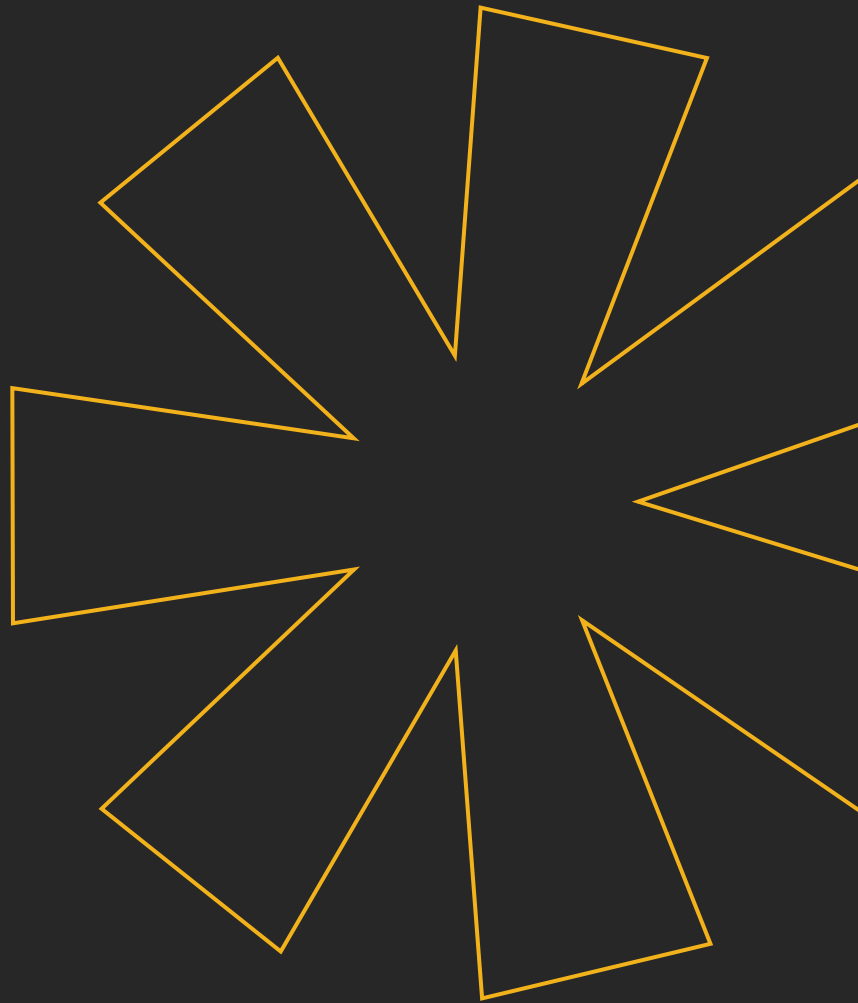


WeShare Access[®] Membership Guidelines



WeShare Access® 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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WeShare
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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 Access 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 Access 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 Access® Membership Guidelines

WeShare, Healthcare by UHSM

WeShare Access 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 Access 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.

WeShare Access is a virtual-based health sharing program that helps Members maintain a healthy lifestyle. By partnering with Amwell Telemedicine, WeShare Access provides Primary Care, Urgent Care, Dermatology, Lactation, Nutrition, and Behavioral Health support with the convenience of on-the-go care. Members also receive in-person sharing support for eligible services through CVS MinuteClinic, Urgent Care, and hospitalizations, as well as prescription sharing benefits. It's a highly cost-effective program option for people who are looking for a healthcare sharing option for preventive care, unexpected injuries, and life-threatening illnesses.

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 eligible 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

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healthy living and to hold each other accountable to a set of health and well-being standards that resonate with Christian principles.

Disclaimer

WeShare Access is NOT health insurance and is not affiliated with a health insurance organization. WeShare Access is also not a reimbursement program.

WeShare Access membership is offered and administered by Unite Health Share Ministries (UHSM), a nonprofit, religious health sharing ministry that facilitates Member-to-Member sharing of eligible 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 Access 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 Access or from a Member to other Members; nor is there a contract of indemnity between WeShare Access 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 Access, 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 from shared dollars. 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 eligible medical expenses in accordance with those beliefs without regard to the state in which a Member resides. Although WeShare Access is not subject to federal and state insurance regulations, certain states request the publication of disclosures (see Exhibit B – Legal Notices, page 43). It is the goal that WeShare Access 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 Access. 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 Access through mediation and/or arbitration. WeShare Access 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 Access serves only to facilitate mutual sharing, directing Member contributions to those who have eligible expenses.

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WeShare Access® Membership Guidelines

Purpose of the Membership Guidelines

These WeShare Access 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 Access 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 Access summary of program elements at the time of publishing can be found here (weshare.org/benefits-of-joining), but all WeShare Access 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 Access 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 Access Community Commitments

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

1. Operate WeShare Access 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 Access Member Qualifications

To become and remain a WeShare Access 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

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WeShare Access® Membership Guidelines

healing the sick. Therefore, each Sharing Member is expected to agree and strive to abide by the following principles:

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 teach that 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 to live in accordance with the WeShare Statement of Faith and Shared Beliefs (see Exhibit A – Statement of Faith and Shared Beliefs, page 41). 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 Access 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 Access 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 Access membership requirements. Upon successful audit, membership may be reinstated.

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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 Access 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.

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.

Selecting a WeShare Access Membership Tier

The various levels of sharing programs are available on our app (app.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 Access 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 Access. 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 Access Sharing membership commitments and escrow instructions (see the membership commitments and acknowledgments in the membership application).

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Participation is Voluntary

Monthly contributions made by a Sharing Member for any WeShare Access 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 Access Healthcare Sharing Program tier. Monthly contributions are sent to assist other Sharing Members who have eligible medical needs.

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 Access membership.

Application Fee

WeShare Access 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 Access 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 Access 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 Access reserves the right to increase the MCA to facilitate Sharing Member needs. All WeShare Access 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 require a \$50 fee per additional Member. This fee will be processed upon approval of each new Member addition.

Child Dependents

WeShare Access 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, E-Cigarette, and Marijuana Use

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

After 6 months of being tobacco, e-cigarette, or marijuana free, the \$50 per Member, per

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month fee can be removed. Laboratory work (paid by the Member) is required to prove the absence of nicotine or marijuana. A negative hair test is required to remove the \$50 for marijuana.

Consultation Fees

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

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. 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	\$2,500 per Member	Based on medication's formulary, see grid below

PHARMACY SERVICES	
Formulary Generic Medication	
Pharmacy, up to a 30-day supply	40% co-share, AMCS does not apply
Mail order, up to a 90-day supply	
Mail order and CVS	
Standard Brand Formulary Medication	
Available after 60-days of Program participation	
Pharmacy, up to a 30-day supply	30% co-share, after AMCS is met
Mail order, up to a 90-day supply	
Non-Formulary Brand Medication	Not eligible
	Note: While this prescription drug tier is not eligible for sharing, WeShare Access membership includes access to a prescription discount program, at no additional cost. Please refer to the prescription drug discount program information included in your welcome materials for more information.

*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 to pick up, 1-2 day delivery, or mail order delivery for 90-day maintenance drugs only at CVS Pharmacy locations. Small fee for 1-2 day delivery may apply.

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WeShare Access® Membership Guidelines

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 Access 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 Access primary Sharing Programs are not reimbursement programs. Instead, WeShare Access offers Members pre-negotiated rates on specific medical services through contracts with different organizations, such as Amwell, CVS MinuteClinic®, 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 Access Members with the best access to care of any health sharing ministry, by far. WeShare Access 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-certification 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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WeShare Access® Membership Guidelines

Sharing Levels of Common Medical Services

MEDICAL SERVICES	
Preventative Care Follows healthcare.gov guidelines, except where services are excluded per the membership guidelines	
Routine Annual Physical and Well-Woman Exams Visits must be through Amwell virtual primary care or CVS MinuteClinic; Standard lab panel is included when ordered by an Amwell or CVS MinuteClinic provider.	\$0 Consultation Fee
Physician Services Diagnostic labs ordered by Amwell, CVS MinuteClinic, or an Urgent Care are eligible and should be sent to Quest Diagnostics or LabCorp of America where a \$40 lab fee will apply. If the lab is drawn and processed in-house (e.g. Urgent Care), they are eligible at 100% after the AMCS is met.	
Amwell Virtual Primary Care, Urgent Care, Nutrition, Dermatology and Lactation Support	\$0 Consultation Fee
CVS MinuteClinic	\$20 Consultation Fee
Urgent Care Two visit limit per year	\$100 Consultation Fee
Virtual Behavioral Health and Psychiatric Counseling Excludes inpatient or outpatient services. 10 counseling sessions are allowed per Member, per year through Amwell or BetterHelp. 4 Psychiatric visits are allowed per member, per year through Amwell.	\$0 Consultation Fee
Wellness Support	
Wellness Subscriptions Membership includes access to exclusive wellness perks. Refer to the wellness perks brochure for additional information.	Included with Membership
Emergency	
Emergency Room Includes emergency room department charge and the ER Physician fees; all other services follow the specific sharing benefit for the service being rendered and may be subject to AMCS. Subject to AMCS if admitted inpatient.	\$750 Consultation Fee
Ambulance Services	\$500 Share Maximum, per ride, after AMCS
Air Transport	\$10,000 Share Maximum, per ride, after AMCS
Labs	100% after AMCS
X-Ray & Diagnostic Imaging	X-Ray: \$25 Consultation Fee All other imaging: 100% after AMCS
Surgery and Anesthesia	100% after AMCS
Inpatient Services	
Hospitalization	
Surgery	100% after AMCS
Anesthesiologist	
Labs	
X-Ray & Diagnostic Imaging	X-Ray: \$25 All other imaging: 100% after AMCS

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WeShare Access® Membership Guidelines

Sharing Levels of Common Medical Services

MEDICAL SERVICES (CONT.)	
Outpatient Services Outpatient facility care provided for the single outpatient incident correlated to an accidental injury or life-threatening illness is eligible. Each subsequent outpatient service must be related to a current life-threatening illness or urgent need. Diagnostics to diagnose a condition and follow-up care for a stabilized illness or injury is not eligible.	
Ambulatory Surgery Center	
Hospital Surgery Center	100% after AMCS
Observation	
Pre-Existing Conditions	
Pre-Existing Conditions Qualifying diagnosed or undiagnosed pre-existing conditions accepted 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, after AMCS Year 2: Up to \$25,000, after AMCS Year 3: Up to \$50,000 after AMCS
Tobacco, Marijuana, or E-Cigarettes Applicable in the event of tobacco, marijuana, 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 Including but not limited to crutches, wheelchair, etc. Equipment must be obtained from a licensed supplier and ordered as a result of an eligible inpatient or outpatient service, CVS MinuteClinic or Amwell visit, or an Urgent Care visit	\$1,200 Maximum per Member, per year, 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.

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 Access qualifications:

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WeShare Access® Membership Guidelines

- 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 if deemed eligible, 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

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

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 Access 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 Access when a child no longer qualifies as part of the Combined Sharing Membership. Continuing to submit

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WeShare Access® Membership Guidelines

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 Access 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 Access membership.

An Individual Tax Identification Number (ITIN) or Social Security Number (SSN) is required when applying for WeShare Access membership.

65 Years of Age or Older

New applicants and existing WeShare Access Member(s) age 65 or older are ineligible for WeShare Access Sharing Membership. WeShare encourages Members to transition to Medicare and work with Member Services within two (2) months of reaching age 65 to discuss sharing program options through the WeShare Legacy program. If a Member does not connect with Member Services, 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) to remain on a WeShare Access program and move the Primary Sharing Member to a WeShare Legacy program. If the Member does not connect with 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 can be moved to a WeShare Legacy program 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.

Pre-Existing Conditions

WeShare Access may decline applicants from becoming Sharing Members if they present pre-existing conditions, have a strong family history of serious hereditary 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.

For accepted Sharing Members, WeShare Access 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.

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Pre-existing

Pre-existing conditions constitute: any medical condition for which a Sharing Member has prior diagnostics, represented symptoms, been examined for, has received treatment for, or has a strong family history of prior to becoming an Active Sharing Member of WeShare Access whether known or could have been known to a Sharing Member.

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 related to a Sharing Member's personal history include but are not limited to:

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.

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.

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WeShare Access® Membership Guidelines

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 Sharing Program to coordinate care within the guidelines of your program. They can help you understand and manage your condition, as well as help you navigate any lifestyle adjustments applicable to your condition.

Process and Conditions of Sharing

Care Confirmation and Pre-Certification

WeShare Access 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. Member Services supports Members through care confirmation and pre-certification 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-certification requirements. While not required for in-network services, it is recommended that Members call for care confirmation ahead of scheduled services rendered outside of Amwell and CVS MinuteClinic as professional and outpatient sharing benefits are reserved for certain circumstances on the WeShare Access program. Care Confirmation is required for out-of-network providers' services; Members should contact Member Services to discuss their sharing benefits and options for out-of-network providers.

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

Please note, services listed above are only eligible if rendered as part of a hospitalization for an accidental injury or life-threatening illness or as a follow-up to an eligible hospitalization for DME.

Members must ensure providers submit the pre-certification 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-certification 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-certification, 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-certified care and services will not be denied based on medical necessity (as defined by this Sharing Program). However, pre-certification does not guarantee the payment of medical expenses; pre-certified 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 from shared dollars.

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WeShare Access[®] Membership Guidelines

Provider Networks - Amwell telehealth, CVS Caremark™, and PHCS PPO

WeShare Access membership includes access to board-certified providers through Amwell telehealth, CVS MinuteClinic™, as well as urgent cares through an expansive PHCS PPO network available nationwide. When Members need to go to the hospital, they can access a broad list of preferred facilities through MultiPlan.

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 across the country. Additionally, Members can arrange to receive a 90-day supply of maintenance medications via mail-order through CVS Caremark locations.

When leveraging the PHCS PPO network, always confirm network participation with a provider and provide individual WeShare Access membership identification card(s) prior to scheduling any appointments and before any service is rendered. If a WeShare Access 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.

Eligible medical bills from in-network, participating providers will be shared at the contract rate. The Sharing Member will be required to pay their consultation fee or AMCS (based on their program details), where applicable, 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 visit <https://www.weshare.org/find-a-provider/> to find care.

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 Access membership ID card. Once the medical need(s) are received and determined by WeShare Access to be eligible for sharing, WeShare Access 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 Access will pay providers from shared dollars on behalf of the Sharing Member and/or assign shareable amounts, according to the WeShare Access 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 (also called a shareable medical bill) was processed. Please note, WeShare Access 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 Access does not help facilitate "claims." A "claim" suggests there exists a contract entitlement to some benefit or money.

WeShare Access, its Sharing Programs, or any ancillary programs or services should never be considered to be insurance. WeShare Access 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 Access 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.

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Eligibility shall be assessed upon several factors:

1. Shareable medical bill is considered “clean” (see Glossary – shareable medical bill, page 39).
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.

Eligible Routine Preventative Care Services

Although WeShare Access 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 these membership guidelines. Members must obtain preventative care through Amwell or CVS MinuteClinic in order for the services to be eligible for sharing. If you only receive routine preventive health benefits during your CVS MinuteClinic visit, there is no consultation fee or AMCS for the visit. If you receive both routine preventive health services and other diagnostic services during the visit, you may be responsible for a consultation fee or AMCS. There is no additional cost for services obtained by Amwell for preventative or sick visits, as your virtual services with Amwell are included within your membership.

Balance Billing Support

The provider should not balance bill the Sharing Member for amounts in excess of the reasonable and allowable amount or the 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 38.)

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 the expansive WeShare Access network. However, WeShare Access may, at its discretion and for eligible medical services, allow a non-participating facility or other licensed medical provider when the services have been approved by Member Services. Members must contact Member Services if out-of-network needs arise.

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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 Access benefits and any applicable payments will be paid directly to the provider from shared dollars. Applicable AMCS amounts will accrue toward in-network AMCS maximums. However, UHSM will utilize the reasonable and allowable amount as the maximum amount eligible for sharing by the Sharing Program for an out-of-network service, supply, and/or treatment. (See Glossary – reasonable and allowable amount, page 39). Out-of-network providers may bill Members for amounts beyond the reasonable and allowable amount, up to the total charge billed. Therefore, Members are responsible for excess costs beyond the reasonable and allowable amount.

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

QwikPay

When needed, WeShare Access 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 Access 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 right to continuation of care in the event they are receiving an eligible course of treatment from a PHCS contracted network provider and the contractual relationship between the Healthcare Sharing Ministry (HCSM) and provider is terminated for any reason other than the provider's failure to meet applicable quality standards or fraud. WeShare Access will process eligible sharing requests at the in-network level for a period of up to ninety (90) days following the provider's contract termination with PHCS.

For the purposes of this provision, "receiving a course of treatment" means an individual who is:

- Undergoing a course of treatment or is inpatient for a life-threatening illness and is considered unstable without said treatment;
- Undergoing a course of institutional or inpatient care from a specific provider;
- Scheduled for surgery to treat a life-threatening illness or injuries as a result of an accident

During continuation of care, 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, including amounts beyond the reasonable and allowable amount.

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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 Access 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 Access Program
Allergy Testing	\$1,200 lifetime sharing maximum, per Member Services are only eligible if needed as part of an eligible inpatient or outpatient service for an emergency or life-threatening illness (e.g. allergy testing in the emergency room to determine a treatment plan for an urgent allergic reaction).
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
Annual Physicals and Well-Woman Exams (Routine)	Only eligible when performed by CVS MinuteClinic or Amwell
Behavioral Health Counseling	Up to 10 annual counseling sessions, per Member, combined between Amwell & BetterHelp Amwell Virtual Therapy and Psychiatric Care \$0 session fee Up to 4 annual psychiatric visits, per Member (in addition to 10 annual counseling sessions) BetterHelp Virtual Therapy \$0 session fee Individual Therapy: Minimum eligibility age is 18 years old Teen Therapy: Minimum eligibility age is 13 years old Excludes inpatient or outpatient services and substance abuse
Blood Work	Lab work is only eligible when ordered by CVS MinuteClinic, Amwell, or for eligible hospitalizations related to a life-threatening illness or accidental injury. Labs serviced by LabCorp of America or Quest Diagnostics are \$40; all other facilities are subject to AMCS
Bone Density Screening	Services are only eligible for sharing when ordered by CVS MinuteClinic or Amwell. We recommend Members request CVS MinuteClinic or Amwell order as a result of an annual well visit, when needed.
Cancer	Procedures and treatments are eligible after 12-months of continuous membership* and when the situation is considered life-threatening if not treated immediately (usually resulting in an inpatient admission). *S.M.A.R.T. Care allows related cancer costs to be shared after 60-days of continuous membership, greatly reducing the waiting period.. Contact Member Services to learn more about S.M.A.R.T. Care program details

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Area	WeShare Access Program
Cervical Cancer Screening	<p>Services are only eligible for sharing when ordered by CVS MinuteClinic or Amwell. We recommend Members request CVS MinuteClinic or Amwell order as a result of an annual well visit and have labs serviced by LabCorp of America or Quest Diagnostics.</p> <p>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>
Colon Cancer Screening	<p>Members 45 years and older are eligible for an initial colorectal self-screening fecal test as part of their in-person, routine annual physical at CVS MinuteClinic or when ordered by their Virtual Primary Care Physician through Amwell. After the initial screening, subsequent fecal screenings are eligible once every three (3) years, or per ACS guidelines</p> <p>Note: Colonoscopies and sigmoidoscopies are not eligible</p>
Durable Medical Equipment (DME)	<p>\$1,200 annual sharing maximum, per Member</p> <p>Equipment must be obtained from a licensed supplier and ordered as a result of an eligible inpatient or outpatient service, CVS MinuteClinic, Amwell, or an Urgent Care visit</p>
Hospital Services (Inpatient & Outpatient)	<p>Services are only eligible for care provided while inpatient or outpatient for accidents, unexpected injuries, and sudden emergent/life-threatening illnesses. Services leading up to inpatient or outpatient hospitalization (diagnosing, testing, treatment) or follow-up treatment once discharged/stabilized are not eligible, unless complications present that constitute an emergency or urgent need.</p>
Immunizations	<p>Adults</p> <p>Eligible for routine immunizations day one of membership (do not have a waiting period), for vaccines available through CVS MinuteClinic</p> <p>Children</p> <p>Children under age 18 who have been enrolled since their date of birth have no waiting period. For children who do not meet this criteria and were not WeShare members as of their birth date, the following applies:</p> <ul style="list-style-type: none"> • Age 0-18 months: 6-months of continuous membership is required prior to immunization sharing eligibility • Over 18 months: 10-months of continuous membership is required prior to immunization sharing eligibility <p>Note: The Shingles vaccine is allowed for Members 50 years of age or older and should be performed in conjunction with a routine annual physical</p>
Mammogram	<p>Services are only eligible for sharing when ordered by CVS MinuteClinic or Amwell and should be ordered as part of an annual well 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>
Pre-Existing Condition(s)	<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>
Professional Services	<p>WeShare Access provides sharing for eligible hospitalizations, urgent needs, CVS MinuteClinic services and Amwell telehealth. Professional services are ineligible except when performed by Amwell, CVS MinuteClinic or in conjunction with a hospitalization, urgent care, or emergency room as a result of an accident, unexpected injury, and sudden emergency/life-threatening illness. Follow-up care once the Member is stabilized is not eligible (e.g., Physical Therapy following an eligible surgery).</p> <p>Includes office visits, therapy, radiology, surgery and any service performed by a licensed medical professional</p>

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Area	WeShare Program
Prostate Screening	<p>Services are only eligible for sharing when performed in conjunction with a routine annual physical at a CVS MinuteClinic location or when ordered by your Amwell Virtual Primary Care Physician. The following stipulations apply:</p> <p>Under Age 45</p> <p>Only eligible for sharing when physician requested and performed as part of an eligible hospitalization as a result of a life-threatening illness</p> <p>Age 45 or Older</p> <p>A Prostate Specific Antigen (PSA) test is eligible for sharing every two (2) years. Additional testing is only eligible when performed as part of an eligible hospitalization related to a life-threatening illness</p>
Tobacco and Marijuana	\$25,000 AMCS applies in the event of tobacco, marijuana, or e-cigarette related illnesses such as Cancer, Respiratory Disease, Vascular Diseases including Coronary Disease and Stroke, Oral / Esophageal Diseases and Gastric / Duodenal Ulcers
Urgent Care	<p>\$100 Consult Fee</p> <p>2 annual visits, per member</p> <p>Unlimited visits available through Amwell's Virtual Urgent Care</p>

A life-threatening illness is a medical condition that poses an immediate and severe risk to life if not promptly treated. These are illnesses or events that, without urgent medical intervention, would likely result in death within a short period of time. This does not include life-altering illnesses or serious long-term illnesses that are manageable over time.

Cancer Sharing Eligibility

Early detection provides the best chance for successful treatment in the most cost-effective manner. WeShare Access 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 Access membership. Please note that cancer screenings are only eligible when ordered or performed by Amwell or CVS MinuteClinic. Colonoscopies and Sigmoidoscopies are not eligible and would be Member's responsibility.

Procedures and treatments are only eligible when the situation is urgent and life-threatening if not treated immediately (usually resulting in an inpatient admission). 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-certification, as long as certification is submitted as required and timely, the 30-day notification requirement is inherently met. Members should contact Member Services at 800-900-8476 for help selecting an alternative WeShare program that more effectively supports cancer procedures and treatments.

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 Access membership limitation indicated on the membership application, Program Guide, or membership guidelines;
2. Any illness, injury, condition, or associated medical need(s) for which the Member is aware but fails to disclose on their WeShare Access membership application.

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Professional Physician Services

WeShare Access provides limited sharing benefits to maintain a healthy lifestyle. It focuses on well and sick visits through CVS MinuteClinic and their Telehealth services, as well as Telehealth services through Amwell, and urgently needed hospitalizations or urgent care services. Therefore, physician, office-based and related services are not eligible. This includes any service (e.g., labs or radiology) performed in conjunction with diagnostic testing or a course of treatment identified by a physician during office-based services. Only services correlated directly to a CVS MinuteClinic, Amwell, urgent care, emergency, or urgently needed hospitalization (inpatient or outpatient) for accidental injuries or life-threatening illnesses are eligible. Maternity services and preventative screening services not rendered or ordered by Amwell or CVS MinuteClinic are not eligible. The additional exclusions below list certain services that may be performed in a professional physician's setting are therefore excluded as noted above, but are listed explicitly to note their exclusion even if performed during an urgent hospitalization.

Outpatient Care

Only urgently needed outpatient care is eligible. Urgently needed is categorized as outpatient care provided for the single outpatient incident correlated to an accidental injury or life-threatening illness. Each subsequent outpatient service must be related to a currently life-threatening illness or accidental injury. Follow-up care for a stabilized illness or injury is not eligible (e.g. physical therapy or other treatment after surgery).

A life-threatening illness is a medical condition that poses an immediate and severe risk to life if not promptly treated. These are illnesses or events that, without urgent medical intervention, would likely result in death within a short period of time. This does not include life-altering illnesses or serious long-term illnesses that are manageable over time.

Routine, Preventative Screenings

Laboratory screenings ordered by Amwell or CVS MinuteClinic are eligible when sent to Quest Diagnostics or LabCorp of America for processing. Certain radiological or invasive screenings not available through Amwell or CVS MinuteClinic are not eligible for sharing (Colonoscopies/Sigmoidoscopies).

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. Medical needs you or your provider submit for sharing more than six (6) months after the date you received services or treatment;
4. Emergency room visits that you have failed to provide the required paperwork for;
5. 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 Access is not a reimbursement program; and
6. Services where pre-certification was required but not obtained or services where pre-certification was not granted.

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

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. Long-term care or other care that does not treat an illness or injury (for example, custodial care); or
5. 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);
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 injuries while using any form of cannabis, whether or not it has been prescribed by a medical professional;
6. Illness or injury due to consumption of a prescription medication taken in excess of instructions;
7. Self-inflicted or intentional injuries;
8. Illness or injury caused by illegal activities;
9. Diseases caused by tattoos, body piercing, or lifestyle choices; and/or
10. Injuries that result from riding a motorcycle without a helmet or driving in a car without a seatbelt.

Psychological Medical Needs

Services are only eligible when performed by Amwell or BetterHelp. All other psychological needs are not eligible for sharing.

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;

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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 Access 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 Access 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

Vision needs are ineligible for sharing.

Note: While vision services are not eligible for sharing, WeShare Access 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.

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

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.

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;
4. Family planning including maternity, doula services, infertility testing or treatment,

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- contraceptive services (except the birth control pill) and sterilizations or reversals (even if life-threatening);
5. Chelation therapy;
 6. Christian science practitioner and Naturopathic providers;
 7. Cochlear devices;
 8. Cosmetic surgery (elective);
 9. Custodial care services;
 10. Dermabrasion service;
 11. Drug testing;
 12. Extreme sports injuries (see next page);
 13. Gender dysphoria counseling or procedures;
 14. Genetic testing and counseling;
 15. Hemodialysis;
 16. Home healthcare;
 17. Home infusion service;
 18. Hormone therapy, for men and women;
 19. Hysterectomy, unless needed as a result of an accidental injury or life-threatening illness;
 20. Injectable medications and infusions;
 21. Medical tourism;
 22. Obesity (defined as exceeding height/weight) and any complication relating to that diagnosis;
 23. Sexual dysfunction service; or
 24. Vitamins (including B12 injections), supplements, or health foods;
 25. Weight control and management except services offered by Amwell or Noom (including nutritional counseling for weight loss, weight gain, or health maintenance), even if related to a medical condition.

Services Covered by Primary Programs or Insurance

WeShare Access 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 Access process services covered by another plan or program, we will recover funds paid from shared dollars (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. (See Glossary – out-of-network providers, page 38.)

Out-of-Country Needs

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

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WeShare Access 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 Access to waive an exclusion for a Member does not create an obligation for WeShare Access to apply the same exception for any other Member.

Assignment of Health Sharing Programs

By enrolling in WeShare Access 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 (e.g., 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.
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

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patient is not balance billed for any amount beyond applicable cost sharing amounts (e.g., 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 36).

Appeals Process, Dispute Resolution, and Third-Party Liability

Oversight

WeShare Access and its Sharing Programs are administered by a Board of Directors, committees, support representatives, and individuals who oversee the sharing of Member contributions. WeShare Access does not gain financially by determining medical bills are ineligible for sharing among its Sharing Members. WeShare Access membership is offered and administered by Unite Health Share Ministries (UHSM), a nonprofit, religious health sharing ministry that facilitates Member-to-Member sharing of eligible medical expenses. WeShare Access has no owners, stockholders, or investors.

WeShare Access 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 Access 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 Access 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 the SMB was processed.

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 the SMB was processed. Before appealing, a Sharing Member should engage in careful thought and prayer about whether he or she honestly believes an error was made.

The WeShare Access 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 Access appeals committee resulting in a decision the Member disagrees, the Member has sixty (60) calendar days to request a review by a Sharing Member final appeal committee. WeShare Access 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 Access representatives. A simple majority vote of the appeal committee will carry the final decision.

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Arbitration and Religious-Based Mediation

As part of sincerely held religious beliefs, the Members and the staff of WeShare Access 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 Access 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 Access 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 Access inquire and ensure that a medical need is not otherwise eligible to be covered or paid by another source prior to facilitating a share request. If a Sharing Member has other insurance, is eligible for a benefit that may cover medical expenses, or another source may be responsible for the medical expenses (for example, workman's compensation, the Sharing Member's own car insurance policy, third-party liability auto insurance or related); the Sharing Member's membership is subject to and conditioned upon the fulfillment of subrogation and third-party rights of recovery.

Any and all share requests shared and paid by WeShare Access 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 Access Sharing Members agree to authorize and assign WeShare Access, 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.

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Subrogation right

If a Member's specific medical expenses subject to the foregoing exclusion are paid through WeShare Access shared dollars, 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 Access 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 Access to collect reimbursement from all applicable third parties. Furthermore, at a request made by WeShare Access, the Member agrees to take all reasonable steps to assist WeShare Access in enforcing such rights including, but not limited to, suing an insurer or responsible third-party. WeShare Access agrees to pay applicable costs and attorney fees for enforcing its liability rights. Any amounts WeShare Access recovers through its subrogation efforts will first be paid to reimburse WeShare Access 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 Access shared dollars, and the Member recovers all or part of such medical expenses from an insurer or responsible third-party, the Member agrees to reimburse WeShare Access 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 Access. The Member also grants a secured interest in the proceeds, up to the amount paid by WeShare Access shared dollars, by granting a lien to WeShare Access 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).

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 Access Program Privacy and Commitments

Privacy, Confidentiality, and Consent

WeShare Access is committed to providing Members with information regarding how private, sensitive, and personal identifiable information (PII) will be handled. Each Sharing Member

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provides consent to permit WeShare Access, 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 Access receives written consent from the Sharing Member; the release of the information is authorized by law; or when an authorized WeShare Access 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 Access 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 eligible medical expenses among Members.

What is WeShare Access?

WeShare Access is offered and administered by Unite Health Share Ministries (UHSM), a nonprofit, religious health sharing ministry that facilitates Member-to-Member sharing of eligible medical expenses. We are composed of individuals and families dedicated to improving health alongside those that believe in the freedom to share medical costs as an improved path towards healthcare accessibility. WeShare Access Members care for their well-being and each other based upon the religious principles established by God; live a healthy and honorable lifestyle, leading a life reflective of the Word of God and to provide benevolence to others as Christ did. We provide an easy-to-use alternative to healthcare, enabling medical cost sharing and improving the overall physical, spiritual, and mental wellness for all Members.

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 Access 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.

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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 CVS MinuteClinic, emergencies, and urgent cares).

Does This Program Include a PPO Network?

Yes. WeShare Access health share programs include eligible sharing through participating providers within the PHCS VPPO network. This is a national PPO network for doctors, diagnostic, therapeutic and specialty providers, with access to over a million practitioners.

Please note this network is not available in Hawaii.

Which States Can I Use WeShare Access Programs?

Once enrolled, WeShare Access programs can be used in all fifty (50) states. Additionally, WeShare Access offers Members added comfort through telehealth provided by Amwell or CVS MinuteClinic, making virtual healthcare accessible anywhere our Members go.

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

Does WeShare Access 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 Access 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 ineligible 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, AMCS, or co-share), or charges for ineligible 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 Access 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 Access by Sharing Members on the membership application and/or the membership commitment acknowledgments to manage the Sharing Members' escrow account as the designated escrow agent.

Excess Charges – The part of an expense for services, supplies, and/or treatment of an injury or sickness that is in excess of the reasonable and allowable charge. (Definition and Exclusion)

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 Access 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 eligible 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.

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 Access 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.

Life-threatening Illness – A medical condition that poses an immediate and severe risk to life if not promptly treated. These are illnesses or events that, without urgent medical intervention, would likely result in death within a short period of time. This does not include life-altering illnesses or serious long-term illnesses that are manageable over time.

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 Access 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 S.M.A.R.T. and A.I.D.D. Care extended sharing programs.

Maternity – A Sharing Member's medical need(s) or that of a newborn child's medical need(s), as related to prenatal/postnatal care, newborn delivery, and newborn care. Newborn

care is defined as the services provided during an initial inpatient stay following a delivery.

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

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 Access 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 Access 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 Access 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, the MultiPlan or CVS MinuteClinic and Caremark Networks, and thus represents an event which is ineligible for sharing, unless 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, Amwell 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 Access 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-Certification – 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-certification form prior to performing any test, treatments, diagnostic, procedures, or any other services. Members and providers are asked to submit pre-certification 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 could have been 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.

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

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 an 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).

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

Subrogation – Means one party stands in the place of another party. Subrogation shall apply to WeShare Access 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 shared dollars 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 41).

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-certification.

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.

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 teach that 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 and 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.

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.

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.

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 stewardship is.

About Health and Needs Sharing

WeShare because 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 is 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 companies or insurance policies. WeShare does not guarantee payment of medical costs. WeShare is NOT an insurance company nor is the membership offered through an insurance company. Members make voluntary contributions in order to support the Eligible Medical Needs of other Sharing Members. WeShare is a program of Unite 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 shared dollars 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 Access® is a program and product of Unite 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 eligible 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.

Statute of Limitations: Venue/Forum

Any dispute between the Sharing Member and WeShare Access 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. 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 Unite 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 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

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Virginia Code § 38.2-6300

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

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Wyoming Statutes § 26-1-104

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