

WeShare® Healthcare Community

The purpose of this Program Guide document is to express the amount eligible for sharing, as related to eligible Medical Needs under WeShare Health Sharing Programs. This document acts as a summary of membership material. Please carefully read and review all membership materials fully to understand your Sharing Program elements and resources available under each membership.

WeShare® Provider Networks

WeShare works effortlessly to bring members the largest health sharing network of health care providers in the nation. WeShare in the PHCS® and MultiPlan® Medical Networks, as well as the CVS Caremark™ community as our Pharmacy Network, and CVS MinuteClinic™ for Urgent Care. Combined, these providers are considered and called Participating Providers. Neither WeShare nor UHSM™ are authorized to share the charges submitted by a Non-Participating Provider, except when within life-threatening, emergency situations. You can find a list of Participating Medical Providers online at weshare.org/phcs and Pharmacy Providers weshare.org/pharmacy or by calling our Member Services team at 800.900.8476.

Annual Member Care Share (AMCS)

The Annual Member Care Share (AMCS) refers to the amount each Sharing Member commits to contributing prior to member-to-member sharing of Eligible Medical Need(s), as part of each calendar year, and based on the selected Sharing Program Tier. The calendar year starts on January 1 and continues through December 31. Some services received from Participating Providers are not subject to the AMCS, and only require a consultation fee. AMCS must be met for each individual Sharing Member within a calendar year, including those Sharing Members that are considered dependents. For Families, a minimum of two members must meet their maximum AMCS within a calendar year. WeShare Programs do allow for certain Medical Needs(s) to be shared before a Sharing Member's Annual Member Care Share (AMCS) is met and is listed herein.

| Annual Member Care Share | |
|--------------------------|-------------------------------------------------------------------------|
| Medical | \$6,000 Individual per Member, Per Year \$12,000 Family ¹ |
| Pharmacy | \$250 per Member, per Year |

¹For Families, a minimum of two members must meet their individual maximum AMCS within a calendar year.

Annual Pharmacy Share Maximum

The Maximum amount any WeShare Program will share, per member, per year, for eligible pharmacy services. There is no Program based Lifetime or Annual Share Maximum on medical services, except where explicitly notated.

Annual Pharmacy Share Maximum

\$3,500 per member per year

More than 96% of Americans are within 20 miles of a network provider



"UHSM is incredible for our family. Our agent is helpful, expedient, and sharing is excellent."

Julie - Oklahoma



WeShare® program is a Healthcare Sharing Ministry (HCSM), part of Unite Health Share Ministry™ (UHSM), and reflects the program elements at the time of publishing (2022 – 2023). WeShare® memberships are subject to change with a given notice of 30-days.

Other Medical Services

Telehealth services provided through the DocDay™ App; Annual Wellness & Preventative Care (Annual Checkup); CVS MinuteClinic™ urgent care services; and life-threatening Emergency services are available day one of membership. For eligibility of sharing other medical services, and some pharmacy elements, with additional limitations as outlined in the WeShare Membership Guide. For instance, cancer procedures and treatments, or cataracts and / or glaucoma diagnostic testing or surgery, require twelve (12) months of continuous membership, while colonoscopy requires six (6) months.

Not a Reimbursement Program

WeShare is not a reimbursement program. WeShare is NOT an insurance company nor is the membership offered through an insurance company. WeShare membership is offered and administered by Unite Health Share Ministries™ (UHSM), a nonprofit, religious health sharing ministry that facilitates member-to-member sharing of medical expenses. WeShare is connected through the PHCS® PPO Network, a wholly owned subsidiary of MultiPlan, Inc., to enhance resources, community, and healthcare for all WeShare members. WeShare members have access to pre-negotiated rates over medical services through both vast networks, the PHCS® PPO, CVS Caremark™, and CVS MinuteClinic™ Network. Members should never have to pay cash up-front for services in-network, with the only payment incurred at the time of service being the per member, per visit, consultation fee, as outlined in the Membership Guides. All Sharing Members are responsible for their own medical expenses.

Care Confirmation & Pre-authorization

All WeShare members are encouraged to take a proactive, responsible, and preventative role in the health care. To our community, this means more than showing up for appointments. WeShare supports members through 'Care Confirmation.' In order to avoid surprise or unexpected medical bills or expenses, members must ensure that Providers request, and submit, the pre-authorization form to WeShare Member Services, prior to performing any test, treatments, diagnostic, procedures, or any other services. Members and Providers are asked to submit Pre-authorization requests five (5) business days in-advanced. Pre-authorization is not needed for telehealth consultations, provided through the DocDay™ App.

By actively participating in your own medical and healthcare treatment, through the Care Confirmation, the WeShare pre-authorization process, you help to ensure that you are not left responsible pay for excess, unexpected, or surprise medical bills. Medical professionals are experts in caring for the people in their community, but it is up to individuals to connect and understand their health share program elements. For that reason, pre-authorization is your chance to engage in a proactive health care approach, intended to improve outcomes and results. In doing your part, you will help yourself and your fellow WeShare community members to save on health care and facilitate the sharing of medical expenses.

Even with Wellness and Preventative services, WeShare members are encouraged to seek Care Confirmation by having the Provider submit a pre-authorization form. Pre-authorization is typically, and customarily, a best practice for a medical Provider, as a means of offering transparency with all associated medical costs and eligibility. The WeShare Care Confirmation process enables the Provider, the member, and the health care program to avoid unexpected expenses.



More Care Confirmation Details:

- If a Provider (either in-person or with telehealth provided through the DocDay™ App) issues lab orders, members who then contact Member Services via WeShare can confirm in-network Provider facilities, verify Program Details, and understand any out-of-pocket cost implications.
- Certain prescriptions also need pre-authorization, in order to avoid surprise or unexpected medical bills. Pre-authorization of Rx goes directly through CVS.
- Annual Wellness & Preventative visits should follow Care Confirmation, as visitations can incur follow-up labs, treatments, or services, of which may be ineligible for sharing.

Required Pre-authorization Services

As part of the WeShare Care Confirmation process, we suggest pre-authorization in most cases, but certain medical and pharmacy services actually REQUIRE pre-authorization before becoming eligible for sharing within WeShare memberships. Please always contact Member Services if you have questions or need further clarification 800.900.8476 and members@uhsm.com. Members and Providers are asked to submit Pre-authorization requests five (5) business days in-advanced. Pre-authorization is not needed for telehealth consultations, provided through the DocDay™ App.

Frequently requested medical services that require pre-authorization, include, but are not limited to: Laboratory Services, such as blood, urine, pathology, etc.; Procedures such as biopsies and injections; Radiological and nuclear imaging services, including nuclear cardiology services; Advanced scanning and imaging, such as MRI, MRA, PET, CT; Chemotherapy or infusions; Dialysis of outpatients; Durable Medical Equipment over \$1,200, excluding braces and orthotics; Partial hospitalization; Outpatient surgery; and Inpatient stays, such as at hospitals, extended care facilities or residential treatment facilities.

Frequently requested pharmacy services that require pre-authorization include: Narcolepsy, Narcolepsy only, Anabolic steroids, Androgenic steroids, Acne, and Compound medications.

Medical Services

Eligible Services, Prior to Meeting AMCS

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| Telehealth Provided Through the DocDay™ App. <i>100% Eligible for Sharing, with unlimited visits; available day one of membership.</i> | \$0 Consultation Fee, Per Visit |
| CVS MinuteClinic™ Urgent Care & CVS Caremark™ Retail Locations | \$10 Consultation Fee, Per Visit |
| Wellness & Preventative Care (Annual Check-up) <i>100% Eligible for Sharing, with no Share Maximum per Year.</i> | \$0 Consultation Fee, Per Visit |
| Urgent Care | \$50 Consultation Fee, Per Visit |

Emergency & Hospitalization

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| Emergency Room <i>If admitted to the hospital, inpatient applies, which is subject to AMCS.</i> | 100% after AMCS; \$500 Consultation Fee |
| Ambulance Services | \$500 Share Maximum, Per Ride, after AMCS |
| Air Transport <i>No lifetime membership maximums.</i> | \$10,000 Share Maximum, Per Ride, after AMCS |

Pregnancy & Maternity Care

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| Prenatal & Initial Postnatal Visits & Delivery <i>Continuous membership required for eligibility. Costs applied towards global billing.</i> <i>Congenital birth defects have a max of \$50,000, per year.</i> | \$15,000 Maximum for the first 24-months, after AMCS; after 24-months, applied towards AMCS |
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Physical, Spiritual, & Mental Wellness

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| Acupuncture <i>Up to 12 sessions, per member, per year.</i> | \$75 Consultation Fee, Per Session |
| Chiropractic Treatment <i>Up to 12 sessions, per member, per year.</i> | \$75 Consultation Fee, Per Session |
| Physical, Occupational, & Speech Therapy <i>Combined total of 10 sessions, per member, per year; 10-months of continuous membership required.</i> | \$75 Consultation Fee, Per Session |
| Behavior Health Counseling <i>Excludes in-patient or out-patient services. 10 in-network, counseling sessions are allowed per individual, per year.</i> | \$75 Consultation Fee, Per Session |

Partnered Wellness Subscriptions

Membership includes a 1-year subscription to Noom, Fitbod, and Right Now Media (valued at \$280) (WeShare.org/Partners).

Mental Health Podcast & Community

WeShare in the "Faith Mental Wellness Podcast," presented by author & mental health expert, Brittney Moses (WeShare.org/Ambassadors).

Physician Services

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| Primary Care Provider (PCP) | \$25 Consultation Fee, Per Session |
| Specialists Office Visit <i>Unlimited visits for In-Network.</i> | \$75 Consultation Fee, Per Session |

Medical Services (cont.)

Inpatient Facility Services

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|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| Specialty Care <i>Specialty Care is only Eligible for Sharing during an Inpatient Facility stay of 24-hours or longer.</i> | 100% after AMCS <i>Some Specialty Care requires 12-months of Continuous Membership</i> |
| Anesthesiologist | 100% after AMCS |
| Surgical | 100% after AMCS |
| Lab & Diagnostics | \$10 Consultation Fee, Per Visit |
| X-Ray & Diagnostic Imaging <i>Imaging must be completed in-network.</i> | \$25 X-Ray; 100% after AMCS for all other imaging |

Outpatient Facility Services

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| Laboratory Services <i>Only applies at Quest Diagnostics and LabCorp of America; other labs are subject to AMCS; & some services require pre-authorization.</i> | \$10 Consultation Fee, Per Visit, Per Member |
| CVS MinuteClinic™ Urgent Care Services <i>Unlimited Visits Allowed.</i> | \$10 Consultation Fee, Per Visit |
| Ambulatory Surgery Center | 100% after AMCS |
| Outpatient Department of a Hospital: Surgery | 100% after AMCS |

Pharmacy Services

Formulary Generic Medications

Topical cream prescriptions are not eligible

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|-------------------------------------------------------------------------------------------|------------------------|
| Pharmacy, up to a 30-day supply | \$10, Per Prescription |
| Mail-Order, up to a 90-day supply <i>Available at CVS Caremark™ network locations.</i> | \$20, Per Prescription |

Standard Brand Formulary Medication

Topical cream prescriptions are not eligible

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|-------------------------------------------------------------------------------------------|------------------------|
| Pharmacy, up to a 30-day supply | \$40, Per Prescription |
| Mail-Order, up to a 90-day supply <i>Available at CVS Caremark™ network locations.</i> | \$80, Per Prescription |

Non-Formulary Brand Medication

Topical cream prescriptions are not eligible

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|-------------------------------------------------------------------------------------------|-----------------------------------|
| Pharmacy, up to a 30-day supply | 50%, after AMCS, Per Prescription |
| Mail-Order, up to a 90-day supply <i>Available at CVS Caremark™ network locations.</i> | 50%, after AMCS, Per Prescription |

Specialty Brand Medication

Topical cream prescriptions are not eligible

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|---------------------------------|-----------------------------------|
| Pharmacy, up to a 30-day supply | 50%, after AMCS, Per Prescription |
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NOTE: Mailorder is set-up and managed through CVS Caremark online. You have the option of PICKUP vs. mail order delivery for 90-day maintenance drugs ONLY at CVS Pharmacy.

How Pre-authorization Works

Direct the Provider's office staff to contact the WeShare Member Services team through the information provided on the back on your Membership ID card, by having them visit WeShare.org/Providers or via phone at 800.900.8476. Providers are able to complete the pre-authorization form, should fax it to 888.317.9602. Members and Providers are asked to submit Pre-authorization requests five (5) business days in-advanced. WeShare will coordinate the Care Confirmation pre-authorization form within five business days from a request.

Please check with your Member Services team prior to undergoing any procedures if you are unclear on Eligibility of Sharing for any specific medical need(s). Members are always personally responsible for their own medical bills.

| Other Program Fees | |
|--------------------------------|-------------------------------------|
| Application Fee | \$99 One-Time Application Fee |
| Tobacco and E-Cigarette Users | \$50 Per Member of Usage, per Month |
| Four or More Listed Dependents | \$50 Per Dependent, Per Month |

NOTICE:

This program is not an insurance company nor is it offered through an insurance company. This program does not guarantee or promise that your medical bills will be paid or assigned to others for payment. Whether anyone chooses to pay your medical bills will be totally voluntary. As such, this program should never be considered as a substitute for an insurance policy. Whether or not you receive any payments for medical expenses and whether this program continues to operate, you are always liable for any unpaid bills. Neither WeShare nor UHSM™ constitute as an insurance company nor is the membership offered through an insurance company. WeShare is a program and product of United Faith Ministries, Inc., which is a 501 (c) (3) nonprofit corporation, dba “Unite Health Share Ministries” or “UHSM.”

WESHARE®, A PROGRAM OF UNITE HEALTH SHARE MINISTRIES (UHSM), IS A RELIGIOUS ORGANIZATION FACILITATING THE SHARING OF MEDICAL EXPENSES. IT IS NOT AN INSURANCE COMPANY, AND NEITHER ITS GUIDELINES OR ITS PLAN OF OPERATION, OR ANY OTHER DOCUMENTS OF THE RELIGIOUS ORGANIZATION CONSTITUTE OR CREATE AN INSURANCE POLICY. MEMBERSHIP IS NOT OFFERED THROUGH AN INSURANCE COMPANY, AND THE ORGANIZATION IS NOT SUBJECT TO THE REGULATORY REQUIREMENTS OR CONSUMER PROTECTIONS OF ANY STATE'S INSURANCE CODE. THE SHARING PROGRAMS, SERVICES, PUBLICATIONS, AND ANY MATERIALS GIVEN SHOULD NEVER BE CONSIDERED A SUBSTITUTE FOR AN INSURANCE POLICY.

ANY PUBLICATION OR ANY OTHER MATERIALS GIVEN BY UHSM ARE NOT ISSUED BY AN INSURANCE COMPANY, NOR ARE THEY OFFERED THROUGH AN INSURANCE COMPANY. THIS PUBLICATION OR ANY OTHER MATERIALS DO NOT REPRESENT, GUARANTEE OR PROMISE THAT YOU WILL BE ELIGIBLE FOR MEMBERSHIP OR THAT YOUR MEDICAL BILLS WILL BE PUBLISHED OR ASSIGNED TO OTHER MEMBERS FOR PAYMENT.

WHETHER ANYONE CHOOSES TO ASSIST YOU WITH YOUR MEDICAL BILLS WILL BE TOTALLY VOLUNTARY BECAUSE NO OTHER PARTICIPANT IS COMPELLED BY LAW TO CONTRIBUTE TOWARDS YOUR MEDICAL BILLS. REGARDLESS OF WHETHER YOU RECEIVE ANY PAYMENTS FOR MEDICAL EXPENSES OR WHETHER THIS ORGANIZATION CONTINUES TO OPERATE, YOU ARE ALWAYS RESPONSIBLE FOR THE PAYMENT OF YOUR OWN MEDICAL BILLS.



Notes

■ WeShare® Membership Guide

The WeShare Membership Guide provides Sharing Members the Guidelines over which Sharing Members agree. The WeShare Membership Guide describes the program elements and limitations that apply to membership and Sharing Programs. The Membership Guide helps to inform Sharing Members, and aids in a member's understanding of how Monthly Contributions are shared in accordance with Escrow instructions. Please review the full outlined details of the WeShare Healthcare Sharing Program at WeShare.org/Programs.

Defined terms are located in the Membership Guide. Refer to this document for a full explanation of the terms used in the Sharing Program Details.

■ Annual Member Care Share

The amount that each Sharing Member commits to contributing, prior to member-to-member sharing of eligible Medical Needs; this amount is based on each calendar year and Sharing Program tier. The calendar year starts on January first (1) and continues through December thirty-first (31). Some Program Elements received from Participating Providers are not subject to the AMCS, and only require a consultation fee. AMCS must be met for each individual Sharing Member, within a calendar year, to include Sharing Members that are considered dependents. For Families, a minimum of two members must meet their individual maximum AMCS within a calendar year. After this point, all eligible medical costs shared at 100%, for all family members.

■ Using Participating Providers

When you receive a rendered service from a confirmed Participating Provider, you are only responsible for the Consultation Fee or the Member Co-Share amount, during any one Calendar Year, after AMCS has been met. Please, always have a Provider confirm network participation. WeShare members should provide individual WeShare Membership Identification card(s) prior to scheduling any appointments, and before any services are rendered. Members are always personally responsible for their own medical bills.

Note: Medical care professionals, facilities, and services, those of which fall within an in-network jurisdiction, and that are under contract with WeShare to help limit medical costs for ALL Sharing Members. Participating Providers can be found at WeShare.com/Providers or by calling our Member Services team at 800.900.8476. Please Note: When searching for participating providers, any result provided are for reference only; participating physicians, hospitals and / or healthcare providers may change at any point, and directories can at times be outdated. Notes, continued...

■ Separate Member Fees When Multiple Services Rendered

Each time you receive multiple services, you might incur separate fees through billing and coding, such as multiple Consultation Fee(s) or Member Co-share Amounts for each service. When this happens, you may be responsible for multiple Consultation Fees or Member Co-share amounts. For example, you may owe an office visit Consultation Fee, in addition to, an administered allergy serum Member Co-Share when you visit the doctor for an allergy shot.

Notes Continued

Certain services rendered have Annual Sharing Maximums, per Member. Please refer to Member Services or Membership Guides to assist in additional fees or maximums. Members are always personally responsible for their own medical bills. WeShare is not a reimbursement program. WeShare is NOT an insurance company nor is the membership offered through an insurance company.

Preventative Health Care & Wellness

While WeShare is not an insurance provider, nor affiliated with an insurance company, we voluntarily use the list of preventative care services, as outlined by www.healthcare.gov, as a guideline for Eligible Preventative Care services; minor exceptions noted by the Ineligible Sharing Need(s) section of the Membership Guide.

If a member schedules Preventative Health need(s) in conjunction with regular, Annual Check-up(s), there is no Consultation Fee or Member Co-Share for the visit. If you receive both Preventative Health Care treatment and other treatment or services during the Physician's office visit, past what is constituted as Preventative Care and Wellness, the member may be responsible for a Consultation Fee or a Member Co-Share amount for the visit. WeShare recommends that Providers request a pre-authorization form for visits, lab follow-ups, testing, or treatments, those of which are recommended by your Physician. Requested services by Physicians are encouraged to seek Care Confirmation through a Provider submitting pre-authorization forms. The Pre-authorization form and process is the best way for a Healthcare Provider, and for each member, to receive transparency on all associated costs and / or Eligibility for Sharing. WeShare aims to avoid unexpected medical costs or expenses for all parties involved.

Healthy Discount Program

Members can earn up to 20% off their monthly contribution amount by meeting certain health improvement measures or completing certain healthy activities.

How to Quality

To qualify, members must complete a blood panel test that comes back with measurements that are all in the normal range and must complete a health review. The first blood panel test is paid for by WeShare!

If your blood panel test does not come back with normal values, members can still qualify for the discount by completing a Health Management Program offered by our partners at DocDay.

Note: if your spouse is on your plan, both you and your spouse must each individually qualify to receive the discount. Each individual can qualify by either the blood test or by completing a Health Management Program offered by our partners at DocDay.

If you do not qualify, you can reapply every 90 days.

How to Apply

After your membership begins, set up an appointment with your DocDay provider to complete the blood panel test. The blood panel test should include a metabolic panel, lipid panel, hemoglobin A1C, and CBC. Alternatively, you can Complete a Health Management Program offered by our partners DocDay.

Once you receive the blood work back with normal values or successfully complete a Health Management Program offered by our partners DocDay, the discount will be applied automatically after time of completing for the next billing cycle

What happens if I qualify?

That's it! The discount will apply for the next 12 months after a qualifying blood panel test is received.

After the 12 month period ends, members must complete the blood panel test again (resulting in normal values) or complete a Health Management Assessment by our partners at DocDay within 90 days of the expiration date to renew the discount. All subsequent blood tests are subject to member contribution requirements.

For more information or if you would like assistance in enrolling in the Healthy Discount Program, contact Member Services at 800-900-8476.



WeShare® White Glove Care

Our Member Services and Provider Concierge teams are committed to ensuring an awesome experience for all.

In that spirit, WeShare offers added resources and support through the Compassionate Care Program for members diagnosed with a critical or chronic illness, or cancer, while enrolled as a member of WeShare. If you, a loved one, or another member needs assistance with information on the Compassionate Care Program, please contact us today!

ANNUAL MEMBER CARE SHARE (AMCS) – The amount that each Sharing Member commits to contributing, prior to member-to-member sharing of eligible Medical Needs; this amount is based on each calendar year and Sharing Program tier. The calendar year starts on January first (1) and continues through December thirty-first (31). Some perks received from Participating Providers are not subject to the AMCS, and only require a consultation fee. AMCS must be met for each individual Sharing Member, within a calendar year, to include Sharing Members that are considered dependents. For Families, a minimum of two members must meet their individual maximum AMCS within a calendar year. After this point, all eligible medical costs shared at 100%, for all family members.

ANNUAL PHARMACY SHARE MAXIMUM – The maximum amount any WeShare program will share, per member, per year, for eligible pharmacy services. For Families, a minimum of two members must meet their maximum Annual Pharmacy Share Limit, within a calendar year. After this point, all eligible medical costs shared at 100%, for all family members.

CONSULTATION / CONSULT FEE – The Consultation or Consult Fee is a fixed amount that is paid by a Sharing Member to the Participating Provider, at time of medical services rendered.

“Per Visit Consultation Fee” or “Provider Consultation Fee” or “Consultation Fee” shall mean the dollar amount, together with the Annual Member Care Share (AMCS), that the Member shares for certain eligible for sharing services. The Per Visit Consultation Fee will not be applied after the patient or family’s out-of-pocket maximum has been reached. The amount of any applicable Consultation Fee shall not increase if the Health Care Sharing Ministry (HCSM) Administrator, pursuant to its ultimate discretionary authority, settles a dispute with a provider or facility after a provider balance bills a Member or beneficiary.

ELIGIBLE / ELIGIBLE FOR SHARING – Eligible refers to a specific status, indicating that a Sharing Member has met the conditions, those which qualify for sharing, as described in the Membership Guide, and as aligned with the parameters of the Sharing Program, WeShare.

Eligible for sharing Expenses are those Medically Necessary services, supplies and / or treatment that are eligible for sharing under this Health Sharing Program. Eligible for sharing Expense does not necessarily mean the actual charge made nor the specific service or supply furnished to a Health Sharing Program Member by a Provider. Charges for services, supplies, and / or treatments meant to treat or correct a preventable condition or cost which arises solely due to a Provider’s medical error are not considered Eligible for sharing Expenses. A finding of Provider negligence and / or malpractice is not required for service(s) and / or fee(s) to be considered not Reasonable and Allowed or not Eligible for sharing.

MATERNITY – Maternity is a Sharing Member’s medical need(s), or that of a newborn child’s Medical Need(s), as related to prenatal / postnatal care, newborn delivery, and newborn care. A newborn child is defined as 0 to 18-months of age. Maternity medical need(s) do not extend to adoption, foster-care, or family-planning related services, such as fertility treatments.

MEDICAL NEED(S) – Medical Need(s) are charges or expenses rendered for a medical service(s), those of which are provided by a facility, or by a licensed medical professional, to address illnesses or accidents.

MEDICALLY NECESSARY – Medically Necessary relates to a service, procedure, or medication, that of which is necessary to restore or maintain physical function of a Sharing Member, and is provided in the most cost-effective setting, consistent with the Sharing Member’s condition. The fact that a medical professional may prescribe, administer, or recommend services / care, does not constitute a medical necessity, even if it is not listed as a Membership Limitation, or an ineligible need in the Membership Guide. To help determine medical necessity, WeShare, may request the Sharing Member’s medical records, and may require a second opinion from a third-party medical professional. Additionally, Medically Necessary relates to health care services or supplies determined by the Shareable Medical Bill (SMB)s Administrator in its discretion as necessary to diagnose or treat an illness, injury, condition, disease, or its symptoms, and that meet accepted standards of medicine.

If your Shareable Medical Bill (SMB) is denied for reasons that involve medical judgment (such as lack of medical necessity) you may appeal the decision. Please see the Appeals section of this document for more information.

MEMBERSHIP GUIDE – The Membership Guide is a document which provide, to Sharing Members, the recital of Guidelines by which Sharing Members agree to. The WeShare Membership Guide describes the program elements, resources, membership details, and any stipulations / limitations that apply to membership and Sharing Programs. The Membership Guide helps WeShare Sharing Members understand how Monthly Contributions are shared in accordance with the Escrow Instructions.

NON-PARTICIPATING PROVIDER – A healthcare facility, or medical professional, that of which is not part of the PHCS® PPO or the MultiPlan® Networks, and thus represents an event which ineligible for sharing.

PARTICIPATING PROVIDERS – Participating Providers are medical care professionals, facilities, and services, those of which fall within an in-network jurisdiction, and that are under contract with WeShare to help limit medical costs for ALL Sharing Members. Participating Providers can be found at WeShare.org/Providers or by calling our Member Services team at 800.900.8476.

Please Note: When searching for participating providers, any result provided are for reference only; participating physicians, hospitals and / or healthcare providers may change at any point, and directories can at times be outdated. Please, confirm network participation with Provider, and provide individual WeShare Membership Identification card(s) prior to scheduling any appointments, and before any service is rendered. Members are always personally responsible for their own medical bills.

Pre-authorization – Pre-authorization is a restriction placed on certain medications, tests, or health services, those of which require both Sharing Members and Providers to first check eligibility with WeShare Member Services, and must follow procedure for any granted permission, before eligibility of sharing. In order to avoid surprise or unexpected medical bills or expenses, members must ensure that Providers request, and submit, the pre-authorization form to WeShare Member Services, prior to performing any test, treatments, diagnostic, procedures, or any other services. Members and Providers are asked to submit Pre-authorization requests five (5) business days in-advanced. Pre-authorization is not needed for telehealth, provided through the DocDay™ App.

PRE-EXISTING CONDITION – Constitutes any medical condition, that of which a Sharing Member has prior diagnostics, represented symptoms for, been examined related to, and / or have received treatment prior to becoming an active Sharing Member of WeShare –whether known to a Sharing Member, or not– is considered a Pre-Existing Condition. WeShare programs allows for up to \$15,000, within year one of continuous membership; up to \$25,000 for year two of continuous membership; up to \$50,000 for year three of continuous membership; and no limitation on certain pre-existing conditions after 36-months of continuous membership. Any special instances are specified within the Membership Guide.

SHARING MEMBER – Those who have applied to become a Sharing Member with WeShare and / or UHSM™ and have agreed with the Statement of Faith and Shared Beliefs; the Sharing Membership Commitments; and the Escrow Instructions. Sharing Members must choose a Sharing Program tier, submit scheduled Monthly Contributions, through the form of direct payment, and are not to be ineligible, as a result of any other reason (including age restrictions). Sharing Members may submit Eligible Medical Needs for sharing in conjunction with the Membership Guide, those of which constitute the specific Sharing Program and the Escrow Instructions.

SHARING PROGRAM – WeShare Health Care Sharing Programs are available through varying tiers, those of which constitute Annual Member Care Share (AMCS) Amounts and Maximums; each tier is selected and approved on the Membership Enrollment Application, recorded, and audited for accuracy.

SHARING PROGRAM GUIDE – Sharing Program Guide is a summary of a Sharing Program’s elements for eligible sharing; including any limits or AMCS, Member Co-Share amounts, and Share Maximums.

