

WeShare®
Program
Brochure



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As our most comprehensive healthcare Sharing Program, WeShare provides peace of mind and the flexibility to choose a doctor that's best for you through the various options our Sharing Program provides. Whether you prefer the convenience of virtual care or have an in-person need, you'll easily find in-network care through the most comprehensive provider network of any healthcare sharing ministry. WeShare provides the resources needed to help proactively manage your whole health – mind, body, and spirit – with healthcare sharing and wellness perks.


Healthcare Anytime, Anywhere

WeShare provides convenient, on-demand care by partnering with the largest health networks in the nation: PHCS® PPO and CVS Caremark®. Because they are a part of a family centered around health, wellbeing and the positive values of the Christian faith, our Members enjoy the peace of mind that comes with quality, affordable, consistent care.

The WeShare community shares in annual wellness and preventative care at 100 percent, helping Members stay on top of their health, without the extra cost. From there, access to membership perks support a healthy lifestyle – free subscriptions to Noom, Fitbod, and RightNow Media play an empowering role in our community as they take a proactive approach to their holistic wellness.

When you're not feeling your best, you have access to convenient care to nurse you back to health:

- Telehealth services through the DocDay app, at no cost to Members.
- Primary care provider (PCP) visits for a low \$25 consultation fee.
- CVS MinuteClinic® locations near you for on-demand care at \$10 per visit across more than 1,100 locations nationally.

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



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Simple, Fair & Friendly Health Sharing

Here are just a few of the benefits and resources included in your WeShare Sharing Program membership:

Easy To Understand Sharing Benefits

Your membership is simple: when you need care, you're responsible for either a set, affordable consultation fee or an Annual Member Care Share amount, an annual amount that works like a deductible. There's no co-share to worry about or calculate.

Extensive Provider Network That's 100% Member Centric

Membership includes 1.2 million+ medical providers, specialists, and hospitals through an extensive PHCS® PPO network. Members have access to over 68,000 pharmacies with CVS Caremark™ and more than 1,100 CVS MinuteClinic™ urgent care locations.

Unlimited DocDay Telehealth

Access board-certified providers to evaluate your condition and coordinate care, anywhere and at any time, through telehealth services provided by DocDay. Consultations are available via the app or online at no cost.

Wellness Perks Included

Caring for your mind, body, and spirit goes beyond taking care of your medical needs. Enjoy free subscriptions to Noom, Fitbod, and RightNow Media at no additional cost to you! Whether you're looking to begin or maintain a nutrition or fitness plan, or resources to deepen your relationship with God, these exclusive offers are only a few clicks away! Learn more at [WeShare.org/benefits-of-joining](https://weshare.org/benefits-of-joining).

A Better You. Today.

We are committed to helping you be your best, brightest self, which includes taking care of your mental wellness. As part of this commitment, we've teamed up with BetterHelp® – the world's largest online therapy service. Members can receive up to 10 counseling sessions per calendar year at no additional cost through BetterHelp or, if in-person therapy is your preference, you'll find a wide array of therapy providers through the PHCS network (subject to a \$75 consultation fee).



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WeShare Sharing Summary

With five different contribution structures offering varying Annual Member Care Share (AMCS) amounts and corresponding Monthly Contributions, there's a WeShare program to meet everyone's budget and healthcare needs without sacrificing services.

Lower AMCS amounts provide the ultimate security, requiring you to pay less out-of-pocket when you need to access care, while higher AMCS amounts offer lower Monthly Contributions for members who may not frequently access medical care beyond preventive and office visits.

ANNUAL MEMBER CARE SHARE (AMCS)	
Individual	Family ¹
\$1,000	\$2,000
\$3,000	\$6,000
\$6,000	\$12,000
\$9,000	\$18,000
\$12,000	\$24,000

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

MEDICAL SERVICES	
Preventative Care	
Routine Annual Physical	\$0 Consultation Fee
Labs <i>Includes preventative lab work ordered as part of your routine annual physical</i>	100% not subject to AMCS
Physician Services	
Telehealth through DocDay <i>Unlimited visits</i>	\$0 Consultation Fee
CVS MinuteClinic™	\$10 Consultation Fee
Primary Care Provider (PCP) Office Visits	\$25 Consultation Fee
Urgent Care	\$50 Consultation Fee
Specialist Office Visits	\$75 Consultation Fee
Labs and Diagnostics	
Laboratory Services	Quest Diagnostics and LabCorp of America: \$10 All other providers: 100% after AMCS
X-Ray & Diagnostic Imaging <i>Imaging must be completed in-network</i>	X-Ray: \$25 Fee All other imaging: 100% after AMCS
Physical, Spiritual, & Mental Wellness	
Acupuncture <i>Up to 12 sessions, per member, per year</i>	\$75 Consultation Fee
Chiropractic Treatment <i>Up to 12 sessions, per member, per year</i>	\$75 Consultation Fee
Physical, Occupational, & Speech Therapy <i>Combined total of 10 sessions, per member, per year</i>	\$75 Consultation Fee
Behavior Health Counseling <i>Excludes in-patient or out-patient services. 10 in-network, counseling sessions are allowed per individual, per year</i>	BetterHelp Virtual Therapy: \$0 Consultation Fee In-person: \$75 Consultation Fee

*Consultation Fees apply to each visit/session.

*AMCS does not apply to services that apply a designated fee (e.g. consultation fee), unless otherwise stated.

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MEDICAL SERVICES (CONT.)	
Physical, Spiritual, & Mental Wellness	
Wellness Subscriptions <i>Membership includes a 1-year subscription to Noom, Fitbod, and Right Now Media (valued at \$280)</i> WeShare.org/Community	Included with Membership
Mental Health Podcast & Community <i>WeShare in the "Faith Mental Wellness Podcast," presented by author & mental health expert, Brittney Moses</i> WeShare.org/Community	Included with Membership
Emergency	
Emergency Room <i>Subject to AMCS if admitted Inpatient</i>	\$500 Consultation Fee
Ambulance Services	\$500 Share Maximum, per ride, after AMCS
Air Transport	\$10,000 Share Maximum, per ride, after AMCS
Inpatient Services	
Specialty Care <i>Specialty care is only eligible for sharing during an inpatient facility stay of 24-hours or longer. Some specialty care requires 12 months of continuous membership</i>	100% after AMCS
Anesthesiologist	100% after AMCS
Surgical	100% after AMCS
Outpatient Services	
Ambulatory Surgery Center	100% after AMCS
Outpatient Department of a Hospital: surgery and other services	100% after AMCS
Pregnancy & Maternity Care	
Prenatal & Initial Postnatal Visits & Delivery <i>Continuous membership required for eligibility. Costs applied towards global billing</i>	\$15,000 Share Maximum for the first 24-months, after AMCS; after 24-months, applied towards AMCS with no sharing maximum <i>Congenital birth defects have a max of \$50,000, per year</i>
Pre-Existing Conditions	
Pre-Existing Conditions <i>Qualifying diagnosed or undiagnosed pre-existing conditions include: Pre-Diabetes, Type 2 Diabetes, Hypertension (High Blood Pressure), Hypotension(Low Blood Pressure); Hyperlipidemia</i>	Year 1: Up to \$15,000 Share Maximum, after AMCS Year 2: Up to \$25,000 Share Maximum, after AMCS Year 3: Up to \$50,000 Share Maximum, after AMCS
Tobacco or E-Cigarettes <i>Applicable 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</i>	\$25,000 AMCS
Miscellaneous	
Durable Medical Equipment	\$1,200 Share Maximum, per year after AMCS
All Other Eligible Services	100% after AMCS

Note: To help keep your healthcare simple, eligible services that apply a consultation fee are not subject to the AMCS, unless specifically noted. For eligible services subject to the AMCS, they are shared at 100% once the AMCS is met. Please see the program details or contact Member Services for a comprehensive list of eligible services. Share Maximums apply to each member, unless otherwise stated.

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Pharmacy

There is a separate AMCS for prescriptions and an annual pharmacy share maximum applies, as outlined below.

ANNUAL MEMBER CARE SHARE (AMCS)		
Annual Member Care Share (AMCS)	Annual Pharmacy Share Maximum	Prescription Fees
\$250 per Member	\$3,500 per Member	Based on medication's formulary, see grid below

PHARMACY SERVICES	
Formulary Generic Medications	
Pharmacy, up to a 30-day supply	\$10
Mail-Order, up to a 90-day supply <i>Available at CVS Caremark network locations</i>	\$20
Standard Brand Formulary Medication <i>Available after 60-days of Program participation</i>	
Pharmacy, up to a 30-day supply	\$35
Mail-Order, up to a 90-day supply <i>Available at CVS Caremark network locations</i>	\$70
Non-Formulary Brand Medications <i>Available after 60-days of Program participation</i>	
Pharmacy, up to a 30-day supply	\$65, after AMCS
Mail-Order, up to a 90-day supply <i>Available at CVS Caremark network locations</i>	\$130, after AMCS
Specialist Brand Medications <i>Available after 60-days of Program participation</i>	
Pharmacy, up to a 30-day supply	50%, after AMCS
Mail-Order, up to a 90-day supply <i>Available at CVS Caremark network locations</i>	50%, after AMCS

*Prescription fees are per prescription.

*Topical cream prescriptions are not eligible

Note: Mail order is set-up and managed through CVS Caremark online. You have the option of pick-up vs mail order deliver for 90-day maintenance drugs only at CVS Pharmacy.

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Dental, Vision, and Lasik Discount Program

Careington Dental – POS Network

We've partnered with Careington International Corporation, an industry leader in dental care, to provide you hassle-free savings to maintain your oral hygiene. You have access to one of the most recognized networks in the nation with 20%-50% savings on most dental procedures, including routine oral exams, unlimited cleanings and major work such as dentures, root canals, crowns and more. Plus, all dentists must meet highly selective credentialing standards based on education, background, license standing and other requirements. Simply present your discount card to your dental provider and save!

Careington Dental Plan Features:

- Save 20% to 50% on most dental procedures including routine oral exams, unlimited cleanings and major work such as dentures, root canals and crowns. You can also save on cosmetic dentistry such as bonding and veneers.
- 20% savings on orthodontics including braces and retainers for children and adults.
- 20% reduction on specialists' normal fees. Specialties include endodontics, oral surgery, pediatric dentistry, periodontics and prosthodontics where available.
- Visit any participating dentist on the plan and change providers at any time.
- Get the care you need without surprise costs or annual spending limits.

CAREINGTON CARE POS SAMPLE SAVINGS				
Procedure Description	*Regular Cost	**Plan Cost	Savings \$	Savings %
Routine Checkup	\$86	\$33	\$53	62%
Extensive Oral Exam	\$152	\$56	\$96	63%
Four Bitewing X-Rays	\$95	\$42	\$53	56%
Adult Cleaning	\$143	\$63	\$80	56%
Child Cleaning	\$101	\$46	\$55	54%
Composite (White) Filling (Front Teeth)	\$223	\$98	\$125	56%
Crown (porcelain fused to noble metal)	\$1,578	\$804	\$774	49%
Molar Root Canal	\$1,572	\$777	\$795	51%
Complete Upper Denture	\$2,302	\$1,067	\$1,235	54%
Extraction (single tooth)	\$286	\$109	\$177	62%

* Regular Cost is based on the average 80th percentile usual and customary rates as detailed in the 2022 Fair Health Report for the Los Angeles, Orlando, Chicago & NYC metropolitan statistical areas.

**Plan Cost represents the average of the assigned Careington Care POS plan fees for the Los Angeles, Orlando, Chicago & NYC metropolitan statistical areas.

Prices subject to change.

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Superior Vision – SPVC

Save 5% to 30% on eye care and wear with the Superior Vision discount program. Discounts are offered at more than 40,000 participating provider locations on exams, eyeglasses, contact lenses, LASIK and more. Even if you've got 20/20 vision, comprehensive eye exams can help detect signs of serious health conditions like glaucoma, diabetes, high blood pressure and high cholesterol.

SUPERIOR VISION SAMPLE SAVING			
Service	Regular Cost*	Plan Cost	Typical Member Savings
Vision Exam	\$155	\$75	\$80
Frames	\$130	\$91	\$39
Single Vision Lenses	\$80	\$40	\$40
Photochromics	\$100	\$70	\$30
Anti-Reflective Coating	\$102	\$45	\$57
Total	\$567	\$321	\$246

*Represents national average retail costs comparing to Member Fee Schedule. The actual savings may vary based on amount purchased and location.

This plan is not insurance.

Qualsight LASIK – AMST

Members receive savings of 20% to 30% off the overall national average cost of LASIK surgery through QualSight at more than 800 locations.

The QualSight program is not an insured program.



THIS PLAN IS NOT INSURANCE and is not intended to replace health insurance. This plan does not meet the minimum creditable coverage requirements under M.G.L. c.111M and 956 CMR 5.00. This plan is not a Qualified Health Plan under the Affordable Care Act. The range of discounts will vary depending on the type of provider and service. The plan does not pay providers directly. Plan members must pay for all services but will receive a discount from participating providers. The list of participating providers is at uhsm.solutionssimplified.com. A written list of participating providers is available upon request. Discount Plan Organization and administrator: Careington International Corporation, 7400 Gaylord Parkway, Frisco, TX 75034; phone 800-441-0380. This plan is not available in Vermont, Washington and Utah.

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White Glove Care

Our Member Services and Provider Concierge teams are committed to ensuring a worry-free experience for all, and are always happy to help answer questions, check status updates, or help you navigate your healthcare journey. In that spirit, WeShare offers added resources and support through the Compassionate Care Program for any Members diagnosed with a critical or chronic illness or cancer while enrolled as a Member of WeShare.

Healthy Discount Program

How to qualify

Members must complete a health review and blood panel test where measurements are all in a healthy range. The first blood panel test is paid by shared dollars.

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 included in your membership, both you and your spouse must each individually qualify to receive the discount. Each individual can qualify by either the healthy blood test results 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, visit the DocDay mobile app or website to order the blood panel test. The blood panel lab request will include a metabolic panel, lipid panel, hemoglobin A1c, and CBC.

Alternatively, you can complete a health management program offered by our partner, DocDay.

What happens if I qualify?

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 DocDay health management program 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 (800-900-8476).

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Terms and Conditions

Most WeShare membership and program perks are available upon effective date of membership including, but not limited to, telehealth services provided through the DocDay app, routine annual physicals through annual checkups, and any immediate life-threatening emergency services. However, certain limitations apply. For example, cancer procedures and treatments, or cataracts and/or glaucoma diagnostic testing or surgery require twelve (12) months of continuous membership while colonoscopy requires six (6) months. Sharing eligibility and stipulations can be found in the WeShare membership guidelines. In the event a service is not eligible or fully shared by the program; members are always personally responsible for their own medical bills.

OTHER PROGRAM FEES	
Application fee	\$99 one-time application fee
Tobacco and e-cigarette users	\$50 per member of usage, per month
Four or more listed dependents	\$50 per dependent, per month

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Annual Member Care Share (AMCS) – The amount each Sharing Member commits to paying their care provider when obtaining services before the Sharing Program will contribute towards eligible medical needs. This amount is based on the selected Sharing Program tier and is accumulated as medical services are received throughout the calendar year, from January 1 through December 31. AMCS must be met for each individual Sharing Member within a calendar year, including the Sharing Members that are considered dependents. For families, a minimum of two members must meet their maximum AMCS within a calendar year. After the AMCS is met for the calendar year, all eligible medical costs subject to the AMCS are shared at 100% for all family members. Generally, and unless otherwise noted, the AMCS applies to services obtained. However, certain services are not subject to the AMCS and may be shared at 100% or only require a consultation or service fee (listed herein). If a consultation or service fee applies, it will continue to apply even after the AMCS is met.

Annual Pharmacy Share Maximum – The maximum amount any WeShare program will share, per Member, per year, for eligible pharmacy services.

Consultation Fee – A fixed dollar amount that is paid by a Sharing Member to the participating provider at the time of medical services rendered.

Eligible/Eligible for Sharing – A status indicating that a Sharing Member has met the conditions to qualify for sharing as described in the membership guidelines, and as aligned with the parameters of the Sharing Program. Eligible for sharing expenses are those medically necessary services, supplies and/or treatment that are eligible for sharing under this Health Sharing Program. Charges for services, supplies, and/or treatments meant to treat or correct a preventable condition or a cost which arises solely due to a provider's medical error are not considered eligible for sharing expenses. A finding of Provider negligence and/or malpractice is not required for service(s) and/or fee(s) to be considered not reasonable and allowed or not eligible for sharing.

Maternity – A Sharing Member's medical needs, 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 needs do not extend to adoption, foster care, or family planning related services, such as fertility treatments.

Medical Need(s) – Charges or expenses rendered for medical services provided by a facility or a licensed medical professional to address illnesses or accidents.

Medically Necessary – A service, procedure, or medication that is necessary to restore or maintain physical function of a Sharing Member, and is provided in the most cost-effective setting, consistent with the Sharing Member's condition. The fact that a medical professional may prescribe, administer, or recommend services/care, does not constitute a medical necessity, even if it is not listed as a membership limitation or an ineligible need in the membership guidelines. To help determine medical necessity, WeShare may request the Sharing Member's medical records and may require a second opinion from a third-party medical professional. Additionally, medically necessary relates to healthcare services or supplies

determined by the shareable medical bill (SMB)s administrator in its discretion as necessary to diagnose or treat an illness, injury, condition, disease, or its symptoms, and that meet accepted standards of medicine.

If your shareable medical bill (SMB) is denied for reasons that involve medical judgment (such as lack of medical necessity) you may appeal the decision. Please see the appeals section of the membership guidelines for more information.

Membership Guidelines – A document which provides the recital of guidelines by which Sharing Members agree to. The WeShare membership guidelines describes the program elements, resources, membership details, and any stipulations/limitations that apply to membership and Sharing Programs. The membership guidelines helps WeShare Sharing Members understand how monthly contributions are shared in accordance with the escrow instructions.

Participating Provider – Medical care professionals, facilities, and services – those of which fall within an in-network jurisdiction – and are under contract with WeShare through network partnerships with PHCS/MultiPlan and CVS Caremark to help limit medical costs for all Sharing Members. Participating providers can be found at [WeShare.org/find-a-provider](https://www.weshare.org/find-a-provider) or by calling Member Services at 800-900-8476.

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

Pre-Existing Condition – Any medical condition that 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.

Sharing Member – Those who have applied to become a WeShare Sharing Member and have agreed with the Statement of Faith and Shared Beliefs, the sharing membership commitments, and the escrow instructions. Sharing Members must choose a Sharing Program tier, submit scheduled monthly contributions, through the form of direct payment, and are not to be ineligible, as a result of any other reason (including age restrictions). Sharing Members may submit eligible medical needs for sharing in conjunction with the membership guidelines, those of which constitute the specific Sharing Program and the escrow instructions.

Sharing Program – WeShare healthcare Sharing Programs offer a community of members who share in medical expenses. They are available through varying tiers, those of which constitute Annual Member Care Share (AMCS) amounts and maximums. Each tier is selected and approved on the membership application, recorded, and audited for accuracy.

Program Guide – A summary of a Sharing Program's elements for eligible sharing, including some limits or AMCS, Member consultation fees, and share maximums.



Alabama Code Title 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 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 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 23-60-104.2

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. 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 a payment for medical expenses or if this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

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 cost-sharing arrangement may be subject to certain preexisting condition exclusions or other limitations.

Florida Statute 624.1265

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

Georgia Statute 33-1-20

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Idaho Statute 41-121

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Illinois Statute 215-5/4-Class 1-b

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation constitute or create 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 insurance. Whether or not you receive any payments for medical expenses and whether 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 its plan of operation is an insurance policy. Any assistance you receive with your medical bills will be totally voluntary. Neither the organization nor any other participant



can be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered insurance. Whether or not you receive any payments for medical expenses and whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Kentucky Revised Statute 304.1-120 (7)
NOTICE: UNDER KENTUCKY LAW, THE RELIGIOUS ORGANIZATION FACILITATING THE SHARING OF MEDICAL EXPENSES IS NOT AN INSURANCE COMPANY, AND ITS GUIDELINES, PLAN OF OPERATION, OR ANY OTHER DOCUMENT OF THE RELIGIOUS ORGANIZATION DO NOT CONSTITUTE OR CREATE AN INSURANCE POLICY. PARTICIPATION IN THE RELIGIOUS ORGANIZATION OR A SUBSCRIPTION TO ANY OF ITS DOCUMENTS SHALL NOT BE CONSIDERED INSURANCE. ANY ASSISTANCE YOU RECEIVE WITH YOUR MEDICAL BILLS WILL BE TOTALLY VOLUNTARY. NEITHER THE ORGANIZATION NOR 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 Statute Title 22-318,319

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, sub-§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. Participation in the organization or a subscription to any of its documents should never be considered insurance. 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.

Maryland Code Ann. Ins. §1-202(4)

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

Michigan Section 550.1867

Notice: United Faith Ministries, Inc., DBA WeShare, 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 Title §83-77-1

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Missouri Section 376.1750

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Nebraska Revised Statute Chapter 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 Section 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 Statute 58-49-12

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

South Dakota Statute Title 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 Code Title 8, K, 1681.001

Notice: This healthcare 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 § 38.2-6300-6301

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.

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.

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 26-1-104 (v)

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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.

This is NOT Insurance.

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.

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