

WeShare® Program Guide

\$6,000 Individual
\$12,000 Family

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800-900-8476
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WeShare
Healthcare by UHSM ✨



WeShare Community

Welcome to the WeShare health sharing family. We are committed to bringing wellness within reach through our clear and affordable healthcare program. As our most comprehensive healthcare Sharing Program, WeShare provides the peace of mind of choosing a doctor that's best for you, all through the flexibility that our Sharing Program provides. Whether you prefer the convenience of virtual care or have an in-person need, you'll easily find in-network care through the most comprehensive provider network of any sharing ministry. WeShare provides the resources needed to help proactively manage your whole health – mind, body, and spirit – with healthcare sharing and wellness perks.

This Program Guide serves as a summary of your WeShare Health Sharing Program Elements. Please carefully read all membership materials, including the membership guidelines, to fully understand your Sharing Program details and ensure you get the most out of your program.

Simple Healthcare Anytime, Anywhere

As a Member, you have access to the largest network of any sharing ministry through the PHCS® PPO Network, with 1,200,000+ doctors, hospitals, and specialty providers, as well as CVS Caremark™ with over 68,000 retail locations, including CVS MinuteClinic®. You can also access board-certified providers virtually through Amwell's telehealth services and behavioral health counseling through BetterHelp.

When you need care, you're typically responsible for a set consultation fee or an Annual Member Care Share (AMCS) amount, which works like a deductible.

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



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How to Access Your Sharing Benefits

1. Locate a participating in-network provider.
2. Present your WeShare Member ID card and confirm network participation when scheduling your appointment or arriving for on-demand care and discuss pre-authorization needs.
3. Pay applicable consultation fees. Your provider will send the bill to UHSM for processing according to your Sharing Program. You'll receive an Explanation of Share (EOS), which outlines your responsibility (e.g. remaining AMCS amount) and any payment facilitated by UHSM from shared contributions.

Note: Combined, the providers in the WeShare network (PHCS PPO, CVS, Amwell, and BetterHelp), are considered participating providers and are under contract with WeShare to help limit medical costs for all Sharing Members through service discounts. Non-participating providers are not eligible for sharing through WeShare, except in life-threatening emergency situations. When a WeShare Member receives an eligible service from a confirmed participating provider, they are only responsible for the consultation fee or their Annual Member Care Share (AMCS) amount. If a provider attempts to charge you upfront for anything other than applicable consultation fees or for any amount above the Member responsibility on the EOS, please contact Member Services.

A list of participating medical and pharmacy providers is available online at [WeShare.org/find-a-provider](https://weshare.org/find-a-provider) or by calling Member Services at 800-900-8476.

When searching for participating providers, results are for reference only; participating physicians, hospitals and/or healthcare providers may change at any point and directories can at times be outdated. It is best to confirm that the provider is still participating when scheduling your appointment or at the time of service.

Wellness Perks Included

Caring for your mind, body, and spirit goes beyond taking care of your medical needs. Whether you're looking to begin or maintain a nutrition or fitness plan, or want resources to deepen your relationship with God, you have access to exclusive wellness perks (valued at \$1,000). Refer to the wellness perks brochure for additional information.

A Better You. Today.

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

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WeShare Sharing Summary \$6k Individual / \$12k Family

Your WeShare program is designed to be easy to navigate and understand. When you need to access care, eligible services may be:

- Fully paid from shared dollars,
- Paid from shared dollars after the consultation fee is paid, or
- Paid from shared dollars once the Annual Member Care Share (AMCS) amount is met.

When multiple services are received, Members may incur separate fees through billing and coding, such as multiple consultation fee(s) or AMCS for each service. For example, you may owe an office visit consultation fee in addition to the AMCS for administered allergy serum when you visit a provider for an allergy shot.

ANNUAL MEMBER CARE SHARE (AMCS)	
Individual	Family ¹
\$6,000	\$12,000

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

MEDICAL SERVICES	
Preventative Care Follows healthcare.gov guidelines, except where services are excluded per the 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

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MEDICAL SERVICES (CONT.)	
Physical, Spiritual, & Mental Wellness	
Wellness Perks Membership includes access to exclusive wellness perks. 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)	
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
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.

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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 for in-network services, it is recommended that Members call for care confirmation ahead of scheduled services. Care Confirmation is required for out-of-network provider services; Members should contact Member Services to discuss their sharing benefits and options for out-of-network providers.

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.

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](https://weshare.org/for-providers) to access and submit the pre-authorization form. WeShare 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.

Frequently requested pharmacy services that require pre-authorization include narcolepsy, narcolepsy only, anabolic steroids, androgenic steroids, acne, and compound medications.

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Pharmacy

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

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

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

*Prescription fees are per prescription.
*Topical cream prescriptions are not eligible.

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

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Dental, Vision, and Lasik Discount Program

Careington Dental – POS Network

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

Careington Dental Plan Features:

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

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

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

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

Prices subject to change.

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Superior Vision – SPVC

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

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

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

This plan is not insurance.

Qualsight LASIK – AMST

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

The QualSight program is not an insured program.



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

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White Glove Care

Our Member Services and Provider Concierge teams are committed to ensuring a worry-free experience for all. We are always happy to help answer questions, check status updates, or help you navigate your healthcare journey. In that spirit, WeShare offers added resources and support through the Compassionate Care Program for any Members diagnosed with a critical or chronic illness or cancer while enrolled as a Member of WeShare. If you, a loved one, or another Member need assistance with information on the Compassionate Care Program, please contact Member Services at 800-900-8476.

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.

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 or if you would like assistance enrolling in the healthy discount program, contact Member Services at 800-900-8476.

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Terms and Conditions

Waiting Periods and Annual Sharing Maximums

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

Not a Reimbursement Program or Insurance

WeShare is not a reimbursement program. WeShare is NOT an insurance company nor is the membership offered through an insurance company. WeShare membership is offered and administered by Unite Health Share Ministries™ (UHSM), a nonprofit, religious health sharing ministry that facilitates Member-to-Member sharing of medical expenses. WeShare Members have access to pre-negotiated rates for medical services through the PHCS PPO, Amwell, CVS Caremark, and CVS MinuteClinic Network. Members should never have to pay cash up-front for services in-network, with the only payment incurred at the time of service being the per Member, per visit, consultation fee, as outlined in the membership guidelines. All Sharing Members are responsible for their own medical expenses, less any shared dollars.

OTHER PROGRAM FEES	
Application fee	\$149 one-time fee
Tobacco and e-cigarette users	\$50 per Member of usage, per month
Four or more dependents	\$50 per dependent, per month

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

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

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

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

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

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

Medically Necessary – A service, procedure, or medication that is necessary to restore or maintain physical function of a Sharing Member, and is provided in the most cost-effective setting, consistent with the Sharing Member's condition. The fact that a medical professional may prescribe, administer,

or recommend services/care does not constitute a medical necessity, even if it is not listed as a membership limitation or an ineligible need in the membership guidelines. To help determine medical necessity, WeShare may request the Sharing Member's medical records and may require a second opinion from a third-party medical professional. Additionally, medically necessary relates to healthcare services or supplies determined by the shareable medical bill (SMB) 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 help WeShare Sharing Members understand how monthly contributions are shared in accordance with the escrow instructions.

Non-Participating Provider – A healthcare facility or medical professional that is not part of the PHCS PPO or MultiPlan Networks, or CVS Caremark Networks, and thus represents an event that is ineligible for sharing, unless otherwise pre-authorized.

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

When searching for participating providers, any results 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 responsible for their own medical bills.

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 services that require pre-authorization. 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.

Preventative Healthcare and Wellness – While WeShare is not an insurance provider, nor affiliated with an insurance company, we voluntarily use the list of preventative care services, as outlined by www.healthcare.gov, as a guideline for eligible preventative care services. Minor exceptions apply and are noted by the ineligible sharing need(s) section of the membership guidelines.

If a Member schedules preventative health need(s) in conjunction with routine annual physical, there is no consultation fee or AMCS for the visit. If you receive both preventative health care treatment and other treatment or services during the physician's office visit past what is constituted as preventative care and wellness, the Member may be responsible for a consultation fee or AMCS for the visit.

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

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

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



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 Access™, 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.

This is NOT Insurance.

State-Specific Notices

Alabama Code Title 22-6A-2

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Alaska Statute 21.03.021(k)

Notice: The organization coordinating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. Participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive a payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Arizona Statute 20-122

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

Arkansas Code 23-60-104.2

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



Colorado, Disclaimer:

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

Florida Statute 624.1265

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor its plan of operation is an insurance policy. Membership is not offered through an insurance company, and the organization is not subject to the regulatory requirements or consumer protections of the Florida Insurance Code. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant is compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payments for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Georgia Statute 33-1-20

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.

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

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation constitute or create an insurance policy. Any assistance you receive with your medical bills will be totally voluntary. As such, participation in the organization or a subscription to any of its documents should never be considered

insurance. Whether or not you receive any payments for medical expenses and whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Indiana Code 27-1-2.1-1

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

Kentucky Revised Statute 304.1-120 (7)

NOTICE: UNDER KENTUCKY LAW, THE RELIGIOUS ORGANIZATION FACILITATING THE SHARING OF MEDICAL EXPENSES IS NOT AN INSURANCE COMPANY, AND ITS GUIDELINES, PLAN OF OPERATION, OR ANY OTHER DOCUMENT OF THE RELIGIOUS ORGANIZATION DO NOT CONSTITUTE OR CREATE AN INSURANCE POLICY. PARTICIPATION IN THE RELIGIOUS ORGANIZATION OR A SUBSCRIPTION TO ANY OF ITS DOCUMENTS SHALL NOT BE CONSIDERED INSURANCE. ANY ASSISTANCE YOU RECEIVE WITH YOUR MEDICAL BILLS WILL BE TOTALLY VOLUNTARY. NEITHER THE ORGANIZATION NOR ANY PARTICIPANT SHALL BE COMPELLED BY LAW TO CONTRIBUTE TOWARD YOUR MEDICAL BILLS. WHETHER OR NOT YOU RECEIVE ANY PAYMENTS FOR MEDICAL EXPENSES, AND WHETHER OR NOT THIS ORGANIZATION CONTINUES TO OPERATE, YOU SHALL BE PERSONALLY RESPONSIBLE FOR THE PAYMENT OF YOUR MEDICAL BILLS.

Louisiana Revised Statute Title 22-318,319

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



Maine Revised Statute Title 24-A, §704, sub-§3

Notice: The organization facilitating the sharing of medical expenses is not an insurance company and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. Participation in the organization or a subscription to any of its documents should never be considered insurance. Regardless of whether you receive payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Maryland Code Ann. Ins. §1-202(4)

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

Michigan Section 550.1867

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

Mississippi Code Title §83-77-1

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

Missouri Section 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 to contribute toward your medical bills. As such, this publication should never be considered insurance. Whether you receive any payments for medical expenses and whether this publication continues to operate, you are always personally responsible for the payment of your own medical bills.

Nebraska Revised Statute Chapter 44-311

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

New Hampshire Section 126-V:1

IMPORTANT NOTICE This organization is not an insurance company and its product should never be considered insurance. If you join this organization instead of purchasing health insurance, you will be considered uninsured. By the terms of this agreement, whether anyone chooses to assist you with your medical bills as a participant of this organization will be totally voluntary, and neither the organization nor any participant can be compelled by law to contribute toward your medical bills. Regardless of whether you receive payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills. This organization is not regulated by the New Hampshire Insurance Department. You should review this organization's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs.

North Carolina Statute 58-49-12

Notice: The organization facilitating the sharing of medical expenses is not an insurance company and neither its guidelines nor its plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be voluntary. No other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally liable for the payment of your own medical bills.



Pennsylvania 40 P.S. Insurance § 23(b)

Notice: This publication is not an insurance company nor is it offered through an insurance company. This publication does not guarantee or promise that your medical bills will be published or assigned to others for payment. Whether anyone chooses to pay your medical bills will be totally voluntary. As such, this publication should never be considered a substitute for insurance. Whether you receive any payments for medical expenses and whether this publication continues to operate, you are always liable for any unpaid bills.

South Carolina, Important Notice:

The health care sharing ministry facilitating the sharing of medical expenses is not a health insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant or group of participants will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

South Dakota Statute Title 58-1-3.3

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered insurance. Regardless of whether you receive any payments for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Texas Code Title 8, K, 1681.001

Notice: This 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 § 38.2-6300-6301

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

West Virginia, Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

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

ATTENTION: This publication is not issued by an insurance company, nor is it offered through an insurance company. This publication does not guarantee or promise that your medical bills will be published or assigned to others for payment. Whether anyone chooses to pay your medical bills is entirely voluntary. This publication should never be considered a substitute for an insurance policy. Whether or not you receive any payments for medical expenses, and whether or not this publication continues to operate, you are responsible for the payment of your own medical bills.

Wyoming 26-1-104 (v)

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.