



OneShare Health, LLC
A Recognized Health Care Sharing Ministry

Classic Crown Membership Guidelines

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



Welcome to OneShare Health!



Dear 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 our 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.
- **Concierge Services:** The Concierge Team is available to provide you with personalized assistance in understanding how to get the most out of your Program. This team is in place to provide an exceptional Member experience as you navigate through the health care journey.
- **Behavioral Health/Membership Assistance Program (MAP):** 24/7 availability. See your Membership Guide for complete details.
- **Telemedicine:** Consult fee 100% Shared with 24/7 availability.
- **RightNow Media Video Library:** Content focused on life skills, wholesome entertainment, testimonial videos, and even some faith-based content to care for any spiritual struggles you may face.

Please take a few minutes to review the Membership Guide, as it contains important information about your selected Program.

Again, welcome to our vibrant community — let's "Share. Live. Thrive!" together! If you have questions about your Program or Membership Perks, please contact Member Support for assistance, Monday through Friday, 7 a.m. to 7 p.m. CST at (833) 546-4478 or visit us online at [OneShareThrive.com](https://www.OnShareThrive.com).

Alex Cardona

Chief Executive Officer

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Who is OneShare Health?



OneShare Health is a medical cost-sharing ministry providing a unique, affordable, ACA-exempt path to health care. OneShare Health is not insurance. With origins in the Anabaptist faith and a chaplain on staff, we are a Health Care Sharing Ministry that welcomes and unites 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. Daily, our Members, Clients, and Partners are introduced to simple, more rewarding answers to health care. 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). This was the ministry of Jesus, and OneShare Health is passionate about finding creative and inspiring ways to facilitate such 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.

The staff of OneShare Health is committed to putting Members first with the mission to inspire healthier, joyful communities on the path of life, using Scriptural principles to connect people of similar faiths in a quality Health Care Sharing Ministry.

OneShare Health provides Members with national network access for medical needs, including hospital, surgical, emergency room, urgent care clinics, primary care physicians, and specialists.

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

We Believe 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

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

We Believe 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

We Believe 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

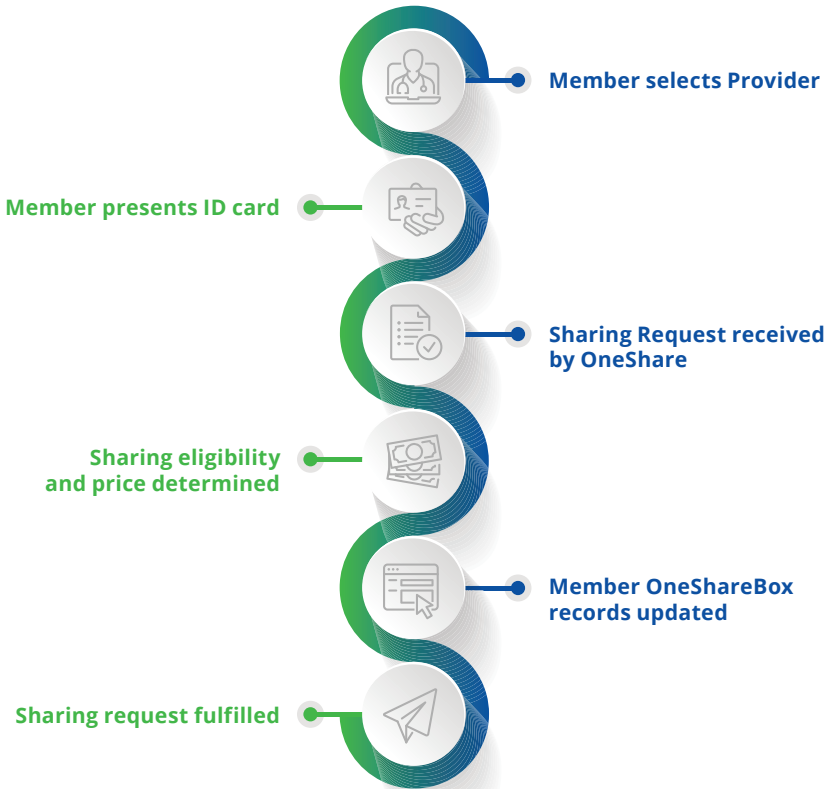
How Sharing Works



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.

A portion of monthly contribution designated for sharing requests



“Carry each other’s burdens, and in this way you will fulfill the law of Christ.”
Galatians 6:2 (NIV)

Program Overview

Classic Crown

Waiting Periods Apply



Sharing Services¹

Provider Network (First Health®)	In Network / Out-of-Network ²
Individual Sharing Amount (ISA) Options	\$5,000 / \$7,500 / \$10,000
Sharing for Eligible Expenses	
Preventive Services and 1 Wellness Visit	100% Shared Up to \$1,000
Primary Care Physician	5 Per Program Year \$20 Visit Fee
Specialist	\$75 Visit Fee
Maternity ³	Eligible
Urgent Care Facility	2 Per Program Year \$20 Visit Fee
Labs / Diagnostic / X-rays	Eligible
Emergency Room	\$300 Visit Fee
In/Outpatient Surgery	Eligible
Hospitalization	Eligible
Maximum Limit Per Incident	\$500,000
Lifetime Sharing Maximum	\$1,000,000
Telemedicine / DialCare ⁴	Consult Fee 100% Shared
Additional Member Services Available	
Prescription Discount Program ⁵	EnvisionRX
Membership Discount Programs ⁵	Dental Discount / Diabetic Care and Supplies Hearing Discount / Lab Discount LifeLine Screening Discounts Vision / Lasik Discount Vitamins and Supplements Discounts
Behavioral Health / Member Assistance Program (MAP) ⁵	24/7 Crisis Management 4 Counseling Sessions

¹ Review Membership Guide for full details, waiting periods, pre-existing limitations, limits and ISA for all Sharing Services.

² Out-of-Network sharing reimbursement is based on the lesser of the Out-of-Network provider actual billed amount or Maximum Reasonable Guidelines for Eligible Services provided.

³ Natural Delivery \$5,000; C-Section \$8,000; complications \$50,000.

⁴ Telemedicine is not owned or operated by OneShare Health, LLC, but is provided by DialCare.

⁵ The Prescription Discount and Membership Discount Programs are not sharing services and are not owned or operated by OneShare Health, LLC. These are made available to OneShare Members by Careington.

⁵ Behavioral Health / Member Assistance Program (MAP)⁵ is not owned or operated by OneShare Health, LLC but is provided by IBH.

Sharing Example



Mary had a heart attack. She was taken to a Provider Network Emergency Room. Mary had angioplasty surgery and remained in the Provider Network hospital for 4 days.

OneShare Health Classic Crown \$5,000 ISA	
Eligible Medical Expenses Submitted for Sharing	ER, Inpatient Surgery and Hospital Stay
Emergency Room Visit	\$ 7,500
Hospital Stay (4 days)	\$26,700
Surgeon	\$ 9,000
Anesthesiologist	\$ 3,000
Eligible Medical Expenses Submitted for Sharing	\$46,200
ER Visit Fee	\$ 300
Mary's ISA is applied (ER Visit Fee is credited to Mary's ISA)	\$4,700
Remaining Expenses after the ISA is met	\$41,200
OneShare Health Membership Shared	\$41,200
Mary's Total	\$5,000

Telemedicine* Access to a Physician 24/7/365

Remember a time when you were not feeling well? Had the flu? Had a sore throat? To make things worse sometimes it happens in the middle of the night, out of town or at work? What do you do?
That's what happened to Joe! He was traveling, in a hotel, and got sick!

- 3:00 AM Joe got sick and doesn't feel right.
- 3:15 AM Joe calls his Telemedicine membership service and talks to Dr. Smith.
- 3:20 AM A prescription is sent to the pharmacy near Joe's hotel.

Joe's Fee: \$0 Visit Fee

*Telemedicine is not owned or operated by OneShare Health, LLC.

Let's Get Started



1. Read the Membership Guidelines and the enclosed description of the Sharing Program and Membership Discount Services. Keep your membership card with you at all times so it will be easily accessible when needed.
2. You can locate and verify participating providers in your area, by calling Member Support or visit ProviderLocator.FirstHealth.com/OneShare to search for providers.
3. When at the provider, present your Member ID card.
4. Provider calls in for Pre-Certification for sharing needs listed in the Member Responsibility section of the guidebook.
5. Provider sends an eligible medical need to OneShare Health.
6. Eligible medical need is assigned to member sharing.
7. Member receives Explanation of Sharing (EOS).
8. Check is issued to provider.

Medical needs are processed according to Membership Guidelines and based on the program type selected by Member at time of enrollment.

Membership Discount Program

Dental	Careington International Corporation	(833) 387-9604
Diabetic Care Supplies	Better Living Now	(800) 833-0735
Hearing	EPIC Hearing	(866) 956-5400
Labs	DirectLabs®	(800) 908-0000
Prescriptions	EnvisionRX	(833) 546-4478
Preventive Health Screening	Life Line Screening®	(888) 813-0433
Vision	EyeMed Vision Care	(833) 546-4478
LASIK Vision Correction	QualSight LASIK	(888) 582-6696
Vitamins & Nutritional Supplements	IDLife	(972) 987-4430

Telemedicine

DialCare®	(833) 387-9603
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Behavioral Health / Member Assistance Program (MAP)

Integrated Behavioral Health Solutions (IBH)	(833) 369-0909
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Member Resources



1. Complete Telemedicine registration

Download DialCare® app or call (833) 387-9603.

2. OneShare Concierge Member Services

Phone: (866) 284-4286

Email: Concierge@OneShareHealth.com

Hours: Monday through Friday, 8 a.m. to 5 p.m. CST

Disclaimer: Provider selection is at the sole discretion of the Member.

3. Member Assistance Program (MAP)

Crisis Management (833) 369-0909 (24/7)

For a full list of Member Support Services available, see Member Assistance Program (MAP).

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

4. Healthcare Bluebook

Members can see price information on hundreds of procedures in their area, creating an opportunity for savings on their health care needs.

Follow these steps:

- a. Visit onesharehealth.com
- b. Log into OneShareBox under Member Resources and access Healthcare Bluebook via the link on the left-hand menu (accessible from a computer or mobile device).
- c. Search for your procedure.
- d. Use a Fair Price™ (green) Facility and save.

*Healthcare Bluebook is not owned or operated by OneShare Health, LLC.

5. Additional Resources

Member Portal: onesharehealth.com

Member Support: (833) 546-4478

Monday through Friday, 7 a.m. to 7 p.m. CST

Member Email: MemberSupport@OneShareHealth.com

First Health®: (800) 226-5116

Monday through Friday, 7 a.m. to 7 p.m. CST

Find a Provider: ProviderLocator.FirstHealth.com/OneShare

Prescription Discount Program: <https://rx.solutionssimplified.com>

Member Responsibility



Pre-Certification Required:

Call (833) 380-9080 Monday through Friday, 8 a.m. to 5 p.m. CST.

Pre-Certification: To be Eligible for consideration for sharing, Pre-Certification is required for the following:

- Inpatient Hospital Confinements (including Hospital, Skilled Nursing, Inpatient Rehabilitation Facility). The term “Inpatient” includes any facility admission, observation or other confinement that lasts more than 23 hours.
- Outpatient Surgery (including but not limited to: surgical centers, clinics, hospitals).
- Organ/Tissue Transplant Services.
- Home Health Care Services.
- Cancer Services.
- Equivalent/Alternative Care including Chiropractic Care and Manipulation Therapy in lieu of of surgery.

Our goal is to help our Members avoid unnecessary services and Hospitalization, and 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 through their health care journey to make informed choices for their care.

Even if your service is pre-certified by 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.

OneShare Concierge Member Services

The Concierge Team is available to provide personalized assistance to OneShare Health Members as well as an exceptional experience as Members navigate through their health care journey.

Members are encouraged to utilize the Concierge Team for help with the following:

- Maximizing the resources available through your program.
- Obtaining cost estimates for an upcoming medical treatment.
- Finding a quality provider.
- Assisting with appointment scheduling
- And more.

Eligible Sharing Descriptions and Limits



Medical Expenses Eligible for Sharing

These are medical services from a health care provider which are Eligible for Sharing after the Effective Date, in accordance with the Membership Guidelines. Unless stated otherwise, 90-day waiting period and Pre-Existing Condition Limitations may apply.

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.

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

Eligible Sharing Descriptions and Limits



Unless stated otherwise, there is a 90-day waiting period for any medical expenses other than for accidents, injuries, acute illnesses or immunizations and unless stated otherwise Eligible expenses are subject to the Member's ISA.

Ambulance: Land or air transportation for medically necessary emergency services 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 occurrence.

Behavioral / Mental Health: Inpatient admission and outpatient sharing is eligible for diagnostic evaluation purposes only, after the Member's ISA is met:

Outpatient	Up to a Maximum Sharing of \$1,500
Inpatient	Up to a Maximum Sharing of \$3,000

Cancer: For Members who have never been diagnosed or received treatment for any type of Cancer, sharing is eligible after a 90-day waiting period from the Member's effective date. If a member is diagnosed with Cancer within the 90-day waiting period, the diagnosis and treatment expenses related to that specific Cancer, recurrence or metastasis of that Cancer are not eligible for sharing. After the 90-day waiting period any newly diagnosed Cancers are eligible for sharing.

- Pre-Existing or recurring Cancer is Not Eligible for Sharing.
- If a Member was diagnosed, or treatment was received, for Cancer within 5 years of the Member effective date, Cancer expenses are Not Eligible for Sharing. If a Member was diagnosed, or treatment was received, for Cancer more than 5 years prior to the Member effective date, that Member will be eligible for sharing in newly diagnosed Cancer expenses, after the 90-day waiting period, if the following conditions are met: Member must provide Medical reports which indicate there was no ongoing treatment for Cancer and no future treatment was prescribed, recommended or planned. Medical reports must show the Member has followed the guidelines for preventive screening of Cancer and followed guidelines for a healthy lifestyle as recommended by attending physician. Recurring Cancer is not Eligible for Sharing.
- 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 of the hospitalization for the cardiac procedure, after the Member's ISA is met up to the Maximum Limit Per Incident.

Eligible Sharing Descriptions and Limits



Chiropractic Care and Manipulation Therapy: Part of OneShare Health's continuing commitment to help reduce costs for our Members, when a Member in good standing is diagnosed by a licensed Physician as being in need of surgery to correct a spinal issue, and where 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. OneShare Health does not accept sharing tests ordered by a chiropractor.

Emergency Room (ER): Emergency room services for stabilization or initiation of treatment of a medical emergency for Life Threatening or Life Altering conditions provided on an Outpatient basis at a Hospital.

\$300 Visit Fee

If at the Hospital 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. Prior approval is required from OneShare Health.

Home Health Care: Eligible if prescribed by a provider following a hospital stay related to an eligible sharing 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 and program guidelines. 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.

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. Acute Illness, Accident or Life Threatening/Life Altering emergency are immediately eligible for sharing, subject to program guidelines.

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.

Eligible Sharing Descriptions and Limits



Laboratory Services | Diagnostic Services | X-Rays: Included at any lab facility, after the Member's ISA is met. The Primary Care or Urgent Care Visit fee may apply, in lieu of the ISA, for diagnostic testing, such as general diagnostic laboratory and X-rays, performed in a Primary Care Office or Urgent Care Facility, but only if the service is one that is routinely performed and completed in that office or facility. Program guidelines apply. 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: The medical needs for the mother's care pertaining to prenatal, delivery and mother's hospital or birthing center or midwife services with birthing at home related charges are eligible for sharing. For a member whose program is effective prior to conception, the medical needs for the mother's care pertaining to prenatal, delivery and mother's hospital related charges are eligible for sharing, after the Member's ISA is met.

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

Maximum Reasonable Guideline: For a Member using an Out-of-Network Provider or Facility, the Maximum Reasonable Guideline is the allowed charge made for necessary medical services, drugs, procedures, supplies or treatment generally furnished for services of comparable severity and nature in the geographical area in which the services, drugs, procedures, supplies or treatment are furnished.

Out-of-Network Providers and Facilities may bill the Members for the difference between the billed charges and the program's allowed amount, which may result in increased Member sharing responsibility.

Maximum Sharing:

Maximum Limit Per Incident: \$500,000
Lifetime Maximum per Member: \$1,000,000 Once the Member's limit is met, the Member is no longer eligible to submit medical expenses for sharing under the program.

Newborn: Newborn Expenses are eligible for sharing after birth, if enrolled within 31 days and the Membership must be continuously active at time of enrollment. 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 effective date are not eligible for sharing and may be subject to Pre-Existing condition limitations.

Eligible Sharing Descriptions and Limits



Non-Hospital Admissions: 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 Sharing of 10 days per Program Year.

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

Outpatient Therapy: If a condition is related to an eligible diagnosis, ordered by a Physician and performed by a licensed therapist, it is Eligible for sharing after a \$20 Visit Fee, per visit up to the up to the Maximum Limit Per Incident. Eligible services include Physical Therapy (PT), Occupational Therapy (OT), and Speech Therapy (ST). Up to a maximum of 10 combined visits per Incident. The number of Outpatient Therapy Visits which are eligible for sharing will be reduced by the number of services shared under the Home Health Care Sharing services.

Pediatrics / OB/GYN Visits: See Primary Care Physician Office Visits.

Pre-Existing Condition 24/24: Pre-Existing Condition means any sickness or injury for which a Member received medical treatment, advice, care or services including diagnostic measures, took prescribed drugs or showed signs and symptoms, whether treated or not, within 24 months before the Member's effective date of their program. Eligibility for a Pre-Existing Condition has a 24-month waiting period.

The following conditions are considered as Chronic and eligible for the Routine Maintenance of Chronic Condition; subject to program guidelines.

- Diabetes Type 1 and Type 2
- Hypertension, (high blood pressure)
- Thyroid
- Hyperlipidemia, (high cholesterol)

Routine Maintenance of Chronic Conditions: Care that follows diagnosis and 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.

Prescriptions: Outpatient pharmaceuticals and over-the-counter medications (whether prescribed or not) are not shared beyond any pharmaceutical discount programs available with your Membership. See Membership Discount Services for your prescription discount program.

Eligible Sharing Descriptions and Limits



Preventive Services and 1 Wellness Visit: Preventive Services and 1 Wellness Visit are eligible for sharing, not subject to the ISA. Eligible expenses are shared at 100% up to a \$1,000 Maximum 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
- Complete physical exam and review of body systems
- Annual GYN visit
- Review of medications
- Immunizations
- Counseling/anticipatory guidance/risk factor reduction interventions
- Age/gender appropriate screening tests

Eligible Preventive Services

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 Sharing Descriptions and Limits



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 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: Non-Surgical Services provided by a Licensed Medical Professional for the diagnosis, treatment, management or prevention of an illness or injury. 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 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.

\$20 Visit Fee; limit 5 visits per program year

Prosthesis: If ordered by a Provider for an eligible need, member sharing is available for prosthetic treatment program per member. Prosthesis needs are subject to review. Sharing is eligible after the Member's ISA is met, up to \$1,500 Maximum Sharing. Replacement, repair and maintenance of prosthesis are not eligible for member sharing.

Provider Network: First Health® Network. Whenever possible, Members should use providers and facilities who participate in the Provider Network. When you are thoughtful and responsible with the providers you choose and the medical costs you incur, you are caring for the entire sharing community consistent with the Statement of Beliefs. We are better together when each Member is conscientious about the providers they select. Using Provider Network providers and facilities can reduce medical costs by thousands of dollars. In keeping with our foundational sharing principle of Member freedom, using an Out-of-Network provider or facility is still the Member's choice. These providers' services can result in higher medical bills. Out-of-Network providers and facilities may bill the Members for the difference between the billed charges and the program's Maximum Reasonable Guideline (program allowed amount), which can result in increased Member sharing responsibility.

Sleep Apnea Studies: Sleep Apnea Studies are eligible for member 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 member sharing. Limit one per member per program year.

Specialists Visits: Non-Surgical Services provided by a specialist provider for the diagnosis, treatment, management of an eligible illness or injury.

\$75 Visit Fee per Outpatient visit

Inpatient specialist visits are subject to the Member's ISA.

Eligible Sharing Descriptions and Limits



Surgery: Inpatient/Outpatient Surgery is eligible for sharing, after a 90-day waiting period from the effective date of your program, after the Member's ISA is met, and up to the Maximum Limit Per Incident. Sharing is eligible immediately, if surgery is a result of a Life Threatening or Life Altering emergency for illness or injury, subject to program guidelines.

Urgent Care: Services provided by a licensed Urgent Care Facility for the diagnosis, treatment, management of an Eligible illness or injury serious enough that a Member would seek care right away, but not so severe as to require Hospital emergency department care. 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.

\$20 Visit Fee; limit 2 visits per program year

OneShare Health encourages our Members to utilize the resources provided such as Healthcare Bluebook, which empowers Members with information needed to save on medical care.

Membership Discount Programs



The following Careington discount plan services are immediately available.

Dental Discount Program.

Members may take advantage of savings offered by an industry leader in dental care. Careington is one of the most recognized professional dental networks in the nation and boasts one of the largest dental networks nationally with a focus on neighborhood dentists. Careington networks are a leader in member-transparent pricing with robust fee schedules.

Adult cleaning average can be as high as \$126, and as low as \$47 with OneShare supplemental option.

Save 20% to 60% on most dental procedures including routine oral exams, unlimited cleanings, and major work such as dentures, root canals, and crowns.

20% savings on orthodontics including braces and retainers for children and adults.

Cosmetic dentistry such as bonding and veneers also included.

All specialties included—Endodontics, Oral Surgery, Orthodontics, Pediatric Dentistry, Periodontics, and Prosthodontics – a 20% reduction on normal fees where available.

All dentists must meet highly selective credentialing standards based on education, background, license standing and other requirements.

Members may visit any participating dentist on the plan and change providers at any time.

How to Access Discounts

- Step 1. To locate a participating provider, call Member Support or go online to access the online provider search.
- Step 2. Members call to make an appointment with the participating provider. The member must show their membership card at the time of visit to receive the discount.
- Step 3. Pay the bill. The member is responsible for the total bill, less the applicable savings, at the time service is rendered.

Membership Discount Programs



Diabetic Supplies - Better Living Now Inc. (BLN)

BLN is a managed care provider of health care products and services, specializing in the needs of patients with chronic conditions, offering 20%-40% off the retail price for disposable medical supplies. NO shipping charges for orders that are \$100 or more.

For more information or to place an order, please call toll free (800) 833-0735, 8 a.m. to 10 p.m. Monday – Friday, and 9 a.m. to 10 p.m. Saturday, CST. Identify yourself as a Careington International Member.

No complicated forms to fill out and NO inconvenient trips to the pharmacy.

Hearing Care - EPIC

As a Member, you now have access to hearing aid discounts from 30% to 60% at over 5,000 EPIC Hearing network providers nationwide.

You have a 45-day, no-obligation trial period on products purchased. If not completely satisfied, your money will be refunded (less a "Clinic Fee" for professional services).

To unlock additional savings, visit www.listenhearlivewell.com and complete fun educational hearing activities.

For information about the program or to schedule an appointment, please call EPIC Hearing at (866) 956-5400 to speak with a customer service representative. Please identify yourself as a member by referencing the source code: CARE.

Lab Discount Program - DirectLabs

Your discount lab program from Direct Labs provides savings from 10% - 80% off blood and lab procedures at over 2,000 facilities located nationwide - Services not available in MD, NJ, NY and RI.

To schedule a laboratory test or procedure, please call (800) 908-0000, let the representative know you are a Careington member and give them the discount code: R-DLAO. You can also order your tests online at www.directlabs.com/careington. If it is your first time visiting this site, you will need to click "register" at the top of the page and input your information. Otherwise, click "login" to begin ordering and scheduling any test you may need.

LifeLine Screening

Provides affordable, convenient, high-quality screenings that are essential to the early detection of risk for stroke, heart disease, diabetes, osteoporosis, and other conditions. A comprehensive array of low cost, high-quality health screening services is available for you to choose from. These services will help you and your family be proactive about your health. None of the services are available in AK or HI, and blood screenings are not available in MD, NV or RI.

To access your program, please call (888) 813-0433 to see when the screening will be available in your area or visit www.lifelinescreening.com/carediscount

Membership Discount Programs

Prescriptions - EnvisionRX

Members will have access to prescription drug savings between 15% to 80% on generic drugs and 15% to 25% on brand name drugs at over 60,000 participating pharmacies nationwide including CVS, Walgreens, RiteAid, Walmart, and Kroger, along with many other grocery chains and independent retailers. Members can visit <http://rx.solutionssimplified.com> or call Member Support and a representative will be able to assist them. To receive the discount, the member simply presents their membership card to the pharmacist at the time of service.

Vitamins and Supplements - IDLife

IDLife has developed a one-of-a-kind individually designed nutritional program seventeen years in the making that provides each person exactly what he or she needs when they need it. Simply take a free, thorough and confidential assessment, based on your diet, lifestyle, body type, physical condition, health issues and medications, to receive a personalized supplement recommendation.

- As a member you will receive 10% off the retail price of this supplement recommendation, along with 10% off all other products available including sleep strips, meal replacement shakes, appetite chews and much more!

- To access these savings, please visit www.careington.idlife.com and click "Take Your Free Assessment Now!" to get started. If you have any issues with the website or have any additional questions, call (972) 987-4430 for more information.

Vision Discount Program - EyeMed

Members save 20% to 40% off the retail price of eyewear with the EyeMed Vision Care Access Plan D discount program through the Access network. Members are eligible for discounts on exams, eyeglasses and contact lenses from more than 65,000 providers nationwide including independent optometrists, ophthalmologists, opticians and leading optical retailers such as LensCrafters®, Sears Optical®, Target Optical®, JCPenney® Optical and most Pearle Vision® locations. Locate the EyeMed provider most convenient for the member by calling Member Support.

QualSight LASIK - Serving you with Choice, Quality and Savings

QualSight has more than 800 locations, so you can choose the provider and the LASIK procedure that meets your vision care needs.

QualSight is contracted with credentialed and experienced physicians who have collectively performed over 4 million procedures.

You will receive a savings of 40% to 50% off the overall national average cost for Traditional LASIK surgery through QualSight or received significant savings on newer procedures like Custom Bladeless (all laser) LASIK.

Call (888) 582-6696 to speak with a QualSight Care Manager. Your Care manager will explain the entire program and answer any questions you may have.

Select a preferred provider from the list of credentialed and experienced ophthalmologist in your area.

The program is not an insured program. Not available in MT.

*The above Membership Discount Programs are made immediately available by Careington.

Membership Services



Telemedicine

DialCare®: Consult Fee 100% Shared

DialCare® is a modern, easy-to-use Telemedicine solution for non-emergency illnesses and general care. You and your family have direct access to state-licensed and fully credentialed doctors, via phone or video consultations, to receive treatment and advice for common ailments. Doctors are available 24 hours a day, 365 days a year, allowing you and your family convenient access to quality care from anywhere.

Allergies	Asthma	Cold & Flu
Digestive Conditions	Ear Infections	Fever
Gout	Insect bites	Joint, Aches & Pains
Rashes	Sinus Infections	Skin Inflammation
Sports injuries	Urinary tract Infections	And more...

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

Telemedicine Disclosure: DialCare®

Doctors do not write Prescriptions for DEA-controlled substances or other classes of medication such as mood-altering drugs, including anti-depressants, anti-anxiety, or lifestyle medications.

DialCare® operates within state regulations.

Behavioral Health / Member Assistance Program (MAP)

MAP benefits are available to all Members and their families and assistance is just a phone call away. The MAP offers confidential advice, support, and practical solutions to real-life issues. Members can access these confidential services by calling (833) 369-0909 and speaking with a consultant.

Confidential Counseling: Up to 4 face-to-face, video or telephonic counseling sessions for relationship and family issues, stress, anxiety, and other common challenges.

24-hour Crisis Help: Toll-free access for you or a family member experiencing a crisis.

Tess, AI Chat-bot: 24/7 chatbot for emotional support and check-ins to boost wellness. Text "Hi" to +1 650 825 9634 to get started.

Peer Support Groups: Online support groups for addiction, depression, bipolar and anxiety.

MAP is not owned or operated by OneShare Health, LLC, but made available to OneShare Members by Integrated Behavioral Health Solutions (IBH).

Member Assistance Program (MAP) Work-Life Services

Life presents us with challenges at work and at home on a daily basis.
Work-life services to help Members with a variety of challenges

Childcare Services: Childcare professionals provide information and support on parenting, school issues, adoption, college planning, teenager challenges, summer camps, daycare, and other important issues for parents.

Adult and Eldercare Services: Specialists assist in finding quality information and services including transportation, meals, exercise, activities, prescription drug information, in-home care, daytime care, and housing.

Financial Help: 30 consecutive days of free phone consultations for debt counseling, budgeting, college/retirement planning, and taxes, including 25% off certified public accountant services for tax preparation.

Legal Services: Access a free, half-hour consultation, by phone or in person, for any non-work related issue, followed with a 25% discount in legal fees.

Online Legal Forms: Create, save, print, and revise online legal forms including wills, contracts, leases, and many more.

Mediation Services: Request free consultations for personal, family, and non-work related issues such as divorce, neighbor disputes, or real estate.

Home Ownership Program: Get free support and information about making smarter choices when shopping for a new home, making financing decisions, relocating, or selling a home.

College Planning Program: Access a free 15-minute consultation with a college planning specialist to assist with SAT/ACT prep, scholarships, grants, financial aid and other college related issues followed by a 30% discount in program fees.

Identity Theft Services: Access support in planning the recovery process or restoring your identity and credit after an incident.

Work-Life Services: [\(833\) 369-0909](tel:8333690909)
Monday through Friday, 8 a.m. to 7 p.m. CST

Online Resources: ibhsolutions.com/members

MAP is not owned or operated by OneShare Health, LLC, but made available to OneShare Members by Integrated Behavioral Health Solutions (IBH).

Not Eligible for Sharing



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

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

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 an ineligible service had not been received.
- Birth Control
- Breast Reduction
- 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 Effective 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 the 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 Testing
- Home Infusion Services
- Hospice Care
- Infertility Diagnostic, treatment or services
- International Care
- Long Term Care
- Male Elective or Reversal of Sterilization
- 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.
- Motor vehicles, such as, but not limited to; ATVs, go-karts, motorcycles, motorized self balancing vehicle, snowmobiles, tractors, farm implements, and construction equipment, whether as an operator or passenger.
- Routine Eye Exams
- Routine Hearing Exams & Hearing Aids
- Podiatry Services

Not Eligible for Sharing



- Preventive Services not listed as Eligible for Sharing under the Preventive Service and Wellness Visit Sharing Description.
- 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, or 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
- Sports:
 - Extreme sports, sports that voluntarily put an individual in a Life Threatening or Life-Altering situation. Sports such as but not limited to bungee jumping, "free climb" rock climbing, parachuting, fighting, martial arts, cliff diving, air, auto, motorcycle or powerboat racing, extreme skiing, or wingsuit. Professional sports and semi-professional sports. Practicing for or participating in any semi-professional or professional competitive athletic contest, including officiating or coaching, for which the Member receives any compensation or remuneration.
- Substance Abuse: Voluntary ingestion of any narcotic, drug, poison, gas or fumes, including those prescribed or taken under the direction of a Physician; alcohol abuse.
- Temporomandibular Joint Disorder (TMJ Syndrome)
- 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 Guidelines and Disclosures



Guidelines: OneShare Health manages Member sharing contributions by establishing Guidelines that define which Medical Expenses 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 legally binding agreement, a promise to pay, or an obligation to share. The Guidelines specify what types of expenses are Eligible for Sharing requests. OneShare Health reserves the right to exclude sharing eligibility for any Pre-Existing Conditions, whether disclosed at the time of your enrollment or discovered after the Effective Date of the Membership. OneShare Health reserves the right to update and change its Guidelines at any time, and will provide notice of any material updates/changes. It is the Member’s responsibility to review the current guidelines in their Member portal .

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 group of individuals who share a common set of ethical or religious beliefs and share Medical Expenses in accordance with those 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.

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.

OneShare Health Concierge Disclaimer: Concierge and Bluebook services are solely to provide information regarding various types of health care and medical services, including information relating to pricing of health care services and / or certain quality metrics for providers. We do not recommend or endorse any specific tests, Physicians, procedures, opinions, or health care providers, and you assume all responsibility in connection with choosing any health care provider. Nothing available through the OneShare Health or Bluebook site or its services is intended to be, and must not be taken to be, the practice of medicine, medical advice, or counseling care.

OneShare Health Guidelines and Disclosures



Behavioral Health/Member Assistance Program (MAP) Disclaimer: The Behavioral Health/Member Assistance Program is not owned or operated by OneShare Health and is not a sharing service, but is made available to Members by Integrated Behavioral Health (IBH). We do not recommend or endorse any services, procedures, opinions, or consultations provided, and you assume all responsibility in connection with utilizing these services. Nothing available through the OneShare Health or Behavioral Health/Member Assistance Program site, or its services, is intended to be and must not be taken to be the practice of behavioral advice, or counseling care from OneShare Health.

Provider Network Disclosure: First Health® is a brand name of First Health Group Corp., an indirect wholly owned subsidiary of Aetna, Inc.

Membership Guidelines: Each Member is responsible for reviewing the Guidelines provided at the time of enrollment and updates when notified, and to abide by the terms of the Guidelines. It is your responsibility to understand which of your Medical Expenses are eligible for cost sharing, and which Medical Expenses are not eligible for cost sharing. Members are also provided with a toll-free number to contact Member Services with any questions they may have. Pre-certification from OneShare Health is required for certain Medical Expenses to be Eligible for Sharing.

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 Guide.
- 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 Share Amounts may be adjusted at any time by OneShare Health.

OneShare Health Guidelines and Disclosures



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 Effective 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.

Administration: Upon receiving an eligible medical need from a Member or Provider, OneShare Health will assign the medical need for sharing in accordance with the Guidelines, less the amount required to be pre-shared (Individual Sharing Amount). Voluntary Membership contributions are received monthly from each Member. Up to 40% of Membership contributions may 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:

1. 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
2. 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.

OneShare Health Guidelines and Disclosures



Canceling Membership: If you wish to cancel your Membership in the OneShare Health programs, you are required to submit notice to OneShare Health in writing fifteen (15) days prior to the end of your current month. Your sharing opportunity will end the last day of your current month. Canceling your OneShare Health Membership does not meet the requirements for a Qualifying Life Event (QLE) under the Special Enrollment eligibility for the Affordable Care Act.

Cancellation Due to Non-Payment: If your monthly recurring contribution attempt is declined and has been attempted three (3) 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-payment and pending cancellation status. If you are placed in non-payment, a non-payment notice will be issued, communicating a date that your Membership will be canceled if the minimum contribution is not paid. If this date passes and the minimum contribution is not paid, your Membership will be canceled as of the date communicated in the non-payment notice. Cancellation due to non-payment of your monthly contribution does not meet the requirements for a Qualifying Life Event (QLE) under the Special Enrollment eligibility for the Affordable Care Act.

Coordination of Payments: The following will apply:

- If a Member has an insurance policy in addition to participating in the OneShare Health program, all Medical Expenses must be first submitted to the other payers. Once a decision has been made by the other party, the Member may then submit the expenses for an eligibility determination under their sharing Membership. Proof of decision from the other payer will be required when submitting the expense. If proof is not submitted, the sharing request will not be considered. The Member expense sharing request will be reduced by the amount that was received from the other party. If there is a delayed reimbursement from another responsible party, the amount received must be forwarded to OneShare Health to help with other Members' needs, and this amount must be up to, or equal to, the amount that was shared by OneShare Health.
- 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 their determination. Should there be any unpaid 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 bills only after any other responsible parties have paid. If another party is allegedly responsible or liable for a medical bill, OneShare Health may wait to share any bills until that party has paid in full. If OneShare Health shares a bill for which another party is fully or partially responsible, the Member agrees to reimburse OneShare Health for all such bills shared when the responsible party pays the Member for any part of the bill.

OneShare Health Guidelines and Disclosures



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. If Medicaid is available, it must be used prior to OneShare Health's sharing the expenses.

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.

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

Primary Member Age Change: Your monthly contribution will increase at your program anniversary following the date you reach the next age bracket.

Primary Member Resident State Change: 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, 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 24/24: Pre-Existing Condition means any sickness or injury for which a Member received medical treatment, advice, care, or services including diagnostic measures, took prescribed drugs or showed signs and symptoms, whether treated or not, within twenty-four (24) months before the Member's Effective Date of their program. Eligibility for a Pre-Existing Condition has a 24-month waiting period.

OneShare Health Guidelines and Disclosures



Program Change: Within the first 10 Business Days after the Effective Date, a Member can elect to make a Program Change, without an application fee, or OneShare Health approval. After the first 10 Business Days after the Effective 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 and the application fee will apply. 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.

Program Termination: OneShare Memberships terminate at the end of the month in which a Member attains age 65.

Program Year: Membership Program Year is defined as twelve (12) months from the Effective Date. Each additional Program Year will begin on the anniversary of the Effective Date. Program Year applies to all Sharing Services, excluding the Lifetime Maximum Sharing. Member is allowed to cancel at any time during the Program Year at the Member's discretion.

Refunds: Within the first ten (10) business days of a new Member's Effective Date, the Member is entitled to a full refund, excluding the one-time application fee. However, if services have been utilized, refunds will not be issued. After the first thirty (30) days, a refund for the most recently paid period may be processed if the request is submitted within 10 days of their scheduled billing date. However, if services have been utilized, refunds will not be issued. Refunds 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.

OneShare Health Guidelines and Disclosures



State Availability: Sharing Services are not available to the residents of MD, VT, WA, PA, or MA. Go to www.OneShareHealth.com/legal-notice for the most current state regulations.

Statement of Beliefs: OneShare Health reserves the right to deny Sharing if a Member does not adhere to the Statement of Beliefs.

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.

Tobacco Use: If a Member used or uses tobacco in any form (this includes vaping of any nicotine products), any health-related issues are Not Eligible for Sharing.

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



Definitions of Terms

Disclosures and Agreements

HIPAA

Dispute Resolution and Appeal

Legal Notices

Definitions of Terms



Accident: An act or event which is unforeseen, unexpected and unanticipated and is the direct cause of a loss eligible for sharing, occurring after the Member's Effective Date.

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 to share in another Member's medical expense need as assigned by OneShare Health according to the Sharing Guidelines. It is a fixed dollar amount during the program annual period. This amount will be paid by Member before OneShare Health reviews Sharing Services for consideration.

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

Dependent: An individual must be either the Primary Member's spouse or unmarried child; including a natural child (from the moment of birth if born after the program Effective Date), a stepchild, adopted child, eligible foster child, grandchild (residing with Primary Member). The Dependent child must be defined as a legal dependent of the Primary Member for maintenance, support, and must be under the age of twenty-seven (27) at the beginning of the program year. Disabled dependent children over age 27 and 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.

Definitions of Terms



Effective Date: The date a Member is eligible for sharing.

Eligible Sharing Need: The charge for a medical service or supply provided according to the terms of the Membership Guidelines, approved for sharing and whose sharing need amount does not exceed the program limits.

Emergency Room: Emergency room services for stabilization or initiation of treatment of a medical emergency for Life Threatening or life altering conditions provided on an Outpatient basis at a Hospital.

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. Prior approval is required from OneShare Health.

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

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

Guidelines: The terms Guidelines, Sharing Guidelines, and Membership Guidelines all refer to the Membership Guidelines, as used in your Membership Guide.

Health Care Sharing Ministry: A ministry that facilitates the sharing of medical expenses among its Members. These Members must hold to a common set of religious and ethical beliefs. A Health Care Sharing Ministry is not insurance and does not assume risk or guarantee payment.

Home Health Care: Services for intermittent skilled nursing care and rehabilitative therapy that can be given in you 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, providing medical and surgical treatment and nursing care for sick and injured, for the study of disease, and for the training of Physicians, nurses, and allied health care personnel. The institution provides 24 hour a day nursing service by Registered Nurses. It is accredited by the Joint Commission on Accreditation of Hospitals sponsored by the AMA and the AHA. The requirement of surgical facilities shall not apply to a Hospital specializing in the care and treatment of mentally ill patients, provided such institution is accredited as such a Facility by the Joint Commission on Accreditation of Hospitals sponsored by the AMA and the AHA.

Definitions of Terms



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 before the Member's medical expenses are eligible for sharing under the program. ISA applies to Program Year.

Ineligible: Not eligible for sharing.

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.

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: Medical needs for the mother's care pertaining to prenatal, delivery and mother's hospital related or birthing center or midwife services with birthing at home expenses. Maternity does not include Complications of Pregnancy or medical needs for the newborn, which are subject to other provisions in the Sharing Guidelines.

Maximum Limit Per Incident: The eligible amount to be shared for a specific medical need under the terms of Membership Guidelines.

Definitions of Terms



Maximum Reasonable Guideline: For a Member using an Out-of-Network Provider or Facility, the Maximum Reasonable Guideline is the allowed charge made for necessary medical services, drugs, procedures, supplies or treatment generally furnished for services of comparable severity and nature in the geographical area in which the services, drugs, procedures, supplies or treatment is furnished. Out-of-Network Providers and Facilities may bill the Members for the difference between the billed charges and the program's allowed amount, which may result in increased Member sharing responsibility.

Out-of-Network Providers and Facilities may bill the Members for the difference between the billed charges and the program's allowed amount, which may result in increased Member sharing responsibility.

Medical Expenses: The charge(s) or expense(s) for medical services from a provider, Practitioner or Facility for a Sharing Member, and the fees incurred by OneShare Health to reduce such charges or expenses.

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 Sharing Member participating by himself or herself; and/or their spouse, and/or a child(ren) enrolled by a parent or guardian, who certifies that he/she takes financial responsibility for the child(ren)'s sharing Membership and who signs the enrollment application on behalf of the child(ren).

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

Definitions of Terms



Newborns: Eligible during the first 31 days after birth if enrolled within 31 days of birth. Adopted Children are eligible for sharing medical expenses during the first 31 days from the date the Primary Member, enrolled Spouse, or enrolled Domestic Partner is granted the right to control health care for the Adopted Child, if enrolled within 31 days of that date. If the Newborn or Adopted Child (New Child) is not added to the Primary Member's program within 31 days of birth or right to control health care, the New Child's medical expenses prior to the New Child's effective date are not eligible for sharing.

Not Eligible (or Ineligible) for Sharing: Provider charges deemed Ineligible; or charges in excess of the Maximum Eligible Amounts as stated in the Sharing Guidelines.

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

Outpatient: A Member who receives Services at a Hospital but is not admitted as a registered overnight patient; this must be for a period of less than twenty-four (24) hours. This term can also be applicable to services rendered in a Free-Standing Facility or Hospital-Affiliated Facility.

Physician Office Visit: Licensed Medical Professional/Physician Office visits for the diagnosis, 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-Certification: 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 24/24: Pre-Existing Condition means any sickness or injury for which a Member received medical treatment, advice, care or services including diagnostic measures, took prescribed drugs or showed signs and symptoms, whether treated or not, within 24 months before the Member's effective date of their program. Eligibility for 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 check-ups, patient counseling and screening to prevent illness, disease and other health related problems. A wellness visit is prevention focused and not medically necessary to treat illness or injury.

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

Primary Member: The Primary Member is the oldest Member enrolled and is responsible for payment of the Monthly Contribution Amount.

Program Year: Membership Program Year is defined as 12 months from the Effective Date. Each additional program year will begin on the anniversary of the Effective Date. Program Year applies to all Sharing Services excluding 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 Network: First Health® Network. Whenever possible, Members should use providers and facilities who participate in the Provider Network. When you are thoughtful and responsible with the providers you choose and the medical costs you incur, you are caring for the entire sharing community consistent with the Statement of Beliefs. We are better together when each Member is conscientious about the providers they select. Using Provider Network providers and facilities can reduce medical costs by thousands of dollars. In keeping with our foundational sharing principle of Member freedom, using an Out-of-Network provider or facility is still the Member's choice. These providers' services can result in higher medical bills. Out-of-Network providers and facilities may bill the Members for the difference between the billed charges and the program's Maximum Reasonable Guideline (program allowed amount), which can result in increased Member sharing responsibility.

Definitions of Terms



Rehabilitation Facility: Is 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 of 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.

Shared Services: The types of medical needs shared by Members, and how OneShare Health functions to facilitate that sharing.

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.

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.

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 you receive for a sudden illness or injury that is not Life Threatening 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.

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.

Membership Discount Program Agreement

Discount Plan Organization:

Careington International Corporation (Careington)
7400 Gaylord Parkway
Frisco, TX 75034

To add a family member to your plan, please call Member Support using the number on your Member Resources Page.

For assistance using your plan, please call Member Support using the number on your Member Resources Page.

Description of Services:

Please see the enclosed materials for a specific description of the programs included in your plan.

Term: Monthly

Total Fees: There is no additional cost for this plan.

Renewal Conditions: By joining you indicate you have read the terms and conditions of the plan. This plan will automatically renew at the end of your membership term.

Termination Conditions: OneShare Health, LLC and Careington reserve the right to terminate plan members from its plan for any reason.

Cancellation Conditions: If for any reason during this time period you are dissatisfied with the plan and wish to cancel, you must submit a written cancellation request.

Please send cancellation requests with your name and Member ID to
OneShare Health, LLC,
PO Box 1837
Grapevine, TX 76099.

You may also submit cancellation requests by email:
Cancel@OneShareHealth.com

Membership Discount Program Agreement

Limitations, Exclusions & Exceptions:

This plan is a discount membership program offered by Careington. Careington is not a licensed insurer, health maintenance organization or other underwriter of health care services. No portion of any provider's fees will be reimbursed or otherwise paid by Careington. Careington is not licensed to provide and does not provide health care services or items to individuals. You will receive discounts for services at certain health care providers who have contracted with the plan. You are obligated to pay for all health care services at the time of service. Savings are based upon the provider's normal fees. Actual savings will vary depending upon location and specific services or products purchased. Please verify such services with each individual provider. The plan's discounts may not be used in conjunction with any other discount plan or program. All listed or quoted prices are current prices by participating providers and subject to change without notice. Any procedures performed by a non-participating provider are not discounted. From time to time, certain providers may offer products or services to the general public at prices lower than the discounted prices available through this plan. In such event, members will be charged the lowest price. Discounts on professional services are not available where prohibited by law. This plan does not discount all procedures. Providers are subject to change without notice and services may vary in some states. It is the Member's responsibility to verify that the provider participates in the plan. At any time Careington may substitute a provider network at its sole discretion. Careington cannot guarantee the continued participation of any provider. If the provider leaves the plan, you will need to select another provider. Providers contracted by Careington are solely responsible for the professional advice and treatment rendered to members and Careington disclaims any liability with respect to such matters.

Discount Plan Complaint Procedure

If you would like to file a complaint regarding your discount plan membership, you must submit your complaint in writing to:

Careington International Corporation
P.O. Box 2568
Frisco, TX 75034.

You have the right to request an appeal if you are dissatisfied with the complaint resolution. After completing the complaint resolution process, if you remain dissatisfied you may contact your state insurance department.

Membership Discount Program Agreement

THE CAREINGTON DISCOUNT PLAN IS NOT INSURANCE and is not intended to replace health insurance. This plan does not meet the minimum creditable coverage requirements under M.G.L. c.111M and 956 CMR 5.00. This plan is not a Qualified Health Plan under the Affordable Care Act. This is not a Medicare prescription drug plan. The range of discounts will vary depending on the type of provider and service. The plan does not pay providers directly. Plan members must pay for all services but will receive a discount from participating providers. The list of participating providers is available at www.OneShareHealth.com. A written list of participating providers is available upon request.

Discount Plan Organization and Administrator:
Careington International Corporation
7400 Gaylord Parkway
Frisco, TX 75034
(800) 441-0380

Telemedicine Disclosure

DialCare Disclosure

Doctors do not write prescriptions for DEA-controlled substances or other classes of medication such as mood-altering drugs, including anti-depressants, anti-anxiety or lifestyle medications.

DialCare operates within state regulations.

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

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 voluntary cost-sharing ministry, religious and charitable association of like-minded people who come together to assist each other by sharing Medical Expenses. As a Health Care Sharing Ministry, OneShare Health does not contract with Members to provide medical care, it does not offer insurance, it makes no assumptions of legal risk, and it does not promise or guarantee that Medical Expenses will be paid or shared by the Membership. Unpaid medical bills are always your responsibility. However, for those unique situations where Members are concerned or dissatisfied with their Membership experience, 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 legal disputes, and not to file a lawsuit. The Member agrees not to engage in litigation against OneShare Health, its affiliates, nor its staff or directors for any reason related to health care or Membership.

Level One – Member Services Appeal: Many concerns can be resolved by calling Member services. If you are unsatisfied with your experience, please call back and ask to speak with a manager regarding your situation. OneShare Health strives to maintain a sterling reputation for first-class Member service, and we want to know if you are not completely satisfied.

Level Two – OneShare Health Committee 30-day Review: If Member services management is unable to resolve your concern, you may send a written request, within sixty (60) days of the determination, for a 30-day review by a OneShare Health Committee. In order to ensure that they are working with complete information, please include a written summary of your case, actions you have taken to resolve the matter, and any relevant sections of the OneShare Health sharing Guidelines which may be applicable to your case. A panel of OneShare Health executives will review your case and respond in a timely manner.

All Level Two appeals must be submitted within 60 days of the determination date:

Mailing Address:	OneShare Health Attention: Dispute Committee PO BOX 1837 Grapevine, TX 76099
By Email:	Dispute@OneShareHealth.com
By Fax:	(682) 651-7397 Attn: Dispute Department

Dispute Resolution and Appeal



Level Three – Arbitration: If you are unsatisfied with the decision of the OneShare Health Committee, the final legal option is to submit the case to Arbitration in accordance with the Arbitration Agreement which each Member signs upon enrollment. The Member may submit the dispute for arbitration with the Institute for Christian Conciliation (ICC) or the American Arbitration Association (AAA). The Member will be responsible to bear one-half of the fees of the Member's selected arbitration program (ICC or AAA), and all of the Member's own incidental or legal costs. The arbitration shall be held in Dallas, Texas, unless the parties otherwise agree. One arbitrator shall preside over the dispute and shall be selected by mutual agreement between the parties. 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, please send a written request to Member services.

All Level Three appeals must be submitted online at:

<https://www.instituteforchristianconciliation.com>

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, **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

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.

Connect and Follow:



“Therefore encourage one another and build one another up,
just as you are doing.” | **1 Thessalonians 5:11 (ESV)**

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.

OneShareHealth.com
OneShare Health, LLC