

Summit Healthshare: Member Guidelines

This guide is your go-to resource for understanding your membership, your responsibilities, how the sharing process works, and the benefits available to you. By joining the Summit Healthshare community, you've chosen a proactive and collaborative way to manage your healthcare costs. Take a moment to explore the sections below to make the most of your membership.

At Summit Healthshare, we're redefining healthcare with a foundation of innovation, compassion, and freedom. Every member's health journey matters deeply to us, and together, we're transforming the way healthcare is approached—one shared expense at a time. Our community is here to support you, whether it's for everyday wellness or unexpected, significant medical needs.

How do we make this possible? Through a thoughtful approach that includes defined allowances and a phased introduction of certain alternative treatments starting in the second year. This ensures fairness across the community while fostering a supportive environment for those seeking holistic care. Our Member Guidelines are carefully crafted to provide transparency and set clear expectations, so you know exactly what to expect from your membership.

At Summit Healthshare, we understand the power of community in addressing health challenges. Our goal is simple: to help you maximize every healthcare dollar while providing the support you need. If you're looking for a healthcare solution that empowers and uplifts its members, Summit Healthshare is here for you. Join us as we work together toward a healthier, brighter future.

Membership Eligibility

1. Adherence to the Principles of Membership
2. Participation in the community by submitting monthly contributions
3. Reside in the United States in states where the Healthshare is available to residents
4. Under age 65

Principles Of Membership

Each member of must comply with the following requirements to join and maintain membership with the Healthshare and remain eligible to participate in the Health Share program and related services. Adherence to the Principles of Membership minimizes medical risks, encourages good health practices, and ensures member integrity and accountability. All members must attest to the following statements:

- I believe that a community of ethical, health-conscious people can most effectively care for one another by directly sharing the costs associated with each other's healthcare expenses.
- I recognize that the Healthshare affiliates and considers itself accountable to a higher power. I welcome members of all faiths.
- I understand that the Healthshare is a benevolent organization, not an insurance entity, and cannot guarantee payment of medical expenses.
- I agree to practice good health measures and strive for a balanced lifestyle. I agree to abstain from the use of any illicit or illegal drugs and refrain from excessive alcohol consumption and acts that are harmful to the body.
- I am obligated to care for my family. I believe that mental, physical, emotional, or other abuse of a family member or any other person is morally wrong. I always commit to treating my family and others with care and respect.
- I agree to work with the Healthshare to find and utilize fair-cost healthcare services when appropriate.
- I agree to submit to mediation and subsequent binding arbitration, if necessary, for any dispute with the Healthshare or its affiliates.

Commitment

Members of the Healthshare commit to upholding the personal standards outlined in the Principles of Membership. A Sharing Request may be put on hold if a violation of the Principles of Membership is determined by reviewing the member's submitted medical records. This hold will begin when the violation is discovered or recorded in the members' medical records. The Healthshare will send a notification and explanation to the member within 30 days. The member has 30 days to submit documentation supporting compliance with the Principles of Membership. If the submitted documentation does not satisfactorily comply with the Principles of Membership, the membership will be canceled as of the date the violation was determined.

Participation Through Contributions

Members must submit the monthly contribution amount associated with their membership level and agree to the membership principles to start their membership with the Healthshare community.

All member contributions are voluntary, but the monthly contribution must be active and eligible to process Sharing Requests. Monthly contributions must be received 30 days after the billing date. The membership will become inactive if contributions are not received within 30 days of their due date, which is the day the membership becomes effective.

The Healthshare offers different enrollment types for individuals and families. The monthly contribution is determined by selecting the household size, tobacco usage, and Unshared Amount (UA).

Residency Statement

Members must reside within the United States and notify the Healthshare within 15 days of moving outside the United States.

Aging Out at 65

Membership will be terminated on the 1st of the month following a 65 birthday. Sharing Requests must be submitted within 30 days of the membership termination date.

Determination of Household Membership

Three membership tiers are based on the number of household members participating.

Tier 1- Member Only: An individual member aged 18-64.

Tier 2- Member & children or member & spouse: An individual aged 18-64 and one of the following on the membership: spouse/ domestic partner or child(ren)

Tier 3- Family: A member aged 18-64 with a spouse and child(ren).

Spouse/Domestic partner

A domestic Partner is an unrelated and unmarried person who shares common living quarters with a primary member and lives in a relationship not legally defined as marriage by the state where the member resides. A spouse is a significant other in a state-defined marriage. It can also apply to a civil union or common-law marriage in specific contexts.

Children

An unmarried child under twenty-six (26) years of age may participate under a household membership with the primary member. The primary member is responsible for ensuring that each individual participating in the household membership complies with the Membership Guidelines and Principles of Membership.

When a child turns twenty-six (26) or marries, they can no longer participate under the household membership. To ensure a continuous membership, the child must complete an

application form within thirty (30) days after being withdrawn from their previous household membership.

Adoption

The Healthshare regards adopted children the same as biological children regarding membership. An adopted child cannot be added to membership before birth, and the newborn's membership start date can be no sooner than seven days after delivery. Any genetic conditions or complications for newborns not born in connection with an eligible Maternity Sharing Request are considered pre-existing medical conditions and subject to the same limitations as defined in the pre-existing medical conditions section.

Grandchildren

A grandchild (or grandchildren) may be included as a child as part of their grandparents' membership under the following criteria:

1. The grandparent has legal custody of the grandchild.
2. The grandchild lives with their grandparents at least nine months out of the year.
3. No other group, agency, or person is responsible for the grandchild's medical needs.

Tobacco

Healthshare members, or households with one or more tobacco users, must pay a higher monthly tobacco surcharge to maintain membership. The surcharge is \$100 per household. A member, or one or more members within a household, who has used any tobacco product one or more times per month is considered a tobacco user. Tobacco products include, but are not limited to, cigarettes, cigars, chewing tobacco, snuff, pipe tobacco, and inhaled products through vape, hookah, and similar delivery devices.

When the household tobacco user(s) have not used tobacco products for over twelve months, the tobacco surcharge may be removed by providing the Healthshare with supporting documentation from the treating medical provider.

Membership Cancellation Request

The request must include the reason for cancellation and the month in which the membership cancellation is to be effective. The member must provide notice 15 days before the due date. The Healthshare does not prorate cancellations or gift refunds. Cancellation requests become effective the day before the due date.

Active Membership

Membership is active when members have paid their monthly contributions on time and are in good standing with The Healthshare. For a Sharing Request to be processed,

membership must be active during the date(s) of service, when the Healthshare receives medical bills, when the Healthshare receives medical records, and when proof of UA payment is received. The Sharing Request may become ineligible if the membership becomes inactive before these Sharing Request criteria are met.

The Unshared Amount (UA)

The Unshared Amount, or UA, is the amount a member must contribute as their member responsibility before expenses related to a Sharing Request become eligible with the Health Share community. The Healthshare offers three membership options: \$1,500, \$3,000, and \$6,000. After the member pays the UA, additional eligible medical expenses are shared with the Healthshare community. There is no annual or lifetime limit on eligible expenses.

Changing Your UA

Members may choose to change their UA once per membership year. If it's decreased, a 60-day waiting period will apply to all Sharing Requests except those resulting from an accident. If a procedure has been recommended prior to the 60-day waiting period, the previous UA amount will apply.

Reduction Of the Unshared Amount Program

In certain instances, members can go above and beyond to keep costs down for the community. The Healthshare may authorize the reduction of a UA when a member has taken one or multiple of the following steps:

- Gathered and arranged prepayment for a scheduled surgery or procedure, resulting in significant savings.
- Demonstrated willingness to work with and, in some instances, change to a fair cost provider.
- Traveled a significant distance to a fair cost provider.
- Applied for or received financial assistance.
- Worked with a the Healthshare's legal representative to negotiate or lower medical bills.

Sharing Request

A Sharing Request is submitted by members on a per-member, per-incident basis. Each Sharing Request is the sum of related eligible medical expenses incurred by receiving medically necessary treatment from licensed medical professionals and facilities, such as physicians, emergency rooms, and hospital facilities.

Types Of Sharing Requests

The Healthshare has two types of Sharing Requests that members can submit.

Preventive Care Sharing Requests

Some memberships include sharing for preventive and wellness care that does not require UA responsibility by the member. Preventive Sharing Requests are not subject to preexisting condition limitations. See your preventive guide for details.

Sharing Requests subject to the Unshared Amount

Medical expenses not outlined as an eligible preventive service are subject to the Unshared Amount. This includes maternity, unexpected medical events, and care for pre-existing conditions after the first year.

Fulfillment Of Sharing Requests

The Healthshare strives to respond to Sharing Requests quickly. The community can share funds for eligible Sharing Requests in several ways.

- In advance: Prepayment for services that still need to be performed.
- Directly with members: Funds are sent directly to a member.
- Directly with providers: Funds are sent directly to a provider.
- Instant debit cards: Funds are sent to a member via an electronic debit card.

Sharing Request Timelines

In an eligible Sharing Request, medical bills must reach the Unshared Amount (UA) amount within six months. Once a Sharing Request is eligible, it can remain open continuously for the life of the request, provided there is no six-month gap in related expenses. Once a six-month gap occurs, the Sharing Request will restart, and a new Sharing Request needs to be submitted.

Once their Sharing Request is open, the member must submit original, itemized bills for the medical expense within six months of treatment. Bills submitted more than six months after the date of service may have sharing limitations placed. Limitations include interest fees, late penalties, or any reduction of the final bill due to delays in providing documentation to the Healthshare.

Members must provide documentation to the Healthshare of all payments contributing to the members' UA responsibility. Healthshare community funds are not provided for medical expenses until documentation that the UA has been met, is received by the Healthshare or approval to waive the Unshared Amount has been approved by the Healthshare.

Submitting Sharing Requests

Sharing Requests should be submitted to the Healthshare as soon as possible. Non-emergency Sharing Requests, such as planned surgical procedures, should be submitted before the care.

Required documentation for Sharing Requests must contain, but is not limited to the following:

- Itemized medical bill(s)
- Provider notes
- Proof of Unshared Amount payment

Determination Of a Sharing Request

A determination is the process by which the Healthshare team reviews Sharing Requests. Documents submitted by a member or on their behalf will be reviewed and evaluated for eligibility in accordance with the Member Guidelines.

Sharing Request Allowances

Some aspects of Sharing Requests, such as preventive, alternative treatments, and recovery services, will have a sharing allowance after the Unshared Amount is met. All allowances will be clearly outlined in the Members Guidelines and can be based on membership lifetime or per-Sharing Request. The allowance is toward the costs up to the specified amount for accrued medical expenses.

Maximum Shared Amount

There are no annual or lifetime maximums for Sharing Requests. However, according to these Member Guidelines, certain healthcare expenses may be subject to sharing allowances per Sharing Request or once per lifetime of the membership.

Safeguard Limit for Multiple Sharing Requests

The “safeguard limit” provides a cap to households that experience more than two eligible Sharing Requests in a rolling 12-month period. Each household membership will only be responsible for two (2) UAs in 12 months beginning on the first service date for each Sharing Request. If a household has met two (2) UAs in a rolling 12-month period, the Healthshare will share additional eligible Sharing Requests exceeding \$1,500 with no UA responsibility.

Requesting Self-Pay Discounts

Members can submit Sharing Requests before or after receiving medical services. For all purposes, members should present as self-pay patients and communicate costs and

discounts to the Healthshare as soon as possible. Members are responsible for requesting self-pay discounts and providing documentation for Sharing Requests.

Scheduled Care Review

Certain non-emergency procedures may be placed under review to protect the community from inflated costs and allow time for negotiation with providers. Members are required to notify the Healthshare as soon as a procedure is recommended or scheduled. This ensures there is sufficient time to review costs, confirm eligibility, and arrange fair pricing before care takes place. Emergency procedures are never delayed or subject to this review.

- A review period may last up to 30 days for scheduled, non-emergency procedures.
- Failure to notify the Healthshare in advance or in a timely manner may result in reduced sharing eligibility.
- Hospital-based procedures may be subject to limited sharing when lower-cost options such as outpatient or surgical centers are available.
- Members who work with the Healthshare to find fair-cost providers may qualify for a reduction of their Unshared Amount (UA).

Insurance, Third-Party Administrators, & Government Assistance Plans

If the Healthshare member has additional coverage such as insurance, a third-party administrator, or a government assistance plan, proof of that coverage must be submitted. In that case, the member's insurance, third-party administrator, or government assistance plan shall be primarily responsible for paying the member's medical expenses. Members must submit a Sharing Request to inform the Healthshare of their coverage by insurance, third party administrator, or government assistance plan, specifying which entity will primarily pay the member's medical expenses. Upon final payment by the primary insurance, third party administrator, or government assistance plan, the Healthshare will review the remaining costs to determine eligibility for sharing. Failure to disclose coverage with an insurance, third-party administrator, or government assistance plan may result in ineligibility for sharing. Primary paying includes, but is not limited to, any form of coverage through a nonmember spouse, family member, employer, or government entity. The Healthshare will be secondary if members have primary insurance coverage, and some expenses not covered by insurance may be eligible. Exceptions for Maternity Sharing Requests may be made; contact the Healthshare before your provider visit.

Appeals

If a member believes that a sharing limitation was incorrectly placed or a determination was made incorrectly, they may submit an appeal. Members may submit an appeal only if their membership remains active throughout the appeals process. All appeals are

reviewed by a committee, as well as trained medical professionals. All appeal results are final and may not be appealed again. The appeal request must be submitted within thirty (30) days of the Sharing Request determination by the member, not another party. The Healthshare may request additional information from providers if needed. To file an appeal, send the medical evidence, a written explanation, and other supporting documentation to the Healthshare.

Medical Conditions Existing Prior To Membership

Healthshare members have a waiting period for medical conditions that existed before the membership start date. A pre-existing medical condition limitation is applied based on the first date of active membership.

Any illness or injury for which a person has had any of the following occur:

- Been examined
- Taken medication
- Had symptoms
- Received medical treatment

Within 24 months prior to the effective date of the membership is considered pre-existing.

Pre-existing for Cancer

Any testing, preventive treatments, prophylactics, or medications that were taken by the member 36 months prior to the start date of a previously diagnosed cancer will result in a recurrence or related recurrence of that type of cancer being considered a pre-existing condition.

Exceptions That Are Not Considered Pre-existing

High blood pressure, high cholesterol, hyperthyroidism, hypothyroidism, and type 2 diabetes will not be considered pre-existing conditions if it's controlled, and the member has not been hospitalized for the condition 12 months before enrollment.

Pre-Existing Condition Phase-in Period

Pre-existing conditions have a phase-in period wherein sharing is limited. Members have a one-year waiting period from the initial enrollment date before pre-existing conditions are eligible.

After the first year, pre-existing Sharing Requests are eligible with a sharing limit that increases each membership year.

Eligible amounts for pre-existing conditions:

- Year One: \$0 (waiting period)
- Year Two: \$30,000 maximum per Sharing Request
- Year Three: \$60,000 maximum per Sharing Request
- Year Four: \$150,000 maximum per Sharing Request
- Year Five: The sharing maximum is removed for all pre-existing conditions.

Medical Record Addendums

The Healthshare may request medical records to assist in determining a Sharing Request. After the requested medical records are reviewed and a determination is made, medical record addendums will only be considered when combined with an official addendum from the applicable provider. The addendum must be separate and include all the following:

- Signature from the applicable provider
- Signature date
- A description of what has changed
- The reason for the change.

Related Expenses Are Not Eligible for Unshared Amount (UA) Sharing Requests

The listed healthcare services are not eligible to be shared with the Healthshare community through a Sharing Request subject to the UA. Expenses may be eligible without limitations and apply to a preventive Sharing Request. See your eligible preventive services for details:

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| <ul style="list-style-type: none"> • Abortion • Adult Immunizations • Alcohol and Drug abuse treatment • Birth Control • Breast Implant Removal • Diabetic Medication & Supplies • Elective Procedures • IVF & Fertility • Hearing Aids | GLP-1 & Semaglutide <ul style="list-style-type: none"> • Infertility • Light Therapies • Organ Donation • Prophylactics • Seasonal Allergies • Sleep Studies • Surrogacy • TMJ Therapeutics • Transportation to Appointment |
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Complications from GLP-1 or Semaglutide use are not eligible for sharing unless prescribed for diabetes treatment.

Contraception

Eligible only if it is required to treat an approved Sharing Request.

Dental

Dental services, including caps, crowns, root canals, fillings, wisdom tooth extractions, anesthesia, sedation, and cleanings, are not eligible. However, tooth damage caused by an accident or injury (e.g., a car accident) may be considered for sharing.

Genetic Screening & Testing

Eligible only if it is required to treat an approved Sharing Request, such as breast cancer.

Medical Non-Compliance

Failure or refusal to comply with a physician's treatment plan or leaving a facility against medical advice (AMA) may result in the Sharing Request being ineligible and any complications that arise.

Medically stable conditions

An eligible Sharing Request may be considered medically stable when the condition is chronic and further treatment will unlikely improve it. At this point, the Sharing Request is subject to review and may result in the determination of ineligibility for future sharing.

Mental Health

Diagnosis, treatment, and medications related to but not limited to ADHD, ADHS, Anxiety, Panic attacks, Insomnia, Stress, Bipolar, Depression, OCD, PTSD, Schizophrenia, and eating disorders. Emergency room visits for mental health and related expenses are eligible once per membership lifetime up to \$10,000.

Sterilization

Elective sterilization, such as tubal ligation, vasectomy, and preventive hysterectomy, is not eligible.

Vision

Vision-related hardware expenses, such as glasses and contacts, are not eligible for sharing. Expenses to correct refraction, including but not limited to Lasik, PRK, lens implants, and/or other surgical or non-surgical visual acuity procedures and treatments unrelated to cataract surgery, are also ineligible for sharing.

Initial 90-Day Ineligibility for Certain Conditions

The following conditions and any related treatment are not eligible for sharing if signs, symptoms, diagnosis, or treatment occur within the first 90 days of membership:

- Gallbladder-related care – including gallstones, gallbladder removal, or related complications

- Kidney stones – including diagnostic imaging, treatment, or removal procedures
- Cancer – any form of diagnosis, staging, or active treatment
- Tumor- benign or malignant

Treated as Pre-existing for Sharing Requests Related to the Unshared Amount (UA) The following conditions and treatments are eligible after the initial pre-existing waiting period. Expenses may qualify without limitations and are applicable to a preventive Sharing Request. See your eligible preventive services for details:

- Arthritis
- Injections & Regenerative procedures from non-acute injury
- Basal & Squamous Cell Cancer
- Cataracts
- Irritable Bowel Syndrome
- Celiac Disease
- Long-Covid
- Chronic Fatigue
- Lyme Disease
- Chronic Pain
- Mold Toxicity
- Diagnostic Colonoscopy
- Preventive Mastectomy
- Ear Tubes
- Osteoporosis
- GERD/Acid Reflux
- Sleep Apnea
- Hashimoto's
- Treatment For Non-Seasonal Allergies
- Hormone and Hormone Therapy
- Varicose Veins

Basal & Squamous Cell Cancer

Whether the cell is new or existing.

Congenital Disorder

Eligible without limitations if unknown prior to the membership start date and treatment is medically necessary or acute. For children born from an eligible Maternity Sharing Request, sharing is limited to \$125,000 for medical bills related to congenital conditions after the initial hospital discharge.

Fusion Therapies and Treatments

Eligible without limitations if treatment is medically necessary and due to an acute injury as an active member.

Joint Replacements

Eligible without limitations if treatment is medically necessary and due to an acute injury as an active member.

NICU (Neonatal Intensive Care Unit)

For NICU admission, the time limit for sharing is 35 days after birth.

Parasites

Eligible without limitations if related to an approved Sharing Request and considered life threatening.

Surgical Repairs & Revisions

Any procedure that is intended to revise, repair, or correct a prior surgery, regardless of when or where the original surgery was performed. This includes but is not limited to, procedures addressing complications, failed outcomes, or enhancements of previous surgeries.

TMJ Disorders

Surgical treatment to correct TMJ is eligible after an initial pre-existing waiting period. Therapeutics and other non-surgical expenses are not eligible.

Tonsil Removal

Eligible without limitations if related to an approved Sharing Request and considered life threatening.

Specific Sharing Request Allowances

For certain services, the Healthshare offers a sharing allowance. This is the total amount that may be shared by the community for that specific service under a Sharing Request after the Unshared Amount has been met.

If the total cost of services in a Sharing Request exceeds the sharing allowance, and there are no other eligible expenses that can be counted towards it. In that case, the excess can be applied to the Unshared Amount. This means members still get full credit for what they paid, even if part of it exceeds the sharing allowance.

Specific requests will have a maximum sharing allowance per Sharing Request or once per membership lifetime.

How It Affects the Unshared Amount (UA)

If the total cost of services in a Sharing Request exceeds the allowed sharing amount, the excess can still count toward your Unshared Amount. The first amount applied to the Unshared Amount will be from bills not related to sharing allowances.

* See example scenario at the end of this guide for more information.

*Preventive allowances are not included in this section. See your eligible preventive services for details:

Allergy Treatment or Reversal

Eligible after the initial pre-existing waiting period for a one-time allowance of up to \$2,000.

Alternative Testing to Determine a Diagnosis

Eligible after the initial pre-existing waiting period for a one-time allowance of up to \$2,000.

Examples include, but are not limited to, gut health, celiac, fatigue, skin conditions, and hormones.

Ambulance (Non-Emergency use)

Eligible for up to \$1,000 per Sharing Request.

Breast Reduction Surgery

Eligible after the initial pre-existing waiting period for a one-time allowance of up to \$8,000.

Diagnostic Colonoscopy

Eligible after the initial pre-existing waiting period for up to \$2,000 per Sharing Request.

Emergency Room (Non-Emergency use)

Eligible for up to \$10,000 per Sharing Request.

Home Healthcare

Eligible for up to \$3,000 per Sharing Request.

Hormone Treatments & Therapy

Eligible with alternative testing and alternative treatment allowances.

Injections & Regenerative Procedures

Eligible for up to a \$5,000 per Sharing Request. Injections related to gender transitioning or sex reassignment therapy are not eligible. This includes, but is not limited to, the following:

- Stem Cell injections
- Platelet-rich plasma (PRP) therapies
- Epidural steroid (not related to maternity)
- Nerve blocks
- Joint block
- Trigger point
- Regenerative

Medical Supplies & DME

Related to the treatment or recovery are eligible for up to 180 days from the treatment start date for up to \$3,000 per Sharing Request. Medical supply costs must be over \$50 per item. The medical supply is eligible for up to 150% of the amount for a similar item found on discountmedicalsups.com or other online resources available to the Healthshare members.

Mental Health Emergency

Emergency room visits for mental health and related expenses for the first 24 hours of hospitalization are eligible for a one-time allowance of up to \$10,000.

Orthotics

Eligible for a one-time allowance of up to \$1,000.

Recovery Therapies & Treatments

Eligible for up to \$3,500 per Sharing Request. Services include but are not limited to the following:

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| • Chiropractic | • Hyperbaric Chamber |
| • Massage Therapy | • Ozone Treatment |
| • Physical Therapy | • Dry Needling |
| • Acupuncture | • Prolotherapy |
| • Infusion Therapy | • Occupational Therapy |
| • Craniosacral | • Speech Therapy |

The Healthshare may approve additional therapy for more serious prescribed conditions. These Sharing Requests will be reviewed and approved on a case-by-case basis. The

additional sharing limit is for recovery from the most severe conditions, such as heart attack, stroke, cancer, or other debilitating conditions.

Sleep Apnea

Eligible after the initial pre-existing waiting period for one-time up to \$2,000. Sleep studies used to diagnose sleep apnea are not eligible for sharing.

Suicide and Attempted Suicide

The Healthshare will share expenses related to the suicide or attempted suicide of an adolescent up to age 18 after an initial one-year waiting period with a one-time allowance of \$25,000.

Additional Information for Certain Sharing Requests

Specific Sharing Requests require additional information due to a limitation or a specifically defined description.

Acute Allergic Reactions

Each reaction requires a separate Sharing Request and separate UA. As a result, acute allergies such as food allergies and reactions are not considered pre-existing.

Alternative Medicine

Alternative Sharing Requests with nontraditional providers such as those not licensed as MD, DO, NP, RN, DC, APRN, optometrist, or DPM require written approval from the Healthshare in advance. Preventive services with an alternative provider may not require prior approval. If applicable, see your preventive services guide for details.

Alternative Treatments

Sharing Requests for alternative treatments is done on an equitable basis compared to the equivalent traditional treatment. If a member chooses an alternative treatment and returns to conventional care, their sharing will be limited equitably by the expenses shared towards the alternative treatment.

All alternative requests should include:

1. Medical notes from the prescribing provider
2. Estimated costs and upfront payment discounts, if available
3. Explanation from a medical provider of why the alternative treatment was selected in place of the traditional treatment.

*Treatments that do not have proven conventional treatment will be eligible for a one-time allowance of up to \$2,500.

*Some alternative treatments and therapies are included in the “recovery and therapies” section of the guidelines and do not require the above documentation.

* See example scenario at the end of this guide for more information.

Automobile Accidents

In the event of an automobile accident, the Healthshare will only consider sharing in medical expenses after any relevant insurers have processed claims and made final payments. It includes, but is not limited to, automobile insurance, health insurance policies, government assistance plans, workers' compensation, or liability insurance. Failure to disclose coverage with an insurance, third-party administrator, or government assistance plan may result in ineligibility for sharing. This includes, but is not limited to, any form of coverage through a non-member spouse, family member, employer, or government entity. The Healthshare will be the secondary payor if the member has primary insurance coverage, and some expenses not covered by insurance may be eligible for a Sharing Request.

Asthma

The treatment and medications related to asthma are not eligible for sharing. An acute asthma attack resulting in an emergency room visit and associated expenses is an eligible Sharing Request without a pre-existing limitation, and each attack resulting in an emergency room visit is a new Sharing Request.

Basal & Squamous Cell Cancer

Each location of squamous cell or basal cell cancer requires a separate Sharing Request. Expenses related to treatment or removal are eligible after the initial pre-existing waiting period.

Cosmetic Surgery

Expenses related to cosmetic surgery are eligible only for disfigurement due to an approved Sharing Request.

Genetic Testing

Genetic testing is considered for sharing if it is required to treat an approved Sharing Request, such as breast cancer.

Hospice Care

Hospice care is eligible for 60-day periods, provided certification of terminal illness is obtained, and the care is ordered by and administered under the supervision of a licensed medical professional.

International Medical

Medical expenses for emergency and acute care outside the United States or Puerto Rico are eligible for sharing. Traveling internationally for a procedure is permitted if it is at a lower cost than in the US and is medically necessary in the US.

Long-Term Care & Skilled Nursing

Long-term care and skilled nursing are eligible when prescribed by a licensed medical provider for recovery from an eligible injury or illness. Sharing for these services is limited to 90 days per Sharing Request.

Medically Stable Conditions

A Sharing Request may be considered medically stable when the condition is chronic, and further treatment is unlikely to result in improvement. The Sharing Request is subject to review and may result in ineligibility for future sharing.

Prescriptions

Prescriptions are considered eligible when related to the treatment of an approved Sharing Request that does not have a pre-existing limitation and is ordered by a licensed provider. Sharing in all prescription costs is limited to whichever comes first, 12 months, or up to \$100,000 per Sharing Request.

Second Opinions

A second opinion of a diagnosis or recommended procedure is an eligible expense.

Sports

The Healthshare may share medical expenses related to sporting activities. Injuries or illnesses resulting from participation in professional sports are not eligible. Injuries or illnesses resulting from recreational karate, jujitsu, taekwondo, or other combat sports are eligible when the member has not been paid to compete.

End-of-Life Assistance

If a member or the member's dependent dies after one year of active membership, the Healthshare community will assist upon receipt of a copy of the death certificate. Financial assistance will be provided to the surviving family as follows:

\$10,000 upon the death of a primary member

\$10,000 upon the death of a dependent spouse

\$5,000 upon the death of a dependent child

Excess Sharing Fund

Funds may be used to support Sharing Requests that were previously ineligible for sharing due to these Member Guidelines. Approval will be based on the availability of funds and approval from the Healthshare's board of directors.

Maternity

As with any other Sharing Request, expectant mothers pay a single Unshared Amount for all eligible expenses related to their Maternity Sharing Request. Eligible expenses may include miscarriage, hospital, homebirth, prenatal care, mother's complications, postnatal care, and delivery. The Maternity Sharing Request must be submitted within 15 days of the date of pregnancy confirmation.

Once the Maternity Sharing Request is opened, original, itemized medical expense(s) bills must be submitted within six months of service, or limitations may be placed. Limitations include interest fees, late penalties, or any reduction of the final bill lost due to the delay in providing the documentation to the Healthshare.

Waiting Periods

Conception occurring within (30) days of the membership start date is ineligible for sharing. Pregnancy existing prior to membership is not eligible. Medical records will confirm the date of conception. Members who purposely misrepresent the conception date may be subject to membership revocation.

Newborns not born in connection with an eligible Maternity Sharing Request may be added to a household membership by calling or emailing the Healthshare. If not born in connection with an eligible Maternity Sharing Request, the newborn's membership start date can be no sooner than seven (7) days after delivery. Any complications the newborn may have or any medical conditions present at birth will be considered a pre-existing medical condition.

Prenatal & Postnatal Sharing Allowance

The following are eligible for up to \$6,000 per Maternity Request. The Healthshare recommends collecting a prenatal and postnatal prepayment package from your clinician.

- Doulas
- Doula Tub
- Prenatal vitamins
- Midwives
- Immunizations for the mother
- Pelvic floor services
- Routine office visits
- Routine lab work
- Fetal non-stress test (after 36 weeks)
- 2D, 3D, or 4D ultrasounds
- STD/STI screenings prescribed as part of routine prenatal care

- Gestational diabetes- This includes care and medications related to treatment.
- Breast pumps
- Lactation consultant
- Postpartum counseling
- Acupuncture
- Chiropractic care
- Mother's six-week postpartum check-up with pap test
- Two-week cesarean post-op appointment

Eligible Delivery Services

No sharing limits on the following services:

- Ob-gyn labor and delivery
- Cesarean
- Premature birth
- Multiple births
- Hospital labor and delivery
- Anesthesiologist
- Home births
- The charges related to unexpected complication to the mother
- Maternal-fetal medical specialist consultations are performed when ordered by the medical provider managing the pregnancy.
- One in-hospital pediatrician visit includes routine immunizations, lab work, and hearing tests.

Reduction of UA program for maternity

Members with costs not exceeding \$10,000 for delivery, post-natal, and prenatal expenses. the Healthshare will reduce the Unshared Amount responsibility by \$1,000.



Additional Service Provided

The Healthshare will order a six-month supply of disposable diapers after delivery.

Miscarriage

Any expenses related to a miscarriage associated with an approved Maternity Sharing Request are eligible if the costs exceed the UA. Expenses related to a miscarriage not associated with an eligible Maternity Sharing Request are ineligible for sharing.

Separate Sharing Requests

Any newborn complication occurring after birth, whether the complication existed before or after birth (including congenital conditions), is separate from the mother's Maternity Sharing Request and will require its own Sharing Request and UA (in the event of multiple births, complications, each newborn will require its own Sharing Request and UA).

Expenses for any pregnancy or birth-related complications of the mother are eligible for sharing as part of the Maternity Sharing Request.

Any unrelated medical care requires a separate Sharing Request. Unrelated expenses include those not considered routine, such as prenatal, delivery, or postnatal services listed in this maternity section.

Newborns

Newborns whose birth is related to an eligible Maternity Sharing Request must be added to the household membership by the parent within 30 days of birth. In the case of a membership tier change, the monthly contribution amount will automatically be adjusted for the following contribution. If the parent does not sign up their newborn within 30

days, any conditions present at birth or before the child's membership start date will be considered pre-membership medical conditions.

If a parent wishes to add a newborn not born in connection with an eligible Maternity Sharing Request, the parent must submit a membership application form for the baby. The newborn's membership start date can be no sooner than seven days after delivery. Any genetic conditions or complications for newborns not born in connection with an eligible Maternity Sharing Request are considered pre-existing medical conditions and subject to the same limitations as defined in the "Medical Conditions Existing Prior To Membership" section.

Newborn Congenital Conditions

For children born from an eligible Maternity Sharing Request, sharing is limited to \$125,000 for medical bills related to congenital conditions after the initial hospital discharge.

NICU (Neonatal Intensive Care Unit)

For NICU admission, the time limit for sharing is 35 days after birth.

The Healthshare is NOT insurance, and these Guidelines are not an insurance contract. The Guidelines do, however, outline how voluntary sharing of healthcare expenses occurs among members. By becoming a member of the Healthshare, members agree to these Guidelines and that the Healthshare has the legal right to facilitate sharing under these Guidelines for your benefit and the benefit of all members at your reasonable discretion. The Healthshare is not liable for payment of a member's medical bill. If sharing occurs, the shared medical bills are paid by the member who incurred the bill from other members' share contributions only, not from the Healthshare itself.

There is no risk transferring from a member to the Healthshare or from a member to other members, and no contract of indemnity exists between the Healthshare and any member or between members themselves.

Example Scenarios

Sharing Allowances: How it affects the Unshared Amount

Example:

An \$800 urgent care visit and \$5,000 in recovery therapy expenses. The member's Unshared Amount (UA) is \$1,500.

Step-by-step breakdown:

- The entire \$800 urgent care charge is applied toward the UA.
- Of the \$5,000 in recovery services, \$700 is applied toward the remaining UA, bringing the total UA met to \$1,500.
- The next \$3,500 in recovery services is eligible for sharing (this is the maximum allowance for recovery therapies).
- The final \$800 in recovery costs exceeds the sharing allowance and is not eligible for community sharing.

This example illustrates how costs that exceed a category allowance can still help fulfill the member's UA, even if they're not shared beyond that allowance.

OR

Example Scenario:

Jane visits an urgent care facility after experiencing sudden illness. Her visit costs \$800. Shortly afterward, Jane requires recovery therapy totaling \$5,000. When Jane first enrolled with the Healthshare, she selected a \$1,500 Unshared Amount (UA).

Step-by-step breakdown:

- **Total costs:** \$800 (urgent care) + \$5,000 (recovery therapies) = **\$5,800**
- Jane's Unshared Amount: **\$1,500**

Here's how Jane's UA is applied:

1. **\$800 urgent care visit:**
The entire \$800 is applied directly toward her UA. Remaining UA: \$1,500 - \$800 = **\$700**
2. **\$5,000 recovery therapy expenses:**
 - First, \$700 is applied toward the remaining UA. Jane's total UA of \$1,500 is now fully met.
 - Next, the Healthshare's maximum allowance for recovery therapy is \$3,500. This amount is eligible for community sharing.
 - The final \$800 exceeds the sharing allowance and is not eligible for sharing.

In this scenario:

- Jane pays a total of **\$2,300** (\$1,500 UA + \$800 beyond the sharing allowance).
- The Healthshare community shares **\$3,500** of her total expenses.

Alternative Treatments & Testing

Jill has been a Healthshare member for over one year and is dealing with ongoing chronic fatigue and digestive issues. Her healthcare provider recommends alternative diagnostic testing, including gut health and hormone analysis, totaling \$2,800. Because Jill is past her initial waiting period, she qualifies for the one-time **Alternative Testing to Determine a Diagnosis** allowance of up to \$2,000.

After reviewing the test results, Jill's provider suggests alternative treatments, such as holistic hormone therapy and nutritional IV therapy, totaling \$3,300. Jill submits the required medical notes, estimated costs, and an explanation from her provider justifying the choice of alternative treatments over conventional care. The Healthshare approves these treatments under the **Alternative Treatments** allowance, up to \$2,500.

Here's how the sharing calculations work out clearly:

- **Total costs:** \$2,800 (testing) + \$3,300 (treatment) = **\$6,100**
- Jill's chosen Unshared Amount (UA): **\$1,500** Remaining eligible amount: \$6,100 - \$1,500 = **\$4,600**
- Healthshare Allowances:
 - Alternative Testing allowance: **\$2,000**
 - Alternative Treatments allowance: **\$2,500**
 - Total allowances: \$2,000 + \$2,500 = **\$4,500**
- After applying both allowances (\$4,500), Jill still has a remaining balance of **\$100** not eligible for sharing.

In total, Jill pays **\$1,600** (\$1,500 UA + \$100 remaining), while the Healthshare community shares **\$4,500** of her \$6,100 healthcare expenses.