



Universal HealthShare Programs

	UHS1	UHS2	UHS3	UHS4	UHS5	UHS6
Provider Networks						
Professional & Ancillary Services¹³	Multiplan/PHCS Practitioner and Ancillary Network -- Sharing of physician and ancillary service expenses is available only for In Network providers.					
Hospital⁴	None – Sharing of eligible expenses is available for any accredited hospital in the United States.					
Non-Sharable Amounts (NSA) ⁸						
Per Individual Member⁸	\$1,000	\$1,500	\$2,500	\$3,500	\$5,000	\$6,000
2 Person Household⁸	\$2,000	\$3,000	\$5,000	\$7,000	\$10,000	\$12,000
3 or more Person Household⁸	\$3,000	\$4,500	\$7,500	\$10,500	\$15,000	\$18,000
Annual Co-Share Maximum Amounts (Optional) ¹⁴						
Per Individual Member	\$3,000	\$4,500	\$7,500	\$10,500	\$15,000	\$18,000
2 Person Household⁸	\$6,000	\$9,000	\$15,000	\$21,000	\$30,000	\$36,000
3 or more Person Household⁸	\$9,000	\$13,500	\$22,500	\$31,500	\$45,000	\$54,000
Application Fee and Monthly Membership Dues						
Application Fee (Non-refundable)	\$75	\$75	\$75	\$75	\$75	\$75
UHF Monthly Membership Dues per Household	\$15	\$15	\$15	\$15	\$15	\$15
Sharing Restrictions and Maximums ^{1,2}						
Pre-Existing^{1,2}	Restricted sharing for pre-existing conditions. (Elective cosmetic surgery is never eligible for sharing.)					
Sharable Amount Limit per Medical Incident^{2,12}	\$450,000	\$350,000	\$250,000	\$200,000	\$150,000	\$100,000
Annual Physical / Well Child Exam and Other Preventive Services¹⁰	After 30 days (or after 90 days with the ACSM option), Members are eligible for one (1) Routine Physical (Adults) or Well Child Exam (Children) per year. Sharing for Routine Physical, Well Child Exam and other Preventive Care services combined is limited to \$500 per Member per year or \$1,000 per Member per year with the ACSM option.					

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Visit Maximums per Member²	Nine (9) visit maximum for any combination of Primary Care, Specialist and Urgent Care. Nine (9) visit maximum for pre-natal care.					
Annual Sharing Maximum Per Member	\$900,000	\$700,000	\$500,000	\$400,000	\$300,000	\$200,000
Consultation Fees						
Telemedicine - Unlimited Use, Available 24/7 (Not Subject to NSA)	\$0	\$0	\$0	\$0	\$0	\$0
Annual Physical / Well Child Exam and Other Preventive Services¹⁰ (Eligible for Sharing Prior to Meeting NSA)	After 30 days, Members are eligible for one (1) Routine Physical (Adults) or Well Child Exam (Children) per year. Limit of Sharing Amount for Routine Physical, Well Child Exam and other Preventive Care services combined is \$500 per Member per year.					
Primary Care - Office Visits⁷	\$25	\$25	\$25	\$25	\$25	\$35
Specialty Care - Office Visits⁷	\$50	\$50	\$50	\$50	\$50	\$70
Urgent Care Visits⁷	\$75	\$75	\$75	\$75	\$75	\$100
Emergency Room^{3,4}	\$300	\$300	\$300	\$300	\$300	\$400
Therapy - Physical, Occupational, Speech, Chiropractic⁹	\$25	\$25	\$25	\$25	\$25	\$25

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Portion of Expenses Sharable After Meeting NSA --						
*Sharing for Inpatient/Outpatient Hospital Services is subject to a 30-day waiting period¹ (longer for Maternity⁵)						
Hospitalization⁴	85%	80%	75%	70%	65%	60%
Surgery⁴	85%	80%	75%	70%	65%	60%
Maternity - Labor & Delivery⁵	85%	80%	75%	70%	65%	60%
Diagnostic Tests and Imaging Accessed Via Non-Hospital Independent In-Network Facility⁴	85%	80%	75%	70%	65%	60%
Pharmacy						
Pharmaceuticals⁶	Prescription drugs are only eligible for sharing when provided by a hospital as part of inpatient treatment or provided by a facility during an outpatient surgical procedure.					

Footnotes are provided for clarification only. Please refer to the *Sharing Guidelines* for detailed information. In case of any discrepancies, the *Sharing Guidelines* will prevail.

1. The sharing programs have a waiting period of 30 days that applies to sharing for all medical services, except maternity which has a 12-month waiting period. This 30-day waiting period will count toward any specific sharing program waiting period (pre-existing conditions, etc.). In addition to this waiting period, there is restrictive sharing for pre-existing medical conditions. Pre-existing conditions are defined in the *Sharing Guidelines* and are shared as described below in note (2).
2. Sharing for pre-existing medical conditions is limited, as follows, from the date of sharing program membership:
 - (a) First year of membership - no sharing
 - (b) Second and third year of sharing - eligible for sharing up to \$50,000 each year
 - (c) Starting with the fourth membership (sharing program) year, a condition is no longer considered pre-existing. A pre-existing condition is any condition at the time of enrollment that has exhibited symptoms or received treatment or medication in the prior 36 months.
3. Emergency room cost sharing is only intended for treatment of medical conditions that are life threatening or could seriously jeopardize the health of the individual. If the member is admitted to the hospital, the consultation fee will be applied to the NSA.
4. Elective cosmetic surgery is never eligible for sharing. There is a maximum shared amount per hospital admission based on the sharing program selected. All outpatient imaging and diagnostic services must be procured at an independent in-network diagnostic center unless received as part of inpatient hospital treatment or administered by an outpatient facility during an outpatient surgical procedure. Pre-notification is required for all hospital admissions except for a case of a true emergency.
5. Maternity – For a member who has been Sharing Member continuously for at least 12 months prior to conception; medical expenses for Maternity are eligible for sharing. Maternity sharing is limited to \$5,000 for normal delivery or a c-section that is not medically necessary, \$8,000 for c-section that is medically necessary and \$50,000 for combined expenses for the member and newborn arising from complications. Prenatal visits are limited to nine and are eligible for sharing 30 days after sharing program membership begins.
6. Prescription drugs are only eligible for sharing when provided by a hospital as part of inpatient treatment or administered by an outpatient facility during an outpatient surgical procedure. Pharmacy Discount Programs are available online for your prescriptions.
7. A maximum of nine (9) visits per year per member will be shared among any combination of the primary care, specialty care, and urgent care categories. Annual Physical/Well Child Exam visit is not included in these nine visits. To find a provider go to:
<http://findprovider.universalhealthfellowship.org>
8. Non-Sharable amounts must be met in full before the sharing program begins to share, except where specifically noted in the *Sharing Guidelines*.
9. Physical Therapy and Chiropractic combined sessions are limited to twelve (12) per member per year. Speech and Occupational Therapy combined are limited to ten (10) visits per member per year.* Therapies may be sharable only if they are directly related to the treatment of a disease or injury, but not for general wellness or maintenance purposes. Please consult the *Sharing Guidelines* for details.
10. Annual Physicals, Well Child Exams and other Preventive Services have a 30-day waiting period before becoming eligible for sharing. Other waiting periods may apply. Please consult the *Sharing Guidelines* for details. The sharing program shares a maximum \$500 per member per year for Annual Physical, Well Child Exams and other Preventive Services.
11. There is a 180-day waiting period before ColoGuard expenses may be eligible for sharing. Patients must be 50 years old or older and must have a prescription. Available once every 10 years. Sharing program shares up to \$650.
12. Medical Incident means a medically diagnosed condition and all medical treatment(s) received and medical expenses incurred relating to that diagnosis of such condition (i.e., all medical bills of any nature relating to the same diagnosis are part of the same Medical/Incident).
13. Professional & Ancillary (POS) Network - This network access shall be limited to the MultiPlan/PHCS Practitioner and Ancillary Network providers, including: Physicians, Laboratory, Pathology, Urgent Care and Radiology facilities. In-Network Providers can be found at:
<http://findprovider.universalhealthfellowship.org>.
14. Optional Annual Co-Share Maximum (ACSM) Amount for UHS Standard Programs: After you have satisfied your Annual Non-Sharable Amount payment responsibility, a percentage of Eligible Medical Expenses are generally sharable for each Program. That sharable percentage can range from 60% to 85%. If the standard sharable percentage for your Program is 80%, then 20% of your eligible medical expenses are your Co-Share Responsibility and will be excluded from sharing. For Members who select the option to limit the amount of their Co-Share Responsibility, there is a cumulative Annual Co-Share Maximum amount established for your Program in addition to the Annual Non-Sharable Amount. If your Co-Share Responsibility payments reach that Annual Co-Share Maximum amount during any Program Year, then for the rest of that Program Year, the sharable portion of your Eligible Medical Expenses increases to 100%. Only Co-Share Responsibility amounts count towards your Co-Share Maximum (other amounts that you pay, such as consultation fees and ineligible expenses, do not count towards your Co-Share Maximum). Each year on your Program Anniversary Date the Co-Share Maximum will be reset for the new Program Year.

It Is Important to Understand:

Universal Health Fellowship, Inc., is a health care sharing ministry (“HCSM”) that provides the Universal HealthShare Programs (“UHF Sharing Programs”) for its members. It is important to understand that UHF Sharing Programs are NOT INSURANCE and that there are significant differences between HCSM programs and traditional health insurance plans. These differences are explained in detail within the *Program Sharing Guidelines*.

NOTICE REGARDING FEDERAL AND STATE INDIVIDUAL HEALTH COVERAGE MANDATES

The Affordable Care Act (“ACA”) required most individuals to have qualifying health insurance coverage (an “Individual Mandate”) or make a shared responsibility payment (“Tax Penalty”) when filing their federal income tax return, unless they qualified for one of the available exemptions from the Individual Mandate (an “Exemption”). The ACA provided an Exemption for members of a “Health Care Sharing Ministry” (“HCSM”) as defined in the statute. Originally, sharing plans would be reviewed by the Centers for Medicare & Medicaid Services (“CMS”) for purposes of determining if they met the definition of an HCSM for purposes of the provision of certificates of Exemption to members of the sharing program (“Certification”). However, the tax bill signed by President Donald Trump on Dec. 22, 2017 effectively repealed the ACA’s Tax Penalty, and CMS subsequently stopped conducting Certification reviews and approving member Exemptions for HCSM’s because the elimination of the Tax Penalty eliminated the need for an Exemption, which made the review unnecessary.

However, although the ACA Tax Penalty has been eliminated, a number of states (including, as of January 2020, California, Massachusetts, New Jersey, Rhode Island and Vermont, as well as the District of Columbia) have adopted their own Individual Mandate laws, some of which impose a state Tax Penalty on certain residents who do not either have the requisite health insurance coverage or qualify for an Exemption from the state Individual Mandate. In most such states, there is an Exemption for persons who are members of a sharing program that meets the state’s definition of an HCSM. Many such states define an HCSM, in whole or in part, by referring to the ACA’s definition.

It is each individual’s responsibility to determine: (1) if their state of residence has an Individual Mandate; (2) if they are or could be subject to a state Tax Penalty; and (3) whether or not they will qualify for an Exemption. As noted above, certain state Individual Mandates refer to the ACA definition or federal Certification of HCSM’s, but CMS no longer reviews or provides Certification for HCSM’s. Please understand that neither Universal Health Fellowship, Inc. nor any of its affiliates or representatives can guarantee or represent or warrant that participation in any Universal HealthShare Program will satisfy the requirements under the laws and regulations of any particular state for purposes of obtaining an Exemption from a state Individual Mandate or avoiding any Tax Penalty that might be imposed in the absence of an HCSM Exemption.

To read notices from states that have issued legal notices related to sharing programs, click here:

www.universalhealthfellowship.org/wp-content/uploads/2020/02/UHS-State-Legal-Notices-UHS-SLN-22820.pdf