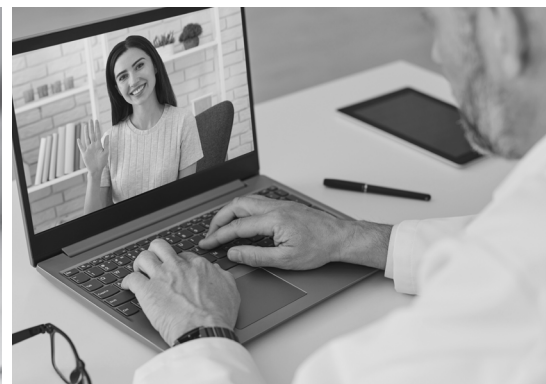


WeShare®*

Health Care by **UHSM**

MEMBERSHIP GUIDE



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WeShare® Membership Services Contact Information

If you have a medical emergency or life-threatening situation,
call 911 immediately.

After reading this document, if you need further details or information on your situation, you may contact UHSM or our partners at the following numbers:

Member Services: 800-900-8476

Telehealth: 844-485-7150



RELEASE AUTHORIZATION

In a continuing effort to manage and control the cost of health care for our members, Unite Health Share Ministries ("UHSM") has contracted with HST to perform bill review and validation services on our behalf.

Each Sharing Member, as part of his or her sharing member application with UHSM, has agreed to delegate the facilitation of Sharing of Medical Needs to UHSM. UHSM has designated HST or its designated representative to review the medical bills and/or medical records and all associated documents with respect to care rendered to a Sharing Member, as well as enter into a letter of agreement and/or single case agreement to allow facilities and other providers to provide care to Sharing Members and beneficiaries on mutually agreeable terms.

Upon request, itemized bills and/or medical records should be submitted direct to HST or its designated representative. There should be no cost associated with this request as these records are required in order to accurately determine whether a Medical Need is eligible for Sharing under a Sharing Member's Sharing Program. HST will verify if a Medical Need is eligible for sharing under the Sharing Program.

WELCOME LETTER

Dear Valued Member,

Thank you for choosing WeShare® as your Healthcare Sharing Ministry Program. We have put together this comprehensive Membership Guide to help you navigate your membership, as well as to answer commonly held questions. Please refer to the Table of Contents on page 2, to help you navigate this Membership Guide with ease.

Our 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. We are composed of individuals and families, dedicated towards improving health, alongside those that believe in the freedom to share medical costs as an improved path towards healthcare accessibility. WeShare members care for each other based upon the religious principles established by God; WeShare to encourage a healthy and honorable lifestyle, leading a life reflective of the Word of God. Our clear and meaningful mission and vision provides members with an easy-to-use alternative to healthcare, enabling medical cost sharing, and improving the overall physical, spiritual, and mental wellness for all members.

WeShare is an affordable alternative to health insurance that is operated through monthly contributions, which are then distributed to people who need help paying medical bills. WeShare takes a modern approach to health sharing that prioritizes preventive, holistic health, and well-being to our members, who can use its perks across the United States. The Result? With WeShare, our Christian members belong to a community of like-minded people who have the power to take control of their overall well-being.

WeShare in perks, connections, and partnerships which focus on improving the physical, spiritual, and mental wellness of our members. Visit our website to learn more about the FREE wellness subscriptions and community available to you today ([WeShare.org/Partners](https://www.weshare.org/Partners); checkout our special blog, where we regularly post tips, motivation, and resources for an improved physical, spiritual, and mental lifestyle ([WeShare.org/Blog](https://www.weshare.org/Blog)); and connect in community through the "Faith Mental Wellness Podcast," presented by Author and mental health expert, Brittney Moses ([WeShare.org/Ambassadors](https://www.weshare.org/Ambassadors)). WeShare is constantly working to improve its perks and membership services, to help members to stay involved in their own health and wellness, as well as to track and follow their member-to-member sharing.

Christopher Jin,
President

WESHARE® IN HEALTH CARE

WeShare acts as an administrative liaison, facilitating member-to-member sharing via an escrow account, according to the Membership Guidelines, the parameters of the Sharing Programs, and the Escrow Instructions agreed to by each Sharing Member. Our programs are based on shared ethical and religious beliefs within our membership, and we care for any person in need, in order to provide for each other's burdens as a form of worship to God.

WeShare provides Sharing Members the security of knowing that monthly contributions will not be shared for medical expenses that result from behaviors or lifestyles that are destructive to person well-being and / or contradictory to our shared, sincere religious beliefs and values.

What is a Healthcare Sharing Ministry?

A Healthcare Sharing Ministry is an organization that coordinates the voluntary contributions of its Members in order to support the Eligible Medical Needs of its Sharing Members.

Who are WeShare® Programs for?

WeShare Health Care Programs, designed specifically for individuals who strive to maintain a lifestyle which honors God by avoiding foods, behaviors, and habits which could lead to sickness or disease. Our membership forms a community of believers who agree that caring for one-another and encouraging each other to make responsible choices regarding health, fitness, and finances as a mandate from God.

SHARING IN MISSION

Our Mission is to unite the community of believers, all Christians, regardless of denomination or church affiliation, to identify, foster, and facilitate education, charitable outreach, programs, and services for the communities of like-minded religious individuals that desire to honor their individual, sincerely held religious beliefs as set forth in the Bible and to provide benevolence to others as Christ did.

SHARING IN VISION

Our vision includes being a ministry that is sensitive to the temporal and spiritual needs of all people. The vision and expression of Christian love, and the church reflection, lead the vision to provide for the needs of families, singles, children, young people, and senior citizens through health, or needs-based sharing programs, as a tangible expression of the extension of the ministry of Jesus Christ, to touch and heal all of humanity.

DISCLAIMER

NOTICE – WeShare is NOT health Insurance and is not affiliated with a health insurance organization.

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. It is not an insurance company, and neither its guidelines nor its plan of operation, nor any other documents of the religious organization, be that in-writing or given electronically, constitute or create an insurance policy. Membership is not offered through an insurance company, and the organization is not subject to the regulatory requirements nor consumer protections of any State's Insurance Code. Members are always personally responsible for their medical expenses.

The Sharing Programs, memberships, services, publications, and any other materials given, be that hardcopy or electronically, should never be considered as a substitute for an insurance policy. Any publication or any other materials given by WeShare, nor its affiliates constitute as 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 expenses.

Our members are individuals who hold a common set of ethical and religious beliefs and share their medical expenses in accordance with those beliefs without regard to the state in which a member resides. Although WeShare is not subject to federal and state insurance regulation, certain states request the publication of disclosures (**see Exhibit B – Legal Notices, Page 34**). It is the goal that WeShare never be misinterpreted as insurance.

We encourage you to seek the advice of a licensed healthcare professional to further explain the differences between state-regulated health insurance and mutual sharing ministries. WeShare is not insurance nor an insurance policy; nor are any of its Sharing Programs or services. WeShare programs are not being offered through an insurance company. We encourage you to seek the advice of a qualified tax professional to further explain any tax-related questions pertaining to your involvement and participation in WeShare. You may also visit WeShare.org/Regulatory for more information.

By becoming a Sharing Member, you commit and agree to help resolve any conflict with WeShare through mediation and / or arbitration. WeShare membership refers to those who are accepted as eligible to contribute towards any Sharing Program as Sharing Members. Membership does not entitle you to any rights as a member of a corporation, not for profit or otherwise. WeShare serves only to facilitate mutual sharing, directing member contributions to those who have eligible expenses. Please refer to and read the (see Exhibit B – Legal Notices, Page 34).

FAQ

What is healthcare sharing?

Healthcare Sharing ministries are non-insurance entities in which members share a common set of ethical religious beliefs and share medical expenses among members.

What is WeShare®?

WeShare membership and community 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. We are composed of individuals and families, dedicated towards improving health, alongside those that believe in the freedom to share medical costs as an improved path towards healthcare accessibility. WeShare members care for each other based upon the religious principles established by God; WeShare to encourage a healthy and honorable lifestyle, leading a life reflective of the Word of God. Our clear and meaningful mission and vision provides members with an easy-to-use alternative to healthcare, enabling medical cost sharing, and improving the overall physical, spiritual, and mental wellness for all members.

What is the eligibility to become a member?

At WeShare our members are required to meet a list of qualifications that includes maintaining a healthy and proactive lifestyle and having a mutualistic understanding that the WeShare exists to support our community of like-minded individuals and to share healthcare costs.

Can anyone be accepted?

WeShare is a faith-based membership program that accepts most individuals and their families expressing their willingness to contribute to sharing fellow members medical expenses. Unfortunately, not every applicant will be accepted. WeShare is committed to offering a variety of programs for most needs.

Is this insurance?

No, WeShare is not insurance. WeShare is not part of an insurance organization, nor is it a reimbursement program. 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.

Healthcare sharing ministries are popular because Christian health sharing honors God by helping others in need. Millions of Americans choose to receive healthcare through these programs, which are not insurance policies, and therefore do not carry insurance guarantees.

Does this program include a PPO network?

Yes. WeShare health share programs include eligible sharing through participating providers within the PHCS PPO Network; a wholly owned subsidiary of MultiPlan, Inc., and the largest independent network in the country with 1.2 million+ doctors and hospitals. To see if your preferred provider is in-network visit [WeShare.org/PHCS](https://www.weshare.org/PHCS).

Which states can I use WeShare® programs?

WeShare programs are available to members who reside in most states. Once accepted, members can use the program elements in all fifty (50) states. There is nationwide healthcare and perks for WeShare members. Additionally, WeShare offers members added comfort through telehealth provided by the DocDay™ App day one of membership activation, making virtual healthcare accessible anywhere our members go.

Does WeShare® have lifetime maximums / sharing limits?

No. Unlike with most other health share ministries, there are no lifetime or annual program maximums with WeShare tiered health share membership programs. There may be limits on sharing for certain types of Medical Need(s) (including prescriptions), as outlined in the WeShare Sharing Program Brochure and each specific Sharing Program Guide.

The exception is our extended sharing programs, S.M.A.R.T. and A.I.D.D. Care, which are specifically designed to share benefits up to a member-selected maximum amount. The S.M.A.R.T. Care critical illness program allows members to choose maximum lifetime share benefits from \$5,000 to \$50,000 for sharing of expenses related to stroke, myocardial infarction (heart attack), aggressive cancer, renal failure and transplants of major organs. Sharing of medical expenses for a slip and fall, transportation, or accident-related reimbursement is available to members through our A.I.D.D. Care accident program; with maximum lifetime share benefits ranging from \$2,500 to \$10,000.

What if I want to change my program?

Call our membership team directly at **800-900-8476**.

Membership Details

OVERVIEW

WeShare is an affordable alternative to health insurance that is operated through monthly contributions, which are then distributed to people who need help paying medical bills. WeShare takes a modern approach to health sharing that prioritizes preventive, holistic health and well-being to our members, who can use its perks across the country. We act as an escrow agent, facilitating the sharing of funds for the healthcare needs of eligible members. WeShare Programs are based on traditional, family values, and put sharing of healthcare costs within reach for a community of like-minded participants.

WeShare promotes members to live a healthy lifestyle, to make the right wellness choices, and do not accept members that engage in self-destructive behaviors, or in excessive consumption of alcohol or drug abuse.

No Guarantee - No Ministry or Other Member Liability

WeShare is NOT insurance, and WeShare is NOT an insurance company. WeShare membership and community 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. Neither WeShare, nor any of its individual members, are guaranteed or shall be liable for the payment of medical bills. The payment of your medical bills through WeShare or otherwise, is not guaranteed in any way. WeShare is not a reimbursement program. WeShare is NOT an insurance company nor is the membership offered through an insurance company. Members are always personally responsible for their own medical expenses.

If sharing occurs, the shared medical bills are paid from voluntary contributions of Sharing Members, not from funds of WeShare or UHSM itself. WeShare is not, and should never be construed as, a contract for insurance nor a substitute for insurance. Furthermore, no member may or shall be compelled to make sharing contributions.

There is no transfer of risk from a member to WeShare or from a member to other members; nor is there a contract of indemnity between WeShare and any member or between the members themselves.

This is not insurance.

You are always responsible for your own medical expenses and bills.

PURPOSE OF THE MEMBERSHIP GUIDE

This WeShare Membership Guide is for its Sharing Members to help provide guidance on membership. In this document, you will find details on membership of the various Sharing Programs available, as well as key information relating to monthly contributions, and Escrow Instructions. This Membership Guide describes who can qualify as a Sharing Member; as well as the terms, limits, and types of Medical Need(s) that the Sharing Members have agreed to share amongst themselves. This document also serves to establish, among the Sharing Members, an agreed-upon standard for dispute resolution. Additionally, WeShare members hold sincerely held religious beliefs, as well as hold the best intention over other members of the WeShare community.

The Membership Guide is a reference only, and does not create a contract.

These Guidelines do not create a legally enforceable right to any Sharing Member (or for Sharing Members' Dependents) to receive any share toward a Medical Need(s) from WeShare or from other Sharing Members. From time-to-time Member Guidelines may change upon the request of the Sharing Members or the Board of Directors or third parties, and in this case, any changes must be approved by the Board of Directors. The WeShare summary of Program Elements at the time of publishing (2022—2023) can be found here ([WeShare.org/Perks](https://www.weshare.org/perks)), but all WeShare programs and memberships are subject to change with a given notice of 30-days.

The edition of the Membership Guide, in effect on the submitted date of any Shareable Medical Bill, overrides previous editions, and any other verbal or written communication. That edition will be the governing reference used by WeShare to determine sharing eligibility. Any exception to or interpretation of a specific provision only modifies that particular provision and does not supersede or void any other provisions within these Membership Guidelines.

PARTICIPATION IS VOLUNTARY

Any monthly contributions for any WeShare® Healthcare Sharing Program, made by a Sharing Member, is voluntary, and non-refundable.

Each Sharing Member pledges and agrees to the Monthly Contribution Amount (MCA), based on his or her chosen WeShare Healthcare Sharing Program Tier. Monthly Contributions are sent to assist other Sharing Members who have Eligible Medical Need(s).

Monthly contributions that assist another member do not create a legally enforceable right to receive funds as a Sharing Member for any Medical Need(s) or expenses, whether considered Ineligible or Eligible or not otherwise addressed. Sharing Members are always responsible for their own medical expenses and remain responsible to pay their medical bills and expenses.

The Nature of WeShare® Memberships

As part of a voluntary religious healthcare sharing ministry, WeShare® is always constrained by finite resources, no matter how many members are contributing. To preserve the Mission, Purpose, and Vision of the Sharing Programs, WeShare® is aware that it is not possible to help all people.

Therefore, WeShare may decline Applicants who present active or pre-existing conditions, since such immediate expenses could create a strain on the ability to provide for current Sharing Members. A Sharing Member's membership may be withdrawn if the Sharing Member fails to attest to the Membership Commitment Acknowledgments—upon initial application or any subsequent request by WeShare—or does not meet the membership commitments.

MEMBERSHIP TYPES

Sharing Member

Any Applicant who agrees to become a Sharing Member is bound by the Statement of Faith and Shared Beliefs and must select a Sharing Program, attest to the Membership Commitments; accept the Escrow Instructions on the Membership Application; to follow all Membership Commitment Acknowledgments; agree to submit scheduled Monthly Contributions for sharing with other member's Eligible Medical Need(s); and not be 65 years of age, or older. If eligible, Shareable Medical Bills will be processed in accordance with the Membership Guide, Sharing Program Brochures, and the Program Guide.

Support Member

Support Members are those who believe in the Mission, Vision, and Purpose of WeShare; Support Members hold an innate desire to donate, but choose not to participate, or those that are unable to participate as a Sharing Member. WeShare will use such donations to help provide additional programs and services related towards community Mission, Vision, and Purpose Statements.

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 Qualify

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.

Member Qualifications and Role

WeShare® Member Qualifications

*This section describes the qualification requirements for a WeShare **Sharing Membership**. To become and to remain a WeShare Sharing Member, an individual must meet and satisfy the following:*

RELIGIOUS BELIEF

A healthcare sharing ministry is created based on a movement of individuals that share and are united together based upon their sincerely held religious beliefs relating to a mandate from God to live a healthy Christian lifestyle. Therefore, each Sharing Member is expected to agree to and strive to abide by the following principles:

- Members agree to unite and share with each other, to embrace their sincere religious belief to live, support, and share in care for each other.
- Members agree to come together, to share in the cost of each other's Medical Need(s), despite convenience or cost savings, and are making voluntary contributions due to the moral, ethical, and religious values that compel each member to follow God's path.
- Members agree to unite, to share in encouragement of selfless stewardship of resources, including the resource of our mental, physical, and spiritual selves.
- Members affirm their God-given, fundamental right to make decisions regarding healthcare, and the use of their finances, as related thereto, and to not relinquish that right to others.
- Each Sharing Member endeavors towards living in accordance with the **WeShare® Statement of Faith and Shared Beliefs**. This can be found in the Appendix Section, **Exhibit A**, [Page 32]. Members are required to subscribe to this Statement of Faith and Shared Beliefs as evidenced by their acknowledgment and commitment in the **Membership Enrollment Application** and / or through the **Membership Commitment Acknowledgments**.

HEALTH & WELLNESS LIFESTYLE

WeShare Sharing Members agree with the principle that our physical bodies are gifts and temples unto the Holy Spirit, and that it is our duty to respect and care for our

bodies. WeShare stands on the belief that we can take our health into our own hands through preventative and proactive approaches towards physical, spiritual, and mental health, fitness, and wellness.

The general standards of a health and wellness-centric lifestyle, one which exalts the Lord, means that WeShare Sharing Members agree to include, but not limited to, the following:

- I. Follow spiritual teachings asking us to avoid the abuse of alcohol and tobacco, in any form;
- II. To refrain from abuse of prescription drugs, such as taking a prescription in a way in which was not intended by the prescribing Physician and medical professional, as abuse of prescription drugs could result in bodily harm or substance dependence;
- III. Refrain from the use of illegal drugs;
- IV. Refrain from participation in activities that present a willful disregard for personal safety or the safety of others, or that contain high physical risk such as non-sanctioned action, adventure or racing sports; and
- V. Agree to exercise regularly, eat healthy foods, and attend to mental health.

HONESTY AND TRANSPARENCY

If, at any time, it is discovered that a WeShare Sharing Member did not submit a complete and accurate medical history within the Membership Enrollment Application, either a specific Annual Share Maximum or membership declination may be issued retroactively to her / his Effective Membership Date. Once a WeShare member has been notified of this declination and the reasons for these actions, the member will be granted 30-calendar day window to submit documentation supporting an accurate medical record submission, as is within compliance of the WeShare Membership requirements, and could upon successful audit, re-instatement of membership can begin.

In the event of a declination, monthly contributions may be returned minus any expenses incurred during the membership and any administrative charges will not be refunded. WeShare reserves the right to request additional medical evidence in order to qualify a Sharing Member and may change the sharing limitation for a Sharing Member at any time. Any sharing limitations and declinations can be applied retroactively but cannot be removed retroactively.

SHARING MEMBERSHIP

Each WeShare Sharing Member must submit a fully completed Membership Enrollment Application and adhere to the Membership Commitment Acknowledgments. Membership begins on the specified effective date. If a person does not qualify for

membership, the applicant will be notified by WeShare representatives.

Individuals may apply with another qualified dependent(s), referred to as a Combined Sharing Membership, provided all other qualifications described in the Membership Enrollment Application are met. As the Primary Member for any Combined Sharing Membership, it is your responsibility alone to ensure that each person listed as your dependent meets and follows the Statement of Faith and Shared Beliefs, as well as the standards of a health and wellness lifestyle outlined, herein.

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. It is not an insurance company, and neither its guidelines nor 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.

SELECT A WESHARE® MEMBERSHIP TIER

The various levels of Sharing Programs and respective costs are available on our website (WeShare.org/Program) or through our authorized WeShare Member Services team members via phone (800.900.8476), or through online self-enrollment (WeShare.org/Program). Please consider and select which Sharing Program you would like to apply for when filling out your Membership Enrollment Application within enrollment. A separate document for each Sharing Program will be sent to the Primary Member detailing and summarizing the Program, this document is called the Sharing Program Guide.

Financial Commitments

Annual Fee

There is no annual fee for WeShare membership.

Application Fee

WeShare Sharing Members pay a \$99.00 Application Fee at time of application. This fee is non-refundable. The Application Fee may be waived or reduced in certain circumstances. The Application Fee covers Administrative costs and within Eligibility Review services needed of WeShare Healthcare Sharing membership.

Monthly Contribution

Your Monthly Contribution Amount (MCA) is a non-refundable contribution, is part of membership

commitments, and is based upon the Sharing Member’s selected Sharing Program tier. Once a WeShare membership is active, the MCA must be received each month in order to remain an Active Sharing Member. Monthly Contribution Amounts for each Sharing Program will be assessed annually and may be subject to increase. WeShare reserves the right to increase the MCA in order to facilitate Sharing Member needs. All WeShare programs and memberships are subject to change with a given notice of 30-days.

Child Dependents

WeShare® connects to share in fair and an equitable, balanced approach for all of our members. We want to maintain highly valued programs for individuals and families alike, so we need to make periodic adjustments to our programs.

WeShare® holds a family, monthly contribution for multiple dependents:

Up to 3 Child Dependents	4th or More Child Dependents
Included in WeShare® Membership	\$50 per dependent, per month

Tobacco and E-cigarette Use

We want all our WeShare members to practice optimal health habits as much as possible. While we make initial allowances for the use of tobacco or e-cigarette products for a monthly fee, we encourage our members to use your WeShare program resources to reduce and eventually end their tobacco or e-cigarette use altogether.

Tobacco products or e-cigarette use automatically makes members ineligible for monthly contribution discounts.

AREA	FEE
Tobacco and E-Cigarette Users	\$50 per member, per month

Grace Period

If you decide to cancel your program after your initial contribution, members must give a 10-business days prior notice of your monthly contribution draft date.

Not a Reimbursement Program

WeShare® primary sharing programs are not reimbursement programs. Instead, WeShare offers members pre-negotiated rates on specific medical services

through contracts with different organizations, such as DocDay™ Telehealth services; the CVS MinuteClinic™ and CVS Caremark™ pharmacy network; and the PHCS PPO Network, a wholly owned subsidiary of MultiPlan, Inc. We strongly believe these contracted rates and services with America’s top health care providers provide all WeShare members with the best access to care of any health sharing ministry, by far! The WeShare commitment is simple: proactively and preventatively participating in the health of its members, as is reflected in provider relationships, membership perks, and wellness inclusions. For that reason, WeShare members should never pay cash up front for any service, apart from a per visit consultation fee, or in some tiers, for certain prescription needs.

To preserve the relationships with these providers and help control costs for all members, as a rule any medical expenses incurred via “up front” or “cash basis” payments by a member are ineligible for sharing, and therefore will not be applied toward the Annual Member Care Share (AMCS). Contact Member Services immediately if there is ever confusion with a provider about this payment process or WeShare contracts withing care networks. As always, out-of-network services and fees are ineligible for sharing, unless outlined specifically by one’s sharing program, as is the case for, but limited to S.M.A.R.T. and A.I.D.D. Care Memberships. Each Shareable Medical Bill (SMB) may be reviewed independently and assessed on a case-by-case basis. Members are always personally responsible for their own medical bills.

Fee for Decline

If an expected Monthly Contribution Amount is not received by the contribution deadline, the Sharing Member will be assessed a \$25 Administrative Fee and any Medical Need(s) will remain ineligible for sharing until the next monthly billing cycle or contribution is made. In addition, if any Monthly Contribution is returned by a financial institution, a \$25 Administrative Fee will be assessed, and member will remain ineligible for sharing until all contributions match the scheduled billing. Each Shareable Medical Bill (SMB) may be reviewed independently and assessed on a case-by-case basis, and if medical event or service occurred during period of payment ineligibility the expenses may not be eligible for sharing. It is each member’s responsibility to maintain their Active Sharing Member status with on-schedule Monthly Contribution Amounts.

Disenrollment

1] If a Sharing Member’s Monthly Contribution is not received, consecutively for 30-calendar days from the contribution due date, the WeShare membership may be withdrawn. In that case, the Cancellation Date is the “paid to” date corresponding to the last received Monthly Contribution. The Sharing Member may re-apply but may be subject to reset sharing limits and Application Fee.

OTHER FAMILY MEMBERS

The following family members may be included or added to a Membership if they meet WeShare qualifications:

- Spouse
- Biological or Adopted children
- Children in legal custody, whose adoption is pending, or have custody with legal responsibility for a child's medical care.

If the application to add a spouse is submitted and approved, sharing in eligible needs will start on the first available effective date. An increase in the scheduled Monthly Contribution will take effect on the first available effective date following approval.

A newborn can be a member from birth if the application is submitted within 30-calendar days of birth. If the application is not submitted within 30-calendar days of birth, the newborn's effective date will be the first available effective date following approval of the application to add family member(s) or via a Membership Update Form.

When a member adopts a child, or otherwise has obtained legal custody with legal responsibility for a child's medical care, that child can be added to the Combined Sharing Membership by submitting an application.

Adult Children of Members

Children of WeShare members may be part of the parent(s) Combined Sharing Membership until they reach age 26, if living in same household and unmarried, it is the responsibility of the Primary Member to notify WeShare when a child no longer qualifies as part of the Combined Sharing Membership. Continuing to submit the Monthly Contribution at the level that includes the child as a Dependent does not extend the membership to that adult child. Upon reaching 26 years of age, or getting married, a child participating under his or her parent(s) Combined Sharing Membership may apply for his or her own WeShare membership(s). Any preexisting medical conditions previously eligible for sharing will continue to be eligible under the individual membership for the previously Dependent adult child. An exception would be those adult children, 26 and older, who are severely disabled, and unable to live or work outside of a specially curated environment, those who are still dependent, under the care of their parent(s) or guardian(s).

PRE-EXISTING CONDITIONS

Pre-Existing Conditions constitutes as any medical condition, which a Sharing Member has prior diagnostics, represented symptoms for, been examined related to,

and / or has 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 applies a \$15,000 AMCS for year one of continuous membership; \$25,000 AMCS for year two of continuous membership; \$50,000 AMCS for year three of continuous membership; and no limitation on pre-existing conditions after 36-months of continuous membership. Any special instances are specified within this Membership Guide.

WeShare may decline Applicants from becoming Sharing Members if they present Pre-Existing Conditions, since such immediate expenses could create a strain on the ability to provide sharing for current Sharing Members. This may apply to any Applicant(s) who meet any of the following criteria, included, but not limited to: Have had a natural parent, brother, or sister suffer from diabetes; kidney disease; have had required a major organ transplant; have been diagnosed with heart disease; cerebrovascular disease; internal cancer prior, to age 60 years of age.

Pre-Existing Conditions also relate to if you have been diagnosed, been treated for, taken medication for, or currently under treatment for:

- I. Heart attack, angina, arrhythmia, aneurysm, stroke, coronary artery disease, by-pass, stent surgery, carotid artery disease or surgery, TIA, heart or circulatory disease or disorder
- II. Insulin dependent diabetes, kidney disorder, pancreas disease or disorder, Crohn's disease, ulcerative colitis, liver or digestive disease, or disorder, other than GERD, and kidney stones
- III. Cancer in any form, other than skin cancer, with a rate of two times or less, emphysema, chronic bronchitis, COPD (chronic obstructive pulmonary disease), seizures, bi-polar disorder, paralysis, blindness, Amyotrophic lateral sclerosis (ALS), and Multiple Sclerosis (MS)
- IV. Auto immune diseases, systemic lupus, rheumatoid arthritis, acquired immune deficiency syndrome (AIDS) or tested positive for Human Immunodeficiency Virus (HIV)
- V. Alcohol, Drug Abuse, or Chemical Dependency
- VI. Blood / bleeding disorders including but not limited to hemophilia, anemia, aplastic anemia, sickle cell, thalassemia hemolytic, hemorrhagic, agranulocytosis, pancytopenia, thrombocytopenia, Von Willebrand disease, Wegener's granulomatosis, rare factor deficiencies
- VII. Had any unexplained: weight loss, anemia, chronic fatigue, chest pain, shortness of breath, palpitations, chronic cough, gastrointestinal bleeding, lumps in the breast, dizziness or loss of consciousness
- VIII. Medical service(s) and / or need(s) related to any other disease, disorder, injury, or surgery

IX. Had diagnostic testing, surgery, or hospitalization recommended by a medical professional which has not been completed or for which the results have not been received

Risky Behaviors

Individuals that have participated in any of the following, within the last two (2) years:

Parachuting, hang gliding, rock or mountain climbing, rodeo events, skydiving, organized racing of any kind, any professional sport, or aviation for sport or hobby.

Or if an individual has:

- I. Within the past three (3) years, have or had their license suspended or revoked, or been convicted of a DUI for drugs or alcohol
- II. Within the past three (3) years, used illegal drugs, abused alcohol or drugs, or been recommended by a medical professional or licensed counselor to discontinue the use of the alcohol or drug treatment or counseling for alcohol or drug use
- III. Within the past six (6)-months, been prohibited from actively working full time (30 hours or more per week) at their regular occupation due to any illness, injury, or health related problem, or currently disabled

CARE MANAGEMENT PROGRAM

If a Sharing Member develops a serious illness, upon renewal, the Sharing Member may be placed into the Care Management Program, which may alter the Members Sharing Program, and allowable Share Requests. If entered into one of these programs, WeShare provides a personal Care Manager to help pray for the Sharing Member, oversee care, negotiate charges directly with Providers, and to offer White Glove assistance a Sharing Member; this helps members to quickly and seamlessly to navigate and estimate costs associated with their medical need(s). Enrollment into the Care Management Program may result in an increase to the WeShare Healthcare Sharing Member's Monthly Contribution Amount.

65 YEARS OF AGE AND OLDER

MEMBER AGE LIMIT/MEDICARE TRANSITION (AGE 65 or OLDER)

New applicants and existing member(s) of WeShare, aged 65 or older, are ineligible for WeShare Sharing Membership. WeShare wants to help our members make the transition to Medicare as they approach age 65. To properly plan this move, we encourage members to contact the WeShare Member Services team when any Sharing Member is within six (6)-months of reaching age 65. Member Service can be reached at the following number (800.900.8476).

If the Active Primary Sharing Member of a Combined Sharing Membership reaches age 65, WeShare Member Services will gladly assist with the re-application process for the remaining family members, or the Combined Sharing Membership will be automatically withdrawn once the Primary Member reaches Age 65. Please note there are no restrictions on Supporting Members, who must be age 18 or older. Membership Services can be reached at (800.900.8476).

To the extent required by Federal regulations, this Health Sharing Program will Share Eligible for sharing Expenses at the Reasonable and Allowable Amount before Medicare makes any secondary payment for Health Sharing Program Elements. There are some circumstances under which Medicare would be required to pay its Health Sharing Program Elements first. In these cases, Health Sharing Program Elements under this Health Sharing Program would be calculated as secondary sharer (as described under the Article entitled "Coordination of Health Sharing Program Elements"). The Health Sharing Program Member will be assumed to have full Medicare coverage (that is, both Parts A & B) whether or not the Health Sharing Program Member has enrolled for the full coverage. If the Provider accepts assignment with Medicare, Eligible for sharing Expenses will not exceed the Medicare allowable amount.

If any Health Sharing Program Member is eligible for Medicare benefits because of ESRD, the Health Sharing Program Elements of the Health Sharing Program will be determined before Medicare benefits for the first 30 months of Medicare entitlement, unless applicable Federal law provides to the contrary, in which event the Health Sharing Program Elements of the Health Sharing Program will be determined in accordance with such law.

APPLICABLE TO ACTIVE EMPLOYEES AND THEIR SPOUSES AGES 65 AND OVER

A Health Sharing Program Member that is an active Employee and his or her spouse (ages 65 and over) may, at the option of such Employee, elect or decline coverage under this Health Sharing Program at open enrollment or some other specified special enrollment period. If such Employee volunteers to share under this Health Sharing Program, the Health Sharing Program Elements of this Health Sharing Program shall be determined before any Health Sharing Program Elements provided by Medicare. If coverage under this Health Sharing Program is declined by such Employee, Health Sharing Program Elements listed herein will not be Shareable even as secondary coverage to Medicare. The Health Sharing Program will at all times, when applicable, adhere to the requirements set forth in the Medicare Secondary Sharer regulations.

U.S.A. PERMANENT RESIDENCE

Only permanent U.S. residents can qualify for a WeShare membership. There are no additional membership qualifications for U.S. citizens who have lived abroad. An Individual Tax Identification Number (ITIN) or Social Security Number (SSN) is required when applying to WeShare.

Process & Conditions of Sharing

REQUESTS FOR SHARING

Following any medical service event, your Medical Provider will submit your Medical Need by using the instructions on the back of your WeShare Membership ID card. Once the Medical Need(s) are received and determined by WeShare Member Services to be Eligible for sharing, WeShare will then review each member's Sharing Program, and assess whether any applicable Member Co-Share or any Annual Member Care Share (AMCS), or if any limitation may apply. In accordance with the Escrow Instructions provided by the membership, WeShare will pay providers on behalf of the Sharing Member and / or Assign Shareable Amounts, according to the WeShare program membership, and Sharing Member's AMCS status.

The Sharing Member will receive an Explanation of Share (EOS) to provide clarity on how the Share Request was processed. Please note, WeShare may work with third-party Administrators to help provide quality administrative services to the Sharing Members. Some of these third-parties may use vocabulary or verbiage which incorrectly or accidentally refers to a share request or Shareable Medical Bill (SMB) as a "claim." WeShare does not help facilitate "claims." A "claim" suggests there exists a contract entitlement to some benefit or money.

WeShare, its Sharing Programs, or any ancillary programs or services should never be considered to be insurance. WeShare is not a reimbursement program, and members should never pay cash up front for any service, with the exception of a per visit consultation fee, or fee over select Rx needs. WeShare Sharing Members are always responsible for their medical expenses.

CARE CONFIRMATION & PRE-AUTHORIZATION

Care Confirmation/pre-authorization requirements are listed in the UHSM Membership Guide and the Sharing Program Guide. Description indicating services that require pre-authorization/authorization from the UHSM and the Care Confirmation process in order for the services to be eligible for sharing under the Sharing Program. All services requiring pre-authorization/authorization, as noted on the Summary Program Guide are to be confirmed in advance through the Care Confirmation process, except for emergencies. The Sharing Member or their representative is required to call the phone number for Care Confirmation pre-authorization located on the back of their ID card, or Member Services, for the services specified above at least five (5) business days prior to services being rendered. The Sharing Member or their representative must identify the services to be rendered and the associated diagnosis and procedure codes necessary for Care Confirmation.

SHARING ELIGIBILITY

Eligibility for any Shareable Medical Bill (SMB) must be submitted by a Sharing Member, and shall be assessed based upon several factors:

1. Sharing Member Status (Active or Inactive)
2. Sharing Program Tier
3. Pre-Existing Conditions
4. Circumstances causing a medical need to arise
5. Whether or not your membership has been in effect beyond the waiting period for a treatment
6. Timeliness, completeness, and accuracy of your request for eligibility
7. Sharing Member Co-Share amount
8. Sharing Members Annual Member Care Share (AMCS)
9. Whether or not a Sharing Member has exceeded the Annual Share Maximum

For a detailed list of eligible Medical Need(s) and any limitations or Care Confirmation pre-authorization's that may be needed, please refer to WeShare Membership Program documents, by visiting our website [WeShare.org/Providers] or by calling Member Services at 800.900.8476.

Eligible Routine Preventive Care Services

Although WeShare is not an insurance provider, we voluntarily use the list of preventive care services outlined by HealthCare.gov as a guideline for eligible Routine Preventive benefits, with some exceptions as noted by the Ineligible Sharing Needs section of the Membership Guide. If you only receive Routine Preventive Health benefits during a physician office visit, there is no Consultation Fee or Member Co-Share for the visit. If you receive both Routine Preventive Health services and other services during the Physician visit, you may be responsible for a Consultation Fee or Member Co-Share.

SHARING LIMITATIONS

Medical Services Eligibility

Telehealth services provided by DocDay™ and life-threatening Emergency Services, are both eligible for sharing upon day one of your WeShare membership. For most programs, Routine Annual Wellness & Preventive care is also available from day one of your WeShare membership.

Please Note: Sharing Members are always personally responsible for their own medical bills. Check with our Member Services team prior to undergoing any procedures if you are unclear on sharing eligibility for a specific Medical Need(s) by visiting our website [WeShare.org/Program] or by calling Member Services at 800.900.8476,

Additional Sharing Eligibility Limitations

The following procedures and services require continuous sharing membership before ANY medical expenses are eligible for sharing, regardless of the Sharing Program and designated AMCS for each WeShare membership. Information below includes any illness, procedure and timeframe limitations, gender-specific procedural guidelines, and all areas with limited sharing eligibility.

Cancer Sharing Eligibility

In addition to the Sharing Limits noted, for medical needs related to cancer hospitalization of any kind, members must contact WeShare within 30-calendar days of diagnosis. If a WeShare member fails to notify within this time frame, the member's medical needs may not be eligible for sharing.

Early detection provides the best chance for successful treatment and in the most cost-effective manner. WeShare Members aged 40, and older, must receive appropriate recommended screening tests below. Failure to obtain recommended cancer screenings may render future eligibility for cancer ineligible for sharing through WeShare membership.

INELIGIBLE SHARING NEEDS

Relating to Membership Enrollment or Effective Date

- I. Any illness, injury, or condition for which there is a WeShare membership limitation indicated on the Membership Application, Program Guide, or this Membership Guide.
- II. Any illness, injury, condition, or associated medical need(s) for which you are aware of but fail to disclose on your WeShare Membership Application.

Due to Carelessness or Failure to Plan

- I. Any illness or injury caused by your failure to obtain timely or proper medical treatment, as well as any subsequent illness or injury caused by your failure to follow a plan of treatment;
- II. Second surgeries on previously eligible surgical medical needs, unless you have unexpected and unprovoked complications or your provider has established, prior to your initial surgery, that one or more follow-up surgeries will be needed to fulfill the treatment of your condition;
- III. Adenoid removal surgery, if you have had a prior surgery to remove tonsils, and your adenoids were not removed at the same time;
- IV. Medical needs you or your provider submit for sharing more than six (6)-months after the date you received services or treatment;
- V. Emergency room visits that you have failed to provide the required paperwork for; and
- VI. Any medical service fee(s) paid to out-of-network Providers, and / or upfront payments made to in-network Providers. WeShare is not a reimbursement program.

Experimental Treatments

Procedures or treatments that are not recognized or approved by the American Medical Association (AMA). This includes procedures not approved by the AMA for a given application, procedures still in clinical trials, and procedures that are classified as experimental, or as unproven interventions and therapies.

Non-Essential Medical Needs

- I. Use of emergency room for non-urgent medical needs (unless treatment at an emergency room is the only legitimate option, because of the severity of the condition and lack of availability of treatment at an alternative facility)
- II. Treatment that is not medically necessary or appropriate (as determined by a licensed medical professional)
- III. Medication not requiring a prescription
- IV. Inpatient hospital stays exceeding sixty (60)-days consecutively, per calendar year, unless deemed medically necessary
- V. Long-term care or other care that does not treat an illness or injury (for example, custodial care)
- VI. Transportation (for example, by an ambulance) for conditions that are non-emergency-related

WESHARE® SHARING ELIGIBILITY PERIOD & STIPULATIONS, I

Arising from Lifestyle Choices

Any medical need(s), those of which are caused by lifestyles, choices, or activities which are in conflict with the Statement of Shared Beliefs; these medical need(s) are ineligible for sharing.

Examples:

- I. Abortion or abortion counseling;
- II. Illnesses arising from tobacco use;
- III. Drug screening and nicotine testing (in the event of results coming back positive);
- IV. STDs / STIs (Sexually Transmitted Diseases / Infections), except in the instance of sexual assault;
- V. Illness or injury due to excessive use of alcohol, including intentional excessive consumption;
- VI. Illness or injury due to illegal or recreational drug use including using any form of cannabis whether or not it has been prescribed by a medical professional;
- VII. Maternity resulting from adultery or fornication outside of marriage;
- VIII. Illness or injury due to consumption of a prescription medication taken in excess of instructions;

- IX. Self-inflicted or intentional injuries;
- X. Illness or injury caused by illegal activities; and / or
- XI. Diseases caused by tattoos, body piercing, or lifestyle choices (includes HIV / AIDs and STDs / STIs).

Other Ineligible Discretionary Medical Need(s):

Examples:

- I. Aqua Therapy;
- II. B12 Injections;
- III. Biofeedback;
- IV. Breast implants (placement, replacement, and / or removal) and any complications related to breast implants (except as an eligible cancer treatment plan);
- V. Infertility Testing or Treatment;
- VI. Chelation Therapy;
- VII. Christian Science Practitioner;
- VIII. Cochlear Devices;
- IX. Cosmetic Surgery (elective);
- X. Custodial Care Services;
- XI. Dental Service;
- XII. Dermabrasion Service;
- XIII. Doula Services;
- XIV. Drug testing;
- XV. Extreme Sports Injuries (see next page);
- XVI. Gender Dysphoria Counseling or Procedures;
- XVII. Genetic Testing and Counseling;
- XVIII. Hemodialysis;
- XIX. Home Healthcare;
- XX. Home Infusion Service;
- XXI. Hormone Therapy, for men and women, unless deemed medically necessary;
- XXII. Hysterectomy, unless deemed medically necessary by a Licensed Physician;
- XXIII. Medical tourism;
- XXIV. Obesity (defined as exceeding height / weight) and any complication relating to that diagnosis;
- XXV. Sterilizations or reversals, even if life-threatening (for example, tubal ligation);
- XXVI. Sexual dysfunction service; and / or
- XXVII. Weight control and management (including nutritional

counseling for weight loss, weight gain or health maintenance), even if related to a medical condition.

Ineligible Psychological Medical Needs

Ineligible medical need(s), include counseling, testing, treatment, medication, and hospitalization to address any of the following:

- I. Conditions requiring inpatient psychiatric care;
- II. Learning disabilities;
- III. Developmental delays;

Area	Sharing Eligibility Period & Stipulations
Allergy Testing	\$1,200 lifetime sharing per member maximum.
Ambulance Transport Available with A.I.D.D. Care, Accident Protection Programs offers increased sharing levels for ambulance care.	\$500 Share Maximum ¹ , per Ride, per Member ² ¹ Sharing varies dependent upon AMCS of Individual or Family. ² For Families, a minimum of two members must meet their maximum AMCS within the calendar year. \$10,000 Share Maximum ¹ , per Ride, per Member ² ¹ Sharing varies dependent upon AMCS of Individual or Family. ² For Families, a minimum of two members must meet their maximum AMCS within the calendar year.
Behavioral Health Counseling	\$75 Consultation Fee, per Session, per Member Excludes in-patient or out-patient services. Ten (10), in-network counseling sessions are allowed, per individual, per year. Non-psychiatric individual, family, and marriage counseling services are available with a Care Confirmation Pre-Authorization.
Blood Work Screening	Schedule as part of a routine, annual wellness visit; additional lab work requires a Physician Care Confirmation Pre-Authorization request. \$10 Labs ordered through Telehealth services provided through the DocDay™ App or tests ordered through LabCorp of America and Quest Diagnostics™ facilities; all other lab facility costs will be subject to AMCS.
Cancer	Procedures and treatments eligible for sharing after 12-months of continuous membership, unless enrolled in available S.M.A.R.T. Care, critical illness program via WeShare®. S.M.A.R.T. Care allows related cancer costs to be shared after 60-days of continuous membership. Contact Member Services to learn more about S.M.A.R.T. Care program details (WeShare.org/SMART).
Cataracts and/or Glaucoma	Diagnostic testing, surgery costs, and other related treatments are eligible for sharing after 12-months of continuous membership. Physician requested Care Confirmation pre-authorization required in the event of early-stage symptom detection and verified family history of glaucoma.
Colon Cancer Screening	Under Age 45: Care Confirmation Pre-authorization required; Minimum six (6) months continuous membership required. Age 45 or Older: Flexible Sigmoidoscopy (FSIG): Every five (5) years. Colonoscopy: Every 10 years unless physician requested; must have pre-authorization due to high cancer risk. Self-Screen Option: Members can request a Cologuard test through the Telehealth Services provided through the DocDay™ App. After initial negative result, self-testing every 3 years, or per ACS guidelines. A Minimum of Six (6)-months continuous membership is required. Members must request Preauthorization in-advance through the Member Service team and the WeShare® Care Confirmation Preauthorization process.

PA Members must request Preauthorization in-advance through the Member Service team and the WeShare® Care Confirmation Preauthorization process.

WESHARE® SHARING ELIGIBILITY PERIOD & STIPULATIONS, II

Area	Sharing Eligibility Period & Stipulations
Cervical Cancer Screening	21 – 29 Years of Age: Every Three (3) Years 30 – 65 Years of Age: Every Five (5) Years When scheduled in conjunction with annual wellness screenings.
Durable Medical Equipment (DME)	\$1,200 Annual Maximum, per Member
Immunizations, Newborn & Children,	Aged 0 - 18 Months: Six (6) months of continuous membership required before sharing eligibility. Children over 18 Months: Ten (10) months of continuous membership required before sharing eligibility. Adult Members are eligible for routine immunizations day one of membership.
Maternity & Pregnancy	Prenatal & Initial Postnatal Visits & Delivery \$15,000 Towards Global Billing ¹ ¹ \$15,000 Maximum for the first 24-months, after AMCS; after 24-months, applied towards AMCS. Continuous membership required for eligibility. Congenital birth defects have a max of \$50,000, per year.
Mammogram	45 – 54 Years of Age: Every Year 55+ Years of Age: Every Other Year When scheduled in conjunction with annual wellness screenings. If a member verifies a high risk of Breast Cancer from family history, WeShare® will Pre-authorize Mammograms done in conjunction with annual screening for women 45 years and older.
Physical / Occupational / Speech Therapy	\$75 Consult Fee; Combined total of 10 sessions, per member, per year; 10-months of continuous membership required. Requires a Pre-authorization unless Physician prescribes as part of a recovery from accident-related events. Members can appeal for further appointments, if deemed medically necessary.
Pre-Existing Condition(s)	Year 1: Up to \$15,000, after AMCS Year 2: Up to \$25,000, after AMCS Year 3: Up to \$50,000, after AMCS Year 4: No Lifetime Limit, after AMCS Qualifying diagnosed or un-diagnosed pre-existing conditions accepted, include: Pre-Diabetes; Type 2 Diabetes; Hypertension (High Blood Pressure); Hypotension (Low Blood Pressure); Hyperlipidemia; Autoimmune diseases (Lupus, Rheumatoid Arthritis, etc.); Chronic kidney & lung diseases; & Certain neurological disorders, such as chronic migraine headaches.
Prostate Screening	Under 45 Years of Age: Physician Requested Pre-authorization Required 45 or Older Years of Age: Every Two (2) Years, Unless Physician Requested Pre-authorization Required When scheduled in conjunction with annual wellness screenings; should be performed at any LabCorp of America or Quest Diagnostics™ facility.
Shingles	50 or Older Years of Age: Initial Vaccine Dose, in conjunction with annual wellness visits.
Vasectomy	50% after AMCS has been met within a calendar year.
Tobacco or E-Cigarettes	\$25,000 AMCS applies in the event of tobacco or e-cigarette related illnesses such as Cancer, Respiratory disease, Vascular diseases including Coronary disease and Stroke, Oral / Esophageal diseases and Gastric / Duodenal Ulcers.

PA Members must request Preauthorization in-advance through the Member Service team and the WeShare® Care Confirmation Preauthorization process.

- IV. Autism;
- V. Behavioral disorders;
- VI. Eating disorders;
- VII. Neuropsychological disorders;
- VIII. Alcohol / Substance abuse;
- IX. Attention deficit or hyperactive disorders; and / or
- X. Other psychological conditions.

Ineligible Injuries from Specific Activities

- I. Injuries arising from the use of personal aircraft, and any other aircraft not operated by a commercially licensed public carrier, are ineligible for sharing.
- II. Injuries arising from extreme sports (activities perceived as having a high level of danger) are ineligible for sharing. These activities often involve speed, height, a high level of physical exertion, and specialized gear, and are ineligible for sharing.
- III. Injuries relating to activities that are considered professional athletic competition or training, for a profit, or sponsored events, are ineligible for sharing.

Ineligible Occupational Injuries

Any conditions or injuries occurring while performing income-producing or work-related activities are ineligible for sharing.

Ineligible Dental Medical Needs:

Dental services and procedures are ineligible for sharing. This includes but not limited to:

- I. Periodontics;
- II. Orthodontics;
- III. Temporomandibular joint disorder (TMJ);
- IV. Orthognathic surgery, and/or;
- V. Charges for dental work done under general anesthesia

Ineligible Vision/Hearing Medical Needs

Vision / Hearing Medical Needs are ineligible for sharing.

Dialysis

Dialysis Services, diagnostic testing, laboratory tests, equipment and supplies may be an Eligible Medical Need under the Sharing Program only to the extent they are Medically Necessary and only insofar as their cost does not exceed the Reasonable and Allowable Amount specified on the Sharing Program tier, specific to Dialysis Services. Dialysis Services, diagnostic testing, laboratory tests, equipment and supplies are those services and items used in the dialysis treatment for acute renal failure or chronic irreversible renal insufficiency (treatment of

anemia and other diagnoses related to renal failure). This also includes injectable and intravenous medication including, but not limited to, Heparin, Epogen, Procrit, and other medications administered directly before, during or after a dialysis procedure. Dialysis procedures are for the removal of waste materials from the body, including hemodialysis and peritoneal dialysis regardless of whether they are provided on an inpatient or outpatient basis. The Sharing Program may require Care Confirmation Pre-Authorization prior to a Sharing Member submitting an eligible Share Request.

WESHARE® PPO AND OUT OF STATE PROVIDERS

While WeShare is not an insurance company, we have partnered with the PHCS PPO Network, the largest independent provider network in the country, to support members with access to health care in all fifty (50) states. Additionally, members can access telehealth services provided through the DocDay™ App with ease and comfort for Apple or Android Devices.

If a WeShare Member requires medical attention when traveling out of state, they must check that the practitioner used is within our PHCS PPO network, in order to be eligible for sharing. To check if your provider is in-network, please visit our website at WeShare.org/PHCS or by calling the WeShare Member Services team at 800.900.8476.

Please Note: Please, always confirm network participation with a 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. Further clarifications can be made online (WeShare.org/Program).

Network Access

This Health Sharing Program includes access to the PHCS Network for Value-Driven Health Plans. This network consists of physicians, specialists and select ancillary service providers including but not limited to psychiatric services, diagnostic services, urgent care clinics, non-acute rehabilitation services, hospice, home health care, and durable medical equipment. In-network providers will be identified as participating providers in provider search tools available to Sharing Program members and beneficiaries. Claims from in-network, or participating, providers will be shared at the contract rate. The Health Sharing Member will be required to pay the cost-sharing obligation, Consultation Fee (any portion of the ACMS and/or Co-Share that has not yet been paid) and the Program will facilitate the sharing of the remaining covered charges at the contract rate. Health Sharing Members may not be balance billed by in-network, or participating, providers.

Out of Country Needs

WeShare requires that members procure travel medical insurance for any trip outside the continental U.S. and its territories. WeShare member sharing is ineligible for those living abroad.

Patient Advocacy Center

The Provider should not balance bill the Sharing Member for amounts in excess of the Reasonable and Allowable Amount or the amount of Eligible Medical Needs. It is UHSM's position that these Excess Charges are clearly excessive and exorbitant. However, balance billing for such amounts can occur for out of network claims and UHSM has no control over the actions of the Providers or their desire to pursue you for such amounts.

In the event you receive a balance-bill for an amount in excess of the Reasonable and Allowable Amount payable, please immediately email members@uhsm.org or call WeShare Member services at (800) 900 -8476.

Please Note: The Patient Advocacy Center provides assistance to Sharing Members with the understanding that (i) the Patient Advocacy Center is not acting in a fiduciary capacity under this Program, (ii) the Sharing Member must make his or her own independent decision with respect to any course of action in connection with any balance-bill, including whether such course of action is appropriate or proper based on the Sharing Member's specific circumstances and objectives, and (iii) the Patient Advocacy Center does not provide legal or tax advice.

WESHARE® PHARMACY SERVICES AND PROGRAM ELEMENTS

PHCS PPO and CVS Caremark™ Networks

WeShare membership includes 1.2 Million+ PCP medical providers, specialists, urgent care, healthcare services, and hospitals through an expansive PHCS PPO network (WeShare.org/PHCS) and CVS MinuteClinic™ urgent care locations (WeShare.org/cvs-minuteclinics).

Added to the WeShare membership value is the convenience offered by over 68,000 pharmacy locations through CVS Caremark™, Costco, Kroger, Walmart, and at select Target pharmacy locations.

Pharmacy Services

CVS Caremark™ Network

Added to the WeShare membership value is the convenience offered by over 68,000 pharmacy locations through CVS Caremark™, Costco, Kroger, Walmart, and at select Target pharmacy locations. Members can easily access medications through pharmacy pickup at CVS locations nation-wide. Additionally, members can arrange to receive a 90-day supply of maintenance medications via mail-order through CVS Caremark™ locations.

WeShare® Program Privacy & Commitments

PRIVACY PRACTICES

Privacy, Confidentiality and Consent

WeShare is committed to providing members with information regarding how private, sensitive, and Personal Identifiable Information (PII) will be handled. Each Sharing Member provides consent to permit WeShare, or its contracted third-party Administrators, to obtain and use the Sharing Member's private confidential health information for treatment purposes. Consent does not include permission to obtain any protected health information that is otherwise protected by state or federal law. If disclosure of the Sharing Member's identifiable health and enrollment information is outside the scope of the general consent given, then the Member or their legal representative must submit a special consent form. For more information, contact Member Services **800-900-8476**.

Identifiable Enrollment or Health Information

Sharing Member identifiable health and enrollment information will not be disclosed unless WeShare receives written consent from the Sharing Member; the release of the information is authorized by law; or when an authorized WeShare designated person needs to evaluate a member-specific issue.

Member Access to Health Information

Please note: Sharing Member's confidential health information is maintained at their healthcare facilities and / or with their Providers, and not by WeShare directly.

Community Commitments

WESHARE COMMUNITY & MEMBERSHIP COMMITMENTS

Commitments by WeShare to Sharing Members

WeShare was created for its Members and is committed to providing the following:

- I. To operate WeShare with financial integrity by maintaining a high level of accountability through independent auditing procedures, which are overseen by the Board of Directors;
- II. By offering kind, helpful, and educational service to assist members with any questions related to the Member Guidelines and / or Sharing Programs;
- III. Through providing information and updates about Affiliated Providers and facilities near our members;

- IV. To have members' personal and medical information maintained in a confident manner; and / or
- V. Methods for members to submit grievances, appeals, or suggested changes to services, Member Guidelines, or Sharing Programs.

COMMITMENTS BY SHARING MEMBERS TO ONE ANOTHER

WeShare Members are responsible individuals with common ethical and religious beliefs who live a healthy lifestyle and wish to share needs with each other. WeShare members take responsibility for each other and commit to the following:

- I. Take ownership over their health and work with health professionals to understand any health challenges they may be facing;
- II. To make positive choices and seek appropriate care, including preventive care and preventive routine screenings;
- III. To be honest with health care Providers;
- IV. To be proactive in keeping medical costs lower, by utilizing the tool, resources, and additional services provided by WeShare. To not pay upfront fees to providers, past consultation fees, when the membership has pre-negotiated rates with the PHCS PPO Networks;
- V. To read and understand the Membership Guidelines, the Sharing Program Details, and honor the Statement of Faith and Shared Beliefs and standards for a health and wellness lifestyle;
- VI. To be a witness to others by communicating courteously, kindly, and constructively with WeShare representatives, and any, and all healthcare professionals; and / or
- VII. To review and commit to the WeShare Sharing Membership Commitments and Escrow Instructions (see the Membership Application and Membership Commitment Acknowledgments).

PHARMACY SERVICES & BENEFITS

Annual Member Care Share (AMCS)	Annual Pharmacy Share Maximum
\$250 Per Member, Per Year	\$3,500 Per Member, Per Year

PHARMACY SERVICES	
Formulary Generic Medications <i>Topical cream prescriptions are not eligible</i>	
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 <i>Topical cream prescriptions are not eligible</i>	
Pharmacy, up to a 30-day supply	\$35, Per Prescription Available after 60 days of Program participation
Mail-Order, up to a 90-day supply <i>Available at CVS Caremark™ network locations.</i>	\$70, Per Prescription Available after 60 days of Program participation
Non-Formulary Brand Medication <i>Topical cream prescriptions are not eligible</i>	
Pharmacy, up to a 30-day supply	\$65, Per Prescription, after AMCS
Mail-Order, up to a 90-day supply <i>Available at CVS Caremark™ network locations.</i>	\$130, Per Prescription, after AMCS
Specialty Brand Medication <i>Topical cream prescriptions are not eligible</i>	
Pharmacy, up to a 30-day supply	50%, Per Prescription, after AMCS Available after 60 days of Program participation
Mail-Order, up to a 90-day supply <i>Available at CVS Caremark™ network locations.</i>	50%, Per Prescription, after AMCS
Maintenance Medication(s): For all prescriptions to aid with chronic conditions, UHSM members need to set-up these prescriptions for mail-order fulfillment. Please visit caremark.com/mailservice to set-up your prescriptions online or call 855-273-2796 for assistance.	

ASSIGNMENT OF HEALTH SHARING PROGRAMS & OTHER LIMITATIONS

The term “Assignment of Health Sharing Programs” shall mean an arrangement whereby the Health Sharing Program Member assigns their right to seek and receive sharing for Eligible for sharing Expenses to a Provider, in strict accordance with the conditions and limitations of such rights provided under the terms of this Health Sharing Program Document.

Conditions & Limitations of an Assignment of Health Sharing Programs:

- I. The validity of an Assignment of Health Sharing Programs by a Health Sharing Program Member to a Provider is limited by the terms of this Health Sharing Program Document. An Assignment of Health Sharing Programs is considered valid on the condition that Provider accepts the payment received from the Health Sharing Program as consideration, in full, for Eligible for sharing Expenses for services, supplies and/or treatment rendered. This amount does not include any cost sharing amounts (i.e. co-sharing, Annual Member Care Share (AMCS), or Consultation Fee), or charges for non-eligible for sharing services; the Provider may bill the Health Sharing Program Member directly for these amounts.
- II. An Assignment of Health Sharing Programs cannot be inferred, implied, or transferred. An Assignment of Health Sharing Programs must be made by the Health Sharing Program Member to the Provider directly through a valid written instrument that is signed and dated by the Health Sharing Program Member.
- III. Unless specifically prohibited by a Member, a Provider with a valid Assignment of Health Sharing Programs may exhaust, on behalf of the Health Sharing Program Member, any administrative remedies available under the terms of the Health Sharing Program Document, including initiating an internal or external appeal of an adverse determination in accordance with the terms of the Health Sharing Program Document. Notwithstanding the foregoing, the Health Sharing Program Member does not, under any circumstances, have the right to assign to any Provider (or their representative) through an Assignment of Health Sharing Programs any right to initiate any cause of action against the Health Sharing Program that the Health Sharing Program Member them self may be afforded under applicable law. This includes, but is not limited to, any right to bring suit as such is afforded to Health Sharing Program Members under ERISA section 502(a). The assignment of any right to initiate suit against the Health Sharing Program to a Provider is strictly prohibited.

*When Healthcare is fair, **AWESOME** is easy...*



- IV. An Assignment of Health Sharing Programs does not grant the Provider any rights other than those specifically set forth herein.
- V. The Health Care Sharing Ministry (HCSM) Administrator may disregard an Assignment of Health Sharing Programs at its discretion and continue to treat the Health Sharing Program Member as the sole recipient of the Health Sharing Programs available under the terms of the Health Sharing Program.
- VI. An Assignment of Health Sharing Programs by a Member to a Provider will not constitute the appointment of an Authorized Representative.

By submitting a Shareable Medical Bill (SMB) to the Health Care Sharing Ministry (HCSM) and accepting payment by the Health Care Sharing Ministry (HCSM), the Provider is expressly agreeing to the foregoing conditions and limitations of an Assignment of Health Sharing Programs in addition to the terms of the Health Care Sharing Program Document. The Provider further agrees that the payments received constitute an 'accord and satisfaction' and consideration, in full, for the Eligible for sharing Expenses for services, supplies and/or treatment rendered. The Provider agrees that the conditions and limitations of an Assignment of Health Sharing Programs as set forth herein shall supersede any previous terms and/or agreements. The Provider agrees to the specific condition that the patient is not balance billed for any amount beyond applicable cost sharing amounts (i.e. co-sharing, Annual Member Care Share (AMCS), or Consultation Fee), or charges for any service not eligible for sharing; the Provider may bill the Health Care Sharing Program Member directly for these amounts.

If a Provider refuses to accept an Assignment of Health Sharing Program Elements under the conditions and limitations as set forth herein, any Eligible for sharing Expenses Shareable under the terms of the Health Care Sharing Program Document will be Shareable directly to the Health Care Sharing Program Member, and the Health Care Sharing Program will be deemed to have fulfilled its obligations with respect to such Eligible for sharing Expense.

Other Resources and Sharing Eligibility

If a Sharing Member has insurance or their Medical Need(s) are covered by any other resources, then the AMCS will only begin to apply to any portion not paid by any third party. If WeShare or a contracted third-party discovers that a Sharing Member's Medical Needs were paid by a non-contracted, WeShare third party, before or after the Medical Need(s) were shared by other members, then WeShare has the full right and responsibility to recover any member contributions that were shared.

Please notify our Member Services department if there is any third-party coverage prior to submitting any Shareable Medical Bill. You can contact our Member Services team by reaching out via 800.900.8476 or members@uhsm.com.

Secondary Healthcare

Health Care Sharing Program Members who are eligible for secondary care by any other Programs are encouraged to obtain such protection. Failure to obtain secondary care may result in the Health Care Sharing Program Member incurring costs, which are not eligible for sharing by the Health Care Sharing Ministry (HCSM) and which would otherwise be eligible for sharing by the secondary coverage. The Health Care Sharing Ministry (HCSM) will not Share for any costs which are Shareable by such secondary coverage when said coverage is primary, except to the extent that such costs are Shareable in any event by the Health Sharing Program.

Appeals Process / Dispute Resolution

OVERSIGHT

WeShare and its Sharing Programs are administered by a Board of Directors, committees, support representatives, and individuals who oversee the sharing of Member Contributions. WeShare does not gain financially by determining medical bills are ineligible for sharing among its Sharing Members. 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 has no owners, stockholders, or investors.

WeShare impartially carries out its mission and purpose according to the Sharing Members agreed to Membership Guidelines and pursuant to the Escrow Instructions.

THE APPEAL OF A SHARING DECISION

Before filing a lawsuit, the Shareable Medical Bill (SMB) must exhaust all available levels of review as described in this section, unless an exception under applicable law applies. A legal action to obtain Health Sharing Program Elements must be commenced within one (1) year of the date of the Notice of Determination on the final level of internal or external review, whichever is applicable. Further, any legal action brought against the Health Care Sharing Ministry (HCSM), WeShare, UHSM™, The Member, and / or any Authorized Representative, submits to and accepts the exclusive jurisdiction of such courts for the purpose of such legal action. To the fullest

extent permitted by law, Member, and any Authorized Representative, irrevocably waive any objection which they may now or in the future have as to venue, as well as any Shareable Medical Bill (SMB) that any legal action or proceeding brought in such court has been brought in an inconvenient forum.

First-Level Appeal

A Sharing Member can appeal an Explanation of Share (EOS) decision with which they disagree. Before appealing, a Sharing Member should engage in careful thought and prayer about whether he or she honestly believes an error was made. Sharing Members have six (6) months from the Date of Service to request a review by WeShare, who may designate the review to an Appeals Committee.

The WeShare Appeals Committee may issue an appeal if the committee believes: the medical records were misread, the Membership Guidelines were misapplied, or one or more of the member's Participating Providers incorrectly recorded the Sharing Member's medical history.

Second-Level Appeal

After a review by the WeShare Appeals Committee and their decision, if the member disagrees with the WeShare decision, the member has sixty (60) calendar days to request a review by a Sharing Member Final Appeal Committee. WeShare and the member will both submit a written position statement to the panel. A teleconference will be held where the Sharing Member Final Appeal Committee can ask questions of both the Sharing Member and WeShare representatives. A simple majority vote of the appeal committee will carry the decision.

ARBITRATION AND RELIGIOUS-BASED MEDIATION

As part of sincerely held religious beliefs, the members, and the staff of WeShare believe that God commands us to make every effort to live at peace and to resolve disputes with each other in private, or within the community of believers. Therefore, the parties agree that if any claim or dispute remaining after a Sharing Member has exhausted his / her appeals (including a determination on whether this provision is valid) shall be settled by mediation. This applies to any claim or dispute arising out of, or related to these Membership Guidelines, actions of WeShare or by a Sharing Member, or any aspect thereof, including claims under federal, state, local statutory, or common law, the law of contract or law of tort.

If a resolution of the dispute and reconciliation does not result from mediation, the matter shall then be submitted to an independent and objective arbitrator for binding

arbitration. The parties agree that the arbitration process will also be conducted with each party to bear their own costs, attorney's fees, and 50% of the arbitrator's fee. Each party shall agree to the selection of the arbitrator. If the parties cannot mutually agree on the selection of the arbitrator, then the parties agree that the arbitrator of their choice will select an arbitrator.

The parties agree that these methods of dispute resolution shall be the sole remedy for any controversy or claim arising out of this agreement, and they expressly waive their right to file a lawsuit against one another in any civil court for such disputes, except to enforce a legally binding arbitration decision.

THIRD PARTY LIABILITY

All sharing members agree and understand that sharing is secondary to other programs or insurance. WeShare is not insurance. WeShare facilitates the sharing of medical needs from one Sharing Member to another. WeShare is not insurance, but at times other insurance or sources may be responsible for a Sharing Member's medical bills. It is in the best interest of all members that WeShare inquire and ensure that a medical need is not otherwise eligible to be covered or paid by another source prior to facilitating a Share Request. If a Sharing Member has other insurance, is eligible for a benefit that may cover medical expenses, or another source may be responsible for the medical expenses (for example, Workman's Compensation, the Sharing Member's own car insurance policy, third-party liability auto insurance or related); the Sharing Member's membership is subject to and conditioned upon the fulfillment of Subrogation and Third-Party Rights of Recovery.

Subrogation is a term that means one party stands in the place of another party. Subrogation shall apply to WeShare Sharing Members in situations where a Sharing Member is injured and another person is or may be responsible, liable, or contractually obligated, irrespective of fault or wrongdoing, for the payment of certain damages arising from or related in any way to the Sharing Member's injury (the "Injury"). These damages may include or be classified as, without limitation, medical expenses, pain and suffering, loss of consortium, or wrongful death, and may be paid or payable to the Sharing Member, the Sharing Member's estate, or the Sharing Member's survivors.

Any and all Share Requests shared and paid by WeShare members relating in any way to the Injury may be recovered directly from the other person (including the insurance company or the at-fault person) or from any judgment or settlement obtained by the Sharing Member in relation to the Injury. All WeShare Sharing Members agree to authorize and assign WeShare, or its designated

third-party administrator, any and all rights the Sharing Member may have to recover damages or payments from any other parties arising from or relating in any way to the Injury in order to pay for any and all related medical expenses. The scope of WeShare third-party liability and recovery parameters is defined below:

A. Exclusions of Expenses

Medical expenses incurred by a Member are not eligible for sharing if such expenses are covered by insurance or other third-party payor agreement of any kind available to the Member (including, without limitation, worker's compensation, fraternal benefits, self-insured health plan, federal or state governmental program, or any other applicable health insurance), or if a third-party is responsible to pay such expenses. For example, if a Member is injured in a car accident, the Member's automobile insurance may provide coverage or an at fault third-party may be liable for the Member's medical expenses. Under either circumstance, such medical expenses are not eligible for sharing.

B. Waiver of Expense Exclusion

WeShare may, in its sole discretion and on a case-by-case basis, waive the foregoing exclusions as applied to specific medical expenses and determine whether such expenses are otherwise eligible for sharing under these Guidelines; however, WeShare has no obligation to waive the exclusion, and specifically reserves the right to exercise or not exercise its waiver discretion. Any decision made by WeShare to waive an exclusion for Member does not create an obligation for WeShare have the same, or other, exclusion for any other Member. WeShare may condition waiver of the exclusion on the Member entering into an agreement with WeShare for subrogation, reimbursement or obtaining a secured interest in any payment or recovery received by the Member through applicable lien rights.

C. Statute of Limitations: Venue / Forum

Before filing a lawsuit, the Shareable Medical Bill (SMB) must exhaust all available levels of review as described in this section, unless an exception under applicable law applies. A legal action to obtain Health Sharing Program Elements must be commenced within one (1) year of the date of the Notice of Determination on the final level of internal or external review, whichever is applicable. Further, any legal action brought against the Health Care Sharing Ministry (HCSM), WeShare, UHSM™, The Member, and / or any Authorized Representative, submits to and accepts the exclusive jurisdiction of such courts for the purpose of such legal action. To the fullest extent permitted by law, Member, and any Authorized Representative, irrevocably waive any objection which they may now or in the future have as to venue, as well as any Shareable Medical Bill (SMB) that any legal action or

proceeding brought in such court has been brought in an inconvenient forum.

D. Subrogation Right

If a Member's specific medical expenses subject to the foregoing exclusion are paid through WeShare, then the Member's rights to recover all or part of such medical expenses from an insurer or responsible third party are transferred to WeShare for the benefit of the Members. The Member shall do nothing after incurring such expenses to impair such rights of recovery and shall cooperate with steps made by WeShare to collect reimbursement from all applicable third-parties. Furthermore, at a request made by WeShare, the Member agrees to take all reasonable steps to assist WeShare in enforcing such rights including, but not limited to, bringing suit against an insurer or responsible third-party. WeShare agrees to pay applicable costs and attorneys' fees for enforcing its liability rights. Any amounts WeShare recovers through its subrogation efforts will first be paid to reimburse WeShare for its recovery costs and expenses and will then be paid to the Members up to the amount of medical expenses paid through their program, with any remainder to be paid to the Member.

E. Right of Reimbursement

If a Member's specific medical expenses subject to the foregoing exclusion are paid through WeShare, and the Member recovers all or part of such medical expenses from an insurer or responsible third-party, the Member agrees to reimburse WeShare within thirty (30) calendar days after the Member receives payment from such insurers or responsible third-parties. Member expressly agrees to sign all documents enabling such payments to be transferred and made payable to WeShare.

F. Lien on Third Party Recoveries

If a Member's specific medical expenses subject to the foregoing exclusion are paid through WeShare, and the Member recovers all or part of those medical expenses from an insurer or responsible third-party, the Member hereby grants a secured interest in the proceeds, to the amount of the medical expenses paid by WeShare, by granting a lien to WeShare for the benefit of the Members on the proceeds of any monetary recovery the Member obtains from any insurer or responsible third party, and the Member agrees to take any actions or steps necessary to perfect, secure and enforce this secured interest and lien. To the extent the Member has engaged an attorney to assist in the recovery of medical expenses (such as a personal injury attorney), the Member agrees to inform the attorney of such lien.

REASONABLE & ALLOWED AMOUNT / REASONABLE & ALLOWABLE AMOUNT

“Reasonable and Allowed Amount” or “Reasonable and Allowable Amount” means the maximum amount eligible for sharing by the Sharing Program for a service, supply and/or treatment that is considered a Covered Expense or Eligible Medical Need. The Reasonable and Allowable Amount is the lesser of: 1) the charge made by the Provider that furnished the care, service, or supply; 2) the reasonable and customary charge for the same treatment, service, or supply furnished in the same geographic area by a Provider of like service of similar training and experienced as further described below; or 3) , for claims submitted on UB-04 forms, , an itemized medical bill that lists in detail all the services that were provided during a visit or stay, including but not limited to, inpatient or outpatient facility claims, an amount equivalent to 140% of the Medicare equivalent allowable amount.

The term ‘reasonable and customary charge’ shall mean an amount equivalent to the lesser of a commercially available database or such other cost or quality-based reimbursement methodologies as may be available and utilized by the UHSM Sharing Program from time to time.

If there is insufficient information submitted for a given procedure, the Sharing Program will determine the Reasonable and Allowed Amount based upon charges made for similar services. Determination of the reasonable and customary charge will take into consideration the nature and severity of the condition being treated, medical complications or unusual circumstances that require more time, skill or experience, and the cost and quality data for that Provider.

The term ‘geographic area’ shall be defined as a metropolitan area, county, zip code, state or such greater area as is necessary to obtain a representative cross-section of Providers, persons, or organizations rendering such treatment, service or supply for which a specific charge is made. For Eligible Medical Needs rendered by a Physician, Hospital or Ancillary Provider in a geographic area where applicable law may dictate the maximum amount that can be billed by the rendering Provider, the Reasonable and Allowed Amount shall mean the lesser of amount established by applicable law for that Eligible Medical Needs or the amount determined as set forth above.

Sharing Member or its designee, WeShare by UHSM, has the ultimate discretionary authority to determine the Reasonable and Allowable Amount, including establishing the negotiated terms of a Provider arrangement as the Reasonable and Allowable Amount even if such negotiated terms do not satisfy the lesser of test described above.

COORDINATION OF CARE (COC)

All WeShare members are encouraged to take a proactive, responsible, and preventative role in healthcare. 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.

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).

Care Confirmation pre-Authorization Requirements are listed on the Summary Health Sharing Program Description indicating services that require preauthorize from the Shareable Medical Bill (SMB) Administrator Utilization Review Department in order for the services to be eligible for sharing under the Health Sharing Program. This is also called preauthorization or Care Confirmation. All services requiring preauthorization, as noted on the Summary Health Sharing Program Description are to be preauthorized in advance by the Utilization Review Department, except for emergencies. The Member or their representative is required to call the phone number for Care Confirmation pre-authorization located on the back of their ID card for the services specified above at least five (5) business days prior to services being rendered. The Member or their representative must identify the services to be rendered and the associated diagnosis and procedure codes necessary for preauthorized determinations and service pre-pricing.

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.

QWIK PAY FOR PROVIDERS

WeShare may, in its discretion and for eligible medical groups, make a payment to a physician, therapist, facility, or other licensed medical provider at the time of your visit to that provider if the following conditions are met:

1. The provider must reach agreement with the Sharing Program or its designee about the services to be performed, and the cost of those services.
2. The provider must agree that payment by the Sharing Program (in addition to any required payment by the patient) is payment in full for the services rendered.
3. If the services are not provided as agreed in Condition 1, above, the provider must provide an appropriate refund to the Sharing Program.
4. The provider will need to submit a share request for any services rendered in addition to those anticipated in Condition 1, above.

For information about this benefit, your provider may call (800-900-8476)

Share requests may be denied or shared within thirty (30) days of receipt of an initial share request, and if eligible will be paid directly to the Provider. Items that may be eligible out of network are:

- Emergency Services, including certain post-care, rendered at a hospital emergency department, a freestanding emergency department which provides emergency services, is geographically separate and distinct, and licensed separately from, a hospital or an urgent care center licensed by the state consistent with the definition of a freestanding emergency department
- Non-emergency services rendered by a Non-Network Provider at a Participating Health Care Facility. Covered Non-Network air ambulance services.

If the UHSM and the provider disagree about the amount due for services they agree are covered by the NSA, the disagreement will be addressed pursuant to the remedies set forth in the Membership Guide.

CLEAN SHAREABLE MEDICAL BILL (SMB)

Clean Shareable Medical Bills complete the Care Confirmation process and recognize the eligibility for sharing, as long as the following criteria are met:

(a) is timely received by the Administrator; (b) (i) when submitted via paper has all the elements of the UB 04 or CMS 1500 (or successor standard) forms; or (ii) when submitted via an electronic transaction, uses only permitted transaction code sets (e.g. CPT4, ICD9, ICD10,

HCPCS) and has all the elements of the standard electronic formats required by applicable Federal authority; (c) is a Shareable Medical Bill (SMB) for which the Health Care Sharing Ministry (HCSM) is the primary sharer or the Health Sharing Program's responsibility as a secondary sharer has been established; and (d) contains no defect, error or other shortcoming resulting in the need for additional information to adjudicate the Shareable Medical Bill (SMB); and (d) that does not lack necessary substantiating documentation to completely adjudicate the Shareable Medical Bill (SMB).

Clean Shareable Medical Bill does not include a request that is being reviewed for the reasonable and Allowable Amount shareable under the terms of this program. Additionally, any claim over \$500 must be accompanied by a valid itemization, and submitted to the Third-Party Administrator before it will be deemed as a Clean Shareable Medical Bill (SMB).

UTILIZATION REVIEW

Utilization review is the process of evaluating if services, supplies or treatment are medically necessary, appropriate and priced at the prevailing rates to help ensure cost-effective care. Utilization review can eliminate unnecessary services, hospitalizations, and shorten confinements while improving quality of care and reducing costs to the Sharing Member and the Sharing Program. Pre-authorization establishes the medical necessity of certain care and services eligible for sharing under the Sharing Program. It ensures that the pre-authorized care and services will not be denied on the basis of medical necessity (as defined by this Sharing Program). The Care Confirmation pre-authorization process will also establish the reference prices for requested services. However, Care Confirmation pre-authorization does not guarantee the payment of medical expenses. While the UHSM will facilitate payment of the sharing of medical expenses of its Sharing Members, the UHSM or any Sharing Member does not guarantee that any medical expenses will be paid.

NO SURPRISES ACT: NETWORK & NON-NETWORK PROVIDER ARRANGEMENT

Except as outlined in "No Surprises Act – Emergency Services and Surprise Bills" below, if the charge billed by a Non-Network Provider for any eligible for sharing service is higher than the Reasonable and Allowable Amount determined by the Health Sharing Program, Members are responsible for the excess unless the Provider accepts assignment of Health Sharing Program Elements as consideration in full for services rendered. Since Network Providers have agreed to accept a negotiated discounted fee as full sharing for their services, Members are not

responsible for any billed amount that exceeds that fee. The Health Sharing Program Administrator reserves the right to revoke any previously-given assignment of Health Sharing Program Elements or to proactively prohibit assignment of Health Sharing Program Elements to anyone, including any Provider, at its discretion.

To receive Health Sharing Program Element consideration, Members may need to submit Shareable Medical Bill (SMB)s for services provided by Non-Network Providers to the Third-Party Administrator. Network Providers have agreed to bill the Health Sharing Program directly, so that Members do not have to submit Shareable Medical Bill (SMB)s themselves.

CERTAIN UNPLANNED SERVICES & SURPRISE BILLS

For Non-Network Shareable Medical Bill (SMB)s subject to the No Surprises Act (“NSA”), Member cost-sharing will be the same amount as would be applied if the Shareable Medical Bill (SMB) was provided by a Network Provider and will be calculated as if the Health Sharing Program’s Allowable Expense was the Recognized Amount, regardless of the Health Sharing Program’s actual Reasonable and Allowable Amount. “Recognized Amount” shall mean, except for Non-Network air ambulance services, an amount determined under an applicable all-sharer model agreement, or if unavailable, an amount determined by applicable state law. If no such amounts are available or applicable and for Non-Network air ambulance services generally, the Recognized Amount shall mean the lesser of a Provider’s billed charge or the Eligible for Sharing amount. The NSA prohibits Providers from pursuing Members for the difference between the Reasonable and Allowable Amount and the Provider’s billed charge for applicable services, with the exception of valid Health Sharing Program-appointed cost-sharing as outlined above. Any such cost-sharing amounts will accrue toward In-Network Annual Member Care Share (AMCS) and out of pocket maximums.

Perks for Shareable Medical Bill (SMB)s subject to the NSA will be denied or paid within thirty (30) days of receipt of an initial Shareable Medical Bill (SMB), and if approved will be paid directly to the Provider.

Shareable Medical Bill (SMB)s subject to the NSA are those which are submitted for:

- Emergency Services, including certain post-stabilization care, rendered at a hospital emergency department, a freestanding emergency department which provides emergency services, is geographically separate and distinct, and licensed separately from, a hospital or an urgent care center licensed by the

state consistent with the definition of a freestanding emergency department.

- Non-emergency services rendered by a Non-Network Provider at a Participating Health Care Facility, provided the Member has not validly waived the applicability of the NSA. Unless the Ancillary Provider is expressly requested by the Member, Ancillary Providers may never balance bill. Ancillary services are those related to emergency medicine, such as radiology, anesthesiology, pathology and lab, neonatology and specialty services needed to respond to unexpected complications and hospitalist services. The No Surprises Act also prevents balance billing by out-of-network providers if no in-network provider is available.
- Eligible for sharing Non-Network air ambulance services.

An out-of-network provider or facility may balance bill you (or the patient) for eligible for sharing services provided after the patient is stabilized, provided the following conditions are met:

- The provider or facility must determine that the patient can travel using nonmedical transportation or nonemergency medical transportation.
- The provider must provide notice to that further treatment is out-of-network.
- The patient must be in a condition to acknowledge, and acknowledge, receipt of the notice.

If the Health Care Sharing Ministry (HCSM) and the provider disagree about the amount due for services they agree are eligible for sharing by the NSA, the disagreement will be addressed pursuant to the remedies set forth in the NSA. The provider cannot balance bill you if he, she or it does not agree with the amount shared. If you believe the Health Care Sharing Ministry (HCSM) incorrectly denied or applied out-of-network cost sharing to surprise medical bills, you may appeal the decision, first to the Health Care Sharing Ministry (HCSM) and then to an independent external reviewer. Please see the Appeals section of this document for more information.

ELECTION TO USE OUT-OF-NETWORK PROVIDER

You may elect to obtain services from an out-of-network provider. The out-of-network provider has legal obligations, including the obligation of obtaining your

consent, in advance of the services. The out-of-network provider has the obligation to provide you with a good-faith estimate of the amount he, she or it will charge for the service.

You may request an advanced explanation of Health Sharing Programs from the Health Sharing Program, which may result in the Health Care Sharing Ministry (HCSM) advising you of the amount it will cover for the out-of-network services. If the Health Care Sharing Ministry (HCSM) is able to do so, it will provide an advanced explanation of Health Sharing Programs to you. **ADDITIONAL** 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.

CONTINUITY OF CARE

In the event a Member is a continuing care patient receiving a course of treatment from a Provider which is In - Network or otherwise has a contractual relationship with the Health Care Sharing Ministry (HCSM) governing such care and that contractual relationship is terminated, not renewed, or otherwise ends for any reason other than the Provider's failure to meet applicable quality standards or for fraud, the Member shall have the following rights to continuation of care.

The Health Care Sharing Ministry (HCSM) shall notify the Member in a timely manner, but in no event later than five (5) calendar days after termination that the Provider's contractual relationship with the Health Sharing Program has terminated, and that the Member has rights to elect continued transitional care from the Provider. If the Member elects in writing to receive continued transitional care, Health Sharing Program Elements will apply under the same terms and conditions as would be applicable had the termination not occurred, beginning on the date the Health Sharing Program's notice of termination is provided and ending ninety (90) days later or when the Member ceases to be a continuing care patient, whichever is sooner.

For purposes of this provision, "continuing care patient" means an individual who:

- Is undergoing a course of treatment for a serious and complex condition from a specific Provider.
- Is undergoing a course of institutional or Inpatient care from a specific Provider.
- Is scheduled to undergo non-elective surgery from a specific Provider, including receipt of postoperative care with respect to the surgery.

- Is pregnant and undergoing a course of treatment for the Pregnancy from a specific Provider.
- Or is or was determined to be terminally ill and is receiving treatment for such illness from a specific Provider.

Note that during continuation, Health Sharing Program perks will be processed as if the termination had not occurred, however, the Provider may be free to pursue the Member for any amounts above the Health Sharing Program's sharing amount.

Extended Sharing Programs

AVAILABLE PROGRAM OPTIONS

Added Care Through S.M.A.R.T. & A.I.D.D. Programs:

The S.M.A.R.T. and A.I.D.D. Programs add sharing, plus protection, against accidents and / or life-threatening illness. The S.M.A.R.T. and A.I.D.D. Programs are presented to members directly through UHSM™, the ministry.

S.M.A.R.T. Care Program: Incremental protection against life-threatening illnesses such as Stroke, Myocardial Infarction (heart attack), Aggressive Cancer, Renal (Kidney) Failure, and Transplants of major organs. *(Formerly known as SMART Share).*

A.I.D.D. Care Program: Incremental protection against accidents resulting in injuries requiring treatment at either an Emergency Room or Urgent Care facility. A.I.D.D. Care has no waiting period, so program features are available upon activation. This program is only available in-conjunction with an active S.M.A.R.T. Care Program. *Program was previously named S.T.A.R.R. Care*

To learn more about these programs, please contact the WeShare® Member Services via 800.900.8476, online WeShare.org/AIDD, or via email (members@uhsm.com).

Appendix

GLOSSARY OF TERMS

ACTIVE SHARING MEMBER – An Active Sharing Member is a status indicating that a Sharing Member has met all Sharing Membership Commitments, and thus eligible to request a sharing of Medical Need(s).

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 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 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.

APPLICANT – An adult participating by himself or herself, and / or on behalf of their spouse, their child(ren) by said parent or guardian; able to certify that he / she is the Primary Member and takes full financial responsibility for the Combined Sharing Membership and who signs the Membership Enrollment Application attesting on behalf of all the potential Sharing Members to the Disclosures and Acknowledgments provided with the Membership Enrollment Application.

APPLICATION DATE – The date when WeShare receives a completed Membership Enrollment Application from a potential member.

ASSIGNMENT OF SHARE – The term “Assignment of Share” shall mean an arrangement whereby the Sharing Member assigns his or her share amount from another Sharing Member through UHSM for Eligible Medical Needs to a Provider, in strict accordance with the conditions and limitations of such rights provided under the terms of this WeShare Membership Guide and Sharing Program Guide.

Conditions and Limitations of an Assignment of Share:

1. Any Assignment of Share by a Sharing Member through the Sharing Program to a Provider is limited by the terms of this UHSM Membership Guide and Sharing Program tier. An Assignment of Share is considered valid on the condition that Provider accepts the payment received from the Sharing Program as consideration, in full, for Eligible Medical Needs for services, supplies and/or treatment rendered. This amount does not include any cost sharing amounts (i.e. copayments, deductibles, or coinsurance), or charges for non-covered services; the Provider may bill the Sharing Member directly for these amounts. Provider understands that there is no guarantee by UHSM or any Sharing Member that their Eligible Medical Needs will be shared.

2. Unless specifically prohibited by a Sharing Member, a Provider with a valid Assignment of Share may exhaust, on behalf of the Sharing Member, any administrative remedies available under the terms of the UHSM Sharing Program, including initiating an internal or external appeal of an adverse benefit determination in accordance with the terms of the UHSM Membership Guide. Notwithstanding the foregoing, the Sharing Member does not, under any circumstances, have the right to assign to any Provider (or their representative) through an Assignment of Share any right to initiate any cause of action against the UHSM or any other Sharing Member.

3. An Assignment of Share does not grant the Provider any rights other than those specifically set forth herein.

4. UHSM may disregard an Assignment of Share at its discretion and continue to treat the Sharing Member as the sole recipient of the benefits available under the terms of the Sharing Program.

5. An Assignment of Share by a Sharing Member to a Provider will not constitute the appointment of an Authorized Representative.

By submitting a Share Request to the Sharing Program and accepting payment by the Sharing Program, the Provider is expressly agreeing to the foregoing conditions and limitations of an Assignment of Share in addition to the terms of the UHSM Membership Guide. The Provider further agrees that the payments received constitute an ‘accord and satisfaction’ and consideration, in full, for the Eligible Medical Needs for services, supplies and/or treatment rendered. The Provider agrees that the conditions and limitations of an Assignment of Share as set forth herein shall supersede any previous terms and/or agreements. The Provider agrees to the specific condition that the patient not be balance billed for any amount beyond applicable cost sharing amounts (i.e. Consultation Fees, copayments, ACMS, or co-share), or charges for non-covered services; the Provider may bill the Sharing Member directly for these amounts.

If a Provider refuses to accept an Assignment of Share under the conditions and limitations as set forth herein, any Eligible Medical Needs payable under the terms of the Sharing Program will be payable directly to the Sharing Member.

CANCELLATION DATE – The Cancellation Date refers to the month and day a Sharing Membership ends due to the Member’s withdrawal or cancellation for reasons including, but not limited to, not following the Membership Guidelines of for nonpayment of the Monthly Contribution.

COMBINED SHARING MEMBERSHIP – A Combined Sharing Membership is when two or more family members residing in the same household resulting in all Sharing Members being grouped.

“COPAYMENT” OR “CONSULT FEE” OR “CO-SHARE” OR “CONSULTATION FEE” - shall mean the fixed dollar amount that the Sharing Member pays to the Participating Provider, at time of medical services rendered. Consultation Fees will not be applied after the patient or family's Annual Member Care Share has been reached.

“COVERED EXPENSE” or “ELIGIBLE MEDICAL NEED” - Those Medically Necessary services, supplies and/or treatment that are covered under this Sharing Program. Covered Expense does not necessarily mean the actual charge made nor the specific service or supply furnished to a Sharing 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 Covered 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 a Covered Expense.

DATE OF SERVICE (DOS) – The Date of Service (DOS) is when services were provided to a member.

DEPENDENT – Pursuant to the Membership Guide, A dependent is considered anyone, such as a spouse and / or any of your unmarried children (by birth, legal adoption, or marriage) under the age of twenty-six years old (26), and one who has been included on Membership Enrollment Application to be included under a Combined Sharing Membership.

EFFECTIVE DATE – The Effective Date is when a WeShare Sharing Membership begins, typically on the 1st or 15th of any given month.

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.

EMPLOYEE - The individual employed by the Health Sharing Program Sponsor, who is eligible to participate

in the Health Sharing Program, pursuant to the terms as provided by the Health Sharing Program.

ESCROW INSTRUCTIONS – Escrow Instructions refers to the authorized, detailed instructions assigned to WeShare by Sharing Members on the Membership Application and / or the Membership Commitment Acknowledgments to manage the Sharing Members' escrow account as the designated escrow agent.

EXCESS CHARGES –The part of an expense for services, supplies and/or treatment of an Injury or Sickness that is in excess of the Reasonable and Allowable Charge. (Definition and Exclusion) Medically Necessary - Health care services or supplies determined by UHSM, in its discretion as necessary to diagnose or treat an illness, injury, condition, disease, or its symptoms, and that meet accepted standards of medicine.

EXPLANATION OF SHARE (EOS) – Explanation of Share (EOS) is a statement sent to you and any Participating Provider(s) that have received an Assignment of Share once a Shareable Medical Bill (SMB) has been processed, is pending, or is ineligible for sharing. The EOS specifies the amount a Sharing Member is responsible for paying as part of the Annual Member Care Share (AMCS) or pursuant to the Sharing Program Details and any amounts shared by the WeShare membership.

GEOGRAPHIC AREA – The term 'geographic area' shall be defined as a metropolitan area, county, zip code, state or such greater area as is necessary to obtain a representative cross-section of Providers, persons, or organizations rendering such treatment, service, or supply for which a specific charge is made.

For Eligible for sharing Expenses rendered by a Physician, Hospital or Ancillary Provider in a geographic area where applicable law may dictate the maximum amount that can be billed by the rendering Provider, the Reasonable and Allowed Amount shall mean the lesser of amount established by applicable law for that Eligible for sharing Expense or the amount determined as set forth above.

HEALTHCARE SHARING MINISTRIES (HCSM) – Health Care Sharing Ministries (HCSM) are non-insurance entities in which members share a common set of ethical or religious beliefs and agree to share medical expenses among members.

HEALTHCARE SHARING MINISTRIES (HCSM) SPONSOR – The legal entity that adopts, amends, and administers the Health Sharing Program.

HEALTHCARE SHARING MINISTRY (“UHSM”) - A non-profit organization that facilitates the sharing of Medical Needs from one Sharing Member to another and that adopts, amends, and administers the Sharing Program.

HEALTH SHARING PROGRAM – A group Health Care Sharing Ministry (HCSM) Program, adopted and by the

Health Care Sharing Ministry (HCSM) Sponsor, for the Health Sharing Program Element of the eligible Employee, Dependent, and / or Member, and as amended from time-to-time.

HEALTH SHARING MEMBER – An Employee, Dependent, and / or Member who is eligible for sharing under this Health Sharing Program at the time the services are rendered.

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.

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

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.

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

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

INACTIVE SHARING MEMBER – An Inactive Sharing Member refers to the status when the Sharing Member or Primary Member has not met all Sharing Membership Commitments, making a Sharing Member ineligible to request a sharing of Medical Need(s).

INELIGIBLE – Ineligible is a status indicating that a member has failed to meet the conditions that qualify for sharing as described in the Membership Guidelines, or that a member’s Medical Need(s) do not fall within the sharing limits of WeShare programs.

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.

INELIGIBLE SHARING MEMBER / NEED(S) – Ineligible Sharing Member / Need(s) is a status indicating a member has failed to meet the conditions required for sharing, or that a Medical Need does not fall within the sharing limits of a Sharing Program.

LIFETIME MAXIMUMS / SHARING LIMITS – Unlike with most other health shares, there are no Lifetime or Annual Program Maximums with WeShare Healthshare programs. There may be limits on sharing for certain Medical Need(s), as outlined in each Sharing Program Brochure and Sharing Program Details, including intentional member-selected maximum sharing amounts for WeShare SMART and AIDD Care extended sharing programs.

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 – Health care services or supplies determined by UHSM in its discretion as necessary to diagnose or treat an illness, injury, condition, disease, or its symptoms, and that meet accepted standards of medicine.

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.

MEMBERSHIP APPLICATION – A Membership Application is the form that must be completed and approved to qualify as a Sharing Member. The

Membership Application outlines the contact and medical information of the Primary Member and any Dependents, which Sharing Program was selected, and the voluntary Monthly Share Contribution, along with Disclosures, Acknowledgments, and Commitments Statements.

MEMBERSHIP COMMITMENT ACKNOWLEDGMENTS

Membership Commitment Acknowledgements are the conditions by which members must agree to abide by that detail the lifestyle standards, commitments, authorizations, and instructions required of all WeShare Sharing Members in order to maintain Active Sharing Member status.

MEMBERSHIP LIMITATION – Membership Limitations are a constraint on the eligibility for sharing of Medical Need(s) or associated medical conditions. An associated condition is one that is caused directly and primarily by the medical condition that is specifically ineligible. Sharing limits are outlined in member documents and established during the application process; and may be subject to medical record review.

MEMBERSHIP UPDATE FORM – A Membership Update Form is a document / electronic form by which Members must complete and provide to WeShare upon request or as details of an individual membership change.

MEMBER-TO-MEMBER SHARING STATEMENT – Member-to-Member Sharing Statements are regular statements on how WeShare sharing funds are used to help share members' Medical Need(s). Member Sharing Statements explain contributions and share amounts. This notice is not a bill or an invoice and does not require action.

MONTHLY CONTRIBUTION AMOUNT (MCA) – The Monthly Contribution Amount (MCA) is a voluntary contribution, facilitated by WeShare, on behalf of its Active Sharing Members, and are non-refundable, and managed by WeShare, according to Escrow Instructions, Membership Guidelines, Program Details, and the Vision, Mission, or Goals of the non-profit organization (NPO). Sharing Members contribute scheduled Monthly Contribution Amounts (MCA) as part of the health sharing commitments. Neither WeShare nor the other Sharing Members are liable for any part of an individual's Medical Need(s) or expenses. All Sharing Members are responsible for their own medical expenses.

NO OBLIGATION TO PAY - Charges incurred for which the Sharing Program has no legal obligation to pay. (Exclusion)

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.

PHYSICIAN – A person properly licensed by a state (or foreign jurisdiction where benefits are payable outside of the United States) in which he or she is authorized to practice medicine within the scope of such legal authority or license.

NON-PARTICIPATING PROVIDER – A Non-Participating Provider is 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.

NO OBLIGATION TO SHARE – Charges incurred for which the Health Care Sharing Ministry (HCSM) has no legal obligation to share.

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.

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.

PRIMARY MEMBER – The Primary Member is the person of a household who submits a Membership Enrollment Application and has named himself / herself as the Primary Member of WeShare membership on the Membership Enrollment Application.

PROVIDER – Any person or company that provides a health care service including, without limitation, physicians, hospitals, ambulatory surgery centers, pharmacies, skilled nursing facilities, and residential treatment centers.

QWIK PAY – Through Qwik Pay, the Health Care Sharing Ministry (HCSM) may, in its discretion, may make eligible for sharing to a physician, therapist, facility, or other licensed medical provider at the time of your visit, and as long as the following conditions are met:

- I. The provider must reach agreement with the Health Care Sharing Ministry (HCSM) or its designee about the services to be performed, and the cost of those services.
- II. The provider must agree that sharing by the Health Care Sharing Ministry (HCSM) (in addition to any required share by the patient) is sharing in full for the services rendered.
- III. If the services are not provided as agreed in Condition I., above, the provider must provide an appropriate refund to the Health Care Sharing Ministry (HCSM).
- IV. The provider will need to submit a Shareable Medical Bill (SMB) for any services rendered in addition to those anticipated in Condition I., above.

For information about this Health Sharing Program Element, your provider may contact Member Services directly (800.900.8476) or at (members@uhsm.com).

REASONABLE & CUSTOMARY CHANGE – The term ‘reasonable and customary charge’ shall mean an amount equivalent to the lesser of a commercially available database or such other cost or quality-based reimbursement methodologies as may be available and utilized by the Health Care Sharing Ministry (HCSM) from time to time.

If there is insufficient information submitted for a given procedure, the Health Care Sharing Ministry (HCSM) will determine the Reasonable and Allowed Amount based upon charges made for similar services. Determination of the reasonable and customary charge will take into consideration the nature and severity of the condition being treated, medical complications or unusual circumstances that require more time, skill or experience, and the cost and quality data for that Provider.

RELIGION – Religion, as defined by WeShare, refers to a personal set and / or institutionalized system of religious attitudes, sincerely held morals, ethical beliefs, and faith-based worship practices.

SHARE REQUEST - A Share Request for a Eligible Medical Need that (a) is timely received by UHSM; (b) (i) when submitted via paper has all the elements of the UB 04 or CMS 1500 (or successor standard) forms; or (ii) when submitted via an electronic transaction, uses only permitted transaction code sets (e.g. CPT4, ICD9, ICD10, HCPCS) and has all the elements of the standard electronic formats required by applicable Federal authority; (c) is a claim for which the Sharing Program has received an Assignment of Share from its Sharing Members to forward a Sharing responsibility as a secondary payor has been established; and (d) contains no defect, error or other shortcoming resulting in the need for additional information to adjudicate the claim; and (d) that does not lack necessary substantiating documentation to completely adjudicate the claim.

A Share Request does not include a request that is being reviewed for the Reasonable and Allowable Amount payable under the terms of the Sharing Program. Additionally, any claim over \$1,000 must be accompanied by a valid itemization and submitted to the Third Party Administrator before it will be deemed a Share Request.

SHAREABLE MEDICAL BILL (SMB) “CLEAN”– A Clean Shareable Medical Bill (SMB) for an Eligible sharing Expense that: (a) is timely received by the Administrator; (b) (i) when submitted via paper has all the elements of the UB 04 or CMS 1500 (or successor standard) forms; or (ii) when submitted via an electronic transaction, uses only permitted transaction code sets (e.g. CPT4, ICD9, ICD10, HCPCS) and has all the elements of the standard electronic formats required by applicable Federal authority; (c) is a Shareable Medical Bill (SMB) for which the Health Care Sharing Ministry (HCSM) is the primary sharer or the Health Sharing Program’s responsibility as a secondary sharer has been established; and (d) contains no defect, error or other shortcoming resulting in the need for additional information to adjudicate the Shareable Medical Bill (SMB); and (d) that does not lack necessary substantiating documentation to completely adjudicate the Shareable Medical Bill (SMB).

A Clean Shareable Medical Bill (SMB) does not include a Shareable Medical Bill (SMB) that is being reviewed for the Reasonable and Allowable Amount shareable under the terms of the Health Sharing Program. Additionally, any Shareable Medical Bill (SMB) over \$500 must be accompanied by a valid itemization, and submitted to the Third-Party Administrator before it will be deemed a Clean Shareable Medical Bill (SMB).

SHAREABLE MEDICAL BILLS (SMB)’S ADMINISTRATOR – The entity responsible for administering Shareable Medical Bill (SMB)s under the Health Sharing Program.

SHARING MEMBER – An individual who is eligible to participate in a Sharing Program at the time the services are rendered.

SHARING PROGRAM – The Sharing Program adopted and maintained by the UHSM for the benefit of its Sharing Members and as amended from time to time.

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.

WESHARE SUPPORT MEMBER – WeShare Support Members are those who believe in the Mission, Vision, and Purpose of WeShare, and who have a desire to donate varying amounts of contributions.

STATEMENT OF FAITH AND SHARED BELIEFS – The Statement of Faith and Shared Beliefs is the sincerely held religious and moral philosophy all members agree to live by as a WeShare Sharing Member (see Exhibit A, Page 32).

TELEHEALTH SERVICES THROUGH THE DOCDAY™ APP– Telehealth Services provided through the DocDay™ App is a resource that allows access to remote medical services via real-time, two-way communication. Reach a provider on the go or anywhere in the United States (WeShare.org/Telehealth).

UCR (USUAL, CUSTOMARY, AND REASONABLE) – Usual, Customary, and Reasonable (UCR) is the lesser of the actual charge or the charge most other facilities or medical professionals would make for those or comparable services or supplies, as determined by WeShare.

UHSM - The entity responsible for facilitating sharing under the Sharing Program.

UTILIZATION REVIEW - Utilization review is the process of evaluating if services, supplies or treatment are medically necessary, appropriate, and priced at the prevailing rates to help ensure cost-effective care. Utilization review can eliminate unnecessary services, hospitalizations, and shorten confinements while improving quality of care and reducing costs to the Member and the Health Sharing Program. Care Confirmation pre-authorization establishes the medical necessity of certain care and services eligible for sharing under the Health Sharing Program. It ensures that the pre-authorization care and services will not be denied on the basis of medical necessity (as defined by this Health Sharing Program). The Pre-authorization process will also establish the reference prices for requested services. However, pre-authorization does not guarantee the sharing. Eligibility for Sharing and Health Sharing Program Elements are always subject to other requirements and provisions of the Health Sharing Program, such as, Health Sharing Program limitations, exclusions, and eligibility at the time care and services are provided.

VALUE-BASED PAYMENTS – WeShare by UHSM uses Value-based Payments (VBP) as the basis for hospital

reimbursements that includes the Centers for Medicare and Medicaid Services’ (CMS) cost and pricing data and other published pricing benchmarks. Value-based payment (VBP) models pay providers based on the outcomes of the care they deliver, not the volume. VBP models are recognized for their potential to lower costs, increase quality, and promote equity. HST, an independent health care pricing vendor will apply WeShare’s reference price at 140% of the Medicare Allowable Price (MAP) to all facility bills. HST is further authorized to secure negotiated settlements up to 200% MAP as payment-in-full to avert or settle any member balance billing or appeals. Any potential settlements greater than 200% MAP will be submitted to WeShare and possibly to the Sharing Member for final payment disposition. WeShare programs do not access any hospital Preferred Provider Organization (PPO) agreements and consequently is not bound by any hospital PPO contracts. Pricing errors or revisions reported to WeShare after the fact by providers or HST will be corrected promptly. WeShare is not responsible for any value-based payment errors unless they are applied incorrectly. WeShare and HST are not responsible for any voided value-based payments should its Sharing Member access any wrap or travel hospital networks.

Physician and ancillary services are accessed through the PHCS Network and paid according to the PPO Agreements. Out-of-network physician and ancillary services will be priced by HST at 120% MAP and are not subject to HST’s Patient Advocacy Center (PAC). PPO network or value-based payment errors will be reported to WeShare after the fact and will be corrected promptly. WeShare is not responsible for any PPO or value-based payment errors unless they are applied incorrectly.

WITHDRAWN – Withdrawn refers to when a Sharing Member’s membership is canceled upon member’s request or when the member has failed to meet membership obligations.

Exhibit A:

STATEMENT OF FAITH AND SHARED BELIEFS

OUR STATEMENT OF FAITH

The members of WeShare hold the sincere religious belief that they are called to demonstrate Christianity in tangible ways, including preserving one another’s health and healing the sick. WeShare members and community believe the act of sharing each other’s burdens is an expression of worship. As faithful stewards, members are compelled by God to support each other through the

sharing of medical bills during times of need. By taking part in this tradition, our Members are supporting those of common religious principle for the sake of mutual aid, and honoring God.

To that end, WeShare and its members hold to the following Statement of Faith:

- I. We believe it is our fundamental right of conscience under the Constitution of the United States to direct our own healthcare, and to refrain from sharing in the cost of medical expenses we object to based on our religious beliefs and convictions.
- II. We believe it is our moral and ethical obligation to help any person in need, providing for each other's burdens as a form of Worship to God.
- III. We believe the Holy Scriptures that teach our bodies are "temples of the Holy Spirit", and that we are compelled to live a healthy lifestyle and to avoid foods, habits or personal behavior that can undermine our well-being.
- IV. We believe in doing everything in our power to reduce the cost of our personal health care, but never the quality of our care.
- V. We believe every individual has the fundamental right to worship God as he or she chooses; and that these fundamental rights come from God alone.

SHARING IN GOD

There is one God who is the creator and ruler of the universe. He is a God who sees us and cares for us in our daily lives. God's mission is a mission of love. We love God, and we demonstrate our love and live out our faith by extending care to others and by sharing each other's burdens.

- I. We believe in one God eternally existing as Father, Son, and Holy Spirit.
- II. We believe that God has revealed Himself in the Scriptures of the Old and New Testaments, the

inspired Word of God, and supremely in His Son, the Lord Jesus Christ.

- III. We believe that in the beginning God created all things by His Son. He made man in the divine image, with free will, moral character, and a spiritual nature.
- IV. We believe that man fell into sin, bringing depravity and death upon the race; that as sinner, man is self-centered and self-willed, unwilling, and unable to break with sin.
- V. We believe that there is one mediator between God and man; Jesus Christ, who died to redeem us from sin, arose from death for our justification.
- VI. We believe that salvation is by grace through faith in Christ, a free gift bestowed by God on those who repent and believe.
- VII. We believe that the Holy Spirit convicts of sin, affects the new birth, gives guidance in life, empowers us for service, and enables perseverance in faith and holiness.

WESHARE® THE WORD OF GOD

God's Word to mankind is inspired and is infallible. As such, the Holy Scriptures should be viewed as the "owner's manual" for life. We believe in the Holy Scriptures as originally given by God, divinely inspired, infallible, and entirely trustworthy; and we believe in their supreme authority in all matters of faith and conduct. The Holy Scriptures reveal that God is a God of compassion and mercy. The Scriptures tell us that God wants to help us in every way possible to have the best life possible.²

The Scriptures also teach us that we are responsible for each other.³

ABOUT THE COMMUNITY OF BELIEVERS

It is God's intention that individuals of faith need community with other members of their faith. God established the community of faith believers as the institution through which His wisdom is shown and in which His Spirit dwells⁴.

- We believe that the church is the body of Christ, the brotherhood of the redeemed, a disciplined people obedient to the Word of God, and a fellowship of love, intercession and healing⁵.
- We believe that Christ commissioned the church to go into all the world, making disciples of all the nations, and ministering to every human need.

1 Timothy 5:8 (NKJV): But if anyone does not provide for his own, and especially for those of his household, he has denied the faith and is worse than an unbeliever.

2 Isaiah 61: 1-3 (NIV): The Spirit of the Sovereign LORD is on me, because the LORD has anointed me to proclaim good news to the poor. He has sent me to bind up the brokenhearted, to proclaim freedom for the captives and release from darkness for the prisoners, to proclaim the year of the LORD's favor and the day of vengeance of our God, to comfort all who mourn, and provide for those who grieve in Zion—to bestow on them a crown of beauty instead of ashes, the oil of joy instead of mourning, and a garment of praise instead of a spirit of despair.

3 Genesis 4:9 (NIV) Then the LORD said to Cain, "Where is your brother Abel?" "I don't know," he replied. "Am I my brother's keeper?"

4 1 Timothy 5:8 (NKJV) But if anyone does not provide for his own, and especially for those of his household, he has denied the faith and is worse than an unbeliever.

5 Romans 12:10 Be devoted to one another in brotherly love; give preference to one another in honor.

STANDARDS FOR LIVING

The supreme evidence of this discipleship is not that we keep all the rules, but rather that we have love for one another. It is part of this transformation to understand that our physical bodies are temples for the indwelling Spirit of God, and that we are to take care of our physical bodies to bring glory to God.

- We believe that Christians are not to be conformed to the world but should seek to conform to Christ in every area of life.
- We believe that Christians are to be open and transparent in life, ever speaking the truth, and employing no oaths.
- We believe that it is the will of God for Christians to refrain from force and violence in human relations and to show Christian love to all men.

WESHARE® IN SELFLESS STEWARDSHIP

Called to Stewardship

At WeShare, we believe that everything in this life has been given to us, in trust, by God. We have been made by Him, for Him and for His glory.⁶ He created the world, and mankind, to declare His glory.⁷ Everything we have and all that we enjoy in this life comes from His gracious hand. As a result, we believe God wants us to be faithful stewards of all that He has given us...our possessions, our families, and our own bodies and lives to lead.

ABOUT STEWARDSHIP

We believe man is made in the image of God.⁸ God is a tripartite- Father, Son, and the Holy Spirit. Man is also three parts- body, soul, and spirit.⁹ We believe that our physical bodies are temples for the indwelling Spirit of God, and that we are to take care of our physical bodies to bring glory to God.¹⁰

We are directed as such, by God, to protect, prevent, and look after our mental, physical, and spiritual selves. Our views on health reflect a theology that holds that all things must be interpreted finally with reference to the Bible. Practically, one should have a sound body and mind to

render the most effective service to God and to others. The central belief is that men and women are made in God's image with the freedom and power to think and act. Though each is created a free being, every person is an indivisible unity of body, mind, and soul, dependent upon God for life and all else. Accordingly, the care of the body—either personally, socially, or institutionally—is fully an expression of Christian commitment and the very heart of What is Stewardship.

ABOUT HEALTH AND NEEDS SHARING

WeShare as we know that God does not intend for us to bear all our burdens alone. Unfortunately, we often are far more willing to help others to carry their burdens than we are in allowing others to help us shoulder our own. God calls us to bear the burdens of others because it is through our actions that God's comfort is made manifest. This concept is built on the fact that the church is the body of Christ.

We believe the primary Mission, Purpose, and Expression of Christian love and Christian, the purpose being to provide for the needs of families, singles, children, young people, and senior citizens through sharing programs, beyond the congregants of any one local Church, as the tangible expression of the extension of the ministry of Jesus Christ, and to touch and heal all of humanity. Our sincere beliefs on health reflect a theology that holds that all things must be interpreted finally with reference to the Bible. Practically, one should have a sound body and mind to render the most effective service to God and to others.

Exhibit B

LEGAL NOTICES

The following legal notices are the result of discussions by healthcare sharing ministries with several state regulators and are part of an effort to ensure that members understand that WeShare –and other healthcare sharing ministries— are not an insurance companies or insurance policies. WeShare does not guarantee payment of medical costs. WeShare is NOT an insurance company nor is the membership offered through an insurance company. Members make voluntary contributions in

6. Timothy 5:8 (NKJV): But if anyone does not provide for his own, and especially for those of his household, he has denied the faith and is worse than an unbeliever.

7. Isaiah 61: 1-3 (NIV): The Spirit of the Sovereign LORD is on me, because the LORD has anointed me to proclaim good news to the poor. He has sent me to bind up the brokenhearted, to proclaim freedom for the captives and release from darkness for the prisoners, to proclaim the year of the LORD's favor and the day of vengeance of our God, to comfort all who mourn, and provide for those who grieve in Zion—to bestow on them a crown of beauty instead of ashes, the oil of joy instead of mourning, and a garment of praise instead of a spirit of despair.

8. Genesis 4:9 (NIV) Then the LORD said to Cain, "Where is your brother Abel?" "I don't know," he replied. "Am I my brother's keeper?"

9. 1 Timothy 5:8 (NKJV) But if anyone does not provide for his own, and especially for those of his household, he has denied the faith and is worse than an unbeliever.

10. Romans 12:10 Be devoted to one another in brotherly love; give preference to one another in honor.

order to support the Eligible Medical Needs of other Sharing Members. WeShare is a program of United Faith Ministries, Inc., a 501(c)(3) nonprofit corporation, dba “Unite Health Share Ministries” or “UHSM.”

GENERAL LEGAL NOTICES

The following legal notices are the result of discussions by healthcare sharing ministries with several state regulators and are part of an effort to ensure that members understand that WeShare –and other healthcare sharing ministries— are not an insurance companies or insurance policies. WeShare does not guarantee payment of medical costs. WeShare is NOT an insurance company nor is the membership offered through an insurance company. Members make voluntary contributions in order to support the Eligible Medical Needs of other Sharing Members. WeShare is a program of United Faith Ministries, Inc., a 501(c)(3) nonprofit corporation, dba “Unite Health Share Ministries” or “UHSM.”

STATUTE OF LIMITATIONS: VENUE / FORUM

Any dispute between the Sharing Member and WeShare by UHSM must be handled via Christian mediation and arbitration as set forth in the Membership Guide. A party must provide a notice of the dispute and request Christian Mediation within one (1) year of the date the dispute arises. Any dispute must be brought exclusively in the City of Norfolk, Commonwealth of Virginia.

STATE SPECIFIC NOTICES

Alabama Code § 22-6A-2

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. 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.

Alaska Statute § 21.03.021(k)

Notice: The organization coordinating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. 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. Participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive a payment for medical expenses, or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Arizona Rev Statute § 20-122

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and the ministry’s, guidelines and plan of operation are not an insurance policy. Whether anyone chooses to assist you with your medical bills will be completely voluntary because participants are not compelled by law to contribute toward your medical bills. Therefore, participation in the ministry or a subscription to any of its documents should not be considered to be insurance. Regardless of whether you receive any payment for medical expenses, or whether this ministry continues to operate, you are always personally responsible for the payment of your own medical bills.

Arkansas Code § 23-60-104

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. If anyone chooses to assist you with your medical bills, it will be totally voluntary because participants are not compelled by law to contribute toward your medical bills. Participation in the organization or a subscription to any of its documents should never be considered insurance. Regardless of whether you receive any payment for medical expenses, or if this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Florida Statutes § 624.1265

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is 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 the Florida Insurance Code. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant is 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.

Georgia Code § 33-1-20

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. 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.

Idaho Statutes § 41-121

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. 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 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.

Illinois Compiled Statutes § 215-5/4

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Any assistance you receive with your medical bills will be totally voluntary. 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.

Indiana Code § 27-1-2.1-1

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor 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 payment 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.

Kentucky Revised Statutes § 304.1-120

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.

Louisiana Revised Statutes § 22:318

Notice: The ministry facilitating the sharing of medical expenses is not an insurance company. Neither the guidelines nor the plan of operation of the ministry constitutes an insurance policy. Financial assistance for the payment of medical expenses is strictly voluntary. Participation in the ministry or a subscription to any publication issued by the ministry shall not be considered as enrollment in any health insurance plan or as a waiver of your responsibility to pay your medical expenses.

Maine Revised Statute Title 24-A, §704

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. 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. 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.

Maryland Insurance Code Ann. § 1-202

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 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 this entity continues to operate, you are always liable for any unpaid bills.

Michigan Compiled Laws § 550.1867

Notice: The WeShare, a ministry of United Faith Ministries, Inc., DBA Unite Health Share Ministries or UHSM™, that operates this health care sharing ministry is not an insurance company and the financial assistance provided through the ministry is not insurance and is not provided through an insurance company. Whether any participant in the ministry chooses to assist another participant who has financial or medical needs is totally voluntary. A participant will not be compelled by law to contribute toward the financial or medical needs of another participant. This document is not a contract of insurance or a promise to pay for the financial or medical needs of a participant by the ministry. A participant who receives assistance from the ministry for his or her financial or medical needs remains personally responsible for the payment of all of his or her medical bills and other obligations incurred in meeting his or her financial or medical needs.

Mississippi Code § 83-77-1

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. 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.

Missouri Revised Statute § 376.1750

Notice This publication is not an insurance company nor is it offered through an insurance company. Whether anyone chooses to assist you with your medical bills will be totally voluntary, as no other subscriber or member will be compelled by law to contribute toward your medical bills. As such, this publication should never be considered to be insurance. Whether you receive any payments for medical expenses, or whether this publication continues to operate, you are always personally responsible for the payment of your own medical bills.

Montana Code § 50-4-111

Notice: The health care sharing ministry facilitating the sharing of medical expenses is not an insurance company and does not use insurance agents or pay commissions to insurance agents. The health care sharing ministry's guidelines and plan of operation are not an insurance policy. Without health care insurance, there is no guarantee that you, a fellow member, or any other person who is a party to the health care sharing

ministry agreement will be protected in the event of illness or emergency. Regardless of whether you receive any payment for medical expenses or whether the health care sharing ministry terminates, withdraws from the faith-based agreement, or continues to operate, you are always personally responsible for the payment of your own medical bills. If your participation in the health care sharing ministry ends, state law may subject you to a waiting period before you are able to apply for health insurance coverage.

Nebraska Revised Statutes § 44-311

Important Notice: This organization is not an insurance company, and its product should never be considered insurance. If you join this organization instead of purchasing health insurance, you will be considered uninsured. By the terms of this agreement, whether anyone chooses to assist you with your medical bills as a participant of this organization will be totally voluntary, and neither the organization nor any participant can be compelled by law to contribute toward your medical bills. Regardless of whether you receive 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 Nebraska Department of Insurance. You should review this organization's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs.

New Hampshire Revised Statutes § 126-V:1

Important Notice: This organization is not an insurance company and its product should never be considered insurance. If you join this organization instead of purchasing health insurance, you will be considered uninsured. By the terms of this agreement, whether anyone chooses to assist you with your medical bills as a participant of this organization will be totally voluntary, and neither the organization nor any participant can be compelled by law to contribute toward your medical bills.

Regardless of whether you receive 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 New Hampshire Insurance Department. You should review this organization's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs.

North Carolina General Statutes § 58-49-12

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an

insurance policy. Whether anyone chooses to assist you with your medical bills will be voluntary. 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 insurance. Regardless of whether you receive any payment for medical expenses, or whether this organization continues to operate, you are always personally liable for the payment of your own medical bills.

Pennsylvania Statutes 40 P.S. Insurance § 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 this publication continues to operate, you are always liable for any unpaid bills.

South Dakota Codified Laws § 58-1-3.3

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. 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 insurance. Regardless of whether you receive any payments for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Texas Insurance Code §1681.002

Notice: This health care sharing ministry facilitates the sharing of medical expenses and is not an insurance company, and neither its guidelines nor its plan of operation is an insurance policy. 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 ministry or a subscription to any of its documents should never be considered insurance. Regardless of whether you receive any payment for medical expenses or whether this ministry continues to operate, you are always personally responsible for the payment of your own medical bills. Complaints concerning this healthcare sharing ministry may be reported to the office of the Texas attorney general.

Virginia Code § 38.2-6300

Notice: This publication is not insurance and is not offered through an insurance company. Whether anyone chooses to assist you with your medical bills will be totally voluntary, as no other member will be compelled by law to contribute toward your medical bills. As such, this publication should never be considered to be insurance. Whether you receive any payments for medical expenses and whether or not this publication continues to operate, you are always personally responsible for the payment of your own medical bills.

Wisconsin Statute § 600.01 (1) (b) (9)

Attention: This publication is not issued by 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 is entirely voluntary. This publication should never be considered a substitute for an insurance policy. Whether or not you receive any payments for medical expenses, and whether or not this publication continues to operate, you are responsible for the payment of your own medical bills.

Wyoming Statutes § 26-1-104

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Any assistance with your medical bills is completely voluntary. No other participant is compelled by law or otherwise to contribute toward your medical bills. Participation in the organization or a subscription to any of its documents shall not be considered to be health insurance and is not subject to the regulatory requirements or consumer protections of the Wyoming insurance code. You are personally responsible for payment of your medical bills regardless of any financial sharing you may receive from the organization for medical expenses. You are also responsible for payment of your medical bills if the organization ceases to exist or ceases to facilitate the sharing of medical expenses.

GENERAL NOTICES

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 material 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.

State-Specific Notices & General Disclaimers

Colorado, Disclaimer: A health care cost-sharing arrangement is not a qualified health plan, and participation or membership in a health care cost-sharing arrangement does not guarantee payment of bill or medical expenses. A member of a health care cost-sharing arrangement remains personally responsible for payment of all bills or medical expenses. A member of health care costs-sharing arrangement may be subject to certain preexisting condition exclusions or other limitations.

South Carolina, Important Notice: The health care sharing ministry facilitating the sharing of medical expenses is not a health insurance company, and neither its guidelines nor plan of operation is an insurance

policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant or group of participants 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.

West Virginia, Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. 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.



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