

WeShare[®]
Membership
Guidelines



WeShare® Membership Guidelines

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WeShare Member Services Contact Information

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

After reading this document, if you need further details or information
contact Member Services at 800-900-8476.

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Welcome

Thank you for joining our WeShare community and embarking upon a journey of health and wellness with us.

We are so pleased to welcome you to our health sharing family and to bring you these comprehensive guidelines, the first step in helping you navigate your membership as we strive to bring clarity, simplicity, and confidence to your healthcare needs.

WeShare is brought to you by Unite Health Share Ministries™ (UHSM), a nonprofit, health sharing ministry that is proud to be a tight-knit, Christian family.

We are united in our mission to assist one another with medical needs. Rooted in Christian values and principles, our Members willingly participate in financial sharing to provide support during times of health-related challenges.

Our mission is to treat your family as we would our own, providing Members with an easy-to-use healthcare alternative at a cost far lower than traditional health insurance.

We pride ourselves on bringing wellness within reach, empowering our Members to take a proactive, holistic, modern approach to their wellbeing.

Our healthcare can be used across all 50 states. We are a community of like-minded people who work every day to restore faith in healthcare through accountability, transparency, and reliability.

Members of the WeShare community have access to exclusive wellness perks valued at \$1,000. Please refer to the wellness perks brochure for additional information.

We are here for our Members in good times and bad, for whatever obstacles life throws in their path. Throughout that journey we promise you this: WeShare is constantly working to improve our benefits and services, to help Members stay involved in their health and wellness and track their Member-to-Member sharing.

Yours in health and faith,

Christopher Jin
President, UHSM

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WeShare, Healthcare by UHSM

WeShare is an affordable alternative to health insurance that is operated through monthly Member contributions, which are then distributed to those in the WeShare community who need help paying medical bills. We take a modern approach to health sharing that prioritizes preventive, holistic health, and well-being for our Members. 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 bringing wellness within reach, with a commitment to healthy living in keeping with positive, Christian principles.

Sharing Values

We believe everyone has the right to seek improved health and wellness for themselves and their family at a reasonable cost, and we are passionate about the Christian purpose of caring for others.

WeShare offers a way to accomplish both goals.

Our programs promote holistic living, supporting our Members as they reduce the risk of disease through positive eating habits, regular exercise, mental health awareness and a faith-centered lifestyle.

We are a tight-knit community, united in our mission to assist one another with medical needs. Rooted in Christian values and principles, our Members willingly participate in financial sharing to provide support during times of health-related challenges. This tradition unites individuals who share faith-driven values and priorities concerning their wellbeing and medical expenses. Within our community, Members extend mutual aid, reinforcing our shared faith-based beliefs, and fostering a sense of togetherness.

Sharing Mission

The UHSM mission is to allow the strength of the WeShare network to help families fulfill their faith-driven purpose to care for one another and to positively impact the communities around them.

By facilitating and managing all of the administrative effort for Member-to-Member sharing, UHSM fosters an environment where Members can seamlessly help each other with medical expenses in their time of need.

Our nonprofit status means we are not answerable to shareholder demands for ever-increasing revenues, leading to an exceptional level of affordability and allowing us to bring wellness within reach for our Members.

Sharing Vision

The vision of this community is to provide education and encouragement to each other for healthy living and to hold each other accountable to a set of health and well-being standards that resonate with Christian principles.

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Disclaimer

WeShare is NOT health insurance and is not affiliated with a health insurance organization. WeShare is also not 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. 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. The organization is not subject to the regulatory requirements nor consumer protections of any state's insurance code. If sharing occurs, the shared medical bills are paid from voluntary contributions of Sharing Members, not from funds of WeShare or UHSM itself. Members are always personally responsible for their medical expenses, less shared dollars paid. Furthermore, the programs offered by UHSM are strictly voluntary and 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.

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 paid. Whether anyone chooses to contribute towards shared dollars to pay 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 regulations, certain states request the publication of disclosures (see exhibit B – legal notices, page 44). 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 health sharing ministries. 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-information 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.

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Purpose of the Membership Guidelines

These WeShare membership guidelines provide Sharing Members details on the various Sharing Programs available and key information relating to monthly contributions and escrow instructions. The membership guidelines describe 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 an agreed-upon standard for dispute resolution.

These membership guidelines are a reference only and do not create a contract.

These guidelines do not create a legally enforceable right to any Sharing Member, or Sharing Members' dependents, to receive any share toward a medical need(s) from WeShare or from other Sharing Members.

From time to time, Sharing Members, the Board of Directors, or third parties may request changes to the membership guidelines. Any of these proposed changes must be approved by the Board of Directors. The WeShare summary of program elements at the time of publishing can be found here (weshare.org/benefits-of-joining), but all WeShare programs and memberships are subject to change with a given 30-day notice.

The edition of the membership guidelines 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.

WeShare Community Commitments

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

1. Operate WeShare with financial integrity by maintaining a high level of accountability through independent auditing procedures, which are overseen by the Board of Directors;
2. Offer kind, helpful, and educational service to assist Members with any questions related to the membership guidelines and/or Sharing Programs;
3. Provide information and updates about affiliated providers and facilities near our Members;
4. Maintain Members personal and medical information in a confidential manner; and
5. Provide methods for Members to submit grievances, appeals, or suggested changes to services, membership guidelines, or Sharing Programs.

WeShare Member Qualifications

To become and remain a WeShare Sharing Member an individual must meet and satisfy the following:

Religious Belief

A healthcare sharing ministry consists of individuals that share a sincerely held religious belief that God mandates us to live a healthy Christian lifestyle and are called to demonstrate Christianity in tangible ways, including preserving one another's health and healing the sick. Therefore, each Sharing Member is expected to agree and strive to abide by the following principles:

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1. 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.
2. 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.
3. 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.
4. We believe in doing everything in our power to reduce the cost of our personal healthcare, but never the quality of our care.
5. 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.

Each Sharing Member endeavors towards living in accordance with the WeShare Statement of Faith and Shared Beliefs (see exhibit A – Statement of Faith and Shared Beliefs, page 42). Members are required to subscribe to this Statement of Faith and Shared Beliefs as evidenced by their acknowledgment and commitment in the membership application and/or through the membership commitment acknowledgments.

Health and 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 toward physical, spiritual, and mental wellness.

The general standards of a health and wellness-centric lifestyle, one which exalts the Lord, means that Sharing Members agree to:

1. Follow spiritual teachings asking us to avoid the abuse of alcohol and tobacco, in any form;
2. Refrain from abuse of prescription drugs, such as taking a prescription in a way that was not intended by the prescribing physician or medical professional, as abuse of prescription drugs could result in bodily harm or substance dependence;
3. Refrain from the use of illegal drugs;
4. 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
5. Agree to exercise regularly, eat healthy foods, and tend to mental health.

Honesty and Transparency

At any time, if it is discovered that a Sharing Member did not submit a complete and accurate medical history within the membership application, either a specific annual share maximum or membership declination may be issued retroactively to her/his membership effective date. Once a Member has been notified of this declination and the reasons for these actions, the Member will be granted a 30-day window to submit documentation supporting an accurate medical record submission, as is within compliance of the WeShare membership requirements. Upon successful audit, membership may be reinstated.

In the event of a membership decline, monthly contributions may be returned minus any expenses incurred during membership and any administrative charges will not be refunded. WeShare reserves the right to request additional medical evidence to qualify Sharing Members 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.

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Sharing Membership Application

Each Sharing Member must submit a fully completed membership 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 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.

To be considered for program changes after initial enrollment, Members should contact Member Services and submit a program change form. Fees and stipulations may apply depending on the type of change, which will be disclosed by Member Services.

Select a WeShare Membership Tier

The various levels of sharing programs are available on our website (weshare.org), through our Member Services team members via phone (800-900-8476), or by self-enrolling online. Please consider and select which sharing program you would like to apply for when filling out your membership application. A separate document for each sharing program will be sent to the primary Member summarizing the program, this document is called the Program Guide.

Commitments by Sharing Members to One Another

WeShare Members take responsibility for each other and commit to the following:

1. To take ownership over their health and work with health professionals to understand any health challenges they may be facing;
2. To make positive choices and seek appropriate care, including preventive care and preventive screenings;
3. To be honest with healthcare providers;
4. To be proactive in keeping medical costs lower by utilizing the tools, 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 Network;
5. To read and understand the membership guidelines, the Program Guide, and honor the Statement of Faith and Shared Beliefs and standards for a health and wellness lifestyle;
6. To be a witness to others by communicating courteously, kindly, and constructively with WeShare representatives and all healthcare professionals; and
7. To review and commit to the WeShare Sharing membership commitments and escrow instructions (see the membership commitments and acknowledgments in the membership application).

Participation is Voluntary

Monthly contributions made by a Sharing Member for any WeShare healthcare sharing program are 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 needs.

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Monthly contributions that assist another Member do not create a legally enforceable right to receive funds as a Sharing Member for any medical needs or expenses, whether considered ineligible or eligible or not otherwise addressed. Sharing Members are always responsible for their own medical expenses and are responsible for paying their medical bills and expenses, less any amounts paid from sharing dollars.

Financial Commitments and Sharing Levels

Annual Fee

There is no annual fee for WeShare membership.

Application Fee

WeShare Sharing Members pay a \$149 application fee at the 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 the eligibility review services needed to assess WeShare healthcare sharing membership.

Monthly Contribution Amount (MCA)

Your monthly contribution amount (MCA) is a non-refundable contribution, which 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 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 to facilitate Sharing Member needs. All WeShare programs and memberships are subject to change with a given 30-day notice.

Members Added After Initial Enrollment

Any Members added after initial program activation requires a \$50 fee per additional Member added. This fee will be processed upon approval of each new Member addition.

Child Dependents

WeShare supports families of all sizes and includes up to three dependents in your standard monthly contribution amount. When you add four or more dependents, there is a \$50 per dependent, per month fee for each dependent.

Tobacco and E-Cigarette Use

WeShare Members should practice optimal health habits. While WeShare allows tobacco and e-cigarette users an added contribution applies: \$50 per Member, per month. Members are encouraged to use their WeShare program resources to reduce and eventually end their tobacco or e-cigarette use altogether. Tobacco or e-cigarette users are not eligible for monthly contribution discounts.

After 6 months of being tobacco or e-cigarette free, the \$50 per Member, per month fee can be removed. Laboratory work (paid by the Member) is required to prove the absence of nicotine.

Consultation Fees

Consultation or consult fees are outlined in the Program Guide and are fixed amounts that are paid by a Sharing Member to the participating provider when medical services are rendered.

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Annual Member Care Share (AMCS)

The Annual Member Care Share (AMCS) is elected by the Sharing Member during enrollment and is accumulated as medical services are received throughout the calendar year, from January 1 through December 31. It is the amount each Sharing Member commits to paying their care provider, when obtaining services, before the Sharing Program will contribute towards eligible medical needs. 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, which is listed within the Program Guide. If a consultation or service fee applies, it will continue to apply even after the AMCS is met.

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

In the event a Member decides to cancel their program, the following grace periods will apply:

Month 1: Member must cancel a minimum of 10 business days from their program effective date or program will terminate automatically on the next monthly contribution due date.

All Other Months: Member must cancel within 10 days following the monthly contribution due date or program will terminate automatically on the next monthly contribution due date.

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 needs will remain ineligible for sharing until the next monthly billing cycle or contribution is made.

If any monthly contribution is returned by a financial institution, a \$25 administrative fee will be assessed, and a second attempt will be made to process the monthly contribution. The 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 a medical event or service occurred during the 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 time monthly contribution amounts.

Disenrollment

If a Sharing Member's monthly contribution is not received consecutively for 30 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 an application fee.

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 Amwell, 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 healthcare providers provide all WeShare Members with the best access to care of any health sharing ministry, by far. WeShare Members should never pay cash up front for any service, apart from designated consultation fees, or for certain prescription needs.

To preserve the relationships with these providers and help control costs for all Members, 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 within care networks. Out-of-network services and fees are ineligible for sharing, unless approved by Member Services or the pre-authorization process (e.g. hospitals and facilities) or as outlined specifically by one's sharing program (e.g. life-threatening emergencies or within 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, less amounts paid from shared dollars.

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Sharing Levels of Common Medical Services

MEDICAL SERVICES	
Preventative Care	
Follows healthcare.gov guidelines, except where services are excluded per these membership guidelines	
Routine Annual Physical	\$0 Consultation Fee
Labs Includes preventative lab work ordered as part of your routine annual physical	100% not subject to AMCS
Physician Services	
Amwell Virtual Urgent Care	\$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	X-Ray: \$25 Fee All other imaging: 100% after AMCS
Physical, Spiritual, & Mental Wellness	
Acupuncture Up to 12 sessions, per Member, per year	\$75 Consultation Fee
Chiropractic Treatment Up to 12 sessions, per Member, per year	\$75 Consultation Fee
Physical, Occupational, & Speech Therapy Combined total of 10 sessions, per Member, per year	\$75 Consultation Fee
Behavior Health Counseling Excludes in-patient or out-patient services. 10 in-network counseling sessions are allowed per Member, per year	BetterHelp Virtual Therapy: \$0 Consultation Fee In-Person: \$75 Consultation Fee
Wellness Perks Membership includes access to exclusive perks to help keep you healthy. Refer to the wellness perks brochure for additional information.	Included with Membership
Mental Health Podcast & Community WeShare in the "Faith Mental Wellness Podcast," presented by author & mental health expert, Brittney Moses (weshare.org/Community)	Included with Membership
Emergency	
Emergency Room Subject to AMCS if admitted Inpatient	\$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 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	100% after AMCS
Anesthesiologist	
Surgical	
Outpatient Services	
Ambulatory Surgery Center	
Outpatient Department of a Hospital: surgery and other services	100% after AMCS

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WeShare® Membership Guidelines

MEDICAL SERVICES (CONT.)	
Pregnancy & Maternity Care	
Prenatal & Initial Postnatal Visits & Delivery Continuous membership required for eligibility. Costs applied towards global billing	\$15,000 Share Maximum for the first 24-months, after AMCS; after 24-months, applied towards AMCS with no sharing maximum Congenital birth defects have a max of \$50,000, per year
Pre-Existing Conditions	
Pre-Existing Conditions Qualifying diagnosed or undiagnosed pre-existing conditions include, but are not limited to: Pre-Diabetes, Type 2 Diabetes, Hypertension (High Blood Pressure), Hypotension (Low Blood Pressure); Hyperlipidemia	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 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	\$25,000 AMCS
Miscellaneous	
Durable Medical Equipment	\$1,200 Share Maximum, per year after AMCS
Home Health Care Skilled nursing services performed in the home	100% after AMCS, visit maximum determined through pre-authorization
All Other Eligible Services	100% after AMCS

*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.

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.

Member Eligibility

Sharing Member

Any applicant who agrees to become a Sharing Member is bound by the Statement of Faith and Shared Beliefs and must:

1. Select a Sharing Program;
2. Attest to the membership commitments;
3. Accept the escrow instructions;
4. Follow all membership commitment acknowledgments;
5. Agree to submit scheduled monthly contributions for sharing with other Member's eligible medical need(s);
6. Be a permanent U.S. resident; and
7. Be at least 18 months of age but not 65 years of age or older.

If eligible, shareable medical bills (SMB) will be processed in accordance with the membership guidelines, Sharing Program Brochure, and the Program Guide.

Dependents

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

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- Spouse or domestic partner
- 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 a program change to add a spouse or domestic partner is submitted and approved after initial enrollment, sharing 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. Any Member(s) added after initial program activation requires a \$50 fee per additional Member added. This fee will be processed upon approval of each new Member addition.

Domestic Partners

WeShare allows domestic partners and their children to be considered for membership and upon approval, added as dependents on a Combined Sharing Membership when the below criteria is met.

The domestic partners:

- Are both eighteen (18) years of age or older and mentally competent to consent to membership
- Are of the opposite sex
- Are living together for at least six (6) months as each other's sole domestic partner and intend to remain so indefinitely. As such, they are engaged in and have professed a covenant ordained by God, exemplified by a committed relationship of mutual caring and support and are jointly responsible for each other's common welfare and living expenses
- Are not married or legally separated from anyone else and have not had another domestic partner within the last six (6) months
- Are not related by blood, to a degree of closeness that would prohibit legal marriage in the state in they reside

Children of domestic partners follow the same eligibility criteria of children of a Member, noted herein. Members must notify UHSM within 30-days of any change in the domestic partnership status.

Newborns

WeShare will automatically process eligible share requests for newborn services rendered within the first 30 days after birth, even if the newborn has not yet been added to the program, when all the following conditions are met:

- The newborn's mother is a Sharing Member
- The shareable medical bill (SMB) contains necessary information and specifically includes the newborn's full name and date of birth (bills received with the name "baby" are not eligible).

To continue membership beyond the initial 30 days, Members should contact Member Services to submit a program change within 30 days of birth to avoid eligibility gaps. If the program change is not submitted within 30 days, the newborn will be cancelled on day 31. Their next effective date will be the first available effective date following approval of the newborn addition. In such case, there will be a membership gap starting with day 31 until the next available effective date.

If the Sharing Member enrolls the newborn in another healthcare program during the first 30 days after birth, the Sharing Member must contact WeShare Member Services. Newborn medical expenses are not eligible for sharing if such expenses are covered by insurance or

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another third-party payor agreement of any kind (see Third Party Liability, page 33).

Note: Well-baby newborn care is normally billed and included within the mother's maternity bills. They are not processed separately.

Adoption

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 a program change (if child is adopted after initial enrollment).

Eligible child age

Children of WeShare Members may be part of the parent(s) Combined Sharing Membership until they reach age 26, if living in the same household or away at college 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 pre-existing 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, or are under the care of their parent(s) or guardian(s). If not already disenrolled or moved to their own sharing membership, dependents will automatically be removed from their parent(s)' Combined Sharing Membership, within 30 days after their 26th birthday.

Children being enrolled as an individual Member must be 18 months or older.

U.S. Permanent Residents

Only permanent U.S. residents qualify for WeShare membership. An Individual Tax Identification Number (ITIN) or Social Security Number (SSN) is required when applying for WeShare membership.

65 Years of Age or Older

New applicants and existing WeShare Members age 65 years or older are ineligible for WeShare Sharing Membership. WeShare encourages Members to transition to Medicare and contact Member Services within two (2) months of reaching age 65 to arrange program cancellation or changes as needed. If WeShare is not contacted, membership will automatically cancel at age 65.

For Combined Sharing Memberships, where multiple family members are eligible under one Sharing Membership, the process for cancellation and a program change depends on who is turning 65:

- If the Active Primary Sharing Member reaches age 65, Member Services will gladly assist with the program change process for the remaining family member(s). If the Member does not contact Member Services prior to turning 65, the entire Combined Sharing Membership will be automatically withdrawn once the primary Member reaches age 65 and all Members will be cancelled.
- If a spouse reaches age 65, the spouse will be cancelled but all other Members can remain unchanged. If the Member does not contact Member Services prior to the spouse turning 65, the spouse's membership will be automatically withdrawn once the spouse reaches age 65. However, all other Members will automatically remain active with the same membership.

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Pre-Existing Conditions

Pre-existing conditions constitutes as any medical condition, for 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. For accepted Sharing Members, WeShare programs apply a \$15,000 sharing maximum for year one of continuous membership, \$25,000 sharing maximum for year two of continuous membership, \$50,000 sharing maximum 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 these membership guidelines.

WeShare may decline applicants from becoming Sharing Members if they present pre-existing conditions or have lifestyle habits that present great risk, as such immediate expenses could create a strain on the ability to provide sharing for current Sharing Members.

Pre-existing

This may apply to any applicant who has a family history of a serious medical condition or present symptoms, has been diagnosed or is being treated for a condition themselves. Family history includes, but is not limited to, having a natural parent, brother, or sister diagnosed with diabetes, kidney disease, heart disease, cerebrovascular disease, cancer or required a major organ transplant.

Pre-existing conditions also relate to a Sharing Member's personal history. If you have been diagnosed, been treated for, taken medication for, or are currently under treatment for:

1. Heart attack, angina, arrhythmia, aneurysm, stroke, coronary artery disease, bypass, stent surgery, carotid artery disease or surgery, transient ischemic attack (TIA), heart or circulatory disease or disorder;
2. 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;
3. Cancer in any form, other than skin cancer, with a rate of two times or less, emphysema, chronic bronchitis, chronic obstructive pulmonary disease (COPD), seizures, bipolar disorder, paralysis, blindness, amyotrophic lateral sclerosis (ALS), and multiple sclerosis (MS);
4. Autoimmune diseases, systemic lupus, rheumatoid arthritis, acquired immune deficiency syndrome (AIDS), or tested positive for human immunodeficiency virus (HIV);
5. Alcohol, drug abuse, or chemical dependency;
6. 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;
7. 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;
8. Medical services and/or needs related to any other disease, disorder, injury, or surgery; or
9. Diagnostic testing, surgery, or hospitalization recommended by a medical professional which has not been completed or for which the results have not been received.

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Risky behaviors

Individuals that have participated in any of the following, within the past 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:

1. Had their license suspended or revoked, or been convicted of a DUI for drugs or alcohol; or
2. 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.

Case Management Program

If a Sharing Member develops a chronic illness, the Sharing Member may be offered the case management program, provided by our partners at MedWatch. A Case Manager helps identify resources and provides education and support for your medical care needs. They contact your treating doctors to discuss your plan of care, then work with you, your care team and your health plan to coordinate care within the guidelines of your medical benefits plan. They can help you understand and manage your condition, as well as help you navigate any lifestyle adjustments applicable to your condition.

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

Members must complete a health review and blood panel test and show measurements that are all in healthy ranges. The first blood panel test is paid for by shared dollars.

If the blood panel test does not come back with normal values, Members have the option to complete a health management program offered by our partners at Integrative Health Direct Primary Care and are eligible to reapply for Healthy Discount every 90 days.

If you do not qualify, choose not to participate in the health management program and work on improving your results separately, you can also reapply every 90 days.

Note: Both the primary Member and spouse must individually qualify to receive the discount. Each individual can qualify by the healthy blood test results or by completing a health management program. Children are exempt.

How to apply

After your WeShare membership begins, visit the WeShare member portal and download the lab order form. The blood panel lab request will include a metabolic panel, lipid panel, hemoglobin A1c, CBC, and thyroid stimulating hormone.

What happens if I qualify?

Once your bloodwork has been approved, the discount will apply for the next 12 months. The earliest the discount rate can apply is the second month from the program effective date. The first month contribution is locked in as the amount designated during enrollment.

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After the 12-month period ends, Members must complete the blood panel test again (resulting in normal values) or complete a health management program offered by Integrative Health Direct Primary Care within 90 days of the expiration date to renew the discount. All subsequent blood tests are subject to Member contribution requirements.

For more information, contact Member Services at 800-900-8476.

Process and Conditions of Sharing

Care Confirmation and Pre-Authorization

WeShare Members are encouraged to take a proactive, responsible, and preventative role in their healthcare. To our community, this means more than showing up for appointments. WeShare Member Services supports Members through care confirmation and pre-authorization to avoid surprise medical bills, and to help Members understand their program details. Care Confirmation helps Members understand potential out-of-pocket costs and can confirm that a provider is in-network. It can also help you understand your program's pre-authorization requirements. While not required, it is recommended that Members call for care confirmation ahead of scheduled services.

Pre-authorization is required for inpatient hospitalizations, 23-hr observation stays, surgeries (not performed in a doctor's office), pregnancies, biopsies (when checking for or to rule out cancer), endoscopic and colonoscopy procedures, imaging such as laparoscopy, MRI, CT, and PET scans, Physical, Speech or Occupational Therapy, chemotherapy and radiation, infusion therapy, home health care, and durable medical equipment over \$2,500.

It is sometimes referred to as utilization review. Members must ensure providers submit the pre-authorization form at least seven business days prior to performing the services referenced above. Providers can initiate the process by visiting weshare.org/for-providers to access and submit the pre-authorization form. Member Services is available via phone to help support you or your provider with the submission process at 800-900-8476. Certain prescriptions also need pre-authorization, which can be obtained through CVS.

Utilization review is the process of evaluating if services, supplies or treatment are medically necessary and appropriate to help ensure cost-effective and quality 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. It ensures that the pre-authorized care and services will not be denied based on medical necessity (as defined by this Sharing Program). However, pre-authorization does not guarantee the payment of medical expenses; pre-authorized services are still subject to program benefits and exclusions. While UHSM facilitates medical expense sharing for its Sharing Members, UHSM or any Sharing Member does not guarantee that any medical expenses will be paid.

Provider Networks - PHCS PPO, CVS Caremark and Virtual Care

WeShare membership includes more than 1.2 million medical providers, specialists, urgent care, healthcare services, and hospitals through an expansive PHCS PPO network available in all 50 states and CVS MinuteClinic walk-in locations. Additionally, Members can access board-certified providers virtually through Amwell's telehealth services.

For prescription needs, Members benefit from the convenience of more than 68,000 pharmacy locations through CVS Caremark, Costco, Kroger, Walmart, and select Target pharmacy locations. Members can easily access medications through pharmacy pickup at CVS locations nationwide. Additionally, Members can arrange to receive a 90-day supply of maintenance medications via mail-order through CVS Caremark locations.

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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. If a WeShare Member requires medical attention when traveling out of state, they must check that the practitioner used is within the PHCS PPO network, in order to be eligible for sharing.

Medical bills from in-network, participating providers will be shared at the contract rate, if eligible for sharing. The Sharing Member will be required to pay their consultation fee or ACMS (based on their program details) and the program will facilitate the sharing of the remaining eligible charges at the contract rate. Sharing Members may not be balance billed by in-network providers. Members should contact Member Services to locate preferred hospitals and facilities.

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 Member ID card. Once the medical need(s) are received and determined by WeShare to be eligible for sharing, WeShare will then review each Member's Sharing Program and assess any applicable consultation fee, service fee, Annual Member Care Share (AMCS), or if any limitation may apply. In accordance with the escrow instructions, WeShare will pay providers from shared dollars 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 for select prescription needs. WeShare Sharing Members are always responsible for their medical expenses, less any shared dollars allowed.

Sharing Eligibility

Shareable medical bills (SMB) must be submitted by a Sharing Member or their provider. Eligibility shall be assessed upon several factors:

1. Shareable medical bill is considered "clean" (see glossary – shareable medical bill, page 41);
2. Sharing Member status (active or inactive);
3. Sharing Program tier;
4. Pre-existing conditions;
5. Circumstances causing a medical need to arise;
6. Whether your membership has been in effect beyond the waiting period for a treatment;
7. Timeliness, completeness, and accuracy of your request for eligibility;
8. Sharing Member consultation fees;
9. Sharing Member's Annual Member Care Share (AMCS);
10. Whether a Sharing Member has exceeded the annual share maximum.

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Eligible Routine Preventative 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 guidelines. If you only receive routine preventive health benefits during a physician office visit, there is no consultation fee or AMCS 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 AMCS.

Reasonable and Allowable Amount

UHSM will utilize the reasonable and allowable amount to process out-of-network eligible shareable medical bills as the maximum amount eligible for sharing by the Sharing Program for a service, supply, and/or treatment. (See glossary – reasonable and allowable amount, page 40).

Balance Billing Support

The provider should not balance bill the Sharing Member for amounts in excess of the reasonable and allowable amount. It is UHSM's position that these charges are clearly excessive and exorbitant. However, balance billing for such amounts can occur for out-of-network services and UHSM has no control over the actions of the providers or their desire to pursue you for such amounts, unless the service is subject to the No Surprises Act (NSA). (See glossary - out-of-network providers - page 39.)

In the event you receive a balance bill for an amount in excess of the reasonable and allowable amount payable, please immediately email members@weshare.org or call WeShare Member Services at 800-900-8476 for support.

Please Note: Member Services will evaluate resolution options and engage the Patient Advocacy Center as needed to resolve balance billing issues. 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. The Patient Advocacy Center may contact the Sharing Member throughout the resolution process and upon completion.

Out-of-Network Providers

We encourage Sharing Members to seek care from participating, in-network care providers through WeShare's expansive network. However, WeShare may, at its discretion and for eligible medical services, consider a non-participating physician, therapist, facility, or other licensed medical provider eligible if the following conditions are met:

1. The out-of-network service has been approved by Member Services;
2. The provider reaches an agreement with the Sharing Program about the services to be performed, and the cost of those services;
3. The provider must consider payment by the Sharing Program (in addition to any required payment by the patient) as payment in full. In-network sharing benefits will apply, including consultation fees or AMCS;
4. If the services are not provided as agreed in condition 1, above, the provider must provide an appropriate refund to the Sharing Program; and
5. The provider should submit a share request for any services rendered. However, there are times the Member may need to submit bill information for out-of-network sharing consideration.

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Items that may be eligible out-of-network generally align with the No Surprises Act (NSA) and are:

- Emergency services, including certain post-stabilization care, rendered at a hospital emergency department or a freestanding emergency department that provides emergency services. The emergency department is geographically separate and licensed separately from a hospital or an urgent care center, consistent with the definition of a freestanding emergency department as defined by the state;
- Eligible for sharing out-of-network air ambulance services;
- Non-emergency services rendered by an out-of-network provider at a participating healthcare facility, provided the Member has not validly waived the applicability of the NSA; or
- A participating provider is not available through the PHCS network within a reasonable distance for the needed treatment or service.

Submitted share requests are generally processed within thirty (30) days of receipt of a clean SMB. If an out-of-network service is deemed eligible, bills will be processed according to the Member's in-network level of WeShare benefits and any applicable payments will be paid directly to the provider. Applicable AMCS amounts will accrue toward in-network AMCS maximums.

If UHSM and the provider disagree about the amount due for services covered by the NSA, the disagreement will be addressed pursuant to the remedies set forth in the NSA guidelines. The provider cannot balance bill the Member for services subject to NSA, even if they do not agree with the amount shared.

According to NSA, an out-of-network provider or facility may balance bill you (or the patient) for eligible 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; and
- The patient must be in a condition to acknowledge receipt of the notice.

If out-of-network services are deemed eligible and not subject to NSA or negotiated with the provider, Members are responsible for excess costs beyond the out-of-network provider's charge (if it is higher than the reasonable and allowable amount determined by the Sharing Program).

For information about out-of-network services, call Member Services at 800-900-8476.

QwikPay

When needed, WeShare may use QwikPay, at its discretion, to process a payment at the time of a service to resolve provider disputes or membership concerns. To be considered, the provider must agree to the services being rendered, their cost, and to submit the bill to WeShare on the Member's behalf. This service may not be offered for services subject to the AMCS, when the AMCS has not been met.

Continuity of Care

Members have the following rights to continuation of care in the event they are receiving a course of treatment from a contracted, network provider and the contractual relationship between the Healthcare Sharing Ministry (HCSM) and provider is terminated, not renewed, or otherwise ends for any reason other than the provider's failure to meet applicable quality standards or for fraud.

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The HCSM shall notify the Member in a timely manner, but no later than five (5) calendar days after termination, indicating that the provider’s contractual relationship with the Sharing Program has terminated and that the Member has rights to elect continued transitional care from the provider. If the Member elects to receive continued transitional care in writing, 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 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, “receiving a course of treatment” means an individual who is:

- Undergoing a course of treatment for a serious and complex condition from a specific provider;
- Undergoing a course of institutional or inpatient care from a specific provider;
- Scheduled to undergo non-elective surgery from a specific provider, including receipt of postoperative care with respect to the surgery;
- Pregnant and undergoing a course of treatment for the pregnancy from a specific provider; or
- Was determined to be terminally ill and is receiving treatment for such illness from a specific provider.

During continuation, the Sharing Program will process eligible services as if the termination had not occurred. However, the provider may be free to pursue the Member for any amounts above the Sharing Program’s sharing amount.

Sharing Limitations

Sharing Eligibility and Stipulations

The following procedures and services either require continuous sharing membership before any medical expenses are eligible for sharing or are subject to sharing maximums regardless of the Sharing Program and designated AMCS for each WeShare membership.

If a consultation fee is not noted, AMCS applies (unless the service is considered routine, annual wellness which is shared at 100%). For services subject to a dollar maximum, the maximum is calculated on paid sharing dollars only; the AMCS does not contribute towards the maximum. When a waiting period applies, services will also not be applied to the AMCS until deemed eligible. Once the sharing maximum is reached for a given service, the service is no longer shareable and Members are responsible for the full service charge. Please note, services are subject to medical necessity and other limitations may apply according to the utilization review process.

Area	WeShare Program
Acupuncture	\$75 Consult Fee Up to 12 annual visits, per Member
Allergy Testing	\$1,200 lifetime sharing maximum, per Member
Ambulance Transport The Accident Protection Program (A.I.D.D. Care) can be added for increased sharing levels	Ambulance: \$500 share maximum, per ride, per Member Air Transport: \$10,000 share maximum, per ride, per Member

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Area	WeShare Program
Behavioral Health Counseling	<p>Up to 10 annual counseling sessions, per Member</p> <p>BetterHelp Virtual Therapy</p> <p>\$0 session fee</p> <p>Individual Therapy: Minimum eligibility age is 18 years old</p> <p>Teen Therapy: Minimum eligibility age is 13 years old</p> <p>PHCS Network</p> <p>\$75 Consultation fee, per session, per Member</p> <p>Non-psychiatric Individual, Family and Marriage counseling services are available</p> <p>Excludes inpatient or outpatient services</p>
Blood Work Screening	Labs serviced by LabCorp of America or Quest Diagnostics are \$10; all other facilities are subject to AMCS
Cataract and/or Glaucoma	<p>Diagnostic testing, surgery costs, and other related treatments are eligible for sharing after 6-months of continuous membership</p> <p>Pre-authorization required for surgeries performed in an outpatient or inpatient setting. Office based surgeries do not require pre-authorization.</p>
Cancer	<p>Procedures and treatments are subject to AMCS and eligible for sharing after 12-months of continuous membership, unless enrolled in available S.M.A.R.T. Care, critical illness program via WeShare.</p> <p>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.</p>
Cervical Cancer Screening	<p>We recommend services be performed in conjunction with an annual well-woman visit and labs serviced by LabCorp of America or Quest Diagnostics. Eligible for members:</p> <p>21-29 Years of Age: every three (3) years</p> <p>30-65 Years of Age: every five (5) years</p>
Chiropractic	<p>\$75 Consult Fee</p> <p>Up to 12 annual visits, per Member</p>
Colon Cancer Screening	<p>Under Age 45:</p> <p>Eligible for medically necessary colonoscopies/sigmoidoscopies when pre-authorization is received</p> <p>Age 45 or Older:</p> <ul style="list-style-type: none"> • Self-Screen Option Cologuard tests are eligible for sharing for an initial screening and once every three (3) years thereafter, or per ACS guidelines. We recommend requesting as part of your annual physical • Flexible Sigmoidscopy Pre-authorization required; eligible for sharing every five (5) years • Colonoscopy Pre-authorization required; eligible for sharing every ten (10) years <p>Note: If the service is a diagnostic test and not a screening, AMCS applies. Polyp removal is subject to a \$5,000 AMCS, whether performed in conjunction with a screening or as a separate procedure</p>
Durable Medical Equipment (DME)	<p>\$1,200 annual sharing maximum, per Member</p> <p>Pre-authorization required for DME that costs \$2,500 or more</p>

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Area	WeShare Program
Home Health Care PA	Pre-authorization determines the number of visits eligible per condition
Immunizations PA	<p>Newborns & Children: Children conceived while enrolled in a WeShare program are eligible for routine immunizations from day one of membership</p> <p>If a newborn or child does not meet this criteria, then the following applies:</p> <p>Aged 0 – 18 Months: Six (6) months of continuous membership required before sharing eligibility</p> <p>Children Over 18 Months: Ten (10) months of continuous membership required before sharing eligibility</p> <p>Adults: Members are eligible for routine immunizations day one of membership</p> <p>Note: The Shingles vaccine is eligible for Members 50 years of age or older and should be performed in conjunction with a routine, annual physical</p>
Mammogram	<p>We recommend services be performed in conjunction with an annual well-woman visit.</p> <p>Eligible for Members:</p> <p>40-54 Years of Age: every year</p> <p>Age 55 or older: every other year</p>
Maternity PA	<p>First 24-months of membership: \$15,000 Maximum after AMCS</p> <p>After 24-months: 100% after AMCS</p> <p>Congenital birth defects: \$50,000 annual sharing maximum</p>
Physical, Occupational, and Speech Therapy PA	<p>\$75 Consult Fee</p> <p>Visit maximum based on medical necessity and determined by pre-authorization approval</p>
Pre-Existing Condition(s) PA	<p>Year 1: Up to \$15,000, after AMCS</p> <p>Year 2: Up to \$25,000, after AMCS</p> <p>Year 3: Up to \$50,000, after AMCS</p> <p>Qualifying diagnosed or un-diagnosed pre-existing conditions include, but are not limited to: 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</p>
Prostate Screening	<p>We recommend services be performed in conjunction with a routine, annual physical and labs serviced by LabCorp of America or Quest Diagnostics. The following stipulations apply:</p> <p>Under Age 45: Only eligible for sharing when physician requested, and based on medical necessity</p> <p>Age 45 or Older: Eligible for sharing every two (2) years. If additional screenings are needed, services must be requested by a physician</p>
Tobacco PA	<p>\$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</p>

PA Members must ensure their provider has pre-authorized their service through MedWatch. Members are encouraged to contact the Member Service team to understand their sharing benefits and stipulations.

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Cancer Sharing Eligibility

In addition to the sharing limits noted, for medical needs related to cancer hospitalization of any kind, Members must contact WeShare Member Services 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. Since cancer diagnoses and treatments require pre-authorization, as long as pre-authorization is submitted as required and timely, the 30-day notification requirement is inherently met.

Early detection provides the best chance for successful treatment in the most cost-effective manner. WeShare Members must receive recommended screening tests according to the Centers for Disease Control (CDC) and healthcare.gov guidelines. Failure to obtain recommended cancer screenings may render future services for cancer ineligible for sharing through WeShare membership.

Ineligible Sharing Needs

The following procedures and services are considered ineligible for sharing.

Relating to Illnesses, Injuries, or Conditions With Noted Limitations or Not Disclosed

1. Any illness, injury, or condition for which there is a WeShare membership limitation indicated on the membership application, Program Guide, or membership guidelines.
2. Any illness, injury, condition, or associated medical need(s) for which you are aware but fail to disclose on your WeShare membership application.

Due to Carelessness or Failure to Plan

1. 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;
2. 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;
3. Adenoid removal surgery, if you have had prior surgery to remove tonsils, and your adenoids were not removed at the same time;
4. Medical needs you or your provider submit for sharing more than six (6) months after the date you received services or treatment;
5. Emergency room visits that you have failed to provide the required paperwork for;
6. Any medical service fee(s) paid to out-of-network providers not approved by Member Services, and/or upfront payments made to in-network providers. WeShare is not a reimbursement program; and
7. Pre-authorization is required for inpatient hospitalizations, 23-hr observation stays, surgeries (not performed in a doctor's office), pregnancies, biopsies (when checking for or to rule out cancer), endoscopic and colonoscopy procedures, imaging such as laparoscopy, MRI, CT, and PET scans, Physical, Speech or Occupational Therapy, chemotherapy and radiation, infusion therapy, home health care, and durable medical equipment over \$2,500.

Note: WeShare may request documentation for emergency room visits post-service.

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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

1. 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);
2. Treatment that is not medically necessary or appropriate (as determined by a licensed medical professional);
3. Medication not requiring a prescription;
4. Inpatient hospital stays exceeding sixty (60) days consecutively, per calendar year, unless deemed medically necessary;
5. Long-term care or other care that does not treat an illness or injury (for example, custodial care); or
6. Transportation (for example, by ambulance) for conditions that are not emergency related.

Arising from Lifestyle Choices

Any medical need(s) which are caused by lifestyles, choices, or activities that conflict with the Statement of Shared Beliefs.

Examples:

1. Abortion or abortion counseling;
2. Drug screening and nicotine testing ;
3. STDs/STIs (sexually transmitted diseases/infections), except in the instance of sexual assault;
4. Illness or injury due to excessive use of alcohol, including intentional excessive consumption;
5. 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;
6. Maternity resulting from adultery or fornication outside of marriage;
7. Illness or injury due to consumption of a prescription medication taken in excess of instructions;
8. Self-inflicted or intentional injuries;
9. Illness or injury caused by illegal activities;
10. Diseases caused by tattoos, body piercing, or lifestyle choices (includes HIV/AIDs and STDs/STIs); and/or
11. Injuries that result from riding a motorcycle without a helmet or driving riding in car without a seatbelt.

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Psychological Medical Needs

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

1. Conditions requiring psychiatric care;
2. Learning disabilities;
3. Developmental delays;
4. Autism;
5. Behavioral disorders;
6. Eating disorders;
7. Neuropsychological disorders;
8. Alcohol/Substance abuse;
9. Attention deficit or hyperactive disorders; or
10. Other psychological conditions that require services beyond office or virtual-based counseling sessions.

Other Ineligible Discretionary Medical Needs

1. Aqua therapy;
2. Biofeedback;
3. Breast implants (placement, replacement, and/or removal) and any complications related to breast implants (except as an eligible cancer treatment plan);
4. Infertility testing or treatment;
5. Chelation therapy;
6. Christian science practitioner;
7. Cochlear devices;
8. Cosmetic surgery (elective);
9. Custodial care services;
10. Dermabrasion service;
11. Doula services;
12. Drug testing;
13. Extreme sports injuries;
14. Gender dysphoria counseling or procedures;
15. Genetic testing and counseling;
16. Hemodialysis;
17. Home infusion service;
18. Hormone therapy, for men and women, unless deemed medically necessary;
19. Hysterectomy, unless deemed medically necessary by a licensed physician;
20. Injectable medications and infusions;
21. Medical tourism;
22. Obesity (defined as exceeding height/weight) and any complication relating to that diagnosis;

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23. Sterilizations or reversals, even if life-threatening (for example, tubal ligation);
24. Sexual dysfunction service; or
25. Vitamins (including B12 injections), supplements, or health foods;
26. Weight control and management (including nutritional counseling for weight loss, weight gain or health maintenance), even if related to a medical condition.

Injuries from Specific Activities

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

Occupational Injuries

Any conditions or injuries occurring while performing income-producing or work-related activities are ineligible for sharing. These services are normally covered by workman's compensation and WeShare does not coordinate benefits with third-party payers.

Dental Needs

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

1. Periodontics;
2. Orthodontics;
3. Temporomandibular joint disorder (TMJ);
4. Orthognathic surgery; or
5. Charges for dental work done under general anesthesia.

Note: While dental services are not eligible for sharing, WeShare membership includes access to a dental discount program, at no additional cost. Please refer to the dental discount program materials included in your welcome materials for more information.

Vision Needs

Routine vision needs are ineligible for sharing, including annual exams, corrective lenses, etc. However, those deemed medical in nature are eligible (e.g. glaucoma, cataract, and diagnosis or treatment of diseases).

Note: While routine vision services are not eligible for sharing, WeShare membership includes access to a vision discount program, at no additional cost. Please refer to the vision discount program materials included in your welcome materials for more information.

Hearing Needs

Hearing needs are ineligible for sharing, including hearing tests and devices.

Dialysis

Dialysis services, diagnostic testing, laboratory tests, equipment, and supplies are ineligible. 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.

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Services Covered by Primary Programs or Insurance

WeShare does not coordinate benefits with insurance policies or other sharing/benefit programs. Therefore, if a Member has another form of benefits or insurance, that program becomes primary and services will not be eligible for sharing. Should WeShare process services covered by another plan or program, we will recover funds paid (e.g. auto-accident).

Services Rendered by Out-of-Network Providers

Services rendered by out-of-network providers are not eligible for sharing unless approved by Member Services or subject to the No Surprises Act (NSA) (see glossary – out-of-network providers – page 39).

Out-of-Country Needs

WeShare requires that Members procure travel medical insurance for trips outside the continental U.S. and its territories. WeShare Member sharing is ineligible for those living abroad.

WeShare may, in its sole discretion and on a case-by-case basis, waive the specified exclusions and determine whether such expenses are otherwise eligible for sharing under these guidelines. However, WeShare has no obligation to waive the exclusions and specifically reserves the right to exercise or not exercise its waiver discretion. Any decision made by WeShare to waive an exclusion for a Member does not create an obligation for WeShare to apply the same exception for any other Member.

Assignment of Health Sharing Programs

By enrolling in WeShare and continuing membership, the Health Sharing Program Member assigns their right to seek and receive sharing for eligible 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:

1. Provider accepts the payment received from the Health Sharing Program as consideration, in full, for eligible 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 sharing services; the provider may bill the Health Sharing Program Member directly for these amounts.
2. 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.
3. Unless specifically prohibited by a Member, the provider may act on behalf of the Member to exhaust any administrative remedies available, including initiating an internal or external appeal in accordance with the terms of the Health Sharing Program document. However, the Member does not have the right to assign any rights to initiate any cause of action to the provider (or their representative). The assignment of any right to initiate suit against the Health Sharing Program to a provider is strictly prohibited.
4. An Assignment of Health Sharing Programs does not grant the provider any rights other than those specifically set forth herein.

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5. The Healthcare 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.
6. An assignment of Health Sharing Programs by a Member to a provider will not constitute the appointment of an authorized representative.
7. The HCSM reserves the right to revoke any previously given Assignment of Health Sharing or to proactively prohibit Assignment of Health Sharing to anyone, including any Provider, at its discretion.
8. 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 these terms, 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 sharing expenses for services, supplies, and/or treatment rendered. The conditions and limitations set forth herein supersede any previous terms and/or agreements. The provider agrees 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, which the provider may bill the Member for directly.

If a provider refuses to accept the conditions and limitations as set forth herein, any eligible sharing expenses will be shareable directly to the Member, and the Health Care Sharing Program will be deemed to have fulfilled its obligations with respect to such eligible sharing expense (see glossary – assignment of share, page 37).

Appeals Process, Dispute Resolution, and Third-Party Liability

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 membership guidelines and pursuant to the escrow instructions.

The Appeal of a Sharing Decision

WeShare strives to manage disputes with the best interest of our sharing community in mind. If a Member disagrees with a shareable medical bill (SMB) outcome, contact Member Services to discuss. WeShare is willing to discuss any additional information pertinent to the SMB for reconsideration and work towards issue resolution. In the event the Member disagrees with the outcome thereafter, they may appeal the decision within six (6) months of the date of service (DOS).

First-Level Appeal

A Sharing Member or their provider can appeal an explanation of share (EOS) decision with which they disagree, within six (6) months of the date of service (DOS). Before appealing, a Sharing Member should engage in careful thought and prayer about whether he or she honestly believes an error was made.

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The WeShare appeals committee may issue an appeal at their discretion and 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 resulting in a decision the Member disagrees with, 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 final 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 any 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 disputes 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.

Before filing mediation or taking any legal action, the shareable medical bill (SMB) must exhaust all available levels of review as described in this section, unless an exception under applicable law applies. 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, 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.

Third-Party Liability

All Sharing Members agree and understand that WeShare does not coordinate benefits with other programs or insurance. If insurance or other sources may be responsible for a Sharing Member's medical bills, the services are not eligible for sharing. 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,

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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.

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.

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.

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 Member. 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, suing an insurer or responsible third-party. WeShare agrees to pay applicable costs and attorney 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.

Right of reimbursement and 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 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 entities. The Member expressly agrees to sign all documents enabling such payments to be transferred and made payable to WeShare. The Member also grants a secured interest in the proceeds, up to the amount paid by WeShare, by granting a lien to WeShare for the proceeds of any monetary recovery the Member obtains. 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.

Extended Sharing Programs

Added Care Through S.M.A.R.T. and 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 illnesses. 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).

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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. (Formerly known as S.T.A.R.R. Care).

To learn more about these programs, please contact Member Services at 800-900-8476 or visit weshare.org.

WeShare Program Privacy and Commitments

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 at 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

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

FAQ

What is Christian Healthcare Sharing?

Christian healthcare sharing ministries are non-insurance entities in which Members share a common set of ethical or religious beliefs and share medical expenses among Members.

What is WeShare?

WeShare is a welcoming, family-centered health sharing ministry, committed to bringing wellness within reach for our Members by promoting healthy, fulfilling lives, consistent with the moral grounding of the Christian faith.

Our non-profit status is rooted in religious worship of our community of believers sharing in each other's needs as a form of worship, founded on the strong moral values of our faith, WeShare is a ministry offered that facilitates Member-to-Member health sharing among those willing to support healthy living and Christian ideals of wellbeing, serving as a low-cost alternative to traditional health insurance.

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What are the Eligibility Requirements to Become a Member?

Our programs are designed for Members willing to maintain a proactive lifestyle centered around health and wellness. This is a community of individuals and families who share healthcare costs and agree to a standard of positive beliefs and behaviors.

Can Anyone be Accepted?

WeShare is a selective program. Unfortunately, not everyone will be accepted, but we do offer a variety of programs for most needs.

Is This Health Insurance?

No, this is a healthcare sharing program. Healthcare sharing programs are becoming very popular because of the exorbitant rates and complexity of insurance. As many as 2 million people throughout the country use similar programs. These are not insurance policies and they do not carry guarantees.

How Does the Program Work?

You pay your monthly contribution via automatic withdrawals and once you need care, eligible services are subject to an Annual Member Care Share (AMCS) amount or a consultation fee. There's no co-share or percentage to pay, except with certain medications. Therefore, once you've met your annual AMCS, services that were subject to that AMCS are shared by the program at 100%. You'd just be responsible for consultation fees where they apply (things like PCP or specialist visits, certain lab facilities, therapies, emergencies and urgent cares).

Does This Program Include a PPO Network?

Yes, WeShare health share programs include eligible sharing through participating providers within the PHCS® PPO Network; the largest network in the country with more than 1.2 million doctors, hospitals, and specialists.

Which States Can I Use WeShare Programs?

Once enrolled, WeShare programs can be used in all fifty (50) states.

WeShare is not currently available to residents of Alaska, Hawaii, Massachusetts, Montana, North Dakota or Washington.

Does WeShare Have Lifetime Maximums/Sharing Limits?

No, unlike with most other health share ministries, there are no lifetime or annual program maximums. There may be sharing limits for certain types of medical need(s) (including prescriptions), as outlined in these membership guidelines, Program Guides, and Program Brochures.

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 for costs not often included in standard healthcare 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 Member Services at 800-900-8476.

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Glossary

Active Sharing Member – A Sharing Member who has met all Sharing Membership Commitments, thus eligible to request a sharing of medical need(s).

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, which is 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.

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. He/she also 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 UHSM receives a completed membership application from a potential Member.

Assignment of Share – 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 guidelines and 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 these membership guidelines 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., co-sharing, Annual Member Care Share (AMCS), or consultation fee), 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 Sharing Program, including initiating an internal or external appeal of an adverse benefit determination in accordance with the terms of these membership guidelines. 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 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 membership guidelines. 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 is not 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 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 – When two or more family members reside in the same household, resulting in all Sharing Members being grouped.

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

Date of Service (DOS) – The date services were provided to a Member.

Dependent – Anyone, such as a spouse and/or any unmarried children (by birth, legal adoption, or marriage) under the age of twenty-six (26) years old, and one who has been included in a membership application to be included under a Combined Sharing Membership.

Effective Date – When a WeShare Sharing Membership begins, typically on the 1st or 15th of any given month.

Eligible/Eligible for Sharing – A status indicating that a Sharing Member has met the conditions, those which 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 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 – The authorized instructions assigned to WeShare by Sharing Members on the membership application 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.

Explanation of Share (EOS) – A statement sent to the Member and any participating provider(s) that have received an assignment of share once a shareable medical bill (SMB) has been processed or is ineligible for sharing. The EOS specifies the amount a Sharing Member is responsible for paying (i.e., Annual Member Care Share [AMCS] or Consult Fees) or any amounts shared by the WeShare membership, pursuant to the Sharing Program details.

Geographic Area – 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.

Healthcare Sharing Ministries (HCSM) – 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.

Health Sharing Program/Sharing Program – A group Health Care Sharing Ministry (HCSM) Program, adopted 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/Sharing Member/Member – An applicant, employee, dependent, and/or individual who is eligible for sharing under this Health Sharing Program at the time the services are rendered.

Healthy Discount Program – Discount offered off a Member's monthly contribution amount when they meet specific health improvement measures or complete certain healthy activities.

Inactive Sharing Member/Inactive Member – 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 Sharing Member/Ineligible Sharing Need(s) – 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 a shareable medical bill (SMB) is denied for reasons that involve medical judgment (such as lack of medical necessity), Members may appeal the decision. Please see the appeals section of this document for more information.

Lifetime Maximums/Sharing Limits – Defined amounts and terms that constrict sharing. Unlike with most other health shares, there are no lifetime or annual program maximums with WeShare programs. There may be limits on sharing for certain medical need(s), as outlined in each Sharing Program Guide, including intentional member-selected maximum sharing amounts for WeShare S.M.A.R.T. and A.I.D.D. Care extended sharing programs.

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.

Maximum Allowable Charge – The amount payable for a specific covered item under the Sharing Program. The Maximum Allowable Charge will be a negotiated rate if one exists.

For SMBs subject to the No Surprises Act (see "No Surprises Act – Emergency Services and Surprise Bills" within the section "Summary of Benefits,") if no negotiated rate exists, the Maximum Allowable Charge will be an amount deemed payable by a Certified IDR Entity or a court of competent jurisdiction, if applicable.

If none of the above factors is applicable, WeShare will exercise its discretion to determine the Maximum Allowable Charge based on any of the following: Medicare reimbursement rates, Medicare cost data, amounts collected by Providers in the area for similar services, or average wholesale price (AWP) or manufacturer's retail pricing (MRP). These ancillary factors will consider generally accepted billing standards and practices.

When more than one treatment option is available, and one option is no more effective than another, the least costly option that is no less effective than any other option will be considered within the Maximum Allowable Charge. The Maximum Allowable Charge will be limited to an amount which, in WeShare's discretion, is charged for services or supplies that are reasonably caused by the treating Provider, including errors in medical care that are clearly identifiable, preventable, and serious in their consequence for patients. A finding of Provider negligence or malpractice is not required for services or fees to be considered ineligible pursuant to this provision.

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 of which is necessary to restore or maintain physical function of a Sharing Member, and is provided in the most cost-effective setting, consistent with the Sharing Member's condition. The fact that a medical professional may prescribe, administer, or recommend services/care, does not constitute a medical necessity, even if it is not listed as a membership limitation, or an ineligible need in the membership 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.

Membership Application – 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 contribution amount, along with disclosures, acknowledgments, and commitments statements.

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

Membership Limitation – Constraints 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 a 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 form that Members must complete and provide to WeShare upon request or as details of an individual membership change.

Member-to-Member Sharing Statement – 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) – A voluntary contribution, facilitated and managed by WeShare on behalf of its Active Sharing Members and is non-refundable, according to escrow instructions, membership guidelines, Program Guide, and the vision, mission, or goals of the non-profit organization. Sharing Members contribute scheduled monthly contribution amounts (MCA) as part of the health sharing commitments.

No Obligation to Pay/No Obligation to Share – Charges incurred for which the Sharing Program has no legal obligation to pay. This includes, but is not limited to, membership exclusions and excessive amounts.

Non-Participating Provider/Out-of-Network Provider/ Non-Network Provider – A healthcare facility or medical professional that is not part of the PHCS PPO or the MultiPlan Networks and thus represents an event which is ineligible for sharing, unless otherwise approved by Member Services.

Participating Providers – Medical care professionals, facilities, and services, those of which fall within an in-network jurisdiction, and that 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 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.

Physician – A medical professional properly licensed by a state or jurisdiction in which he or she is authorized to practice medicine within the scope of such legal authority or license.

Pre-Authorization – 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. To avoid unexpected medical bills or expenses, members must ensure that providers request and submit the pre-authorization form prior to performing any test, treatments, diagnostic, procedures, or any other services. Members and providers are asked to submit pre-authorization requests seven (7) business days in-advance.

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.

Primary Member – The person of a household who submits a membership application and has named himself/herself as the primary Member of WeShare membership on the membership application.

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

QwikPay – A Healthcare Sharing Ministry (HCSM) partner leveraged, at UHSM's discretion to make sharing payments for eligible services to a physician, therapist, facility, or other licensed medical provider at the time of a visit. Conditions apply and are noted within the out-of-network providers section herein. At their discretion, UHSM may also leverage QwikPay to resolve billing issues with network providers.

Reasonable and Allowable Amount/Reasonable and Allowed Amount – 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 negotiated amount established by a discounting or negotiated agreement; 3) the reasonable and customary charge for the same treatment, service and/or supply furnished in the same geographic area by a provider of like service of similar training and experienced as further described below; 4) for facility medical bills submitted on UB-04 forms, including but not limited to, inpatient or outpatient facility services, an amount equivalent to 140% of the Medicare equivalent allowable amount; or 5) For physician and ancillary claims, 120% of the Medicare equivalent allowable amount.

Reasonable and Customary Charge – 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. Said methodologies may consider 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.

If there is insufficient information submitted for a given procedure, the Sharing Program will determine the reasonable and customer 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.

For eligible 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 amount established by applicable law for that eligible sharing expense or the amount determined as set forth above.

Sharing Member or its designee, WeShare, has the ultimate discretionary authority to determine the reasonable and allowable amount or reasonable and customary, 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.

Religion – A personal set and/or institutionalized system of religious attitudes, sincerely held morals, ethical beliefs, and faith-based worship practices.

Share Request – An ask from a Sharing Member or their provider to consider medical need(s) for sharing. A submitted share request does not automatically grant sharing eligibility; share requests are subject to the terms outlined herein, including but not limited to sharing eligibility and that the share request must be a clean shareable medical bill.

Clean Shareable Medical Bill (SMB)/Shareable Medical Bill (SMB) - Clean – A share request received 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 and only sharer; and (d) contains no defect, error or other shortcoming resulting in the need for additional information to adjudicate the shareable medical bill (SMB); and (e) 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 WeShare before it will be deemed a clean shareable medical bill (SMB).

Sharable Medical Bill (SMB)’s Administrator – The entity responsible for administering shareable medical bills (SMB) under the Health Sharing Program.

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

WeShare Support Member – WeShare Support Members are those who believe in the mission, vision, and values of WeShare, and who have a desire to donate varying amounts of contributions. Support Members choose not to participate or are unable to participate as a Sharing Member. WeShare uses such donations to help provide additional programs and services related towards community mission, vision, and purpose statements.

Subrogation – 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.

Statement of Faith and Shared Beliefs – The sincerely held religious and moral philosophy all members agree to live by as a WeShare Sharing Member (see exhibit A, page 42).

Telehealth Services – A resource that allows access to remote medical services via real-time, two-way communication normally conducted via video, phone, or chat.

Unite Health Share Ministries (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.

Utilization Review – 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. Utilization review is also commonly known as pre-authorization.

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



Statement of Faith and Shared Beliefs

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 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 UHSM and WeShare Sharing Members are supporting those of common religious principle for the sake of mutual aid, and honoring God.

To that end, UHSM and its Members hold to the following Statement of Faith and Shared Beliefs:

1. 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.
2. 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.
3. 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.
4. We believe in doing everything in our power to reduce the cost of our personal health care, but never the quality of our care.
5. 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.

1. We believe in one God eternally existing as Father, Son, and Holy Spirit.
2. 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.
3. 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.
4. 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.
5. 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.

6. We believe that salvation is by grace through faith in Christ, a free gift bestowed by God on those who repent and believe.
7. 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 dwells.⁴

- 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 healing.⁵
- 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 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.

² 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?"

³ 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.

⁴ Romans 12:10 Be devoted to one another in brotherly love; give preference to one another in honor.

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

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, 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.

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 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.

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 company 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."

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.

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 guidelines. 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.



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

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.

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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 healthcare 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 healthcare sharing ministry's guidelines and plan of operation are not an insurance policy. Without healthcare insurance, there is no guarantee that you, a fellow member, or any other person who is a party to the healthcare 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 healthcare 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 healthcare 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

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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 Carolina, Important Notice: The healthcare 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 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 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. Complaints concerning this health care 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.

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)

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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.

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