the 988 Suicide & Crisis Lifeline or visit 988lifeline.org for help.

Program Overview

Waiting Periods Apply

Eligible for Sharing[1]	OneShare℠ Classic Enhanced
Individual Sharing Amount (ISA)	$5,000 / $7,500 / $10,000
Per Incident Sharing Maximum	$250,000
Lifetime Sharing Maximum	$1,000,000
Physician Visits[2]	
Virtual Urgent Care (Telemedicine)[3]	$0 Visit Fee / 100% Shared
Preventive Services and 1 Wellness Visit[4]	100% Shared Up to $1,000
Primary Care Physician	3 Per Program Year $40 Visit Fee
Specialist	NOT ELIGIBLE
Facility Services	
Urgent Care Facility	1 Per Program Year $75 Visit Fee
Emergency Room[5]	$500 Visit Fee
All Other Services[2]	
X-Rays / Labs / Diagnostics	ELIGIBLE
In/Outpatient Surgery[6]	ELIGIBLE after ISA
Maternity	NOT ELIGIBLE
Hospitalization[6]	ELIGIBLE after ISA
Additional Features	
Prescription, Health, Wellness, and Entertainment Discounts[7]	oneshareheath.com/members
Mental Health Support[8]	24/7 Mental Health Chatbot

1 Review Membership Guidelines for full details: Waiting Periods, Pre-Existing Limitations, service-specific limits, ISA, and Visit Fees for all Eligible Expenses. All ISAs, Per Incident Maximums and Lifetime Maximums are per Member.
2 OneShare Members have access to a broad range of Providers through the First Health Network. Choosing an in-network Provider will result in faster sharing request processing and ensure that Members do not face additional sharing responsibility for Eligible expenses.
3 Virtual Urgent Care (Telemedicine) is immediately available. It is not owned or operated by OneShare Health, LLC. but is made available by Clever Health.
4 Preventive Services and 1 Wellness Visit are available after a 180-day waiting period.
5 Emergency Room expenses under $10,000 are subject to a Visit Fee. Emergency Room expenses $10,000 or over are subject to ISA.
6 Eligible after ISA is met up to Per Incident Sharing Maximum.
7 Discount Programs will vary by state and are not owned or operated by OneShare Health, LLC. Members in Washington state are Eligible for the state's WPDP Discount Card through the Washington State HCA.
8 Mental Health Support is not owned or operated by OneShare Health, LLC, but made available by Clever Health. If you are in a crisis situation, please call or text the 988 Suicide & Crisis Lifeline or visit 988lifeline.org for help.

Program Overview

Waiting Periods Apply

	OneShare℠ Classic Crown
Eligible for Sharing[1]	
Individual Sharing Amount (ISA)	$5,000 / $7,500 / $10,000
Per Incident Sharing Maximum	$500,000
Lifetime Sharing Maximum	$1,000,000
Physician Visits[2]	
Virtual Urgent Care (Telemedicine)[3]	$0 Visit Fee / 100% Shared
Preventive Services and 1 Wellness Visit[4]	100% Shared Up to $1,000
Primary Care Physician	5 Per Program Year $40 Visit Fee
Specialist	$75 Visit Fee
Facility Services	
Urgent Care Facility	2 Per Program Year $75 Visit Fee
Emergency Room[5]	$500 Visit Fee
All Other Services[2]	
X-Rays / Labs / Diagnostics	ELIGIBLE
In/Outpatient Surgery[6]	ELIGIBLE after ISA
Maternity[7]	ELIGIBLE after ISA
Hospitalization[6]	ELIGIBLE after ISA
Additional Features	
Prescription, Health, Wellness, and Entertainment Discounts[8]	oneshareheath.com/members
Mental Health Support[9]	24/7 Mental Health Chatbot

1 Review Membership Guidelines for full details: Waiting Periods, Pre-Existing Limitations, service-specific limits, ISA, and Visit Fees for all Eligible Expenses. All ISAs, Per Incident Maximums and Lifetime Maximums are per Member.
2 OneShare Members have access to a broad range of Providers through the First Health Network. Choosing an in-network Provider will result in faster sharing request processing and ensure that Members do not face additional sharing responsibility for Eligible expenses.
3 Virtual Urgent Care (Telemedicine) is immediately available. It is not owned or operated by OneShare Health, LLC. but is made available by Clever Health.
4 Preventive Services and 1 Wellness Visit are available after a 180-day waiting period.
5 Emergency Room expenses under $10,000 are subject to a Visit Fee. Emergency Room expenses $10,000 or over are subject to ISA.
6 Eligible after ISA is met up to Per Incident Sharing Maximum.
7 All aggregate prenatal and delivery expenses related to an Eligible pregnancy are subject to the following limits based on the method of delivery - Natural Delivery: $5,000; C-Section: $8,000; Complications of delivery: $50,000.
8 Discount Programs will vary by state and are not owned or operated by OneShare Health, LLC. Members in Washington state are Eligible for the state's WPDP Discount Card through the Washington State HCA.
9 Mental Health Support is not owned or operated by OneShare Health, LLC, but made available by Clever Health. If you are in a crisis situation, please call or text the 988 Suicide & Crisis Lifeline or visit 988lifeline.org for help.



Member Resources

- Stretching Your Healthcare Dollar
- Comparing and Securing the Best RX Pricing
- Discount Services Overview
- Clever Health Overview
- Sharing Example
- Pre-Notification
- Definitions of Terms

How to Stretch your Healthcare Dollars
with OneShare Health's Care Selection Guide

Members of OneShare Health have access to a robust network of Providers through First Health. Go to **mychoice.onesharehealth.com** to search for a Provider in the network. Seeking healthcare can be a daunting task that poses many questions – Is my Provider In Network? How much is it going to cost? Are my Provider charges reasonable? Will I be balance billed? We will help you be a good steward of your healthcare experience.



Step 1
Virtual Urgent Care (Telemedicine)
For the Common Cold, Allergies, and Much More

Virtual Urgent Care (Telemedicine) visits are always 100% shared at OneShare Health, meaning this is at $0 additional cost to you. If you haven't downloaded the Clever Health App, now is a great time. Scan QR code to access Clever Health.

Through the Clever Health app, you'll experience greater convenience, faster visit times, more accurate diagnoses, and additional Prescription Discounts. It's your go-to for common ailments such as:

- Allergies
- Cold & Flu
- Digestive Conditions
- Ear Infection
- Fever
- Insect Bites
- Joint Aches & Pains
- Rashes
- Sinus Infections
- Skin Inflammation
- Urinary Tract Infections
- Asthma

For conditions more serious than those that could be resolved with a Virtual Urgent Care (Telemedicine) visit through Clever Health, but which are not Life-Threatening or Life-Altering, your next line of defense is your Primary Care Physician or an Urgent Care Facility. But, keep in mind that not all OneShare Programs provide sharing eligibility for these visits and, even when Eligible, sharing is limited to a certain number of visits per Program Year.

Step 2
Check Your Program Features



If your medical condition is a Life-Threatening or Life-Altering emergency, seek Emergency Care immediately. All OneShare Programs provide sharing eligibility for Emergency Care (for Eligible conditions only).

If your Program does not provide eligibility for Primary Care Physician visits, if you have exceeded your Program's maximum visits for Primary Care, or if you simply want a streamlined and easy way to access a Primary Care Physician, Virtual Primary Care visits are available through Clever Health for a very reasonable cost. Virtual Primary Care visits are Not Eligible for Sharing.



Step 3
Finding a Provider

We know how important it is to see the doctors you trust. Our Members have access to an easy-to-use Provider locator tool from First Health to find network Providers. Members are not required to use a network Provider, but you could end up with additional sharing responsibility if you choose an out-of-network Provider. To search for a Provider, go to **mychoice.onesharehealth.com**. If you need any help finding a Provider, contact OneShare Health Member Support at (855) 699-1274.

- If you choose to go to an out-of-network Provider, contact OneShare Health so we can assist as you navigate the scheduling and pricing of your care. We want to help you avoid receiving a balance bill from your out-of-network Provider.
- If you do receive a balance bill from a Provider, contact OneShare Health immediately via email at **correspondence@onesharehealth.com** - be sure to attach the bill from your Provider in your email.
- Some Providers may refuse to negotiate the bill after services are rendered, which is why contacting OneShare Health before scheduling services is so important. Obtaining a discount from the Provider is much more likely before services are provided.
- If a Member chooses to see an out-of-network Provider, and the Provider refuses to negotiate the charged amount, the Member may be responsible for the balance remaining after the bill has been shared.

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Comparing and Securing
the best RX Pricing

At OneShare Health, we believe in giving you the freedom to choose the lowest price prescriptions that meet your needs. Here's how you can take control of your prescription costs:

Step 1: Before you fill your prescription, make sure you're registered for Rx Valet, Clever Health, and WellCard Savings. This trio of options opens the door to your savings journey.

Rx Valet Feel better.

MyRxValet.com/register



clever health

CleverHealth.ai/oneshare

Scan QR code to access Clever Health.



WellCard Savings

WellCardSavings.com



Step 2: Next, search for your prescription based on your preferences.

	Rx Valet	Clever Rx	WellCard Savings
Local Pickup: Find a pharmacy near you.	✓	✓	✓
Pre-Pay Select: This option offers the guaranteed lowest price at a SPECIFIC PHARMACY.	✓		
Mail Order: Enjoy the convenience of home delivery. When you use a mail order pharmacy, you often pay a much smaller cost and receive a longer supply of medication.	✓		✓

Step 3: Now, it's time to select the prescription discount that fits your unique needs. Whether you prioritize price, the specific pharmacy you prefer, or the convenience of mail order delivery with its cost-saving advantages, the choice is yours!

Walgreens · Walmart Pharmacy · CVS pharmacy · PHARMACY · DUANE reade by Walgreens · HyVee pharmacy · COSTCO PHARMACY · Kroger Pharmacy

Ready to Get Started? For a complete guide on how to register for these prescription savings options, check availability in your state, and take advantage of the services, visit **www.onesharehealth.com/membership-additional-features**.

Rx Valet is not available to Members in South Dakota or Washington. This is a Pharmacy Subscription Program. THIS IS NOT INSURANCE. Discounts are available exclusively through participating pharmacies. The range of discounts will vary depending on the type of prescription and the pharmacy chosen. This part of the program does not make payments directly to pharmacies. Cannot be used in conjunction with insurance. Rx Valet is not owned or operated by OneShare Health.

Clever RX: Prescription Discount Card is not owned or operated by OneShare Health, LLC, but made available by Clever Health. This is not an insurance plan.

WellCard Savings which is made available by OneShare Health, LLC is a free health discount card. There is no cost or obligation to use WellCard Savings. You may use it any time and are never obligated or required to use it. You may continue to use your WellCard even after your relationship with OneShare Health, LLC terminates. This plan is NOT insurance. This program is powered through the discount medical plan organization, Access One Consumer Health, Inc. (not affiliated with AccessOne Medcard), 84 Villa Rd., Greenville, SC 29615 www.accessonedmpo.com. This plan and the plan administrators have no liability for providing or guaranteeing service or any liability for the quality of service rendered. This program is not available to residents of Montana, but may be used at participating Montana providers. Other state residents: visit www.WellCardSavings.com for full disclosure. WellCard Savings programs will vary by state and are not owned or operated by OneShare Health, LLC. Discount Medical Plan Organization benefits are not available to AK, MA, MT, VT, and WA Members.

Discount Services Overview

As a Member of Rx Valet, you don't need to worry about the high prices of medications because Rx Valet has created an Acute Medication Program that provides 37 commonly prescribed drugs at no charge, plus incredible discounts on all other medications. Consider Rx Valet as a reliable pharmacy savings advocate. The Rx Valet website and live Customer Care team are always actively helping Members find the lowest price available on medications.

The Rx Valet Program Covers:

- Bronchitis/Asthma
- Cough
- Ear Infection
- Eye Infection/Pink Eye
- Fever
- Headache/Migraine
- Pain Management
- Poison Ivy
- Sore Throat/Strep
- and More!

The Rx Valet Program is Easy to Use

Step 1: Visit MyRxValet.com/register.
Step 2: You will use your Member ID and your Group ID to setup your account. You can find your Member ID on the front of your OneShare Member ID Card, and your Group ID is in the Pharmacy Discount section on the back of the card. Haven't received your ID Card yet? You will also receive an email from Rx Valet with a link to your personalized Rx Card, which is ready for immediate use.
Step 3: Enter your Member ID and Group ID then click "Submit" and follow the instructions.

Rx Valet can be used for everyone in your family/household. It is accepted at over 65,000 retail pharmacies in the U.S. and if the medication is on the ACUTE formulary, you pay nothing. If not, then your out-of-pocket cost will be based on a deeply discounted price.

Rx Valet also offers a **Prescription Assistance Program (PAP)** for many medications over $200. If you are on one of these costly drugs, go to MyRxValet.com and chat with their Customer Care team to get the information you need. You could save hundreds, maybe thousands a year. You can always expect Rx Savings and Rx Value with RX VALET. More than 1,200 prescriptions are eligible.

Program Details

1. The ACUTE Medication Program includes all prescription medications listed on the formulary (on the next page) at no cost to you. If the drug is not on the formulary, your out-of-pocket cost is based on a deeply discounted price.
2. You may pick-up your medication at virtually any retail pharmacy of your choice (over 70,000 in our network).
3. Only certain doses and quantities for each medication are offered through this program.
4. Present your Rx Card to the pharmacy of your choice to utilize benefits.
5. All medications require a prescription.
6. No limit on prescription medication orders.
7. You also get access to the entire suite of products, discounts and services.

Rx Valet is not available to Members in South Dakota or Washington. This is a Pharmacy Subscription Program. THIS IS NOT INSURANCE. Discounts are available exclusively through participating pharmacies. The range of discounts will vary depending on the type of prescription and the pharmacy chosen. This part of the program does not make payments directly to pharmacies. Cannot be used in conjunction with insurance. Rx Valet is not owned or operated by OneShare Health.

Clever Health Overview

OneShare Health is excited to offer a variety of healthcare options through Clever Health. These services are designed to make it easier to access care from the comfort of your home. You can download the Clever Health app at CleverHealth.ai/oneshare or by scanning the QR code.



CleverHealth.ai/oneshare



VIRTUAL URGENT CARE (TELEMEDICINE)

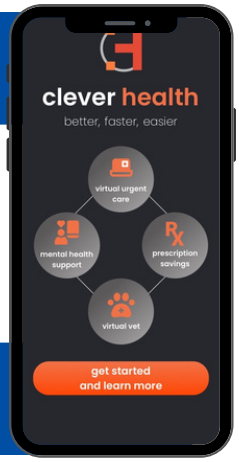
$0 Visit Fee

Clever Health is here to take care of non-emergent health care needs. As a Member of OneShare Health, you and your family have access to board certified providers 24/7, 365 days a year. Telemedicine is our Member's first line of defense!

- Easy on-demand and scheduled appointments
- Consultations with Board Certified Physicians
- Maintain overall health and wellness
- Referrals for screening and labs
- Receive follow up care
- Request prescription refills

VIRTUAL PRIMARY CARE

For pricing, visit www.onesharehealth.com/en/telemedicine



You control when and how you see your Primary Care Physician. Get access to scheduled appointments via care coordinator teams. Virtual Primary Care is not eligible for sharing and does not apply to your ISA.

- Diabetes
- High Blood Pressure
- High Cholesterol
- Routine Maintenance
- Gastroesophageal Reflux
- Musculoskeletal Management
- Screenings
- Skin Conditions
- Mental Wellness
- Asthma
- and More!

CLEVER HEALTH'S MENTAL HEALTH SUPPORT OPTIONS

	COST	AVAILABILITY	LENGTH OF VISIT	TYPE OF PRACTITIONER
Bella, the interactive ChatBot AI technology built by psychologists, specializing in anxiety and depression, with a 89% satisfaction score.	No Cost	24/7	Varies	AI Technology
Clever Connections Trained empathetic listeners, who provide peer-to-peer support based on shared experiences.	*Scan for Cost*	Immediate Access	Varies	Peer-To-Peer
Mental Wellness Sessions* Scheduled visits for ages 10+, provided through Clever Health and facilitated by the MeMD network.	*Scan for Cost*	Monday-Friday 9am-7pm**	Varies	Licensed Professional Counselor Licensed Clinical Social Worker Marriage and Family Therapist Or equivalent licensed professional

**OneShare Health Members will be directed through the Clever Health app to a MeMD login page to setup an account and pay the Consult Fee directly to MeMD.*
***Mon-Fri 9am-7pm in local time, depending on the mental health professional availability. Some mental health professionals may offer extended hours and/or weekends. Request an appointment and access care typically within 7-10 days.*

Clever Health Smart Virtual Care™
Clever Health, Inc. and Clever RX companies are not owned or operated by OneShare Health, LLC, but made available to OneShare Health Members by Clever Health. Clever Health Smart Virtual Care™ is not insurance and is not intended to replace health insurance.
Virtual Urgent Care (Telemedicine), Virtual Primary Care: Services are provided in accordance with local, state, and federal laws. Our providers may diagnose, treat and prescribe medication if medically necessary. Providers do not prescribe for substances controlled by any federal (DEA) or state agency or other drugs that may be harmful because of their potential for abuse.
Mental Health Support: If you are in a crisis situation, please call or text the 988 Suicide & Crisis Lifeline or visit 988lifeline.org for help.
Clever RX: Prescription Discount Card. This is not an insurance plan.

Discount Services Overview

WellCard Savings, which is made available by OneShare Health, is a free health discount card. There is no cost or obligation to use WellCard Savings. You may use it at any time and are never obligated or required to use it. You may continue to use your WellCard even after your relationship with OneShare Health ends. Through WellCard, Members gain access to value-added programs that can save you money in more than one way. To view and use all your WellCard Savings value-added programs, please log in at www.WellCardSavings.com. You can find the OneShare Health Group Code and Member ID for WellCard in your Member Portal at www.onesharehealth.com/wellcard-savings

Diabetic Care – Save Up to 75%
Order a full line of diabetes testing supplies and get them delivered directly to your home at a discounted rate.

Vitamins – Save up to 15%
Order a wide range of vitamins and supplements and get them delivered directly to your home.

Labs – Save up to 70%
Save on over 300 blood tests from nationally accredited labs near you. *This plan is not available in AK, WA, MT, and MA.*

MRI & Imaging – Save up to 60%
Receive concierge appointment services on MRI, PET, CT scans, and more at over 2,900 locations nationwide. *This plan is not available in AK, WA, MT, and MA.*

Dental Care – Save up to 50%
Accepted nationwide with no limitation on services or use, covering all dental services and specialists, including orthodontia.
This plan is not available in AK, WA, MT, and MA.

Entertainment Discounts
Earn cash back online with 4,000+ retailers. Save on entertainment including Disney® theme parks, movie tickets, hotels, rental cars, and more such as the Calm app and Sam's Club!

Vision – Save up to 50%
Save up to 50% on lenses, frames, and other vision needs. Save up to 15% on Laser Vision Correction.
This plan is not available in: AK, WA, MT, & MA.

Prescriptions – Save up to 65%
Accepted at over 59,000 pharmacies nationwide. Use anytime with no annual limit.
This plan is not available in: AK, WA, MT, and MA.

TeleDentist
Video chat with a dentist! Follow-up visits with brick & mortar dentists can be scheduled, when necessary.

Medical Supplies
Order medical supplies, safety equipment, and health products directly and conveniently delivered to your home.

TeleVet
Consult with an expert 24/7 with pet-related questions and concerns. We are here for those "what-if" scenarios of pet parenting.

Hearing – Save up to 70%
Receive a free hearing test and up to a 70% discount on hearing aids at 2,200 providers nationwide.
This plan is not available in: AK, WA, MT, and MA.

Emotional Wellness
Hundreds of self-help videos led by mental health professionals on a variety of wellness topics.

Fitness
Exclusive discounts on gym memberships, virtual coaches, wearables, nutrition programs, and more.

This is not insurance. It is a discount medical program. It does not replace COBRA or any other medical insurance program nor is it a Medicare Part D prescription drug plan. Cardholders are responsible for paying the discounted cost at the time of service from participating providers. WellCard Savings is FREE. WellCard Savings will not share or sell your personal information. The discount plan organization is Access One Consumer Health, Inc. (not affiliated with AccessOne Medcard), 84 Villa Road, Greenville, SC, 29615, Videos, frequently asked questions, and additional valuable information are all available for each product and service. This is not insurance. It is a discount medical program. It does not replace COBRA or any other medical insurance program nor is it a Medicare Part D prescription drug plan. Cardholders are responsible for paying the discounted cost at the time of service from participating providers. WellCard Savings is FREE. WellCard Savings will not share or sell your personal information. The discount plan organization is Access One Consumer Health, Inc. (not affiliated with AccessOne Medcard), 84 Villa Road, Greenville, SC, 29615, https://www.accessonedmpo.com/. This plan and the plan administrators have no liability for providing or guaranteeing service or any liability for the quality of service rendered. This program is not available to residents of Montana but may be used at participating Montana providers. Other state residents: visit www.WellCardSavings.com for full disclosure. WellCard Savings programs will vary by state and are not owned or operated by OneShare Health, LLC. Discount Medical Plan Organization benefits are not available to AK, MA, MT, VT, and WA Members. This plan and the plan administrators have no liability for providing or guaranteeing service or any liability for the quality of service rendered. This program is not available to residents of Montana but may be used at participating Montana providers. Other state residents: visit www.WellCardSavings.com for full disclosure. WellCard Savings programs will vary by state and are not owned or operated by OneShare Health, LLC. Discount Medical Plan Organization benefits are not available to AK, MA, MT, VT, and WA Members.

Sharing Example

OneShare Health Members share the cost of Eligible Medical Expenses. Depending on the Program and ISA amount, Members will pay a portion of the full Medical Expenses. Here's an example referencing the Classic Basic Program.

OneShare℠
Classic Basic



According to her Classic Basic ISA, Mary is responsible to pay the first $5,000 of the bill. Once her ISA is paid, Mary then submits the remaining Eligible Medical Expenses for sharing by the OneShare Health Member Community. Here is a breakdown of her expenses:

ER, Inpatient Surgery, and Hospital Stay

Emergency Room Visit.....$7,500
Hospital Stay (four days).....$26,700
Surgeon.....$9,000
Anesthesiologist.....$3,000

Total Eligible Medical Expenses Submitted for Sharing.....$46,200

Because Mary's visit became an Inpatient Hospitalization, her paid $500 ER Visit Fee is credited towards her ISA.
The remaining expenses after Mary's $5,000 ISA is met.....$41,200
This amount is shared by all OneShare Health Members.

Mary's Responsible Amount.....$5,000

Remember that for common ailments such as Cold, Flu, Infections, and Aches and Pains, Virtual Urgent Care (Telemedicine) via Clever Health is always 100% shared at a $0 additional cost to you. This is always your first line of defense as a OneShare Health Member.

Pre-Notification

Pre-Notification: (855) 699-0419 Monday through Friday, 7 a.m. - 5 p.m. CST.

To be eligible for consideration for sharing, Pre-Notification is required for the following:

- Inpatient Hospital Confinements (including Hospital, Skilled Nursing, Inpatient Rehabilitation Facility)
- Outpatient Surgery (including but not limited to: surgical centers, clinics, hospitals)
- Maternity
- Organ/Tissue Transplant Services
- Home Health Care Services
- Cancer Services
- Equivalent/Alternative Care including Chiropractic Care and Manipulation Therapy in lieu of surgery

OneShare Health does not mandate the medical treatment a Member chooses. Our Member Support Team is available to help Members navigate their health care journey and make informed choices for care. Our goals are to:

- Help Members avoid unnecessary services and Hospitalizations
- Improve quality of care and be empowered to make informed medical choices
- Make our Members' experiences as simple as possible
- Help Members understand what care is available
- Give Members access to the best Providers with the highest quality and value for clinical care

Even if a Member has completed the Pre-Notification process with OneShare Health, this does not guarantee the Member's medical need is Eligible for Sharing. Considerations such as Membership status, Pre-Existing Conditions, Cancer Eligibility, and Program Limitations are considered when determining Sharing Eligibility. Any illness, injury, or condition, which is the result of Substance Abuse or any use of tobacco, e-cigarettes, or vaping, is Not Eligible for Sharing.

Definitions of Terms

Accident: An act or event which is unforeseen, unexpected, and unanticipated, and which is the direct cause of any injury occurring after the Member's Active Date.

Active Date: The date on which a Member's OneShare Membership becomes active and certain Medical Expenses become Eligible for Sharing according to the Guidelines.

Acute Illness: Any illness characterized by signs and symptoms of rapid onset and short duration. Signs and symptoms may be routine or severe and temporarily impede normal functioning.

Ambulance: A medically equipped land or air vehicle which transports patients to Hospitals. Ambulances are used to respond to medical emergencies by emergency medical services.

Behavioral / Mental Health: Full range of mental, emotional well-being, and developmental challenges.

Cancer: A disease caused by an uncontrolled division of abnormal cells in a part of the body.

Complications of Labor and Delivery: Complications in labor and delivery are relatively rare, but they can occur. While most complications can be managed quickly and easily, some have the potential to cause serious outcomes for mother, child, or both. Complications of labor and delivery may include, for example: preterm labor; placenta issues; bleeding issues; or fetal distress. False labor is not a complication of labor and delivery.

Complications of Pregnancy: A complication of pregnancy is a condition separate from pregnancy but is affected or caused by pregnancy, and occurs during the pregnancy, not at onset of labor and delivery. Complications of Pregnancy does not include false labor; occasional spotting; Physician prescribed rest during pregnancy; morning sickness; hyperemesis gravidarum; pre-eclampsia; and similar conditions associated with a difficult pregnancy.

Contribution Amount: The monetary contribution voluntarily given by a Member to OneShare. It is a fixed dollar amount, a portion of which will be dedicated to share in other Members' Eligible Medical Expenses as assigned by OneShare Health according to the Guidelines. This amount must be submitted by the Member to remain active and eligible to submit Medical Expenses incurred during the applicable period for sharing.

Definitions of Terms (Continued)

Date of Service: The date on which a health care service was provided.

Dependent: A Primary Member's spouse or unmarried child, including a natural child (from the moment of birth if born after the Program Active Date), a stepchild, adopted child, eligible foster child, or grandchild (residing with the Primary Member). The Dependent child must be a legal dependent of the Primary Member for maintenance, support, and health care decisions, and must be age twenty-six (26) or younger as of the Active Date. For Members on any Program other than Catastrophic365, a Dependent will be removed from the Membership at the end of the billing cycle in which the Dependent reaches age 27, but may enroll in a new Program without starting over on applicable Waiting Periods or Lifetime Sharing Maximum Accumulations. Disabled Dependent children age twenty-seven (27) and older who are financially dependent upon the Primary Member are eligible to continue on the Program as a Dependent. Proof of disability and dependency (such as a court order and/or the Primary Member's claim of the Dependent on his or her income taxes) is required within 31 days following such 27th birthday. For Members on the Catastrophic365 Program, a Dependent who reaches age 27 after the Active Date may continue on the Membership until its natural expiration at the end of the Program Year, but thereafter must enroll in their own new Program without starting over on Lifetime Sharing Maximum accumulations.

Eligible for Sharing: A type of Medical Expense which is listed as Eligible in the Membership Guidelines.

Emergency Care: Medical care provided for the stabilization or treatment of a Life-Threatening or Life-Altering condition.

Emergency Room: Emergency Care provided on an Outpatient basis at a Facility.

Equivalent/Alternative Care: Non-experimental health care treatment which may deliver care that is more cost effective, less invasive, and within generally accepted medical practice, may be Eligible for Sharing. Pre-Notification is required from OneShare Health.

Explanation of Sharing (EOS): A statement sent to the Member and Provider(s) with an explanation of OneShare Health's assignment to Member sharing of Medical Expenses submitted.

Facility: Refers to any Facility that provides medical services on an Outpatient basis, whether a Hospital-affiliated or independent Facility.

Guidelines: The terms Guidelines, Sharing Guidelines, and Membership Guidelines all refer to the Membership Guidelines.

Definitions of Terms (Continued)

Health Care Sharing Ministry: A non-profit religious organization that facilitates the sharing of Medical Expenses among its members in accordance with and as an expression of their commonly held religious beliefs.

Home Health Care: Services for intermittent skilled nursing care and rehabilitative therapy that can be given in a Member's home for an illness or injury. Services provided by an individual who ordinarily resides in the Member's home or is a member of the immediate family of the Member are Not Eligible for Sharing.

Hospital: An institution that is licensed to provide medical and surgical treatment for sick and injured individuals and is accredited by the Joint Commission on Accreditation of Hospitals sponsored by the AMA and the AHA.

Incident: An injury or illness of the Member that requires medical attention from a licensed Provider.

Individual Sharing Amount (ISA): The amount that a Member is responsible for paying to the Provider of medical services before the Member's Medical Expenses are Eligible for Sharing under the Program. ISA applies to Program Year.

Inpatient: Medical services received at a Facility for a period of 24 hours or more or for which there is an overnight admission.

Laboratory Services: A medical laboratory or clinical laboratory is a laboratory where tests are usually done on clinical specimens in order to obtain information about the health of a Member as pertaining to the diagnosis, treatment, and prevention of disease.

Life-Threatening or Life-Altering: A condition which, if not immediately in receipt of medical treatment, has a high likelihood of causing death, or causing major irreversible bodily harm (including, for example: loss of arm, leg, hand or foot; loss of sight or hearing; paralysis; or loss of brain function). The following are key signs and symptoms of Life-Threatening emergencies: respiratory distress or cessation of breathing; severe chest pains; shock; uncontrolled bleeding; choking; poisoning; prolonged unconsciousness; severe burns; any complaint or observation which indicates head or spinal cord injury. The following are examples of Life-Altering emergencies: broken bones; visible bones; or dismemberment.

Definitions of Terms (Continued)

Lifetime Sharing Maximum: The maximum amount of sharing which may be administered for a Member in their lifetime, regardless of whether the Membership is continuous, ended and re-enrolled later, or (with regard to Catastrophic365 Members), the Member enrolls in multiple Programs.

Marriage: The spiritual and legal union under the covenant of matrimony and the laws and regulations of the state in which such union was formed.

Maternity: The Medical Expenses for the mother's prenatal, delivery, and hospital, birthing center, or midwife services (related to home-birthing expenses). Maternity does not include Complications of Pregnancy or medical needs for the Newborn, which are subject to other provisions in the Membership Guidelines.

Maximum Limit Per Incident: The maximum amount which may be shared for all Eligible Expenses related to a single Incident under the terms of Membership Guidelines.

Medical Expenses: The charge(s) or expense(s) for medical services from a Provider for a Member.

Medically Necessary, or Medical Necessity: Those health services provided by a Provider for the purpose of preventing, diagnosing, or treating an injury or illness according to the accepted standards of medical practice. The service must be:

1. For the purpose of evaluating, diagnosing or treating an illness, injury, disease or its symptoms.
2. In accordance with the generally accepted standards of medical practice.
3. Clinically appropriate in terms of type, frequency, extent, site, duration, and considered effective for the patient's illness, injury, or disease.
4. Not primarily for the convenience of the patient, health care Provider, or other Physicians or health care Providers.
5. Not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness or injury.

Member: A Primary Member or Dependent enrolled in the Program.

Membership: A Member's status of being enrolled and active in a OneShare Health Program and eligible to submit Medical Expenses for sharing.

Monthly Contribution Amount: The monetary contribution voluntarily given to share in another Member's medical expense need as assigned by OneShare Health according to the Guidelines, and for the administration and charitable initiatives of OneShare Health.

Definitions of Terms (Continued)

Newborn(s): A child of a Member enrolled in the Program as a Dependent within 31 days after birth.

Not Eligible (or Ineligible) for Sharing: A type of Medical Expense which is either listed as Not Eligible for Sharing or not listed as Eligible for Sharing in the Guidelines.

Organ Transplants: An operation in which a bodily organ is transplanted.

Outpatient: Medical services received at a Facility for a period of less than 24 hours and for which there is not an overnight admission.

Per Incident Sharing Maximum: The maximum amount which may be shared for all Eligible Expenses related to a single Incident under the terms of the Membership Guidelines.

Physician Office Visit: Licensed Medical Professional/Physician Office visits for the diagnosis, non-surgical treatment, or management of an illness or injury.

Physician: A person who is licensed to perform certain medical services issued by a state medical board. A Physician cannot be the Member or relative of the Member by blood or marriage and cannot reside in the household of the Member.

Practitioner: Refers to a person legally entitled to perform certain medical services who holds one of the required licenses or degrees, and who is acting within the scope of his or her licensure when performing such services. A Practitioner cannot be the Member or a relative of the Member by blood or marriage and cannot reside in the household of the Member.

Pre-Notification: A process the Member or the Member's health care Provider follows to notify OneShare Health prior to receiving the specified medical services. (See Member Responsibility Page 20).

Definitions of Terms (Continued)

Pre-Existing Condition(s):

1. Any sickness or injury for which a Member, within 24 months before the Member's Active Date, received medical treatment, advice, care, or services (including diagnostic measures), took prescribed drugs, or showed signs and symptoms (whether treated or not), or
2. Any chronic, persistent, or long-lasting medical condition which is unresolved and known to the Member, regardless of whether, within 24 months before the Member's Active Date, the condition required treatment, advice, care, services, or prescription drugs, or exhibited any signs or symptoms.

Eligibility for a Pre-Existing Condition, or for any medical condition caused by or directly related to a Pre-Existing Condition, has a 24-Month Waiting Period. Because Catastrophic365 Programs expire at the end of one Program Year and thus cannot reach the full 24-Month Waiting Period, Pre-Existing Conditions are never Eligible for Sharing on Catastrophic365.

Prescription: Any written authorization by a medical Practitioner that authorizes a Member to be provided a medicine or treatment.

Preventive Services and Wellness Visit: Routine health care that includes checkups, patient counseling and screening to prevent illness, disease, and other health related problems. A wellness visit is prevention focused and not medically necessary to treat illness or injury.

Primary Care Physician: A Physician in family practice, internal medicine, obstetrics/gynecology, or pediatrics who is a patient's first contact for health care in an ambulatory setting. A Primary Care Physician cannot be a Member or relative of the Member by blood or marriage and cannot reside in the household of the Member.

Primary Member: The Primary Member is the Member who completed the Membership application.

Program: A type of sharing Membership administered by OneShare Health, such as the Catastrophic Program or Classic Program.

Program Tier: The different levels of features within a Program, such as the Basic or Enhanced or Crown Tiers within the Classic Program.

Program Year: The first Program Year is 12 months beginning on the Active Date. For all Programs other than Catastrophic365, each additional Program Year is 12 months beginning on the anniversary of the Active Date. The Catastrophic365 Program expires at the end of the first Program Year, the day before the first anniversary of the Active Date.

Definitions of Terms (Continued)

Prosthesis, Implants, and Hardware: An artificial device to replace or augment a missing or impaired part of the body.

Provider: A Provider is any type of medical care, including a Physician, Practitioner, Specialist, Facility, or Hospital, or any other individual authorized by his or her State and performing within the scope of his or her practice as defined in State law.

Rehabilitation Facility: A facility licensed under state laws to provide intensive rehabilitative services. An inpatient Rehabilitation Facility means a free-standing facility or a unit of a Hospital, providing coordinated multidisciplinary physical restorative services to inpatients under the direction of a Physician knowledgeable and experienced in rehabilitative medicine.
A Rehabilitation Facility must meet all the following requirements:

- It provides treatment and care for ill and injured persons on an inpatient basis
- It provides 24 hours a day service by registered graduate nurses (RNs)
- Rehabilitation Facility includes a unit of a Hospital with beds set up and staffed and specifically designated for rehabilitative medicine
- It is not an institution, or any part used as: a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction

Skilled Nursing Facility: A free-standing facility or section or wing of a Hospital, operated as part of a Hospital, duly licensed under applicable law as a Skilled Nursing Facility, providing Skilled Nursing Care 24 hours per day. Delivered by licensed graduate registered nurses (RN's) or unlicensed personnel supervised by RN's, with such care directed or supervised by one or more Physicians.

Smart Virtual Care™: The provision of remote healthcare using technology, artificial intelligence, and population health data via smart questionnaire, chat, call, or video.

Specialist: A Physician who is a licensed Physician qualified by advanced training and certification by a specialty examining board to limit his or her practice. A Physician cannot be the Member or a relative of the Member by blood or marriage and cannot reside in the household of the Member.

Sports: Any game, competition, or physicial activity which voluntarily puts an individual at a high risk of bodily injury. This includes, but not limited to: bungee jumping; "free climb" rock climbing; parachuting; paragliding; boxing; fighting; martial arts; cliff diving; air, auto, motorcycle, or powerboat racing; extreme or backcountry skiing; wingsuit; or practicing for, participating in, officiating, or coaching any college or professional or semi-professional sport for which the Member receives any scholarship, compensation or remuneration.

Definitions of Terms (Continued)

Substance Abuse: The voluntary ingestion of any narcotic, poison, gas, fumes, or any illegal drugs; the use of prescription or over-the-counter drugs for purposes or in amounts other than those for which they are prescribed or indicated to be used; excessive/binge drinking; or a pattern of heavy alcohol use.

Surgery: The branch of medicine that employs operations in the treatment of disease or injury. Surgery can involve cutting, abrading, suturing, or otherwise physically changing body tissues and organs.

Telemedicine: The provision of health care remotely by means of telecommunications technology.

Urgent Care: Medical care received for a sudden illness or injury that is not Life-Threatening or Life-Altering but does require immediate care to avoid severe pain, suffering, or complications.

Urgent Care Facility: Walk-in clinic focused on the delivery of ambulatory care in a dedicated medical Facility outside of a traditional Emergency Room.

Visit Fee: The amount that a Member is responsible for paying to the Provider of medical services for a specific visit before the Medical Expenses for the visit are Eligible for Sharing under the Program.

X-Ray: An X-ray is produced by the collision of a beam of electrons with a metal target in an X-ray tube. Also known as a roentgen ray.



Eligible Sharing

Descriptions and Limits

Medical Expenses Eligible for Sharing

Unless stated otherwise in the Eligible Sharing Descriptions and Limits, there is a 90-Day Waiting Period for any Medical Expenses other than for accidents, injuries, acute illnesses, or immunizations (if Eligible). Pre-Existing Condition Limitations and Program Guidelines will apply. Visit Fees continue to apply after the ISA is met.

Sharing for medical services will not be available when the condition is shown to be the result of medical non-compliance with the Physician's recommended care, treatment, or advice.

Requests for sharing are processed according to the Membership Guidelines effective at the time of service.

"Share with the Lord's people who are in need. Practice Hospitality."
Romans 12:13 (NIV)

Eligible Sharing

Descriptions and Limits

Ambulance: Land/air/water transportation for medically necessary Emergency Care to the nearest medical Facility or medical transportation between Facilities, when medically necessary, are Eligible for Sharing, after the Member's ISA is met, up to a Maximum Sharing of $10,000 per emergency medical event.

Behavioral Health/Mental Wellness: Although Not Eligible for Sharing, Behavioral Health support is available through Clever Health where Members receive access to Bella, an interactive chatbot featuring 24/7 automated coaching in both English and Spanish. Mental Wellness support is available 7 days-a-week, from 7am-10pm and you can schedule an appointment with a licensed mental health professional through the Clever Health app.

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Catastrophic & Catastrophic365

Inpatient: After the Member's ISA is met, Eligible for Sharing up to $3,000 Maximum
Outpatient: Not Eligible

OneShare℠
Classic All Classic Programs

After the Member's ISA is met, Eligible for Sharing:
Outpatient: Up to $1,500 Maximum
Inpatient: Up to $3,000 Maximum

Inpatient admission and Outpatient sharing is Eligible for diagnostic evaluation purposes only.

Cancer

No Prior Cancer - Cancer expenses are Eligible for Sharing after a 90-day Waiting Period:

- If a Member has never been diagnosed or received treatment for any type of Cancer, the expenses for the diagnosis and/or treatment of Cancer are Eligible for Sharing if diagnosed after a 90-Day Waiting Period from the Member's Active Date.
- If the Cancer diagnosis is within the 90-Day Waiting Period, the expenses related to that specific Cancer, or recurrence or metastasis of that Cancer, are Not Eligible for Sharing. Other unrelated Cancer which is diagnosed after the 90-Day Waiting Period would be Eligible for Sharing.

Prior Cancer Within 5 Years Before Active Date – Cancer Not Eligible:

- If a Member has been diagnosed with or received treatment for Cancer within five (5) years prior to the Member's Active Date, all Cancer expenses of the Member are Not Eligible for Sharing.

Prior Cancer More Than 5 Years Before Active Date – New Cancer Eligible if Conditions Met:

- If a Member was diagnosed with or received treatment for Cancer more than five (5) years prior to the Member's Active Date, expenses for the diagnosis and/or treatment of a Member's newly diagnosed Cancer, which is unrelated to any prior Cancer, are Eligible for Sharing after the 90-Day Waiting Period, if the following conditions are met: The Member must provide medical reports which indicate that, during the five (5) years prior to the Active Date, there was no diagnosis of Cancer; no ongoing treatment for Cancer; no future treatment was prescribed, recommended, or planned; and the Member has followed the guidelines for preventive screening of Cancer and the guidelines for a healthy lifestyle as recommended by the attending Physician.

Recurring or Reoccurring Cancer Not Eligible for Sharing:

- Any recurrence, reoccurrence, or metastasis of a prior Cancer, even if the prior Cancer was more than 5 years before the Member's Active Date, is Not Eligible for Sharing.
- Examples: A Member who had skin Cancer 7 years prior to their Active Date who is diagnosed with skin Cancer again, even if the new diagnosis is on a different part of the body. A Member who had bladder Cancer 7 years prior to their Active Date being diagnosed with bladder Cancer again and then having the Cancer metastasize in their liver. Both the reoccurring bladder Cancer and the metastasized liver Cancer would be Ineligible for Sharing as resulting from the same prior Cancer.

Cancer Limits:

- The sharing limit for all Cancer is $500,000 per Member; each Incident cannot exceed the Per Incident Sharing Maximum.
- Cancer is subject to all other limits in the Guidelines, including but not limited to Ineligibility if related to tobacco use or Substance Abuse, or Ineligibility due to medical non-compliance. For example, if a Member's newly diagnosed Cancer is otherwise Eligible under the provisions of this Section, but is the result of the Member's prior tobacco usage, the expenses will be Ineligible for Sharing.

Eligible Sharing
Descriptions and Limits

Cardiac Rehabilitation: Eligible for Sharing following hospitalization for a cardiac procedure. Rehabilitation must be ordered by a Physician and must be within 6 months after the hospitalization for the cardiac procedure. After the Member's ISA is met, Eligible for Sharing up to the Per Incident Sharing Maximum.

Chiropractic Care and Manipulation Therapy:

OneShare℠ Catastrophic & Catastrophic365
NOT ELIGIBILE

OneShare℠ Classic All Classic Programs
ELIGIBLE

If a Member's Physician has documented a need for surgery to correct a spinal issue, and the Member requests the option of chiropractic manipulation as an alternative to surgery, such alternative treatment may be Eligible for Sharing. The Member's Physician must supply OneShare Health with the Member's file, X-rays, and a letter stating the viability for chiropractic care to resolve the issue. If approved by OneShare Health for sharing, after the Member's ISA is met, chiropractic care is limited to twenty (20) visits within a six (6) week period of time. Diagnostic imaging ordered by a Chiropractor is Not Eligible for Sharing.

Emergency Room (ER):

OneShare℠ Catastrophic & Catastrophic365
$500 Visit Fee

OneShare℠ Classic All Classic Programs
$500 Visit Fee

- After the $500 Visit Fee, Eligible for Sharing up to $10,000, then ISA applies.
- If at the Facility for 24-hours or more, ER will be considered an Inpatient Hospitalization and the $500 Visit Fee will be credited toward the Member's ISA.

Equivalent / Alternative Care: Non-experimental health care treatment which may deliver care that is more cost effective, less invasive, and within generally accepted medical practice, may be Eligible for Sharing. Pre-notification is required from OneShare Health.

Home Health Care:

OneShare℠ Catastrophic & Catastrophic365
NOT ELIGIBLE

OneShare℠ Classic All Classic Programs
ELIGIBLE

Eligible if prescribed by a Provider following a hospital stay related to an Eligible Expense. Home Health Care is limited to 30 calendar days from date of discharge of the Inpatient Member. Home Health Care services Eligible for Sharing are skilled nursing and rehabilitative therapy provided in your home. Care is focused on helping a Member recover from an Inpatient stay for an illness, surgery, or accident. Eligible Home Health Care services include an intermittent skilled nursing care, physical therapy, occupational therapy, speech-language therapy. Subject to ISA. Home Health Care services which are Not Eligible: food services or meals other than dietary counseling; services related to well-baby care; durable medical equipment services provided by volunteers; and services provided by a family member.

Eligible Sharing
Descriptions and Limits

Inpatient Hospitalization: After the 90-Day Waiting Period, Inpatient Hospitalization is Eligible for Sharing, if a Member is confined in a Hospital due to an Eligible sickness or injury and at the direction of a Physician, after the Member's ISA is met, up to the Per Incident Sharing Maximum. If the Inpatient Hospitalization is the result of Acute Illness, Accident, or Life-Threatening or Life-Altering emergency, eligibility is not subject to the 90-Day Waiting Period.

Individual Sharing Amount (ISA): The amount that a Member is responsible for paying before Medical Expenses are Eligible for Sharing under the Program. ISA applies to each Program Year.

Laboratory Services | Diagnostic Services | X-Rays:

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Catastrophic & Catastrophic365
INCLUDED AT ANY LAB FACILITY

Outpatient Facility: Eligible Expenses for (1) pre- and post-Inpatient Hospitalization and, (2) pre- and post-Outpatient Surgery, and (3) ER visits, are Eligible for Sharing after the Member's ISA is met up to the Per Incident Sharing Maximum.

Inpatient Hospitalization: Eligible Expenses are shared at 100% after the Member's ISA is met; up to the Per Incident Sharing Maximum.

OneShare℠
Classic All Classic Programs
INCLUDED AT ANY LAB FACILITY

After the Member's ISA is met, Eligible Expenses are shared at 100% up to the Per Incident Sharing Maximum. The applicable Visit Fee will apply in lieu of the ISA for diagnostic testing, such as general diagnostic laboratory and X-rays, performed in a Primary Care, Specialist, or Urgent Care Facility, but only if the service is one that is routinely performed and completed in that office or Facility. Diagnostic imaging such as MRI, Cat Scans, Pet Scans, and pathology labs are not included in the Visit Fee, and the ISA will separately apply.

Maternity (ELIGIBLE AFTER ISA):

OneShare℠
Catastrophic & Catastrophic365
NOT ELIGIBLE

OneShare℠
Classic Basic & Enhanced
NOT ELIGIBLE

OneShare℠
Classic Crown
ELIGIBLE

The medical expenses for the mother's prenatal, delivery, and hospital, birthing center, or midwife services (with birthing at home related expenses), are Eligible for Sharing. To be Eligible for Sharing, the mother's Program must be active prior to conception, as established in medical records. After the Member's ISA is met, Maternity expenses are subject to the following Maximum Limits:

- Natural Delivery: Maternity expenses are Eligible up to a maximum of $5,000
- C-Section Delivery: Maternity expenses are Eligible up to a maximum of $8,000
- Complications of Delivery: Maternity expenses are Eligible up to a maximum of $50,000
- Expenses for a surrogate pregnancy are Not Eligible for Sharing

Eligible Sharing

Descriptions and Limits

Maximum Sharing:

OneShare℠

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Per Incident Sharing Maximum: Member elects the Per Incident Sharing Maximum at enrollment: $150,000 / $250,000 / $500,000

Lifetime Sharing Maximum: Two times the Per Incident Sharing Maximum, per enrolled Member. *Once the Member's Lifetime Maximum is met, the Member's Medical Expenses are no longer Eligible for Sharing.*

OneShare℠ **Classic** Basic

PER INCIDENT SHARING MAXIMUM: $150,000

OneShare℠ **Classic** Enhanced

PER INCIDENT SHARING MAXIMUM: $250,000

OneShare℠ **Classic** Crown

PER INCIDENT SHARING MAXIMUM: $500,000

Lifetime Maximum Per Member: $1,000,000
Once the Member's Lifetime Maximum is met, the Member's Medical Expenses are no longer Eligible for Sharing.

Newborn: Medical Expenses for a Member's newborn baby are Eligible for Sharing if conceived after the Member's Active Date, the parent's Membership has been continuously active during pregnancy, and the Newborn is enrolled within 31 days after birth. The expenses for initial care and Inpatient Hospital expenses are Eligible after the Newborn's ISA is met, up to the Per Incident Sharing Maximum.

If a child born to an active Member is not added within 31 days after birth, or a child born to a non-Member is enrolled, the child's Medical Expenses prior to their Active Date are Not Eligible for Sharing and any medical conditions which existed prior to the Active Date would be considered Pre-Existing. Newborns who are conceived prior to the parent Member's Active Date will have a 30-Day Waiting Period before being added to the Program.

Non-Hospital Admissions:

OneShare℠ **Catastrophic & Catastrophic365**

NOT ELIGIBLE

OneShare℠ **Classic** All Classic Programs

ELIGIBLE

Inpatient admission to a Skilled Nursing Facility or Rehabilitation Facility is Eligible for Sharing if ordered by a qualified Provider for an Eligible condition in order to provide care that would otherwise need to be provided in an acute care setting. After the Member's ISA is met and up to a Maximum of 10 days per Program Year.

Organ Transplants: After the Member's ISA is met, Eligible for Sharing up to a maximum of $150,000. Multiple organ transplants will be reviewed for consideration on a case-by-case basis.

Eligible Sharing
Descriptions and Limits

Outpatient Therapy:

OneShare℠
Catastrophic & Catastrophic365

- **Eligible only after Member's ISA is met**
- **Maximum of 20 combined visits per Incident**

OneShare℠
Classic All Classic Programs

- **$20 Visit Fee**
- **Maximum of 10 combined visits per Incident**

Physical Therapy, Occupational Therapy, and Speech Therapy are Eligible for Sharing up to a maximum number of visits per Incident if ordered by a Provider, performed by a licensed therapist, and related to an Eligible diagnosis. The number of Outpatient Therapy visits which are Eligible for Sharing will be reduced by the number of Home Health Care visits shared.

Pediatrics / OB/GYN: See Primary Care Physician

OneShare℠
Catastrophic & Catastrophic365
NOT ELIGIBLE

OneShare℠
Classic All Classic Programs
ELIGIBLE

Pre-Existing Condition:

1. Any sickness or injury for which a Member, within 24-months before the Member's Active Date, received medical treatment, advice, care, or services (including diagnostic measures), took prescribed drugs, or showed signs and symptoms (whether treated or not),
   or
2. Any chronic, persistent, or long-lasting medical condition which is unresolved and known to the Member, regardless of whether, within 24-months before the Member's Active Date, the condition required treatment, advice, care, services, or prescription drugs, or exhibited any signs or symptoms.

Eligibility for a Pre-Existing Condition, or for any medical condition caused by or directly related to a Pre-Existing Condition, has a 24-Month Waiting Period. Because Catastrophic365 Programs expire at the end of one Program Year and thus cannot reach the full 24-Month Waiting Period, Pre-Existing Conditions are never Eligible for Sharing on Catastrophic365.

Cancer expenses for Members who previously had Cancer are subject to additional, unique restrictions. Please see the Cancer section for more information.

Routine Maintenance of Chronic Condition Continued on Next Page

Eligible Sharing

Descriptions and Limits

Routine Maintenance of Chronic Condition: Care performed by a Primary Care Physician, following diagnosis and after any active care once the patient's health status has become stable. The goal of maintenance care is to monitor and maintain the improvement that was accomplished with active treatment.

The following conditions, even if Pre-Existing, are considered Chronic and are Eligible for the Routine Maintenance of Chronic Condition, and only the listed test/screening for each condition (and the Physician Office Visit necessary to discuss the results of the test/screening) are Eligible for Sharing. Any Routine Maintenance of Chronic Condition sharing is subject to other applicable limitations in the Program Guidelines such as limits on the number of Physician visits per Program Year and the Preventive Services sharing Maximum.

- Hypertension (high blood pressure): Blood pressure screening conducted at a Primary Care Physician Visit
- Thyroid: Annual blood test measuring thyroid stimulating hormone (TSH lab)
- Hyperlipidemia (high cholesterol): Annual group of blood tests measuring the amount of cholesterol and fats in the blood (lipid panel)

Prescriptions: Pharmaceutical drugs prescribed by a Physician as part of an Inpatient Hospital stay are Eligible for Sharing. Outpatient pharmaceuticals and over-the-counter medications (whether prescribed or not) are Not Eligible for Sharing. See Membership Discount Services for information on your prescription Discount Program.

Preventive Services and One (1) Wellness Visit:

OneShare℠
Catastrophic & Catastrophic365
NOT ELIGIBLE

OneShare℠
Classic All Classic Programs
ELIGIBLE

On all Classic Programs, Preventive Services and one (1) Wellness Visit are Eligible for Sharing after a 180-Day Waiting Period from the Member's Active Date, not subject to the ISA, up to a combined maximum of $1,000 per Member during the Program Year. Annual Wellness Visit is prevention-focused and not medically necessary to treat an illness or injury and may include:

- Past medical, social, and family history
- Age-/gender-appropriate screening tests
- Annual GYN visit
- Review of medications
- Immunizations
- Counseling/anticipatory guidance/risk factor reduction interventions
- Age-/gender-appropriate screening tests

Eligible Preventive Services Continued on Next Page

Eligible Sharing

Descriptions and Limits

Eligible Preventive Services: Immunizations*

- DtaP Measles, Mumps, Rubella
- Hemophilus Meningococcal
- Hepatitis A, B Pneumococcal
- Herpes Zoster (Shingles) Rotavirus
- Human Papillomavirus Tetanus
- COVID-19
- Inactivated Poliovirus Varicella (Chicken Pox)
- Influenza, Influenza Type B

Childhood Immunizations from birth to 24 months, as recommended by the American Academy of Pediatrics is Eligible for Sharing

Eligible Preventive Services: Age-and Gender-Appropriate: Adults

- Alcohol Abuse Counseling
- Folic Acid
- Anemia Screening
- Gestational Diabetes Screening
- Bacteriuria Screening
- Gonorrhea Screening
- Blood Pressure Screening
- Hematocrit / Hemoglobin
- BRCA Counseling
- Hepatitis B Screening
- Breast Cancer
- Chemoprevention Counseling
- HIV Screening
- Breast Cancer Mammography
- HPV Testing Every Three (3) Years
- Breast Feeding Counseling
- Obesity Counseling
- Cervical Cancer Screening
- Prostate Exam
- Chlamydia Infection Screening
- PSA Test
- Cholesterol Screening
- Sexually Transmitted Infection Counseling
- Colorectal Cancer Screening
- Syphilis Screening
- Contraception Counseling
- Tobacco Cessation Counseling
- Depression Screening
- Type II Diabetes Screening
- Diet Counseling
- Well Woman Visit
- Domestic Violence Screening

Eligible Preventive Services: Children

- Alcohol, Tobacco, and Drug Use Assessment
- Hemoglobinopathies / Sickle Cell
- Autism Screening
- HIV Screening
- Behavioral Assessment
- Iron Screening
- Blood Pressure Screening
- Lead Screening
- Cervical Dysplasia Screening
- Obesity Counseling
- Congenital Hypothyroidism Screening
- Phenylketonuria Screening
- Depression Screening
- Sexually Transmitted Infection Counseling
- Dyslipidemia Screening
- Tuberculin Screening
- Height, Weight, and BMI
- Vision Screening (Lazy Eye)
- Hematocrit/Hemoglobin

Eligible Sharing

Descriptions and Limits

Primary Care Physician Visit: *NOT ELIGIBLE ON CATASTROPHIC & CATASTROPHIC365*

OneShare℠ Classic Basic
$40 Visit Fee per Visit
Limit 1 Visit Per Program Year

OneShare℠ Classic Enhanced
$40 Visit Fee per Visit
Limit 3 Visits Per Program Year

OneShare℠ Classic Crown
$40 Visit Fee per Visit
Limit 5 Visits Per Program Year

Non-Surgical Services provided by a Physician for the diagnosis, treatment, management, or prevention of an illness or injury are Eligible for Sharing after the Visit Fee is met. Includes diagnostic testing, such as general diagnostic laboratory and X-rays, performed in a Primary Care Office, but only if the service is routinely performed and completed in that office. Surgeries and Diagnostic imaging such as MRI, Cat Scans, Pet Scans, and pathology labs are not included in the Visit Fee, and the ISA will separately apply.

Prosthesis, Implants, and Hardware: Expenses for a prosthesis are Eligible for Sharing, after ISA is met, up to a maximum of $1,500, if ordered by a Physician and related to an Eligible Sharing Service. Pre-Notification is required. Repair, replacement, or maintenance of a prosthesis which was implanted prior to the Member's Active Date is Not Eligible for Sharing.

Recreational Vehicles: Medical Expenses for injuries sustained in a recreational vehicle accident, whether as an operator or passenger, may be Eligible for Sharing unless any of the following applies:

- There was abuse of alcohol or legal drugs, or the use of Illegal Drugs, by the operator.
- The vehicle was operated recklessly, in a race or organized practice in a competition, to perform a stunt, or in the commission of a crime.
- The minimum operator age recommended by the manufacturer or required by law was not followed or, if licensure is required by law, the operator was unlicensed.
- Helmets and seatbelts, when they are legally required, or other safety equipment or features as recommended by the manufacturer, were not in use. For purposes of these requirements, a “recreational motor vehicle” includes, but is not limited to, aircraft, ATVs, go-karts, jet skis, motorcycles, motorized self-balancing vehicles, and snowmobiles. After the Member’s ISA is met, Eligible Medical Expenses toward diagnosis and treatment of injuries related to a recreational vehicle accident, provided during the 12-month period from the date of the accident, are Eligible for Sharing up to a maximum of $100,000, subject to all Program Limitations.

Sleep Apnea Studies: Sleep Apnea Studies are Eligible for Sharing, after the Member’s ISA is met. Testing must be ordered by a Physician. To be considered for sharing, the Physician must submit case study history with the referral for the sleep study. Sleep studies ordered on insomnia are Not Eligible for Sharing. Limit 1 per Member per Program Year.

Eligible Sharing

Descriptions and Limits

Specialists Visits: NOT ELIGIBLE ON CLASSIC BASIC OR CLASSIC ENHANCED

OneShare℠ Catastrophic & Catastrophic365

$75 Visit Fee

Non-surgical services provided by a Specialist are Eligible for Sharing, after the Visit Fee is met, only if related to an Eligible Inpatient Hospitalization or an Outpatient surgery. Inpatient Specialist visits are subject to the Member's ISA. After the Visit Fee, Eligible Expenses are shared at 100%, up to the Per Incident Sharing Maximum. Only Eligible if they are related to an Eligible service under the Catastrophic Program.

OneShare℠ Classic Crown

$75 Visit Fee

Non-Surgical Services provided by a Specialist for the diagnosis, treatment, or management of an Eligible illness or injury are Eligible for Sharing after the Visit Fee (for Outpatient), or ISA (for Inpatient) is met. $75 Visit Fee per Outpatient visit Inpatient Specialist Visits are subject to the Member's ISA.

Non-Surgical Services provided by a Specialist provider for the diagnosis, treatment, management of an Eligible illness or injury are Eligible for Sharing after the Visit Fee (for Outpatient) or ISA (for Inpatient) is met.

Surgery: Eligible for Sharing after the 90-Day Waiting Period and after the Member's ISA is met. Inpatient/Outpatient/Physician Office Surgery is Eligible for Sharing up to the Per Incident Sharing Maximum. If the Surgery is the result of Acute Illness, Accident, or Life-Threatening or Life-Altering emergency, Eligibility is not subject to the 90-Day Waiting Period. Life Threatening or Life Altering emergencies are immediately Eligible for sharing, subject to program guidelines.

Urgent Care: NOT ELIGIBLE ON CATASTROPHIC & CATASTROPHIC365

OneShare℠ Classic Basic

$75 Visit Fee per Visit
Limit 1 Visit Per Program Year

OneShare℠ Classic Enhanced

$75 Visit Fee per Visit
Limit 1 Visit Per Program Year

OneShare℠ Classic Crown

$75 Visit Fee per Visit
Limit 2 Visits Per Program Year

Services provided by a licensed Urgent Care Facility for the diagnosis, treatment, or management of an Eligible illness or injury serious enough that a Member would seek care right away, but not so severe to be considered a Life-Threatening or Life-Altering emergency, are Eligible for Sharing after the Visit Fee. Diagnostic imaging such as MRI, Cat Scans, Pet Scans and pathology labs are not included in the Visit Fee and the ISA will separately apply.



Not Eligible for Sharing

If a Medical Expense is related to a diagnosis, treatment, or procedure that is Ineligible for Sharing in any way, that Medical Expense is Not Eligible for Sharing.

Not Eligible for Sharing

- Abortion
- Any condition suffered as a result of any act of war or while on active or reserve military duty
- Any condition, disease, illness or injury that occurs in the course of employment, if the employee, employer, or carrier is liable or responsible for the specific medical charge
  (1) according to a final adjudication of the claim under a state's workers' compensation laws, or
  (2) by an order of a state Industrial Commission or other applicable regulatory agency approving a settlement agreement.
- Any services that would not be necessary if a Non-Eligible service had not been received
- Automated laboratory testing
- Behavioral/Mental Health
- Birth Control
- Breast Reduction
- Care received outside of the United States
- Civil Unrest/Crime: Any conditions resulting from participation in a riot or civil disturbance, or while committing or attempting to commit an assault or felony
- Congenital or Birth Defects which existed or exhibited observable symptoms prior to the Active Date of the Membership
- Cosmetic Surgery
- Dental Services except for emergency services due to an injury
- Diabetic Insulin, Supplies, and Syringes
- Durable Medical Equipment
- Experimental or investigational drugs, treatments, procedures
- Experimental drugs or any drugs not approved by the Food and Drug Administration (FDA) for applicable diagnosis or treatment
- Experimental services including services whose efficacy has not been established by controlled clinical trials or are not recommended as a preventive service by the US Public Health Service
- Gender Dysphoria
- Genetic Screening except Genetic Testing as required, by the Physician, to determine the Member's treatment of an Eligible Medical Expense
- Grossly Negligent or Reckless Behavior: Medical Expenses related to an illness or injury caused by the Member acting with gross negligence or with reckless disregard to safety, as evidenced by relevant records
- Hemodialysis (Not Eligible on Catastrophic and Catastrophic365)
- Home Health Care
- Home Infusion Services
- Hospice Care
- Infertility Diagnostic, Treatment, or Services
- Long Term Care
- Male Elective or Reversal of Sterilization
- Maternity (Not Eligible on Catastrophic, Catastrophic365, Classic Basic, Classic Enhanced)
- Medical Expenses for any substance derived from the Cannabis sativa plant (such as, but not limited to, marijuana, CBD, or THC), nor Medical Expenses for any complications related to their use, regardless of the substance's legal status where consumed or utilized, unless the FDA has approved such substance for medical use

Not Eligible for Sharing

- Medical Non-Compliance: Sharing for Medical Services will not be available when the condition is shown to be the result of medical non-compliance with the Physician's recommended care, treatment, or advice
- Non-Emergency Transportation: Expenses resulting from transportation of ambulance for conditions that are not Life-Threatening or Life-Altering
- Routine Eye Exams
- Routine Hearing Exams & Hearing Aids
- Podiatry Services
- Preventive Services and Wellness Visits (Not Eligible on Catastrophic and Catastrophic365)
- Primary Care Physician Visits including OB/GYN and Pediatrics as Primary Care Physicians (Not Eligible on Catastrophic and Catastrophic365)
- Private Duty Nursing Services
- Repair, replacement, or maintenance of a prosthesis, hardware, or implant which was implanted prior to the Member's Active Date
- Self-Inflicted Injury
- Septoplasty
- Services that are investigational in nature or obsolete, including any service, drugs, procedure, or treatment directly related to an investigational treatment.
- Services, supplies, medical care, or treatment provided by a Member's immediate Family Member or relative of the Member by blood or marriage; or who reside in the household of the Member
- Sexual Dysfunction Services
- Sexual Transformation Services
- Skilled Nursing Facility (Not Eligible on Catastrophic and Catastrophic365)
- Specialists Visits (Not Eligible on Classic Basic and Classic Enhanced)
- Sports: Any game, competition, or physicial activity which voluntarily puts an individual at a high risk of bodily injury. This includes, but not limited to: bungee jumping; "free climb" rock climbing; parachuting; paragliding; boxing; fighting; martial arts; cliff diving; air, auto, motorcycle, or powerboat racing; extreme or backcountry skiing; wingsuit; or practicing for, participating in, officiating, or coaching any college or professional or semi-professional sport for which the Member receives any scholarship, compensation or remuneration
- Statement of Beliefs: Any illness, injury, or condition which is the result of failure to adhere to the Statement of Beliefs
- Substance Abuse: Any illness, injury, or condition which is the result of Substance Abuse
- Surrogate pregnancy
- Temporomandibular Joint Disorder (TMJ Syndrome)
- Tobacco or Vaping: Any illness, injury, or condition which is the result of any use of tobacco, e-cigarettes, or vaping
- Urgent Care Facility (Not Eligible on Catastrophic and Catastrophic365)
- Weight Loss Surgery and medications, nor any complications resulting from such surgery or medication



OneShare Health
Guidelines and Disclosures

If medical records show you have presented inaccurate data regarding age, tobacco use, or any medical condition, we reserve the right to terminate Membership.

In fairness to all Members, each Member must abide by all terms of the Guidelines, Membership application, and related materials. Any failures in this regard may result in sharing ineligibility or Membership termination.

"Give, and it will be given to you. A good measure, pressed down, shaken together and running over, will be poured into your lap. For with the measure you use, it will be measured to you."
Luke 6:38 (NIV)

OneShare Health, LLC is not an insurance company but a religious health care sharing ministry. For our full disclosures, see www.onesharehealth.com/legal-notices.

OneShare Health
Guidelines and Disclosures

Not Insurance: OneShare Health is not an insurance company, and the Programs it administers are not insurance.

No Promise to Pay: Neither OneShare Health nor its Members promise or guarantee payment or sharing of any Member's Medical Expenses, or assume any risk therefore. Each Member remains responsible for his or her unpaid medical bills.

Voluntary Participation: Enrollment in OneShare Health is not a contract for insurance. Participation in OneShare Health is voluntary. Enrollment as a OneShare Health Member is voluntary, and the sharing of monetary contributions is voluntary. A Member is free to cancel their Membership at any time. OneShare Health requests that a voluntary sharing contribution be made for each month the Member is enrolled, to facilitate the sharing of requests published on behalf of other Members.

Guidelines: OneShare Health manages Member sharing contributions by establishing guidelines that define which medical bills are Eligible for Sharing ("Guidelines"). The Guidelines, are not a contract for insurance. The Guidelines do not constitute a promise to pay or an obligation to share. It is each Member's responsibility to review the current Guidelines in their Member Portal. Eligibility will be determined based on the Guidelines in effect at the time of service. OneShare Health reserves the right to update and change the Guidelines at any time and will provide notice of any material changes. OneShare Health welcomes Member input on the Guidelines. Please submit any suggestions to **Legal@OneShareHealth.com**.

To be Eligible for Membership, all applicants must attest that in the 12 months prior to application:

1. They have abstained from the use of illegal drugs or tobacco in any form, including the use of e-cigarettes or vaping. The legal use of marijuana prescribed by or taken under the direction of a Physician, or an occasional celebratory cigar or pipe (for example, at the birth of a child), are allowed; and
2. They have abstained from abusing alcohol or any legal drugs, such as prescriptions or over-the-counter medication.

Any illness, injury, or condition which is the result of Substance Abuse or any use of tobacco, e-cigarettes, or vaping, is Not Eligible for Sharing.

Catastrophic365 Program: The Catastrophic365 Program expires at the end of the first Program Year, the day before the first anniversary of the Active Date. Upon expiration, the individual may enroll in a new Program, which will be subject to all limitations as any other new Program, including Pre-Existing Condition Ineligibility and any Waiting Periods. Upon enrollment in a new Program, the Member will not start over on Lifetime Sharing Maximum accumulations.

OneShare Health
Guidelines and Disclosures

Acknowledgements | Each Member of OneShare Health, acknowledges the following:

- The personal information provided at the time of enrollment was true and correct.
- The Member understands and accepts the disclosures presented in these Member Guidelines.
- The OneShare Health Care Sharing Program is not health insurance and is not a substitute for health insurance.
- There are no representations, promises, or guarantees that the Member's Medical Expenses will be paid.
- Enrollment in OneShare Health is voluntary, contributions for the sharing of Medical Expenses are voluntary, and Members are free to cancel Membership at any time.
- Any funds that the Member may receive for Medical Expenses do not come from an insurance plan, but are voluntary contributions by the other Members.
- The Guidelines, program details, and Individual Sharing Amounts may be adjusted at any time by OneShare Health.

Authorizations | Each Member of OneShare Health authorized the following upon enrollment:

- The first voluntary Monthly Contribution Amount to be processed immediately upon completion of enrollment or on a specified date prior to the Member's Active Date.
- OneShare Health or its designee to collect a voluntary Monthly Contribution Amount as a recurring monthly transaction until the Member requests otherwise, or the Membership is cancelled or terminated.
- OneShare Health to contact Providers to obtain the Member's medical records, and the medical records of all participants on the application with appropriate HIPAA authorizations.
- OneShare Health to contact the Member's Providers to negotiate on their behalf the cost of their Medical Expenses submitted for sharing.

Administration: Upon receiving an Eligible Medical Expense from a Member or Provider, OneShare Health will assign the Medical Expense for sharing in accordance with the Guidelines, less the amount required to be pre-shared (Individual Sharing Amount and/or Visit Fee). Voluntary Membership contributions are received monthly from each Member. A portion of each Membership contribution will be applied towards administration of the Health Care Sharing Ministry and charitable causes.

In any given month, the available sharing funds may or may not equal the amount of Eligible expenses submitted for sharing. If Eligible expenses exceed the available sharing funds to meet those needs, any of the following actions may be taken:

- A pro-rata sharing of Eligible expenses may be initiated, whereby the Members share a percentage of Eligible Medical Expenses within that month and hold back the balance of those expenses to be shared the following month, *or*
- The monthly Member contribution may be increased in sufficient proportion to satisfy the Eligible expenses. This action may be undertaken temporarily or on an ongoing basis. Administrative costs are subject to change by OneShare Health.

Annual Administration Fee: An annual administration fee of $45 is due from each Primary Member upon their Program Year anniversary. Because Catastrophic365 Programs expire at the end of one Program Year, the day before the first anniversary of the Active Date, no Annual Administration Fee is due from Catastrophic365 Members.

Canceling Membership: A Primary Member may cancel their Membership at any time by calling 833-617-4273 or sending an email to Cancel@OneShareHealth.com. A cancellation request will be effective on the last day of the Member's current paid month of Membership. Cancellation via email may take up to 15 business days to process. Cancellation via phone call will be processed within 2 days.

Canceling a OneShare Health Membership does not meet the requirements for a Qualifying Life Event (QLE) under the Special Enrollment eligibility for the Affordable Care Act.

Refunds: A new Primary Member may receive a full refund of their first contribution, excluding the one-time application fee, if they submit a cancelation and refund request within the first 10 business days after their Active Date. However, if services have been utilized in that period, a refund will not be issued.

After the first ten (10) business days of Membership, a Primary Member may receive a refund of their Contribution Amount if they submit a cancelation request before the start of the corresponding month of Membership. If the Membership month has started, a refund will not be issued. Any refund will be processed as a credit to the same card or account provided for billing.

Child-Only Memberships: A parent or legal guardian of an individual under age 18 may enroll the child in a OneShare Health Program. The child Member will be listed as the Primary Member and the enrolling parent/guardian will be the primary point of contact for the Membership and will be required to sign the Member Agreement on behalf of the child.

Contribution Change Based on Age: For Members on any Program other than Catastrophic365, the Contribution Amount will increase at the billing cycle following the date the oldest Member reaches the next age bracket. For Members on the Catastrophic365 Program, the Contribution Amount will not change during the Program Year due to a change in age bracket.

Contribution Change Based on Change in Residence: For Members on any Program other than Catastrophic365, the Contribution Amount may increase/decrease in accordance with a change in the Primary Member's resident state. Any change to the Contribution Amount will be reflected in the next billing cycle following the date of notification. For Members on the Catastrophic365 Program, the Contribution Amount will not change during the Program Year due to a change in the resident state.

Family Contributions: For families of 6 or more, there is a $50 additional monthly contribution per Dependent.

Program Termination Due to Age: OneShare Memberships terminate at the end of the billing cycle in which the Member attains age 65. For Members on any Program other than Catastrophic365, a Dependent will be removed from the Membership at the end of the billing cycle in which the Dependent reaches age 27, but may enroll in a new Program without starting over on applicable Waiting Periods or Lifetime Sharing Maximum accumulations. For Members on the Catastrophic365 Program, a Dependent who reaches age 27 after the Active Date may continue on the Membership until its natural expiration at the end of the Program Year, but thereafter must enroll in their own new Program without starting over on Lifetime Sharing Maximum accumulations.

Program Termination Due to Non-Contribution: If a Member's monthly recurring contribution attempt is declined or fails, and has been attempted three times with no approved transaction, and the amount attempted remains unpaid on the next occurrence of the Member's billing day, the Membership will be reviewed for non-contribution and pending termination status. If a Member is placed in non-contribution status, a non-contribution notice will be issued, communicating a date that the Membership will be terminated if the minimum contribution is not submitted. If this date passes and the minimum contribution is not submitted, the Membership will be terminated as of the date communicated in the non-contribution notice. Termination due to failure to submit a monthly contribution does not meet the requirements for a Qualifying Life Event (QLE) under the Special Enrollment eligibility for the Affordable Care Act.

Reinstating a Membership: If a Membership is cancelled or terminated, the Primary Member may submit a written request for reinstatement within thirty (30) days after the cancellation or termination date. To be reinstated, they must submit any missed contribution and a non-refundable application fee. A reinstated Membership will be treated as if it never ended. However, if a sharing need has occurred, and the sharing need is due to an accident, injury, or illness occurring or diagnosed during the lapse period, it will be treated as a Pre-Existing Condition and subject to a new 24-month Waiting Period. If the cancellation or termination of the Membership has lapsed for more than 30 days, reinstatement is not available. The individual may enroll in a new Membership, which will be subject to all limitations as any other new Membership, including Pre-Existing Condition limitations and other Waiting Periods, and will require payment of an application fee. The natural expiration of a Catastrophic365 Program at the end of one Program Year is not a cancellation or termination which allows for reinstatement. A Catastrophic365 Program which is cancelled or terminated prior to its expiration date may be reinstated in the same manner as any other Program and continue to the Program's original expiration date.

Coordination of Payments: The following will apply:

- If a Member participates in more than one Health Care Sharing Ministry, expense sharing may only be requested from one of the ministries at a time. The program where the Member has participated the longest will have first responsibility to review the Medical Expense for eligibility and make its determination. Should there be any Eligible but unshared amounts, those can then be submitted to the second ministry for sharing. Proof will be required of the amount shared by the first ministry for consideration under the OneShare Health program.

- OneShare Health facilitates the sharing of Eligible Medical Expenses only after any other responsible parties, including any insurance policy (of the Member or a liable third party), have paid. If another party is allegedly responsible or liable for a Medical Expense, OneShare Health may wait to process any sharing requests until that party has paid in full. If OneShare Health facilitates sharing of an expense for which another party is fully or partially responsible, the Member agrees to reimburse OneShare Health for all such sharing when the responsible party pays the Member for any part of the expense.

Other Available Assistance: To reduce the sharing burden on other OneShare Health Members, a Member must use financial assistance resources when available. Most hospitals are required to provide certain types of medical care for free or at a reduced cost. As uninsured patients, OneShare Health Members may qualify for financial assistance programs which are offered by the facility. If any other organization is willing to pay any portion of a qualifying medical bill, or the bill can be reduced through the provider, the Member must (a) accept this payment/reduction, or (b) forfeit sharing eligibility for the portion that the organization/provider would have covered.

Likewise, state and federal governments also allocate money toward healthcare for individuals whose incomes fall within a defined economic level. If government assistance is available, the Member must (a) accept it, or (b) forfeit sharing eligibility for the portion that the government program would have covered, unless the Member demonstrates that accepting the government assistance would violate his or her Biblical conviction.

Funds raised by crowdfunding for eligible Medical Expenses must be reported to OneShare Health and will be applied to reduce the shared amount.

Modifying Membership Size: To modify a Membership with OneShare Health, a written request must be made by the Primary Member. If the request results in an increase or decrease of the Contribution Amount, the Primary Member will be notified in writing. Acceptance of these new terms must be made prior to the next monthly contribution. If a refund is due, it will be processed according to the refund policy. Any submitted sharing request will be processed based upon the Date of Service and Program in effect on that date.

Membership Changes: Within the first 10 business days after the Active Date, a Primary Member may elect to make a Membership change without OneShare Health approval. After the first 10 business days after the Active Date, an upgrade in Program or Tier, or a decrease in ISA, will be subject to OneShare Health's review and approval. Any change request which would increase sharing eligibility/features for an existing medical condition will be denied. A Primary Member may elect to downgrade their Program or Tier, or increase their ISA, and the change will not require OneShare Health's review and approval. The Membership change will become effective at the next billing cycle following OneShare Health's approval. A Membership Update Request Form must be signed and submitted by the Primary Member. Adding or removing dependents to or from the Membership is not considered a Program change. One Program change is allowed without an application fee per Program Year. Any additional Program changes within the Program year will include an application fee.

Member Cooperation: When Member bills are submitted for sharing, the Member is committing to cooperate with OneShare Health staff and partners to determine if the bills are Eligible, to seek fair and reasonable prices from Providers, to document amounts the Member has paid to Providers, and to provide the information needed for OneShare Health to reduce the billed amount. A Member may be required to sign a release or submit additional information or documentation to determine whether a bill can be discounted or negotiated or is payable by another party. Obtaining discounted medical prices is often a time-sensitive matter. If a Member fails to respond to repeated requests for information or documents, the bill(s) will be Ineligible for Sharing.

Tax Information: OneShare Health Members should note the following information regarding membership and tax filing:

- OneShare Health is a 501(c)3 tax-exempt organization.
- After 2018, Members do not have to include Form 8965 as an attachment to the Form 1040 when filing federal income taxes.
- Regular Member contributions and fees are not tax-deductible.
- Giving above the regular Member Contribution Amount qualifies as a charitable contribution for income tax purposes under IRC Section 170. Members who make these qualifying donations will receive a notice reporting their charitable contributions.
- Some state laws require individuals to purchase health insurance but exempt Members of a Health Care Sharing Ministry like OneShare Health from the mandate. Members can find information needed to complete Health Coverage Exemption Tax Forms via their OneShareBox dashboard under the section titled “Tax Information.”
- For additional tax information and resources visit: **www.oneshareheath.com/healthcare-exemption-information**.
- Members should consult a tax law and/or accounting expert regarding the applicability of any relevant individual health insurance mandates. OneShare provides general information but does not provide legal or accounting advice to Members.

OneShare and Subrogation: OneShare Health, for the benefit of Members, will be subrogated to any and all rights that a Member has against any and all parties responsible for causing the injuries for amounts Members provided to or for the benefit of the Member, including any and all first monies paid (or payable) to or on behalf of the Member and regardless of whether or not the Member has been made whole. OneShare Health, for the benefit of Members, will also be reimbursed for any and all amounts the Members provide to or on behalf of a Member as a result of injuries which result from the actions or liability of a third party, and/ or which result in a settlement, judgment or other award or recovery to or by a Member from a third party tortfeasor, including any person or entity liable for or indemnifying the Member. OneShare Health’s subrogation rights for the benefit of Members are listed in their entirety in the Member portal. Please review the subrogation agreement in its entirety in the Member portal.

State Availability: Go to **www.OneShareHealth.com/legal-notices** for the most current state regulations.

Statement of Beliefs: OneShare Health's ministry is rooted in the Anabaptist Faith and exists as an exercise and expression of the shared beliefs exemplified in the Statement of Beliefs. Each Member must attest to the Statement of Beliefs and commits to living in accordance with them. Medical Expenses which are the result of a Member's failure to adhere to the Statement of Beliefs may be Ineligible for Sharing.

Timely Submission of a Sharing Request: In order to be considered for sharing, timely notice of Member Medical Expenses must be provided to OneShare Health within sixty (60) days after an eligible Medical Expense has occurred. Allowances may be made for reasonable delays.

Medical Records Requests: OneShare Health may need to obtain medical records to complete the processing of a sharing request and will request the records from a Member's provider. Sharing requests for which medical records are needed and have been requested will be Ineligible for Sharing if the records are not received by OneShare Health within 180 days after the first request is made. Allowances may be made for reasonable delays.

Membership Termination:
OneShare Health's community of Members is built on mutual trust and respect, and unity through the shared Statement of Beliefs. OneShare Health reserves the right to terminate any membership at any time if a Member exhibits a pattern of hostility or rudeness toward OneShare Health staff or partners, or ongoing and unrepentant disregard, opposition to, or violation of the Statement of Beliefs.



Legal Terms, Conditions, and Notices

- **HIPAA**
- **Dispute Resolution and Appeal**
- **Legal Notices**

HIPAA

To the extent the services are regulated by the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, as incorporated in the American Recovery and Reinvestment Act of 2009 (the "HITECH Act") and its implementing regulations, or involve information that is Protected Health Information ("PHI") or Electronic Protected Health Information ("ePHI") as those terms are defined by HIPAA or the HITECH Act, OneShare Health agrees to use, disclose, and secure Members' PHI and e-PHI in accordance with the HIPAA and HITECH Act rules and other applicable requirements, and to execute such other documents or amendments hereto, and take such other actions as may be necessary to comply with HIPAA and other related laws.

Dispute Resolution and Appeal

OneShare Health, LLC is a Health Care Sharing Ministry which brings together people of faith to assist each other by voluntarily sharing Medical Expenses. As a Health Care Sharing Ministry, OneShare Health does not contract with Members to provide or pay for medical care, does not offer insurance, makes no assumptions of risk, and does not promise or guarantee that Medical Expenses will be paid or shared by the Membership. Unpaid medical bills are always the Member's responsibility. OneShare Health strives to create a positive Member experience. However, for those unique situations where Members are concerned or dissatisfied, OneShare Health has created a dispute resolution process that is consistent with our shared biblical beliefs about resolution within our community rather than by civil courts (I Cor. 6:1-8). By becoming a Member of OneShare Health, each Member agrees to use the following Dispute Resolution and Appeal process as the exclusive means for resolving all disputes, including legal disputes, and to not file a lawsuit. The Member agrees not to engage in litigation against OneShare Health, its affiliates, nor its employees or directors for any reason related to health care or Membership.

The OneShare Health Dispute Resolution and Appeal process is as follows:

1. Call OneShare: Many concerns or questions may be resolved by calling us directly. OneShare Health strives to provide first class Member service, and we want to know immediately if you are not completely satisfied. Before submitting a written dispute, a Member must first attempt to resolve the issue with the applicable Department within OneShare Health.

2. Written Dispute: If you are unable to resolve an issue to your satisfaction by calling OneShare Health, you may file a written dispute within 60 days after the act or decision giving rise to your dispute. Disputes may be submitted in three ways:

1. By completing OneShare Health's Member Dispute Form and submitting it to Dispute@OneShareHealth.com.
2. By completing the Dispute Form and mailing it to OneShare Health, Attn: Disputes, P.O. BOX 825, Uniontown, OH 44685.
3. By going online to www.OneShareHealth.com/MemberDisputes and downloading and submitting the form per the instructions above.

Any other method of communication will not be considered a dispute for purposes of this Dispute Resolution and Appeal process. The Dispute Form must be completed in full and incomplete disputes will not be considered. OneShare Health will confirm receipt of your dispute within 3 business days after submission. If the form is incomplete or more information is needed, OneShare Health will notify you. You will receive a response within 60 days after your dispute is accepted.

3. Appeal: You may appeal an adverse determination of your written dispute by submitting OneShare Health's Appeal Form to Appeals@OneShareHealth.com, or by mailing the completed Appeal Form to Attn: Appeals, P.O. BOX 825, Uniontown, OH 44685, within 30 days after the determination of your dispute. You must include a written summary of your appeal, state why you disagree with the previous determination, and include any portions of your Member Guideline which may be applicable.

Dispute Resolution and Appeal

3. Appeal (Continued): The Member will be able to attach any documents they feel are necessary to provide complete information to the OneShare Health Appeals Committee. The Appeals Committee will consider the appeal within 45 days after submission. Appeals of Pre-Notification determinations will be expedited.

4. Arbitration: If the Member is unsatisfied with the decision of the OneShare Health Appeals Committee, the final option is to submit the dispute to Arbitration in accordance with the Arbitration Agreement which each Member signs upon enrollment. The Member may submit the dispute for arbitration with the Institute for Christian Conciliation (ICC) or the American Arbitration Association (AAA). The Member will be responsible to bear one-half of the fees of your selected arbitration program (ICC or AAA), and all of your own incidental or legal costs. The arbitration shall be held in Dallas, Texas unless you and OneShare Health agree to a different location. One arbitrator shall preside over the dispute and shall be selected by mutual agreement between the Member and OneShare Health. If the parties cannot agree on an arbitrator, the selected arbitration program (ICC or AAA) will appoint the arbitrator. If you wish to invoke this provision, you must send a written notification to OneShare's Legal Department and submit your arbitration request to:

- https://www.aorhope.org/icc
- https://www.adr.org

Legal Notices

State Notices
The following notices are required by state laws. Please find your state of residence below to find the information applicable to you. If your state is not listed, please refer to the first notice applicable to multiple states.

Alabama, Alaska, Arizona, Arkansas, Georgia, Idaho, Louisiana, Maine, Massachusetts, Mississippi, North Carolina, South Dakota, Tennessee, Virginia, West Virginia
Notice:
The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. This organization does not guarantee that your medical bills will be paid by the organization or any other individual. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance or an enrollment in any health insurance plan or a waiver of your responsibility to pay your own medical expenses. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Florida
Notice:
The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor its plan of operation is an insurance policy. Membership is not offered through an insurance company, and the organization is not subject to the regulatory requirements or consumer protections of the Florida Insurance Code. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant is compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payments for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Legal Notices

Illinois
Notice:
The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation constitute or create an insurance policy. Any assistance you receive with your medical bills will be totally voluntary. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Whether or not you receive any payments for medical expenses and whether or not this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Indiana
Notice:
The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor its plan of operation is an insurance policy. Any assistance you receive with your medical bills will be totally voluntary. Neither the organization nor any other participant can be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Whether or not you receive any payments for medical expenses and whether or not this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Kentucky
NOTICE:
UNDER KENTUCKY LAW, THE RELIGIOUS ORGANIZATION FACILITATING THE SHARING OF MEDICAL EXPENSES IS NOT AN INSURANCE COMPANY, AND ITS GUIDELINES, PLAN OF OPERATION, OR ANY OTHER DOCUMENT OF THE RELIGIOUS ORGANIZATION DO NOT CONSTITUTE OR CREATE AN INSURANCE POLICY. PARTICIPATION IN THE RELIGIOUS ORGANIZATION OR A SUBSCRIPTION TO ANY OF ITS DOCUMENTS SHALL NOT BE CONSIDERED INSURANCE. ANY ASSISTANCE YOU RECEIVE WITH YOUR MEDICAL BILLS WILL BE TOTALLY VOLUNTARY. NEITHER THE ORGANIZATION OR ANY PARTICIPANT SHALL BE COMPELLED BY LAW TO CONTRIBUTE TOWARD YOUR MEDICAL BILLS. WHETHER OR NOT YOU RECEIVE ANY PAYMENTS FOR MEDICAL EXPENSES, AND WHETHER OR NOT THIS ORGANIZATION CONTINUES TO OPERATE, YOU SHALL BE PERSONALLY RESPONSIBLE FOR THE PAYMENT OF YOUR MEDICAL BILLS.

Legal Notices

Maryland
Notice:
This publication is not issued by an insurance company nor is it offered through an insurance company. It does not guarantee or promise that your medical bills will be published or assigned to others for payment. No other subscriber will be compelled to contribute toward the cost of your medical bills. Therefore, this publication should never be considered a substitute for an insurance policy. This activity is not regulated by the State Insurance Administration, and your liabilities are not covered by the Life and Health Guaranty Fund. Whether or not you receive any payments for medical expenses and whether or not this entity continues to operate, you are always liable for any unpaid bills.

Michigan
Notice:
The OneShare Health that operates this health care sharing ministry is not an insurance company and the financial assistance provided through the ministry is not insurance and is not provided through an insurance company. Whether any participant in the ministry chooses to assist another participant who has financial or medical needs is totally voluntary. A participant will not be compelled by law to contribute toward the financial or medical needs of another participant. This document is not a contract of insurance or a promise to pay for the financial or medical needs of a participant by the ministry. A participant who receives assistance from the ministry for his or her financial or medical needs remains personally responsible for the payment of all of his or her medical bills and other obligations incurred in meeting his or her financial or medical needs.

Missouri
Notice:
This publication is not an insurance company nor is it offered through an insurance company. Whether anyone chooses to assist you with your medical bills will be totally voluntary, as no other subscriber or member will be compelled to contribute toward your medical bills. As such, this publication should never be considered to be insurance. Whether you receive any payments for medical expenses and whether or not this publication continues to operate, you are always personally responsible for the payment of your own medical bills.

Legal Notices

Montana
Notice:
The health care sharing ministry facilitating the sharing of medical expenses is not an insurance company and does not use insurance agents or pay commissions to insurance agents. The health care sharing ministry's guidelines and plan of operation are not an insurance policy. Without health care insurance, there is no guarantee that you, a fellow member, or any other person who is a party to the health care sharing ministry agreement will be protected in the event of illness or emergency. Regardless of whether you receive any payment for medical expenses or whether the health care sharing ministry terminates, withdraws from the faith-based agreement, or continues to operate, you are always personally responsible for the payment of your own medical bills. If your participation in the health care sharing ministry ends, state law may subject you to a waiting period before you are able to apply for health insurance coverage.

Nebraska
IMPORTANT NOTICE.
This organization is not an insurance company, and its product should never be considered insurance. If you join this organization instead of purchasing health insurance, you will be considered uninsured. By the terms of this agreement, whether anyone chooses to assist you with your medical bills as a participant of this organization will be totally voluntary, and neither the organization nor any participant can be compelled by law to contribute toward your medical bills. Regardless of whether you receive payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills. This organization is not regulated by the Nebraska Department of Insurance. You should review this organization's guidelines carefully to be sure you understand any limitations that may affect your personal, medical, and financial needs.

New Hampshire
IMPORTANT NOTICE:
This organization is not an insurance company, and its product should never be considered insurance. If you join this organization instead of purchasing health insurance, you will be considered uninsured. By the terms of this agreement, whether anyone chooses to assist you with your medical bills as a participant of this organization will be totally voluntary, and neither the organization nor any participant can be compelled by law to contribute toward your medical bills. Regardless of whether you receive payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills. This organization is not regulated by the New Hampshire Insurance Department. You should review this organization's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs.

Legal Notices

Pennsylvania
Notice:
This publication is not an insurance company nor is it offered through an insurance company. This publication does not guarantee or promise that your medical bills will be published or assigned to others for payment. Whether anyone chooses to pay your medical bills will be totally voluntary. As such, this publication should never be considered a substitute for insurance. Whether you receive any payments for medical expenses and whether or not this publication continues to operate, you are always liable for any unpaid bills.

Texas
Notice:
This health care sharing ministry facilitates the sharing of medical expenses and is not an insurance company, and neither its guidelines nor its plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the ministry or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this ministry continues to operate, you are always personally responsible for the payment of your own medical bills. Complaints concerning this health care sharing ministry may be reported to the office of the Texas attorney general.

Wisconsin
ATTENTION:
This publication is not issued by an insurance company, nor is it offered through an insurance company. This publication does not guarantee or promise that your medical bills will be published or assigned to others for payment. Whether anyone chooses to pay your medical bills is entirely voluntary. This publication should never be considered a substitute for an insurance policy. Whether or not you receive any payments for medical expenses, and whether or not this publication continues to operate, you are responsible for the payment of your own medical bills.

Wyoming
Notice:
The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Any assistance with your medical bills is completely voluntary. No other participant is compelled by law or otherwise to contribute toward your medical bills. Participation in the organization or a subscription to any of its documents shall not be considered to be health insurance and is not subject to the regulatory requirements or consumer protections of the Wyoming insurance code. You are personally responsible for payment of your medical bills regardless of any financial sharing you may receive from the organization for medical expenses. You are also responsible for payment of your medical bills if the organization ceases to exist or ceases to facilitate the sharing of medical expenses.



OneShare Health®

"Therefore encourage one another and build one another up, just as you are doing."
I Thessalonians 5:11 (ESV)

OneShareHealth.com

OneShare Health, LLC is not an insurance company but a religious health care sharing ministry. For our full disclosures, see www.oneshareheath.com/legal-notices.

BETTER TOGETHER