

Critical  
Care  
AMCS  
Support

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# Critical Care AMCS Support



## Welcome

Serious diagnoses can change everything, but the financial impact shouldn't prevent you from focusing on what's most important - your healing and health. WeShare's Critical Care AMCS Support helps provide financial sharing relief when major health conditions arise. This add-on Sharing Program reimburses eligible AMCS amounts that you have paid for treatment and services related to a qualifying critical condition, up to your selected WeShare Premier AMCS level.

The Critical Care AMCS Support sharing program is a limited sharing benefit add-on to your WeShare Premier membership. Critical Care AMCS support best serves Members in conjunction with an Annual Member Care Share (AMCS) amount of \$3k or more, serving those who want help with out-of-pocket costs in the event of serious illnesses.

## Extended Health Sharing for Life-Threatening Illnesses

Critical Care AMCS Support provides additional sharing benefits for unforeseen, life-threatening illnesses such as stroke, heart attack, aggressive cancer, kidney failure, and major organ transplants. Sharing from the Critical Care Support program is correlated to the AMCS amounts paid for testing and treatments of these kinds of conditions. The annual amount allowed for reimbursement is directly associated with your selected AMCS tier of your WeShare Premier program. If your condition's treatment spans multiple years, you may use your Critical Care AMCS Support year-over-year to help offset eligible costs you'd normally incur due to your AMCS responsibility.

### How It Works

A contribution amount to participate in the Critical Care AMCS Support program is assigned during enrollment and consolidated with your WeShare monthly contribution amount. Monthly contributions are accumulated into a shared, community escrow account, which is then used to pay for eligible services of our Member community. Critical Care AMCS Support Members access their Critical Care Support benefit if or when they are diagnosed with a qualifying critical condition in which they have paid AMCS amounts for. During the course of treatment, AMCS amounts will be paid as normal per a Member's AMCS responsibility. Because Critical Care AMCS Support is a reimbursement program, Members will then submit necessary documentation to get back eligible amounts paid toward AMCS. Once a reimbursement request is received, it is reviewed for eligibility and eligible services are paid from shared dollars directly to the Member. Members: please refer to the Reimbursement Request form for specific submission instructions and a list of required documentation or receipts. Not available to TX residents.

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✦ Monthly Contributions



✦ Eligible Expenses Reimbursed at 100%

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## Critical Care AMCS Support

This sharing support allows reimbursement of eligible AMCS amounts paid for treatment and services directly related to that condition — up to the selected AMCS level. This is a reimbursement program. To access funds, Members must request sharing reimbursement and submit receipts or corresponding documentation.

### Monthly Contribution Amount (MCA)

This is the set monthly amount Critical Care AMCS Support Members voluntarily contribute to the program's escrow account. The amount is established at enrollment and depends on the sharing benefit level, between \$3,000 to \$12,000, according to the Member's age and health history.

## Qualifying Illness Terms & Conditions

### Program and Service Eligibility

- Members become eligible for sharing reimbursement consideration based on the timing of diagnosis:
  - If the condition is not pre-existing: Eligible services may be considered for sharing after 60 days of continuous WeShare membership.
  - If the condition is pre-existing: Eligible services may be considered for sharing after 24 consecutive months of continuous participation in the AMCS Support option.
  - For purposes of the Critical Care AMCS Support option, a condition is considered pre-existing if it was diagnosed prior to or within the first 30 days of enrollment in the AMCS Support option.
- Illnesses resulting from intentional self-harm, attempted suicide, illegal activity, substance abuse, substance impairment while operating a vehicle or machinery, incarceration, riot/rebellion/insurrection/war participation or similar excluded circumstances are not eligible.
- Services must be rendered by a licensed provider and may not be performed by a family member, even if licensed.
- Reimbursement is limited to AMCS amounts actually paid by the Member for eligible services directly related to a qualifying condition, as defined herein. Only services that meet the definition of a qualifying critical illness will be considered. Services unrelated to the qualifying event are not eligible under this support option.
- Reimbursement is limited to the selected WeShare Premier AMCS tier and applies on a per-Member, per-calendar year basis. If AMCS Support funds are exhausted within a given year, additional amounts are not eligible for reimbursement for that year.
- Members must pay their provider within sixty (60) days of receiving the bill and submit reimbursement requests within six (6) months of payment to satisfy their AMCS, and no later than one (1) year from the date the service was incurred. Exceptions may be considered in cases where provider billing delays or other extenuating circumstances prevented timely submission, at the sole discretion of WeShare.
- Members must be actively enrolled in the Critical Care AMCS Support program at the time the service is rendered and when the bill is paid to the treating provider. Reimbursement is not contingent on the enrollment status at the time of submitting a reimbursement request, provided the service and payment occur while actively enrolled.
- For purposes of applying the Member's AMCS support limit, services will be applied to the calendar year in which the service was incurred under the Members WeShare Premier

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## Critical Care AMCS Support

program, regardless of when reimbursement is requested. Funds not used in that year cannot be carried over to the following year.

- AMCS Support benefits are non-transferable and may not be assigned to providers or third parties. Reimbursements are payable only to eligible Members.
- AMCS amounts reimbursed under this support option may not be duplicated through other Sharing Programs or benefits.

### Important Notice:

AMCS Support options are voluntary add-ons to WeShare Premier and are not insurance, a guarantee of payment, or a contract for indemnification. Participation in these options does not create a vested right to reimbursement. All reimbursements are subject to program guidelines, eligibility requirements, and available sharing funds. Any assistance with medical expenses is voluntary and is not guaranteed. Whether or not any participant receives sharing assistance is dependent upon the continued participation of other members and the guidelines of the ministry. The AMCS Support programs are not available to TX residents.

### Qualifying Conditions

In the event a Sharing Member is diagnosed or treated with a qualifying medical condition outlined by this program, Critical Care AMCS Support allows reimbursement of eligible AMCS amounts paid for treatment and services directly related to that condition. To access funds, Members must request reimbursement and submit a reimbursement request form, receipts, and corresponding documentation. Sharing pays for 100 percent of eligible expenses for all qualifying illnesses, which include:

MEDICAL CONDITIONS & MAXIMUM SHARE BENEFITS		
Qualifying Illness	Percent Shared	Max Lifetime Share Limit
Stroke		
Myocardial Infarction (heart attack)	100%, up to your WeShare Premier AMCS amount	\$3,000-\$12,000
Aggressive Cancer		Selected by Member upon enrollment in their WeShare Premier program
Renal (Kidney) Failure		
Transplants of major organs		

**Stroke** – The death of brain tissue due to an acute cerebrovascular event. There must be evidence on a CT, MRI, or similar imaging technique that a stroke has occurred, and new neurological deficit persisting 30 days after the event that results in a score of 2 or higher on the modified Rankin scale for stroke outcome. No benefit will be eligible for sharing as the result of transient ischemic attack or cerebral injury from trauma or hypoxia.

**Myocardial Infarction (Heart Attack)** – The death of heart muscle due to inadequate blood supply. All the following criteria for acute myocardial infarction must be satisfied:

- Typical clinical symptoms, for example, central chest pain;
- Diagnostic increase of specific cardiac markers; and
- New electrocardiographic changes of infarction

**Aggressive Cancer** – This means and is limited to a malignant tumor characterized by uncontrolled growth of malignant cells and invasion of normal tissue. Eligible sharing of the cancer benefit includes the following blood cancers: lymphoma, leukemia, and multiple myeloma. Cancer must be positively diagnosed with pathologic confirmation. A clinical diagnosis will be accepted only if: (a) a pathologic diagnosis cannot be made because it

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## Critical Care AMCS Support

is medically inappropriate or life threatening; (b) there is medical evidence to support the diagnosis; and (c) a physician is treating the Sharing Member for cancer. The following tumors are excluded:

- Chronic lymphocytic leukemia that has not progressed to at least Rai Stage I;
- All tumors that are histologically described as nonmalignant, benign, premalignant, noninvasive, dysplasia (all grades) or carcinoma in situ;
- All skin cancers, unless there is metastasis, or the tumor is a malignant melanoma of greater than 1.0 mm maximum thickness (regardless of Clark level or ulceration) as determined by histological examination using the Breslow method;
- Prostate cancer, unless histologically classified as Gleason score 7 or greater, or TNM classification T1 bN0M0 or greater; Papillary carcinoma of the thyroid that is 1cm or less in diameter and limited to the thyroid, also known as microcarcinoma of the thyroid;
- Noninvasive papillary cancer of the bladder histologically described as TNM classification TaN0M0 or lower; and
- Evidence of cancer cells or cancer genetic material detected by molecular or biochemical probes only (including but not limited to proteomic or DNA/RNA-based techniques) with no lesion amenable to tissue diagnosis.

**Renal (Kidney) Failure** – The chronic, irreversible failure of both kidneys to function, as a result of which either regular renal or peritoneal dialysis, or renal transplant is initiated.

**Transplant of Major Organs** – The human-to-human organ transplant procedure from a donor to the Sharing Member:

- of bone marrow solely for treatment of bone marrow failure;
- transplant of an entire heart, lung, pancreas; or
- a total or partial liver transplant

The following are excluded: transplant of any other organs, parts of organs, tissues or cells; transplant of bone marrow or stem cells due to bone marrow failure that results from the treatment process for Category One or Category Two Cancer; autologous bone marrow transplant in which the Sharing Member's own bone marrow is used; or bone marrow transplant as treatment for Aplastic Anemia.

### Coordination of Care (COC)

Critical Care AMCS Support is a secondary benefit Sharing Program designed to offset medical expenses not paid through a Member's primary WeShare program, as a result of their Annual Member Care Share responsibility. To contain costs and eliminate payment duplication, WeShare ensures a medical need is not otherwise eligible for coverage or paid by another source prior to facilitating a share request. Sharing Members must fully cooperate at all times and provide all information needed or requested by WeShare to determine payment responsibilities.

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**Annual Member Care Share (AMCS)** – The amount each Sharing Member commits to paying their care provider when obtaining services, before the primary Sharing Program (WeShare or WeShare Access) 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. There is no AMCS to meet before S.M.A.R.T. Care will help you pay for expenses, which means 100% of eligible costs are shared by the program.

**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.

**Maximum Share Limit (Share Limit)** – The maximum amount the program will share, per family, per benefit period. If a Member upgrades their program, increasing their share limit, previously accumulated dollars will be deducted from the new share limit amount.

**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 necessary to restore or maintain physical function 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 or care does not make it medically necessary, even if it is not listed as a membership limitation or an ineligible need in the membership guidelines. To help determine medical necessity, WeShare may request the Sharing Member's medical records and may require a second opinion from a third-party medical professional.

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

**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 or WeShare Access – whether known to a Sharing Member or not – is considered a pre-existing condition.

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

**Sharing Program** – A program that helps Members manage medical expenses using contributed funds by its member community. From WeShare to S.M.A.R.T. and A.I.D.D. Care, UHSM's suite of Sharing Programs offer a variety of designs to meet varying Member needs.

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## 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 from 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 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 Access®, a program of Unite Health Share Ministries (UHSM), is a religious organization facilitating the sharing of medical expenses.

It is not an insurance company, and neither its guidelines or its plan of operation, or any other documents of the religious organization constitute or create an insurance policy. Membership is not offered through an insurance company, and the organization is not subject to the regulatory requirements or consumer protections of any state's insurance code. The sharing programs, services, publications, and any materials given should never be considered a substitute for an insurance policy.

Any publication or any other material given by UHSM are not issued by an insurance company, nor are they offered through an insurance company. This publication or any other materials do not represent, guarantee or promise that you will be eligible for membership or that your medical bills will be published or assigned to other members for payment. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant is compelled by law to contribute towards your medical bills. Regardless of whether you receive any payments for medical expenses or whether this organization continues to operate, you are always responsible for the payment of your own medical bills.

This is NOT Insurance.

### Notice:

S.M.A.R.T. Care by UHSM is a limited benefits healthshare program and is not intended to be a substitute for hospital or medical expense healthcare. It pays for specific critical illnesses and related expenses only and does not provide benefits for any medical conditions not outlined by this program.

UHSM is a religious organization facilitation the sharing of medical expenses. It is not an insurance company, and neither its guidelines or its plan of operation, or any other documents of the religious organization constitute or create an insurance policy. Membership is not offered through an insurance company, and the organization is not subject to the regulatory requirements or consumer protections of any state's insurance code. The Sharing Programs, services, publications and any materials given should never be considered a substitute for an insurance policy. Any

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## State-Specific Notices

### Alabama Code Title 22-6A-2

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### Alaska Statute 21.03.021(k)

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

### Arizona Statute 20-122

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

### Arkansas Code 23-60-104.2

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to assist you with your medical bills, it will be totally voluntary because participants are not compelled by law to contribute toward your medical bills. Participation in the organization or a subscription to any of its documents should never be considered insurance. Regardless of whether you receive a payment for medical expenses or if this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

**Colorado, Disclaimer:**

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

**Florida Statute 624.1265**

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

**Georgia Statute 33-1-20**

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**Idaho Statute 41-121**

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

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**Indiana Code 27-1-2.1-1**

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**Kentucky Revised Statute 304.1-120 (7)**  
**NOTICE: UNDER KENTUCKY LAW, THE RELIGIOUS ORGANIZATION FACILITATING THE SHARING OF MEDICAL EXPENSES IS NOT AN INSURANCE COMPANY, AND ITS GUIDELINES, PLAN OF OPERATION, OR ANY OTHER DOCUMENT OF THE RELIGIOUS ORGANIZATION DO NOT CONSTITUTE OR CREATE AN INSURANCE POLICY. PARTICIPATION IN THE RELIGIOUS ORGANIZATION OR A SUBSCRIPTION TO ANY OF ITS DOCUMENTS SHALL NOT BE CONSIDERED INSURANCE. ANY ASSISTANCE YOU RECEIVE WITH YOUR MEDICAL BILLS WILL BE TOTALLY VOLUNTARY. NEITHER THE ORGANIZATION NOR ANY PARTICIPANT SHALL BE COMPELLED BY LAW TO CONTRIBUTE TOWARD YOUR MEDICAL BILLS. WHETHER OR NOT YOU RECEIVE ANY PAYMENTS FOR MEDICAL EXPENSES, AND WHETHER OR NOT THIS ORGANIZATION CONTINUES TO OPERATE, YOU SHALL BE PERSONALLY RESPONSIBLE FOR THE PAYMENT OF YOUR MEDICAL BILLS.**

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**Louisiana Revised Statute Title 22-318,319**

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

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**Maryland Code Ann. Ins. §1-202(4)**

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**Michigan Section 550.1867**

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

**Mississippi Code Title §83-77-1**

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines

nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered insurance. Regardless of whether you receive any payment of medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

**Missouri Section 376.1750**

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**Nebraska Revised Statute Chapter 44-311**

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**North Carolina Statute 58-49-12**

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

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**South Carolina, Important Notice:**

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

**South Dakota Statute Title 58-1-3.3**

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**Texas Code Title 8, K, 1681.001**

Notice: This health care sharing ministry facilitates the sharing of medical expenses and is not an insurance company, and neither its guidelines nor its plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the ministry or a subscription to any

of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this ministry continues to operate, you are always personally responsible for the payment of your own medical bills. Complaints concerning this health care sharing ministry may be reported to the office of the Texas attorney general.

**Virginia Code § 38.2-6300-6301**

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

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**Wyoming 26-1-104 (v)**

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