



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.



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 Prayer Line:

We care about your spiritual health and prayer needs. Email us or call our prayer line and let us pray for you and your loved ones.

Smart Virtual Care (Telemedicine):

Visit fee 100% Shared with 24/7 availability.

Freedom of Choice:

Members of OneShare utilize a Provider Choice, giving you the power to choose your trusted doctors and Physicians.

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, 8 am to 6 pm CST at (855) 699-1274 or visit us online at [OneShareHealth.com](https://www.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 Christian Health Care Sharing Ministry, to empower people with the Freedom of Choice by providing biblical alternatives to traditional health insurance. 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 Family. Our core values can be summed up in related biblical commands.

The first is to thoroughly love both God and neighbor (e.g., **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 (e.g., **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 and demonstrating the love of God to the entire community. This sharing also demonstrates that the community can come together in mutual love and respect, no matter the background of the individual or family.

OneShare Health offers Members a Freedom of Choice for their medical needs. That way, they have the power to choose their healthcare Provider; to go to any Hospital, Surgery Center, Emergency Room, Urgent Care clinic, Provider, and Specialist they'd like.

OneShare Health seeks to help support ministries within the United States and around the world. OneShare Health feels a great sense of purpose in helping Members share their medical needs and showing 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

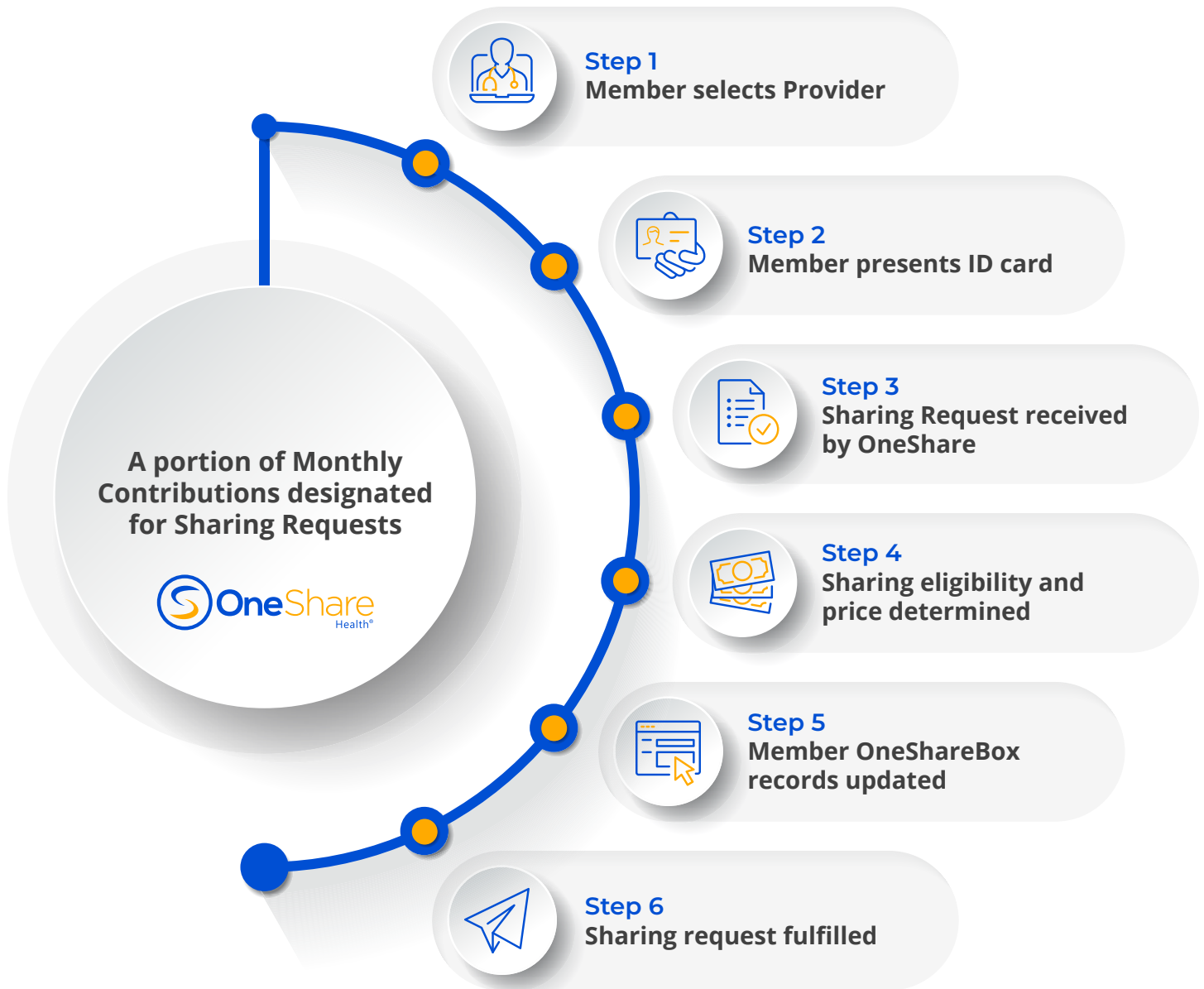
... in the power of prayer to save lives, to heal lives, and to unite our Members in common purpose and community, and we believe that prayer should be a fundamental practice of daily life.

I John 5:14; Philippians 4:6-7

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 Overview

OneShare Health, LLC is not an insurance company, but a religious Health Care Sharing Ministry.

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Program Overview

Waiting Periods Apply

OneSharesm Catastrophic

Eligible for Sharing¹

| | |
|---------------------------------|-------------------------------------|
| Individual Sharing Amount (ISA) | \$5,000 / \$10,000 |
| Maximum Limit Per Incident | \$150,000 / \$250,000 / \$500,000 |
| Lifetime Sharing Maximum | \$300,000 / \$500,000 / \$1,000,000 |

Provider Choice²

| | |
|--|-----------------------------|
| Smart Virtual Care / Telemedicine ³ | \$0 Visit Fee / 100% Shared |
| Preventive Services | 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 Services²

| | |
|------------------------------------|--------------------|
| X-Rays / Labs / Diagnostics | ELIGIBLE |
| In/Outpatient Surgery ⁶ | ELIGIBLE after ISA |
| Maternity | NOT ELIGIBLE |
| Hospitalization ⁶ | ELIGIBLE after ISA |

Membership Discounts⁷

| | |
|---|---|
| Prescription Discount Program / Health, Wellness, Entertainment | onesharehealth.com/members |
|---|---|

¹ Review Membership Guidelines for full details: Waiting Periods, Pre-Existing Limitations, service-specific limits, ISA, Fair and Reasonable Amount, and Visit Fees for all Eligible Expenses. All ISAs, fees, Per Incident Limits and Lifetime Maximums are per Member.

² Eligible Program Members can seek treatment from any medical provider. All medical service Providers are reimbursed by the Membership in accordance with the terms of the Membership Guidelines at a Fair and Reasonable Amount.

³ Smart Virtual Care 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 services are shared up to \$10,000, then ISA applies.

⁶ After ISA is met, Eligible up to Maximum Limit Per Incident. Outpatient, Pre- and Post-Admission for Hospitalization / Outpatient Surgery.

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.

Program Overview

Waiting Periods Apply

OneSharesm Classic Basic

Eligible for Sharing¹

| | |
|---------------------------------|------------------------------|
| Individual Sharing Amount (ISA) | \$5,000 / \$7,500 / \$10,000 |
| Maximum Limit Per Incident | \$150,000 |
| Lifetime Sharing Maximum | \$1,000,000 |

Provider Choice²

| | |
|---|-----------------------------------|
| Smart Virtual 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 Services²

| | |
|-----------------------------|--------------------|
| X-Rays / Labs / Diagnostics | ELIGIBLE |
| In/Outpatient Surgery | ELIGIBLE after ISA |
| Maternity | NOT ELIGIBLE |
| Hospitalization | ELIGIBLE after ISA |

Membership Discounts⁶

| | |
|---|---|
| Prescription Discount Program / Health, Wellness, Entertainment | onesharehealth.com/members |
|---|---|

¹ Review Membership Guidelines for full details: Waiting Periods, Pre-Existing Limitations, service-specific limits, ISA, Fair and Reasonable Amount, and Visit Fees for all Eligible Expenses. All ISAs, fees, Per Incident Limits and Lifetime Maximums are per Member.

² Eligible Program Members can seek treatment from any medical Provider. All medical service Providers are reimbursed by the Membership in accordance with the terms of the Membership Guidelines at a Fair and Reasonable Amount.

³ Smart Virtual Care 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 Eligible after a 180-day waiting period.

⁵ Emergency Room services are shared up to \$10,000, then ISA applies.

⁶ 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.

Program Overview

Waiting Periods Apply

OneSharesm Classic Enhanced

Eligible for Sharing¹

| | |
|---------------------------------|------------------------------|
| Individual Sharing Amount (ISA) | \$5,000 / \$7,500 / \$10,000 |
| Maximum Limit Per Incident | \$250,000 |
| Lifetime Sharing Maximum | \$1,000,000 |

Provider Choice²

| | |
|---|-----------------------------------|
| Smart Virtual 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 Services²

| | |
|-----------------------------|--------------------|
| X-Rays / Labs / Diagnostics | ELIGIBLE |
| In/Outpatient Surgery | ELIGIBLE after ISA |
| Maternity | NOT ELIGIBLE |
| Hospitalization | ELIGIBLE after ISA |

Membership Discounts⁶

| | |
|---|---|
| Prescription Discount Program / Health, Wellness, Entertainment | onesharehealth.com/members |
|---|---|

¹ Review Membership Guidelines for full details: Waiting Periods, Pre-Existing Limitations, service-specific limits, ISA, Fair and Reasonable Amount, and Visit Fees for all Eligible Expenses. All ISAs, fees, Per Incident Limits and Lifetime Maximums are per Member.

² Eligible Program Members can seek treatment from any medical Provider. All medical service Providers are reimbursed by the Membership in accordance with the terms of the Membership Guidelines at a Fair and Reasonable Amount.

³ Smart Virtual Care 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 Eligible after a 180-day waiting period.

⁵ Emergency Room services are shared up to \$10,000, then ISA applies.

⁶ 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.

Program Overview

Waiting Periods Apply

OneSharesm Classic^{Crown}

Eligible for Sharing¹

| | |
|---------------------------------|------------------------------|
| Individual Sharing Amount (ISA) | \$5,000 / \$7,500 / \$10,000 |
| Maximum Limit Per Incident | \$500,000 |
| Lifetime Sharing Maximum | \$1,000,000 |

Provider Choice²

| | |
|---|-----------------------------------|
| Smart Virtual 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 Services²

| | |
|-----------------------------|--------------------|
| X-Rays / Labs / Diagnostics | ELIGIBLE |
| In/Outpatient Surgery | ELIGIBLE after ISA |
| Maternity ⁶ | ELIGIBLE after ISA |
| Hospitalization | ELIGIBLE after ISA |

Membership Discounts⁷

| | |
|---|---|
| Prescription Discount Program / Health, Wellness, Entertainment | onesharehealth.com/members |
|---|---|

¹ Review Membership Guidelines for full details: Waiting Periods, Pre-Existing Limitations, service-specific limits, ISA, Fair and Reasonable Amount, and Visit Fees for all Eligible Expenses. All ISAs, fees, Per Incident Limits and Lifetime Maximums are per Member.

² Eligible Program Members can seek treatment from any medical Provider. All medical service Providers are reimbursed by the Membership in accordance with the terms of the Membership Guidelines at a Fair and Reasonable Amount.

³ Smart Virtual Care 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 Eligible after a 180-day waiting period.

⁵ Emergency Room services are shared up to \$10,000, then ISA applies.

⁶ Maternity is Eligible for Sharing up to the following limits - Natural Delivery expenses are Eligible up to a maximum of \$5,000, C-Section expenses are Eligible up to a maximum of \$8,000, Complications of delivery expenses are Eligible up to a maximum of \$50,000.

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.



Member Resources

- Stretching Your Healthcare Dollar
- Selecting Providers and Managing Medical Bills
- Comparing and Selecting the Best RX Pricing
- Discount Services Overview
- Sharing Example
- Additional Member Resources
- Member Responsibility
- Definitions of Terms

How to Stretch your Healthcare Dollars with OneShare Health's Freedom of Choice Guide

At OneShare Health, our Members are not restricted to an in-network/out-of-network Provider requirement when it comes to Physician and Facility locations. We offer the Freedom of Choice to visit wherever you wish.

To maximize your Program, and stretch your healthcare dollar further, our Members can follow this simple Freedom of Choice Guide. 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

Smart Virtual Care

For the Common Cold, Allergies, and Much More

Smart Virtual Care 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.

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 and Pains
- Rashes
- Sinus Infections
- Skin Inflammation
- Urinary Tract Infections
- Asthma

We know how important it is to see the doctors you trust. Our Members have access to an easy-to-use Provider Locator tool, which lists the doctors who have an existing relationship with OneShare or one of our partners, and whose bills are likely to be processed more quickly and efficiently. However, OneShare Members are not limited to those doctors listed in the Provider Locator – we accept any accommodating Provider and will work to ensure you are billed at a fair price. If you don't find the doctor you're looking for, our team is ready to help!

Your OneShare Health Program uses the My Choice Provider Locator for professional Physician/doctor services. To search for a Physician, go to [MyChoice.OneShareHealth.com](#).

Not seeing your doctor? Not a problem! Go see your selected Provider. Providers will call OneShare Health to verify your Membership, and our trained team of Coordinators will take care of the rest.



Step 3

Finding a Facility

Have you ever been worried that the Facility you visit for a procedure is considered Out-of-Network? Well, worry no more! At OneShare, we provide cost sharing to any accommodating Inpatient, Outpatient, Hospital, Surgery Center, or Clinical Lab Facility for Eligible services under your chosen Program.

If you are seeking services performed in an Inpatient or Outpatient Hospital setting, Surgery, or Clinical Lab for a scheduled service, call OneShare Health at least 10 days prior to your visit. OneShare Health will process Eligible services at a Fair and Reasonable Amount based on an objective Medicare-based benchmark.

If for any reason, you 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.



Step 2

Finding a Doctor

Selecting Providers and Managing Medical Bills

As a OneShare Health Member, you are empowered with the Freedom of Choice when searching for medical care and are provided with tools to help you navigate and actively participate in your healthcare decisions. You are welcome to choose your own Provider, however some Providers are more friendly than others to Health Care Sharing Ministries like OneShare Health. When you schedule Eligible medical care, remember these tips to help you navigate that experience.

PHYSICIAN OFFICE VISIT:

You have the freedom to schedule a visit with a Physician not listed in the My Choice Provider Locator tool. In doing so, there may be additional cost and sharing responsibility for the difference between the Physician's final charges and the Fair and Reasonable Amount. If so, please contact OneShare Health.

PAYMENTS ON THE DATE OF SERVICE:

Please do not pay any bills unless required to do so at the time of service. If payment is required by the Provider that day, make sure you are charged the self-pay or cash-pay rate, which should be much less than the usual billed charges. If you do pay a bill on the date of service, keep all your records to send directly to OneShare for processing.

BALANCE BILLS:

It is possible for a Provider to send you a bill for the difference between their billed charges and the Fair and Reasonable Amount. Do not pay any balance bill without first contacting OneShare Health.

To submit bills for sharing, please scan and email to Correspondence@OneShareHealth.com.

You can call Member Support for any questions at [\(855\) 699-1274](tel:855-699-1274).

Comparing and Securing the best RX Pricing

Members at OneShare Health have multiple options when it comes to Prescription Discounts and pricing. With both Clever Health™ and WellCard, you have access to low-cost prescriptions at reputable and trusted pharmacies. But how do you find the best price? See how we break down and compare these options to find the best price available.

WellCard

WellCard offers Prescription Savings via local pickup at the following nationwide Pharmacies: CVS Pharmacy, Target, Walmart, Costco Wholesale, Walgreens, and via Mail Order or Delivery with GeniusRX.

First go to www.WellCardSavings.com and navigate to "Pharmacy."

1. To compare Local Prescription Pricing select "Retail Pharmacy." You can search and compare pricing at up to five local pharmacies at a time.

2. To compare Mail Order & Delivery pricing, choose "Digital Pharmacy." This will show you online pricing for orders and prompt you to input your Prescription information before checkout for verification.

Clever Health

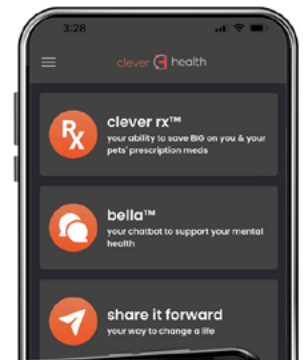
Clever Health™ Members will have access to prescription drug savings on over 55,000 FDA-approved medications, 40% of which cost \$10 or less. Members have the ability to save up to 80% on generic, brand name, over-the-counter, lifestyle drugs, and pet medications at over 80,000 pharmacies nationwide in all 50 states, including, but not limited to Walgreens, Walmart, Kroger, CVS, HyVee, Duane Reade, and many more!

In your Clever Health app, navigate to your care options to price Prescriptions locally. Then, enter the prescription name, dosage, quantity, and ZIP Code to compare prices!



When comparing the three pricing examples above, you can see that for local pickup, Costco Pharmacy has the lowest price. However, a Mail Order with Genius RX will be the lowest amount overall. Use these tools to ensure that you always secure the best Prescription Pricing no matter what your medication needs or your location.

Download the [Clever Health app](#) today, and keep your WellCard in your wallet to present for savings at your local Provider's office and pharmacy.



Smart Virtual Care (Telemedicine) Disclosure: Clever Health™ Doctors do not write prescriptions for DEA-controlled substances. Clever Health™ operates within state regulations.

Clever Health™ is not owned or operated by OneShare Health, LLC, but made available to OneShare Members by Clever Health™.

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 <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.

OneShare Health, LLC is not an insurance company, but a religious Health Care Sharing Ministry.

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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.

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.

Labs – Save up to 70%

Save on over 300 blood tests from nationally accredited labs near you.

This plan is not available in the following states: 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 the following states: AK, WA, MT, and MA.

Vision – Save up to 50%

Accepted nationwide. 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 the following states: AK, WA, MT, and MA.

TeleDentist

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

TeleVet

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

Emotional Wellness

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

Vitamins – Save up to 15%

Order a wide range of vitamins and supplements and get them delivered directly to your home.

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 the following states: 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!

Prescriptions – Save up to 65%

Accepted at over 59,000 pharmacies nationwide. Use anytime with no annual limit.

This plan is not available in the following states: AK, WA, MT, and MA.

Medical Supplies

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

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 the following states: AK, WA, MT, and MA.

Fitness

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

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.

Sharing Example

OneShare Health Members share the cost of 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.

OneSharesm Classic Basic



According to her Classic Basic ISA, Mary is responsible to pay \$5,000. Once her ISA is paid, Mary then shares in the cost of any remaining Eligible medical expenses with the OneShare 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

The ER Visit Fee is credited to Mary's OneShare Health account (\$500)

| | |
|--|----------|
| 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, Smart Virtual Care via Clever Health™ is always 100% shared at a \$0 cost to Members. This is always your first line of defense as a OneShare Member.

Member Resources

Smart Virtual Care (Telemedicine)

Clever Health™: \$0 Visit Fee. Consult Fee 100% shared.

Clever Health™ makes Smart Virtual Care better, faster, and easier just for the health of it. Clever Health™ can more efficiently and accurately take care of non-emergent health care needs at your fingertips. Via an AI-driven smart questionnaire, you and your family have access 24 hours a day, 7 days a week, 365 days a year to state-licensed and fully credentialed providers in the most convenient and efficient way. Known for its overwhelming convenience, nine out of ten users prefer to use Clever Health's AI-driven Smart Virtual Care.

Common ailments that can be treated using Clever Health™ include but are not limited to:

- Allergies
- Asthma
- Cold & Flu
- Fever
- Ear Infections
- Sports Injuries
- Gout
- Rashes
- Joint Aches & Pains
- Insect Bites
- Sinus Infections
- Skin Inflammation
- Digestive Conditions
- Urinary Tract Infections
- And More...

How does it work?

After downloading the app (according to the instructions below), choose "Get Care" on your patient profile. You can then choose between Virtual Care, Prescription Pricing, and Mental Health Chat services. Clever Health™ consults via chat, phone, or video are also available to you and your family. Using intelligent intake, local providers, and population health intelligence, Clever Health™ reduces errors and can provide proper follow-up and ongoing care at local facilities.

Access Smart Virtual Care via Clever Health™ by downloading the Clever Health™ app any of the following ways:

- Scan the QR code using the camera on your mobile phone.
Note: You do not need to take a picture of the QR code, simply tap the screen to focus on the QR code. The active link will then appear. Click on the link to be taken to download the Clever Health™ app.

- Click on this link using your mobile phone
<https://join.cleverhealth.ai/oneshare> and follow the prompts to download.

- Go to the app or Google Play Store, search Clever Health, download the app, and enter **Group Number 8101 Member Number 1000** when prompted.

Note: You cannot download the Clever Health™ app on your desktop or laptop computer.

- Members without access to a smart phone can utilize Clever Health™ Smart Virtual Care (Telemedicine) by calling **(833)-387-9603**. Follow the prompts to be sent a text message or continue to speak with a care coordinator.



Smart Virtual Care (Telemedicine) is not owned or operated by OneShare Health, LLC, but made available to OneShare Members by Clever Health™. Smart Virtual Care (Telemedicine) Disclosure: Clever Health™ Doctors do not write prescriptions for DEA-controlled substances. Clever Health™ operates within state regulations. Clever Health™ is not owned or operated by OneShare Health, LLC, but made available to OneShare Members by Clever Health™.

Member Resources

Additional Member Resources

Member Portal: [OneShareMembers.com](https://www.onesharemembers.com)

All your personal Program information is stored here, including your digital ID Card and Guidelines.

Member Resource Hub: [OneShareHealth.com/members](https://www.onsharehealth.com/members)

The OneShare Health Member Resource Hub is your one-stop shop for all your Member Features, resources, education, information, forms, and more!

Member Education Videos: [MemberEducation.hubs.vidyard.com/](https://www.membereducation.hubs.vidyard.com/)

Need a refresher on OneShare Health topics? Our easy video guides offer walkthroughs on many of our tools, offerings, and processes.

OneShare Health Knowledge Base: [Help.OneShareHealth.com/knowledge](https://www.help.onsharehealth.com/knowledge)

Our Frequently Asked Questions live here – from Program Features, information about OneShare Health, and specifics on Eligibility, we've got the answers.

WellCard Discounts: [www.WellCardSavings.com](https://www.wellcardavings.com)

A huge array of Discount Services can be accessed via the WellCard website, including Vision, Dental, and Prescription Discounts, as well as Lifestyle and Entertainment Discounts for the Calm Meditation app, Sam's Club Membership, Disneyworld Tickets, and more.

Clever RX via the Clever Health™ App: [join.cleverhealth.ai/oneshare](https://www.join.cleverhealth.ai/oneshare)

Members have access to prescription drug savings on over 55,000 FDA-approved medications, 40% of which cost \$10 or less. Members have the ability to save up to 80% on generic, brand name, over-the-counter, lifestyle drugs, and pet medications at over 80,000 pharmacies nationwide in all 50 states.

Find a Provider: [MyChoice.OneShareHealth.com](https://www.mychoice.onsharehealth.com)

You have access to the My Choice OneShare Health Provider Locator, an online search tool which lists the Physicians who have an existing relationship with OneShare Health or one of our partners, and whose bills are likely to be processed more quickly and efficiently.

Mental Health Support via Clever Health™

Bella, the Clever Health™ Mental Health Support Chatbot, provides automated mental health coaching chats 24/7 in both English and Spanish. Bella provides education, coping strategies, deep breathing exercises, self-help content, and more.

- Members without access to a smartphone can utilize Clever Health™ Smart Virtual Care (Telemedicine) by calling (833)-387-9603. Follow the prompts to be sent a text message or continue to speak with a care coordinator.

Member Support: Monday through Friday, 8 am to 6 pm CST

(855) 699-1274

MemberSupport@OneShareHealth.com

Member Responsibility

Pre-Notification Required: Call (855) 699-0419 Monday through Friday, 8 am to 5 pm CST.

Pre-Notification: 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.

Even if you have completed the Pre-Notification process with OneShare Health, this does not guarantee your 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.

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.

Our goal is to help our Members avoid unnecessary services and Hospitalization, to improve the quality of care, and empower our Members to make informed medical choices. Through our valuable Membership tools such as bundled services, we strive to make our Members' experiences as simple as possible, to help Members understand what care is available, and to give our Members access to the highest quality, value, and providers for their procedure. OneShare Health does not mandate the medical treatment a Member chooses. Our Member Support tools are available to help Members navigate their health care journey and make informed choices for their care.

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 or 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 according to the Membership Guidelines. This amount must be submitted by the Member before any of the Member's medical expenses during the applicable period will be considered for sharing.

Definitions of Terms

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, 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 at the beginning of the Program Year. 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 is required within 31 days following such 27th birthday.

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.

Fair and Reasonable Amount:

The amount approved for sharing for certain Eligible Expenses. The Fair and Reasonable Amount is calculated as a percentage of an objective benchmark value for the services provided.

Guidelines:

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

Definitions of Terms

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

Lifetime Program Maximum:

The maximum amount of sharing per Member for the life of the Program. Once the Member's limit is met, the Member is no longer Eligible to submit medical expenses for sharing under the Program.

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.

Definitions of Terms

Newborn(s):

A child enrolled in the Program as a Dependent within 31 days after the 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.

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).

Pre-Existing Condition:

Pre-Existing Condition means: (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.

Definitions of Terms

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 Member who completed the Membership application.

Program Year:

Membership Program Year is defined as 12 months from the Active Date. Each additional Program Year will begin on the anniversary of the Active Date. Program Year applies to all facets of a Member's Program except the application of the Maximum Limit Per Incident and Lifetime Maximum Sharing.

Prosthesis:

An artificial device to replace or augment a missing or impaired part of the body.

Provider:

A provider of 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.

Definitions of Terms

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 Rehabilitative 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:

This includes but is not limited to: bungee jumping; "free climb" rock climbing; parachuting; paragliding; 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 professional or semi-professional sport for which the Member receives any compensation or remuneration.

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.

Definitions of Terms

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:

X-rays are produced by the collision of a beam of electrons with a metal target in an X-ray tube. Also known as roentgen rays.



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

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.

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 / Mental Health:

OneSharesm Catastrophic

Inpatient: after the Member's ISA is met, Eligible for Sharing up to \$3,000 Maximum.

Outpatient: Not Eligible

OneSharesm 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:

If a Member has never been diagnosed or received treatment for any type of Cancer, the diagnosis and/or treatment of Cancer is Eligible for Sharing if diagnosed after a 90-Day Waiting Period from the Member's Active Date.

- If a Member is diagnosed with Cancer within the 90-Day Waiting Period, the diagnosis and treatment related to that specific Cancer, or recurrence or metastasis of that Cancer, are Not Eligible for Sharing.
- 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 are Not Eligible for Sharing.
- If a Member was diagnosed with or received treatment for Cancer more than five (5) years prior to the Member's Active Date, 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: Member must provide Medical reports which indicate that, during the five (5) years prior to the Member 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.
- Limit for all Cancer is \$500,000; each Incident cannot exceed the Maximum Limit Per Incident.

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 Maximum Limit Per Incident.

Eligible Sharing

Descriptions and Limits

Chiropractic Care and Manipulation Therapy:

OneSharesm
Catastrophic
NOT ELIGIBLE

OneSharesm
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):

OneSharesm
Catastrophic
\$500 Visit Fee

OneSharesm
Classic Basic
\$500 Visit Fee

OneSharesm
Classic Enhanced
\$500 Visit Fee

OneSharesm
Classic Crown
\$500 Visit Fee

After the Visit Fee, Eligible for Sharing up to \$10,000 then ISA applies. If the Facility for 24 hours or more, ER will be considered an Inpatient hospitalization and the Visit Fee will apply to 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:

OneSharesm
Catastrophic
NOT ELIGIBLE

OneSharesm
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 Maximum Limit Per Incident. 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:

OneSharesm Catastrophic

Included at any Lab Facility.

Outpatient Facility: Eligible Expenses for pre- and post-Inpatient Hospitalization and pre- and post-Outpatient Surgery are Eligible for Sharing after the Member's ISA is met up to the Maximum Limit Per Incident.

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

OneSharesm Classic All Classic Programs

Included at any Lab Facility.

After the Member's ISA is met, Eligible Expenses are shared at 100%. 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):

OneSharesm
Catastrophic
NOT ELIGIBLE

OneSharesm
Classic Basic
NOT ELIGIBLE

OneSharesm
Classic Enhanced
NOT ELIGIBLE

OneSharesm
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 expenses are Eligible up to a maximum of \$5,000.
- C-Section delivery expenses are Eligible up to a maximum of \$8,000.
- Complications of delivery expenses are Eligible up to a maximum of \$50,000.

Eligible Sharing

Descriptions and Limits

Maximum Sharing:

OneSharesm **Catastrophic**

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

Lifetime Sharing Maximum: Two times the Maximum Limit Per Incident, per enrolled Member.

Once the Member's Lifetime Maximum is met, the Member's medical expenses are no longer Eligible for Sharing.

OneSharesm **Classic** Basic

Maximum Limit Per Incident: \$150,000

OneSharesm **Classic** Enhanced

Maximum Limit Per Incident: \$250,000

OneSharesm **Classic** Crown

Maximum Limit Per Incident: \$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 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 Maximum Limit per Incident. If the Newborn is not added to the Primary Member's Program within 31 days of birth, the Newborn's medical expenses prior to the Newborn's 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 member's effective date will have a 30 day Waiting period before being added to the program.

Non-Hospital Admissions:

OneSharesm **Catastrophic**

NOT ELIGIBLE

OneSharesm **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:

OneSharesm
Catastrophic

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

OneSharesm
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

OneSharesm
Catastrophic

NOT ELIGIBLE

OneSharesm
Classic All Classic Programs

ELIGIBLE

Pre-Existing Condition: 24/24: Pre-Existing Condition means:

(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.

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.

Routine Maintenance of Chronic Condition Continued on Next Page

Eligible Sharing

Descriptions and Limits

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 1 Wellness Visit:

OneSharesm
Catastrophic
NOT ELIGIBLE

OneSharesm
Classic All Classic Programs
ELIGIBLE

On all Classic Programs, Preventive Services and 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
- Complete physical exam and review of body systems

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
- 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*

OneSharesm **Classic** Basic

\$40 Visit Fee per visit
Limit 1 Visit Per Program Year

OneSharesm **Classic** Enhanced

\$40 Visit Fee per visit
Limit 3 Visit Per Program Year

OneSharesm **Classic** Crown

\$40 Visit Fee per visit
Limit 5 Visit 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:

Expenses for a prosthesis are Eligible for Sharing, after the 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.

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*

OneSharesm Catastrophic

\$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 Maximum Limit Per Incident. Only Eligible if they are related to an Eligible service under the Catastrophic Program.

OneSharesm Classic^{Crown}

\$75 Visit Fee per Outpatient visit

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 Maximum Limit Per Incident. 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.

Urgent Care: *NOT ELIGIBLE ON CATASTROPHIC*

OneSharesm Classic^{Basic}

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

OneSharesm Classic^{Enhanced}

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

OneSharesm Classic^{Crown}

\$75 Visit Fee per visit
Limit 2 Visit 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
- 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 (**Catastrophic Only**)
- Home Health Care
- Home Infusion Services
- Hospice Care
- Infertility Diagnostic, Treatment, or Services
- Long Term Care
- Male Elective or Reversal of Sterilization
- Maternity (**Catastrophic, Classic Basic, Classic Enhanced**)

Not Eligible for Sharing

- Medical Expenses for marijuana; nor are complications related to their use, regardless of the substance's legal status where consumed or utilized
- 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 Care (**Catastrophic Only**)
- Preventive Services and Wellness Visits (**Catastrophic Only**)
- Primary Care Physician Visits including OB/GYN and Pediatrics as Primary Care Physicians. (**Catastrophic Only**)
- Private Duty Nursing Services
- 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 (**Catastrophic Only**)
- Specialists Visits (**Classic Basic and Classic Enhanced**)
- Sports: Any extreme sport or any other activity which voluntarily puts an individual at a high risk of serious injury or death. This includes, but not limited to: bungee jumping; "free climb" rock climbing; parachuting; paragliding; 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 professional or semi-professional sport for which the Member receives any compensation or remuneration
- 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
- Temporomandibular Joint Disorder (TMJ Syndrome)
- Any illness, injury, or condition which is the result of any use of tobacco, e-cigarettes, or vaping
- Urgent Care Facility (**Catastrophic Only**)
- Weight Loss Surgery



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.

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OneShare Health

Guidelines and Disclosures

Guidelines:

OneShare manages Member sharing contributions by establishing guidelines that define which medical bills are Eligible for Sharing (“Guidelines”). Neither the Guidelines, nor anything else presented by OneShare, constitutes a contract for insurance. The Guidelines do not constitute a promise to pay or an obligation to share. The Guidelines specify what type of expenses are Eligible for Sharing and it is your responsibility to review the current Guidelines in your Member Portal. Eligibility will be determined based on the Guidelines in effect at the time of service.

OneShare reserves the right to exclude sharing eligibility for any Pre-Existing Conditions, whether disclosed at the time of your enrollment or discovered after your Active Date. OneShare reserves the right to update and change its Guidelines at any time and will provide notice of any material update/changes. OneShare welcomes Member input on the Guidelines, please submit your suggestion to LegalDept@onesharehealth.com.

Health Care Sharing Disclosures:

You are enrolling in a Health Care Sharing Ministry administered by OneShare Health, LLC (OneShare). A Health Care Sharing Ministry is not health insurance, and it does not guarantee or promise that your medical bills will be paid. A health Care Sharing Ministry is a nonprofit 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.

The Members of this Health Care Sharing Ministry voluntarily share Medical Expenses with one another, and OneShare coordinates this Medical Expense sharing. OneShare programs should not be considered as a substitute for an insurance policy. You are always liable for your own unpaid medical bills.

If your Provider does not accept your OneShare Health Member ID card, requiring payment at point of service, you can submit a CMS HFCA 1500 and/or a UB-04 form. These forms can be obtained from your Provider.

All OneShare Health Members are required to attest to our Statement of Beliefs.

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.

OneShare Health

Guidelines and Disclosures

OneShare Health Disclaimer:

ONESHARE HEALTH, LLC (ONESHARE) IS NOT AN INSURANCE COMPANY BUT A RELIGIOUS HEALTH CARE SHARING MINISTRY (HCSM) THAT FACILITATES THE SHARING OF MEDICAL EXPENSES AMONG Members. As with all HCSMs under 26 USC § 5000A(d)(2)(B)(ii), OneShare's Members are exempt from the ACA individual mandate. OneShare does not assume any legal risk or obligation for payment of Member Medical Expenses. Neither OneShare nor its Members guarantee or promise that medical bills will be paid or shared by the Membership. Available nationwide, but please check www.OneShareHealth.com/legal-notices for the most up to date state availability listing.

No Promise to Pay:

Neither OneShare nor its Members promise or guarantee payment or sharing of your Medical Expenses, or assume any risk therefor. You remain responsible for your unpaid medical bills.

Acknowledgements:

As a Member of OneShare Health, you acknowledge the following upon enrollment:

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

Authorizations:

As a Member of OneShare Health, you authorized the following upon enrollment:

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

OneShare Health

Guidelines and Disclosures

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, charitable causes, and general overhead costs. This does not include third-party contracts and distribution compensation.

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.

An annual administration fee of \$45 is due from each Primary Member upon their Program Year anniversary.

Canceling Membership:

A Primary Member may cancel their Membership at any time by calling [833-617-4273](tel:833-617-4273) or sending an email to Cancel@onesharehealth.com. A cancellation request will be effective either on the cancellation date requested by the Member or, if no date is specified, 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.

Cancelation Due to Non-Contribution:

If your monthly recurring contribution attempt is declined and has been attempted three times with no approved transaction, and the amount attempted remains unpaid on the next occurrence of your billing day, your Membership will be reviewed for non-contribution and pending cancelation status. If you are placed in non-contribution, a non-contribution notice will be issued, communicating a date that your Membership will be canceled if the minimum contribution is not submitted. If this date passes and the minimum contribution is not submitted, your Membership will be canceled as of the date communicated in the non-contribution notice. Cancelation due to failure to submit your monthly contribution does not meet the requirements for a Qualifying Life Event (QLE) under the Special Enrollment eligibility for the Affordable Care Act.

OneShare Health

Guidelines and Disclosures

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, 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 will be required to agree to reimburse OneShare Health for all such sharing when the responsible party pays the Member for any part of the expense.

OneShare and Subrogation:

OneShare, 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, for the benefit of Members, will also be reimbursed for any and all amounts 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's subrogation rights for the benefit of Members are listed in their entirety in your Member portal. Please review the subrogation agreement in its entirety in your Member portal.

Other Available Assistance:

If any other organization is willing to pay any portion of a qualifying medical bill and the Member refuses to accept this payment, the Member has then chosen not to have that portion of the bill shared. Funds raised by crowdfunding for shareable Medical Expenses must be reported to OneShare Health and will be applied to reduce the shareable amount. 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 assistance would violate his or her Biblical conviction.

Modifying Membership Size:

To modify your Membership with OneShare Health, whether increasing or decreasing your Membership level, a written request must be made. If the request results in an increase or decrease of Membership Contribution Amount, you will be notified in writing. Acceptance of these new terms must be made prior to your next monthly contribution. If a refund is due, it will be processed according to the refund policy. Your submitted sharing request will be considered based upon the Date of Service and program Membership in effect on that date.

Primary Member Age Minimum:

OneShare Health Programs are not available for children under the age of 18 as the Primary Member.

OneShare Health

Guidelines and Disclosures

Contribution Change Based on Age:

Your monthly contribution will increase at the billing cycle following the date the oldest member reaches the next age bracket.

Contribution Change Based on Change in Residence:

Your monthly contribution may increase/decrease in accordance with a change in the Primary Member's resident state. Your monthly contribution, based upon your resident state and the oldest enrolled member, will be reflected in your next billing cycle following the date of notification.

Family Contributions:

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

Pre-Existing Condition:

Pre-Existing Condition means: (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.

Program Change:

Within the first 10 Business Days after the Active date, a Member can elect to make a Program Change without OneShare Health approval. After the first 10 Business Days after the Active date, an increase in Program or Tier, a decrease in ISA, resulting in a higher monthly contribution, will be subject to OneShare Health's medical question review and approval. A Member may elect to reduce their Program or Tier, or increase their ISA, resulting in a lower monthly contribution and the change will not require OneShare Health's medical question review and approval. The program change will become effective at the next billing cycle following OneShare Health's approval. A program change request form must be signed and submitted by the Member for any program change request. Adding or deleting 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.

Program Termination:

OneShare Memberships terminate at the end of the billing cycle in which the Member attains age 65.

Program Year:

Membership Program Year is defined as 12 months from the Active Date. Each additional Program Year will begin on the anniversary of the Active Date. Program Year applies to all facets of a Member's program except the application of the Maximum Limit Per Incident and Lifetime Sharing Maximum.

OneShare Health

Guidelines and Disclosures

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 monthly contribution 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.

Restarting your Membership:

If your Membership is terminated, and you submit a written request for consideration of reinstatement within thirty (30) days to our Member Services team, and if you pay any missed contribution, your Membership will be treated as if it never ended. If a sharing need has occurred, it will be treated as a new Membership, and all existing health conditions will be subject to the Pre-Existing limitations defined within the respective program. You may be required to pay a new application fee, which is non-refundable. If the termination of your Membership has lapsed for more than 30 days, your request for reinstatement will be handled as a new Membership and will be subject to all Membership provisions within your respective program, including Pre-Existing Condition limitations. You will be notified in writing on the decision of your request to reinstate Membership. You may be required to pay a new application fee, which is non-refundable.

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.

Voluntary Participation:

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



Legal Terms, Conditions and Notices

- HIPPA
- 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 your responsibility. OneShare 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 Dispute Resolution and Appeal process is as follows:

- 1. Call OneShare:** Many concerns or questions may be resolved by calling us directly. OneShare 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.
- 2. Written Dispute:** If you are unable to resolve an issue to your satisfaction by calling OneShare, 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'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, or (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 will confirm receipt of your dispute within 3 business days after submission. If the form is incomplete or more information is needed, OneShare 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'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. You will be able to attach any documents you feel are necessary to provide complete information to the OneShare Appeals Committee. The Appeals Committee will consider your appeal within 45 days after submission. Appeals of Pre-Notification determinations will be expedited.
- 4. Arbitration:** If you are 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. You may submit the dispute for arbitration with the Institute for Christian Conciliation (ICC) or the American Arbitration Association (AAA). You 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 agree to a different location. One arbitrator shall preside over the dispute and shall be selected by mutual agreement between you and OneShare. 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> or <https://www.adr.org>

Legal Notices

General Notice for the following states: **Alabama** Code Title 22-6A-2, **Arizona** Statute 20-122, **Arkansas** Code 23-60-104.2, **Florida** Statute 624.1265, **Georgia** Statute 33-1-20, **Idaho** Statute 41-121, **Louisiana** Revised Statute Title 22-318,319, **Maine** Revised Statute Title 24-A, §704, sub-§3, **Michigan** Legislature §550.1867, **Mississippi** Code Title 83-77-1, **Montana** Code Annotated 50-4-111(2), **Nebraska** Revised Statute Chapter 44-311, **New Hampshire** §126-V:1, **North Carolina** Statute 58-49-12, **South Dakota** Statute Title 58-1-3.3, **Texas** Code Title 8, K, 1681.001, **Virginia** Code 38.2-6300-6301, **Washington** Revised Code 48.43.009 and **Wyoming** Statutes Title 26.1.104(a)(v) (C):

Notice:

The organization facilitating the sharing of Medical Expenses is not an insurance company, and its product should never be considered insurance, and neither its Guidelines nor program of operation is an insurance policy. If you join this organization instead of purchasing health insurance, you will be considered uninsured. 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. 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. This organization is not regulated by the State's Department of Insurance, though complaints concerning this Health Care Sharing Ministry may be reported to the office of the State Attorney General. You should review this organization's Guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs.

Specific Notice for the following States: **Indiana** Code 27-1-2.1, **Illinois** Statute 215-5/4-Class 1-b, **Missouri** Statute §376.1750 and **Wisconsin** Statute 600.01(1) (b)(9):

Notice:

The organization facilitating the sharing of Medical Expenses is not an insurance company, and neither its Guidelines nor its program 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.

Legal Notices

Kentucky Revised Statute 304.1-120(7):

NOTICE: UNDER KENTUCKY LAW, THE RELIGIOUS ORGANIZATION FACILITATING THE SHARING OF MEDICAL EXPENSES IS NOT AN INSURANCE COMPANY, AND ITS GUIDELINES, PROGRAM 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.

Pennsylvania 40 Penn. Statute §23(b):

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.

Montana SB 149: Montana Code Annotated 50-4-111(2):

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.



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

www.OneShareHealth.com

OneShare Health, LLC

A recognized Health Care Sharing Ministry

OneShare Health Disclaimer: ONESHARE HEALTH, LLC (ONESHARE) IS NOT AN INSURANCE COMPANY BUT A RELIGIOUS HEALTH CARE SHARING MINISTRY (HCSM) THAT FACILITATES THE SHARING OF MEDICAL EXPENSES AMONG Members. As with all HCSMs under 26 USC § 5000A(d) (2)(B)(ii), OneShare’s Members are exempt from the ACA individual mandate. OneShare does not assume any legal risk or obligation for payment of Member Medical Expenses. Neither OneShare nor its Members guarantee or promise that medical bills will be paid or shared by the Membership. Available nationwide, but please check www.OneShareHealth.com/legal-notices for the most up to date state availability listing.