



OneShare Health, LLC
A recognized healthcare sharing ministry
OneShare Classic Membership Guidelines

Welcome

Dear Member,

We would like to thank you for trusting OneShare Health with your healthcare needs. Our number one service will always be to our members and focusing on their overall health and wellness.

Please take a few minutes to review the Membership Guide as it contains important information about your program and membership ID card. The more informed you are, the easier it will be to utilize program services.

If you have questions about your program, membership card, or accessing a healthcare provider, please contact Member Support for assistance Monday through Saturday, 7:00 AM to 7:00 PM CST at (833) 546-4478 or visit us online at www.onesharehealth.com.

Wishing you the best of health,



Alex Cardona
Chief Executive Officer

card

SAMPLE

card

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How to Use Your Membership Card

1. Read the Membership Guidelines and the enclosed description of the Sharing Program and Free Membership Discount Services.
2. Keep your membership card with you at all times so it will be easily accessible when needed.
3. You can locate and verify participating providers in your area, by simply calling Member Support at (833) 546-4478. You may also visit www.onesharehealth.com to search for providers. When calling to schedule an appointment, please refer to your membership card for proper network identification when speaking to a participating provider's office.
4. For the Free Prescription discount card, you must present your card to receive discounts.
5. If you have any questions about how to use your membership, call OneShare Health Member Services toll-free at (833) 546-4478, 7:00 AM to 7:00 PM CST, Monday through Saturday, for prompt and friendly assistance.

Free 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® DialCare® (833) 387-9603

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Let's Get Started!

1. Membership Activated, Review your ID Card

2. Complete Telemedicine registration
download DialCare app or call (833) 387-9603

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

4. Review Membership Guide



Online

www.OneShareHealth.com
Select "Member Portal"



Phone

(833) 546-4478



Email

Questions@OneShareHealth.com



PHCS Network

(800) 922-4362



Dental

(833) 387-9604

IMPORTANT NOTICE. Please ensure you reference the program selected at time of enrollment. The program is also identified in your Welcome Letter, Member Card and your Member portal. If you find that you are not enrolled in the program that best meets your needs, you can request a change within three (3) business days after the Effective Date without any interruption to your program use. These changes can be made by working directly with your representative.

Who Is OneShare Health

OneShare Health exists as a witness to the love and faithfulness of God as He provides for the medical needs of His children. Membership in OneShare Health is open to everyone who agrees with our Statement of Beliefs. By contributing their monthly membership amounts, members are sharing one another's medical bills 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. This includes keeping monthly membership amounts as reasonable as possible by using technology and alliances that help reduce costs, seeking to improve the membership experience where possible, and facilitating members in sharing one another's bills promptly.

OneShare Health provides its members with access to the best of Preferred Provider Organizations (PPO) 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 purpose in helping members share their medical needs and showing the love of God to the entire community.

***“OneShare Health exists to bless people.
Our prayer and desire is to bless you!”***
Alex Cardona, CEO

Statement of Beliefs

We believe in the sanctity and dignity of every human life, and that every life has a special meaning and purpose.

We believe that every individual has the constitutional and religious right to worship God in freedom.

We believe and agree in the religious and ethical principle of sharing with those who are less fortunate and who experience medical needs.

We believe that every person has the fundamental right to make their own choices about healthcare.

We believe and agree that it is our responsibility to God and our fellow members to engage in healthy living, and to avoid habits and behaviors which are harmful to the body.

OneShare Classic Program

SHARING SERVICES	BASIC	ENHANCED	CROWN
Preventive Services	\$0 visit fee	\$0 visit fee	\$0 visit fee
Primary Care Physician, Pediatric, OB/GYN ¹	1 Per Program Year \$20 visit fee	3 Per Program Year \$20 visit fee	5 Per Program Year \$20 visit fee
Urgent Care Facility	1 Per Program Year \$20 visit fee	1 Per Program Year \$20 visit fee	2 Per Program Year \$20 visit fee
X-rays/Labs/Diagnostic	Preventive Only	PCP/Urgent Care	PCP/Urgent Care
Specialists ²	Not Eligible	Not Eligible	\$75 visit fee Referral required
Telemedicine	\$0 Consult Fee	\$0 Consult Fee	\$0 Consult Fee
Prescription Discount Program	EnvisionRX	EnvisionRX	EnvisionRX
Emergency Room	\$500 visit fee	\$500 visit fee	\$300 visit fee
Maternity ³	Not Eligible	Not Eligible	\$5,000 Maximum Sharing
In/Out Patient Surgery Life threatening emergency immediately available.	Eligible 6 mo. waiting period	Eligible 6 mo. waiting period	Eligible 2 mo. waiting period
Hospitalization	Eligible	Eligible	Eligible
Maximum Limit Per Incident ⁴	\$150,000	\$250,000	\$500,000
Lifetime Sharing Maximum	\$1,000,000	\$1,000,000	\$1,000,000
End of Life Sharing	Primary Member \$6,000 Spouse \$4,000 Dependent \$2,000 12 month waiting period Death certificate required		

Individual Sharing Amount Options Program Year

- \$5,000
- \$7,500
- \$10,000

Free Membership Discount Programs⁵

- Dental Discount
- Diabetic Care and Supplies
- Hearing Discount
- Lab Discount
- LifeLine Screening Discounts
- Vision / Lasik Discount
- Vitamins and Supplements Discounts

See Program Disclosures for full details, limitations and applicable ISA for all Sharing Services.

¹OB/GYN for PCP visits only. ² \$75 until ISA is met, then 100% sharing. ³Natural delivery \$5,000; C-Section \$8,000; Complications \$50,000. ⁴Optional \$500,000 Maximum Per Incident, additional Monthly Contribution Amount applies. Member, \$130 mo. Member + 1, \$230 mo. and Family, \$330 mo. ⁵Not included in sharing services.

Sharing Examples

For Illustration Purposes Only

Mary accidentally tripped and fell at her son's soccer game. Mary's ankle was swelling quickly, she was in a lot of pain and could not walk. Her husband took her to the Emergency Room, she had broken her ankle.

OneShare Classic Crown - \$5000 ISA

Medical Expenses consideration of cost savings	ER, In-Patient Surgery
Emergency Room Visit	\$1,200
Specialist	\$250
Diagnostic X-ray	\$500
In-patient Hospital surgery	\$9,500
Miscellaneous In-patient charges	\$300
Total Expenses	\$11,750
Mary paid ISA Fee	\$5,000
OneShare Classic Crown – 100%	\$6,750

Telemedicine Program Free Access to a Doctor 24/7

Remember times 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, at work or out of town? *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, doesn't feel right
- 3:15 am Joe calls DialCare talks to Dr. Smith
- 3:20 am Prescription is sent to pharmacy near Joe's hotel

Joe's Fee **\$0 Consult**

How It Works

Member Sharing Needs

1. Member is sick or injured and needs an In-Network Provider. Select PHCS Network.
2. Member presents Member ID Card to Provider.
3. Non-Emergency: Provider calls in for pre-authorization.
4. Provider sends medical need to OneShare Health.
5. Member receives Explanation of Sharing (EOS).
6. Check is issued to Provider.

Medical needs are processed according to membership guidelines based on the program type selected by Member at time of enrollment.

Eligible Sharing Descriptions and Limits



Medical Expenses Eligible for Sharing. Medically necessary expenses that occur for a Member after the Effective Date. These are medical services from a health care provider which are eligible for sharing in accordance with the Membership Guidelines.

Description of Sharing Services

Ambulance:

Medical Transportation between facilities is eligible for sharing if medically necessary for emergency services only.

Land or air transportation to the nearest medical facility.

Maximum sharing of \$10,000 per Incident and subject to ISA.

Behavioral / Mental Health: For evaluation purposes only. Subject to ISA.

- Outpatient Up to a Maximum Sharing of \$1500
 - In-Patient Up to a Maximum Sharing of \$3000.
-

Cancer:

- Member has never been diagnosed or received treatment for any type of Cancer, Sharing is Eligible after three (3) months from Effective Date.
 - Pre-existing or recurring cancer is Not Eligible for Sharing.
 - Member has been diagnosed or received treatment for Cancer within 5 years of Member application. Cancer is Not Eligible for Sharing. To request Cancer Sharing after the 5 year period has expired, Member must provide the following; Medical reports indicate that the condition had not been treated, future treatment prescribed, recommended or planned. Member has followed the guidelines for preventative screening of cancer and followed guidelines for healthy lifestyle as recommended by attending physician.
 - Lifetime Maximum Sharing for Cancer is \$500,000.
-

Cardiac Rehabilitation:

Is eligible for sharing following hospitalization for a cardiac procedure. Must be ordered by a Provider, and must be within six months of the procedure.

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, 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.

Description of Sharing Services

Emergency Room (ER): Emergency room services for stabilization or initiation of treatment of a medical emergency for life altering or life endangering conditions provided on an Outpatient basis at an Urgent Care Facility or Hospital. If at the Hospital for 24 hours or more, ER will be considered hospitalization and will apply to the Member's Individual Sharing Amount (ISA).

- Basic \$500 per visit
- Enhanced \$500 per visit
- Crown \$300 per visit

End of Life Sharing: OneShare Health must be notified to assist in time of need. A copy of death certificate is required.

Primary Member \$6,000 Maximum Sharing

Spouse \$4,000 Maximum Sharing. Must be enrolled in OneShare Health

Dependent \$2,000 Maximum Sharing. Must be enrolled in OneShare Health

Explanation of Sharing (EOS): A statement sent to the Member and Provider(s) once your sharing of medical needs has been approved, pending or denied.

Home Health Care: Home Care is eligible if considered a need by a eligible Provider following a Hospital stay. Home Care is limited to 30 calendar days from the Date of Service of In-patient.

Individual Sharing Amount (ISA): The ISA is what the Member is responsible to meet before certain services are eligible for sharing. (see product details for ISA applicability). ISA applies to Program Year.

In-Patient / Hospitalization: 100% eligible for sharing up to the per Incident maximum after you meet your ISA.

Laboratory Services and Diagnostic: Included at any lab facility.

- Basic Preventive
- Enhanced PCP or Urgent Care fee applies
- Crown PCP or Urgent Care fee applies

Maternity: Medical needs for the mother's care pertaining to prenatal or infant delivery, and initial, routine Hospital expenses for the infant. Subject to ISA.

- Basic Not Eligible
- Enhanced Not Eligible
- Crown Waiting period of nine (9) months before a maximum sharing amount of \$5,000 for natural delivery is eligible. Elective C-Section of delivery are shared up to a maximum of \$8,000. Complications of delivery are shared up to a maximum of \$50,000.

Description of Sharing Services

Maximum Sharing: Lifetime program Maximum per person \$1,000,000. Once this limit has been met, the program has been exhausted.

Maximum Limit Per Incident:

- | | | |
|------------|-----------|--|
| ▪ Basic | \$150,000 | Optional \$500,000 Maximum Per Incident. |
| ▪ Enhanced | \$250,000 | Additional Monthly Contribution Amount |
| ▪ Crown | \$500,000 | applies. Member/\$130 mo., Member + 1 /\$230 mo., and Family / \$330 mo. |

Newborn: Childbirth see Maternity for Eligibility. Newborn is eligible after birth and must be added to the program as a Dependent within 31 days of birth. Subject to ISA.

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

Organ Transplants: 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 an eligible Provider, and performed by a licensed therapist, it is Eligible for sharing. Up to 10 visits per Incident.

- Physical Therapy (PT), Occupational Therapy (OT), Speech Therapy (ST)

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

Physicals: See Physician Office Visits for annual examinations performed without relationship to treatment or diagnosis for a specific illness or injury are immediately available. All other physicals are available for sharing after 9 months from Effective Date.

PPO Network: PHCS Network. The largest Provider of PPO (Preferred Provider Organization) networks in the nation.

Pre-Authorization: Non emergency surgery, procedure or test must have pre-authorization. Failure to comply may render a loss of sharing.

Pre-Existing Condition 24/24: A chronic or recurrent medical condition that exists within 24 months prior to Effective Date.

Prescriptions: Outpatient maintenance pharmaceuticals and over-the-counter medications (whether prescribed or not) are not shared beyond any pharmaceutical discount programs that OneShare Health may offer.

Description of Sharing Services

Prescriptions cont.. See Additional Membership Discount Services for your prescription discount program, EnvisionRX

Preventive Services for Adults

- Abdominal Aortic Aneurysm
 - Alcohol Abuse
 - Blood Pressure Screening
 - Cholesterol Screening
 - Colorectal Cancer Stool Test
 - Depression Screening
 - Type II Diabetes Screening
 - Diet Counseling
 - HIV Screening
 - Obesity
 - Sexually Transmitted Infection
 - Tobacco Use
 - Syphilis
-

Preventive Services for Children

- Alcohol and Drug Use Assessment
 - Autism
 - Behavioral Assessment
 - Blood Pressure
 - Cervical Dysplasia
 - Congenital Hypothyroidism
 - Depression
 - Dyslipidemia
 - Fluoride Chemoprevention
 - Gonorrhea
 - Hearing
 - Height, Weight, and BMI
 - Hematocrit/Hemoglobin
 - Hemoglobinopathies/Sickle Cell
 - HIV
 - Immunization
 - Iron
 - Lead
 - Medical History
 - Obesity
 - Oral Health
 - Phenylketonuria
 - Sexually Transmitted Infection
 - Tuberculin
 - Vision
-

Preventive Immunizations and Injections

- DtaP
 - Hemophilus
 - Hepatitis A, B
 - Herpes Zoster
 - Human Papillomavirus
 - Inactivated Poliovirus
 - Influenza, Influenza Type B
 - Measles, Mumps, Rubella
 - Meningococcal
 - Pneumococcal
 - Rotavirus
 - Tetanus, Varicella
-

Preventive Services for Women

- Anemia Screening
 - Bacteriuria Screening
 - BRCA Counseling
 - Breast Cancer Mammography
 - Breast Cancer Chemoprevention
 - Breast Feeding
 - Cervical Cancer
 - Chlamydia Infection
 - Contraception
 - Domestic Violence
 - Folic Acid
 - Gestational Diabetes
 - Gonorrhea
 - Hepatitis B
 - HIV
 - HPV Testing, every 3 years
 - Sexually Transmitted Infections
 - Syphilis
 - Tobacco Use
 - Well Woman Visits
-

Description of Services

Primary Care Physician Visit: Visits provided by Licensed Medical Professional for the diagnosis, treatment, management or prevention of an illness or injury. The amount of Physician Office visits are not combined, they are per individual on the program

- | | | |
|------------|---------------------------|----------------|
| ▪ Basic. | 1 visit per program year | \$20 visit fee |
| ▪ Enhanced | 3 visits per program year | \$20 visit fee |
| ▪ Crown | 5 visits per program year | \$20 visit fee |

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, and replacement, repair and maintenance of prosthesis are not eligible for member sharing. \$1500 Maximum Sharing.

Sleep Apnea Studies: If ordered by a Provider for an eligible need, Sleep Apnea Studies are eligible for member sharing. The Provider must submit the case study history with the referral for the sleep study. Sleep studies ordered for insomnia are not eligible for member sharing.

Specialist Visits:

- | | |
|------------|--|
| ▪ Basic | Not Eligible |
| ▪ Enhanced | Not Eligible |
| ▪ Crown | Referral required. \$75 visit fee. \$0 visit fee after ISA is met. |

Surgery: Surgery is 100% eligible for sharing up to the per Incident maximum after you meet your ISA.

- | | |
|------------|--|
| ▪ Basic | 6 month waiting period from Effective Date |
| ▪ Enhanced | 6 month waiting period from Effective Date |
| ▪ Crown | 2 month waiting period from Effective Date |

Sharing is Eligible immediately if life threatening emergency for illness or injury.

Urgent Care: Visits are available on all three tiers of OneShare Health *Classic*. The amount of Urgent Care visits are not combined among the Members on the program, and it has its own set of visits per program year.

- | | | |
|------------|---------------------------|----------------|
| ▪ Basic. | 1 visit per program year | \$20 visit fee |
| ▪ Enhanced | 1 visit per program year | \$20 visit fee |
| ▪ Crown | 2 visits per program year | \$20 visit fee |

X-rays: X-rays, MRI, CT Scan, and other diagnostic imaging. ISA applies before sharing eligibility.

- | | |
|------------|--|
| ▪ Basic | Preventive only. |
| ▪ Enhanced | In Primary Care or Urgent Care office, PCP or Urgent Care fee applies. |
| ▪ Crown | |

Free Membership Discount Programs

The following Careington discount plan services on pages 19-22 are available in all OneShare Classic programs.

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 toll-free **(833) 546-4478** 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.

Diabetic Supplies, Better Living Now Inc. (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.

Continue on next page.

Free Membership Discount Programs

Diabetic Supplies continued. 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 - *Not available in HI, MD, NY, NJ, RI or MA. ND, SD & VT offer Specialty Lab testing only.*

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.lifelinescreenings.com/carediscount

Free 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 **(833) 546-4478** 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.

Telemedicine, DialCare. \$0 Consult Fee on all OneShare *Classic* Programs. DialCare Program is not a Sharing Service or discount program. 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 Infection
- Fever
- Gout
- Insect bites
- Joint, aches & pains
- Rashes
- Sinus Infections
- Skin Inflammation
- Sports injuries
- Urinary tract Infections
- And more...

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.

Free Membership Discount Programs

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 at **(833) 546-4478**.

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.*

Disclosure: For full disclosures of Careington discount plan services, please see pages 39 - 41 of the Membership Guide.

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.

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 also Not Eligible.

Not Eligible for Sharing

This list includes but not limited to the following:

- Abortion
- Any condition suffered as a result of any act of war or while on active or reserve military duty
- Any condition, disease, illness or injury that occurs in the course of employment, if the employee, employer or carrier is liable or responsible for the specific medical charge (1) according to a final adjudication of the claim under a state's workers' compensation laws, or (2) by an order of a state Industrial Commission or other applicable regulatory agency approving a settlement agreement
- Any services that would not be necessary if a non-covered service had not been received, except for emergency services in the case of an emergency
- Birth Control
- Male Elective or Reversal of Sterilization
- Cosmetic Surgery
- Dental Services except of emergency services due to an injury
- Diabetic insulin, supplies and syringes
- Durable medical equipment
- Experimental or investigational drugs, treatments, procedures
- Extreme sports, professional sports. Sports that voluntarily put an individual in a life-threatening situation. Sports such as but not limited to “free climb” rock climbing, parachuting, fighting, martial arts, racing, cliff diving, powerboat racing, air racing, motorcycle racing, extreme skiing, wingsuit, and similar.
- 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

Not Eligible for Sharing

- Gender Dysphoria
- Genetic Testing
- Home Infusion Services
- Hospice Care
- Infertility Diagnostic, treatment or services
- International Care
- Long Term Care
- Routine Hearing Exams & hearing aids
- Podiatry Services
- Private Duty Nursing Services
- Self Inflicted Injury
- Services that are investigational in nature or obsolete, including any service, drugs, procedure or treatment directly related to an investigational treatment
- Sexual Dysfunction Services
- Sexual Transformation Services
- Substance Abuse

OneShare Guidelines



OneShare Guidelines

Coordination of payments. If you have an insurance policy in addition to participating in the OneShare Health program the following will apply:

- All medical expenses must be first submitted to the other payers. Once a decision has been made by the other party, you may then submit the expenses for an eligibility determination under your sharing membership. Proof of decision from the other payer will be required when submitting the expense. If proof is not submitted, your sharing request will not be considered. Your expense sharing request will be reduced by the amount that was received from the other party. If there is a delayed reimbursement from another liable party, the amount received must be forwarded to OneShare Health to help other member's needs, 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 and share in the medical need. 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.

Ending Membership. If you wish to end your membership in the OneShare Health programs, you are required to submit notice to OneShare Health in writing 15 days prior to the end of your current month. Your sharing opportunity will end the last day of your current month.

Modifying Membership Size. To modify your membership with the OneShare Health program, whether increasing or decreasing, a written request must be made. If the request results in an increase of membership Contribution Amount or reduction 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 expense sharing will either end/begin on the date your change goes into effect.

OneShare Guidelines

Other Available Assistance. If a non-governmental, secular, religious, or fraternal 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 sharing the expenses.

Restarting your membership. If your membership is terminated and less than 30 days have elapsed since your termination and **no** sharing need has occurred, we require that you submit written request to our member services team for consideration of reinstatement and pay any missed contribution and 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 enrollment 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 limitations. You will be notified in writing of the decision of your request to reinstate membership. You may be required to pay a new enrollment fee, which is non-refundable.

Submission of a sharing request. Providers will usually allow a discount of expenses if consideration is made within 30 days of treatment. To allow OneShare Health to be in the best position to obtain these reductions, we request that expenses be submitted to OneShare Health within 30 days. If submission of a sharing request is made more than 365 days from incurrence of the expense it will not be considered for sharing.

OneShare Sharing Disclosures

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

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

Monthly Contributions Amounts. For families of 6 or more \$45 per additional Member per month will be applied.

Pre-Existing condition Limitation: (24/24) A chronic or recurrent medical condition that exists within 24 months prior to Effective Date. Eligibility for a Pre-Existing Condition has a 24 month waiting period.

Program Change. One Program change allowed per program year. Any additional program change within the Program year will include application fee.

Program Year. Membership program year is defined as twelve 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 Lifetime Maximum Sharing.

State Availability. Sharing Services are not available in the states of MD, MA and VT. Go to www.OneShareHealth.com for the most current state regulations.

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

Tobacco Use: If a Member uses tobacco in any form, (this includes vaping of any nicotine products) any health related issues will be treated as a pre-existing condition and are Not Eligible for Sharing. There will be a \$60 per Member increase in monthly Contribution Amount. Should the Member become tobacco free for 12 consecutive months the Member Contribution Amount will reduce to the non-tobacco use Contribution Amount.

Legal Terms, Conditions and Notices



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Definition of Terms

Alternative Care. Healthcare services or facilities which "deliver" care that is more cost-effective than that provided in a Hospital. Alternate Delivery Systems may include skilled nursing facilities, hospice programs and home health care services. Any medical practice or form treatment not generally recognized as effective by the medical community at large.

Annual Physicals. Examinations are performed that are not considered medically necessary to treat an illness or injury.

Behavioral / Mental Health. Full range of mental and emotional well-being from the basics of how we cope with day-to-day challenges of life, to the treatment of mental illnesses, such as depression or personality disorder, as well as substance use disorder and other addictive behaviors.

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

Chronic. A condition is one that is permanent, recurring or long lasting, as opposed to an acute condition.

Complications of Pregnancy. Conditions due to pregnancy, labor and delivery that require medical care to prevent serious harm to the health of the mother or the fetus. Morning sickness and a nonemergency caesarean section aren't complications of pregnancy.

Contribution Amount. The agreed upon monthly fees paid by Primary Member for Sharing Services of medical needs. 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 healthcare service was provided.

Dependent. An individual must be either the Primary Member's spouse, daughter, son, stepchild, adopted child, or eligible foster child. A child Dependent is under age 20 at the end of the year, is enrolled in school or continuing education under age 27 at the end of the year, or disabled.

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 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 altering or life endangering conditions provided on an Outpatient basis at a Urgent Care Facility or Hospital.

End of Life Sharing. Upon the death of a Member, a copy of death certificate is required.

Definition of Terms

Explanation of Sharing (EOS). A statement sent to the Member and Provider(s) once your sharing of medical needs have been processed, are pending, or denied.

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

Primary Member. The Primary Member is the oldest Member enrolled and is responsible for payment of Contributions.

Home Health Care. Range of health care services that can be given in your home for an illness or injury.

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. Hospital shall also have the same meaning, where appropriate in context, set forth in the definition of "Ambulatory Surgical Center."

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

Individual Sharing Amount (ISA). The portion of an eligible medical need that does not qualify for sharing. ISA applies to Program Year.

Ineligible. Not eligible for sharing and not subject to the ISA.

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.

Lifetime Program Maximum. The maximum amount of sharing per Member for the life of the program. Once the limit is met, the program is exhausted.

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 or infant delivery, and initial, routine Hospital expenses for the infant. Maternity does not include Complications of Pregnancy or medical needs for the infant beyond routine Hospital expenses, neither of which is subject to Maternity provisions of the Sharing Guidelines.

Definition of Terms

Maximum Eligible Sharing. The eligible amount to be shared for a specific medical need under the terms of Membership Guidelines.

Medical Expense. The charge(s) or expense(s) for medical services from a Provider, or an approved practitioner of alternative treatments, arising from an injury or illness for a Sharing Member, and the fees incurred by OneShare Health to reduce such charges or expenses.

Medically Necessary Service. Those health services provided by a Provider for the purpose of preventing, diagnosing, treating an injury or illness according to the accepted standards of medical practice.

Medically Necessary or Medical Necessity. Health care services that a Provider exercising clinical judgment, would provide to a patient. 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.

Newborns. Eligible during the first thirty-one (31) days after birth and Adopted Children are covered during the first thirty-one (31) days from the date the Primary Member, enrolled spouse, or enrolled Domestic Partner is granted the right to control health care for an Adopted Child.

Not Eligible for Sharing. Provider charges Not Eligible for Sharing, including charges in excess of the Maximum Eligible Amount, or other Ineligible charges as established by the Sharing Guidelines.

Organ transplants. An operation in which a bodily organ is transplanted

Definition of Terms

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, management or prevention of an illness or injury.

Physician. A person who is licensed to perform certain medical services issued by a state medical board.

PPO Network. PHCS Network. The largest Provider of PPO (Preferred Provider Organization) networks in the nation.

Preauthorization. A process in which your health program requires you or your health care Provider to get approval for certain medical services before agreeing to cover the service.

Pre-Existing Condition. A chronic or recurrent medical condition that exists at or prior to Effective Date, or can be reasonably expected to require medical intervention in the future.

Prescriptions. Any drug written by a medical practitioner that authorizes a Member to be provided a medicine or treatment.

Preventive Services. Routine health care that includes check-ups, patient counseling and screening to prevent illness, disease and other health-related problems.

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.

Program Year. Membership Program Year is defined as twelve 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 Lifetime Maximum Sharing and Maximum Limit Per Incident .

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

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

Definition of Terms

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.

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 healthcare 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. Called also roentgen rays.

Terms and Conditions

Acknowledgments

As a Member of OneShare Health, you acknowledged 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 that there are no representations, promises or guarantees that your Medical Expenses will be paid.
 - 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 .
-

Authorizations

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

- That your first Monthly Contribution Amount to be processed immediately upon completion of your enrollment or on a specified date prior to your effective date.
 - OneShare Health to collect a Monthly Contribution Amount as a recurring monthly transaction.
 - OneShare Health to contact Providers to obtain your medical records, and the medical records of all participants on the application.
-

Administration

Upon receiving an eligible Medical Expense from a Member or Provider, OneShare Health will assign the bill for sharing in accordance with the Guidelines, less the amount required to be pre-shared paid by the Member. Monthly Member sharing contributions are called “Individual Share Amounts, (ISA).” A portion of ISA’s are applied towards administration of the Health Care Sharing Ministry, applied towards other charitable causes, or applied towards general overhead costs.

Disclaimer

OneShare Health is not an insurance company and does not offer any insurance products or policies. OneShare Health does not assume any risk for your medical expenses, and OneShare Health makes no promise to pay your medical expenses.

OneShare Health offers voluntary participation in its health care sharing ministry and coordinates all ministry administration services.

Terms and Conditions

Guidelines

OneShare Health manages Member sharing contributions by establishing guidelines that define which medical expenses are eligible for sharing (“Guidelines”). The Guidelines are not a contract, and nothing presented by OneShare Health constitutes a contract. 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.

Health Care Sharing Disclosures

You are enrolling in a Health Care Sharing Ministry administered by OneShare Health, LLC. A Health Care Sharing Ministry is not health insurance, and this program 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 Health coordinates this medical sharing. This program should not be considered as a substitute for an insurance policy. You are always liable for your own unpaid medical bills.

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

Membership Guidelines

Each Member is responsible for reviewing the Guidelines provided at the time of enrollment, 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. Preauthorization from OneShare Health is required for certain Medical Expenses.

No Promise to Pay

OneShare Health does not make a promise to pay or any guarantee of payment of your Medical Expenses. You are responsible for any unpaid Medical Expenses. OneShare Health does not assume your risk. OneShare Health does not guarantee that your Medical Expenses will be shared by other Members.

Terms and Conditions

Refunds

Within the first 30 days of a new Member's Effective Date, the Member is entitled to a full refund, including the one-time application fee. After the first 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.

Refunds will be processed as a credit to the same card or account provided for billing. Requests involving refunds payable by check may be delayed up to 30 business days.

Cancellation Due To Non Payment

If your monthly recurring charge attempt is declined, and has been attempted three times with no approved transaction, and the amount attempted remains unpaid on the next occurrence of your billing day, your account will be reviewed for nonpayment and pending cancellation status. If you are placed in nonpayment, a nonpayment notice will be issued communicating a date that your program will be cancelled if the minimum amount is not paid. If this date passes and the minimum amount is not paid your program will be cancelled as of the date communicated in the nonpayment notice.

Voluntary Participation

Enrollment in OneShare Health is not a contract. Participation in OneShare Health is voluntary. Enrollment as a OneShare Health Member is voluntary, and the sharing of monetary contributions is voluntary. You are free to cancel your membership at any time. OneShare Health requests an Monthly Contribution Amount to be collected for each month you are enrolled, to facilitate the payment of sharing requests published on behalf of other Members.

Careington Discount Plan Membership Agreement

Discount Plan Organization: Careington International Corporation (Careington), 7400 Gaylord Parkway Frisco, TX 75034

To add a family member to your plan, contact OneShare Health, LLC at (833) 546-4478. For assistance using your plan, please call Member Support at (833) 546-4478.

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 2135 Grapevine, TX 76099. You may also submit cancellation requests by email: cancel@OneShareHealth.com.

Careington Discount Plan Membership 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.

Careington Discount Plan Membership 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

The Careington Discount Plan is not available in VT or WA.

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.

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 ePHI 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.

SAMPLE

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

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

Maryland Article 48, §1-202(4):

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

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.

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