

Welcome! We're not your typical healthcare company.

What sets us apart? It's our commitment to providing choices and breaking down barriers to wellness and preventive care. While other organizations may adhere strictly to conventional medical practices, we believe in empowering our members to explore both traditional and nontraditional avenues of healthcare.

However, we recognize that alternative healthcare can be complex. That's why we've created the first-ever member guidelines that clearly address alternative medical practices and offers the most sharing power for members who prefer holistic care.

We are more than just another healthshare community—we're a community built on innovation, compassion, and healthcare freedom. Every member's healthcare journey holds significance to us, and together, we're reshaping the healthcare narrative, one shared bill at a time. The community is designed to provide this support for both proactive health and unexpected larger expenses that arise.

How do we achieve this? Through a unique approach, which includes defined allowances and deferring certain alternative treatments until the second year. This approach enables the community to maintain fairness among all members while offering the most supportive healthshare community to those seeking holistic care. We've meticulously designed our member guidelines to ensure transparency and clarity, giving our members well-defined expectations upon joining.

We understand the crucial importance of having financial support from the community to address health issues. Simply put, we believe preventive care is far less expensive than treating illness. So, if you're seeking a healthcare approach that empowers you, look no further. Join us on this journey towards a healthier, happier tomorrow.

Membership Eligibility

1. Adherence to the following Principles of Membership.
2. Participation in the community by submitting monthly contributions.
3. Reside in the United States (any state other than WA or VT).
4. Under age 65.

Principles Of Membership

Each member must comply with the following requirements to join and maintain membership with and remain eligible to participate in the healthshare 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 and its affiliates 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 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 abide by personal standards as 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 a member's submitted medical records. This hold will begin when the violation is discovered or recorded in the member's 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 by 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 of the month that 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

The Healthshare members must reside within the United States and notify us 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 members participating in the household membership.

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 children

Tier 3: Family: An individual 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 Member 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 grandparent's 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

The 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 within the past year 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 us 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, the membership must be active during the date(s) of service, when the Healthshare receives medical bills, and when the UA is paid. The Sharing Request may become ineligible if the membership becomes inactive before these three 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 UA 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 IUA once per membership year. If it's decreased, a 60-day waiting period will apply to all Sharing Requests other than those resulting from an accident.

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 member UA when a member has done one or multiple of the following steps:

- They 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.
- They traveled a significant distance to a fair cost provider.
- They applied for or received financial assistance.
- They worked with a legal representative to negotiate or lower medical bills.
- Used a Center of Excellence approved by the Healthshare.

Sharing Requests

Sharing Requests are 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 a UA responsibility by the member. Preventive Sharing Requests are not subject to pre-existing 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 need until there is a 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 lost due to the delay in providing the documentation to the Healthshare.

Members must provide documentation to the Healthshare of all payments contributing to the member's UA responsibility. The 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 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. Documentations submitted by a member or on behalf of a member will be reviewed and evaluated for eligibility based on the member guidelines.

Sharing Request Allowances

Some 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 these member guidelines and can be based on a lifetime or per-Sharing Request limit. 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. The members are responsible for requesting self-pay discounts and providing documentation for Sharing Requests.

Insurance, Third-Party Administrators, & Government Assistance Plans

If any relevant insurers also cover a member, third-party administrators, or government assistance plans, a Sharing Request arises. 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 informing the Healthshare of their coverage by insurance, third-party administrator, or government assistance plan, upon which the insurance, third-party administrator, or government assistance plan 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 expenses 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 non-member spouse, family member, employer, or government entity. The Healthshare will be the secondary payor if you have primary insurance coverage, and some expenses not covered by insurance may be eligible. Exceptions for Maternity Sharing Requests may be made—contact us 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 us.

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 a pre-existing condition.

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 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 preexisting conditions as long as the member has not been hospitalized for the condition in the 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 need • Year Three: \$60,000 maximum per need
- Year Four: \$150,000 maximum per need.
- Year Five: The sharing maximum is removed for pre-existing conditions.

Medical Record Addendums

The Healthshare may request medical records to assist with 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 was 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 applicable to a preventive Sharing Request. See your eligible preventive services for details:*

- | | |
|------------------------------------|----------------------------------|
| • Abortion | • Organ Donation |
| • Adult Immunizations | • Prophylactics |
| • Alcohol and Drug abuse treatment | • Seasonal Allergies |
| • Birth Control | • Surrogacy |
| • Breast Implant Removal | • TMJ Therapeutics |
| • Diabetic Medication & Supplies | • Transportation to Appointments |
| • Elective Procedures | |
| • Fertility | |
| • Hearing Aids | |
| • IVF & Infertility | |
| • Light Therapies | |

Contraception

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

Dental

Dental services such as caps, crowns, root canals, fillings, wisdom tooth extraction, 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 And 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 not likely 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 Treatment and Medications

Include but are 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 for the first 24 hours of the hospitalization are eligible once per member per lifetime of the membership.

Sleep Studies

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

Sterilization

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

Vision

Vision hardware-related expenses, such as glasses and contacts, are ineligible 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.

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 be eligible without limitations and applicable to a preventive Sharing Request. See your eligible preventive services for details:*

- Arthritis
- Cataracts
- Celiac Disease
- Ear Tubes
- Hashimoto's
- Hormone and Hormone Therapy
- Chronic Pain
- Chronic Fatigue
- Irritable Bowel Syndrome
- Long-Covid
- Lyme Disease
- Preventive Mastectomy
- Mold Toxicity
- Osteoporosis
- Platelet-rich Plasma (PRP) Therapy
- Sleep Apnea
- Stem Cell Therapy
- Treatment For Non-Seasonal Allergies

Basal & Squamous Cell Cancer

Whether the basal or squamous 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.

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.

Parasites

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

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

The following section describes Sharing Request allowances subject to the Unshareable Amount. Specific requests will have a maximum sharing allowance per Sharing Request or the lifetime of the membership.

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

Allergy Treatment

Treatment for the relief or reversal of the long-term effects of an allergy is eligible after an initial pre-existing waiting period of up to a one-time allowance of \$2,000.

Alternative Testing To Determine A Diagnosis

After the initial pre-existing waiting period, all alternative testing programs and expenses are eligible, with a one-time allowance of \$2,000 for non-acute injuries and illnesses.

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

Home Healthcare

Home healthcare expenses are eligible when related to an approved Sharing Request and when a licensed physician has prescribed the care with an allowance of \$3,000 per Sharing Request.

Hormone Treatments & Therapy's

Expenses related to hormones are eligible after an initial pre-existing waiting period with a one-time allowance of \$2,500.

Injections

Injections related to an eligible Sharing Request for pain relief are eligible for up to a \$5,000 allowance per Sharing Request. Injections related to gender transitioning or sex reassignment therapy are not eligible. This allowance includes:

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

Medical Supplies

Medical supplies directly aiding the treatment or recovery from an eligible Sharing Request are shared for up to 120 days from the treatment start date, as prescribed by a licensed medical provider. Medical supply costs must be over \$50 per item, with an allowance of \$1,000 per Sharing Request. The medical supply's eligible amount is based on pricing found on discountmedicalsups.com. It can be up to 150% of the price for similar equipment on discountmedicalsups.com.

Orthotics

When prescribed and performed by a licensed medical professional and related to an eligible Sharing Request, expenses for orthotics are eligible with a one-time lifetime allowance of \$1,000.

Recovery Therapies & Treatments

When prescribed and performed by a licensed medical professional and related to an eligible Sharing Request, expenses for therapeutic and recovery treatments are eligible up to an allowance of \$3,500 per Sharing Request. Services include but are not limited to, chiropractic,

massage, physical therapy, acupuncture, hyperbaric chamber, ozone treatment, dry needling, prolotherapy, infusion therapy, craniosacral, occupational therapy, and 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

Expenses related to sleep apnea are eligible after the initial pre-existing waiting period with a one-time allowance of \$2,000.

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 other than MD, DO, NP, RN, DC, APRN, Ophthalmologist, or DPM require written approval from the Healthshare in advance. Preventive services with an alternative may not require prior approval. 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 and in place of the traditional treatment.

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

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 you have 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 squamous cell or basal cell cancer location 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.

Durable Medical Equipment

Sharing is limited to 180 days per medical need. The eligible sharing amount for medical equipment is based on pricing found on discountmedicalsups.com. It can be up to 150% of the price for similar equipment on discountmedicalsups.com.

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 with certification of terminal illness and when ordered by and under the care 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.

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 will not likely result in improvement. The Sharing Request is subject to review and may result in ineligibility for future sharing.

Mental Health Emergency

Emergency room visits for mental health and related expenses for the first 24 hours of the hospitalization are eligible once per member per lifetime of the membership.

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 12 months per Sharing Request.

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.

Suicide and Attempted Suicide

The Healthshare will share in 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 per membership allowance of \$25,000.

End-of-Life Assistance

If a member or a 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

As a non-profit organization, funds may be used to fund sharing requests that were ineligible for sharing based on 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 no later than 15 days from 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.

Prenatal & Postnatal Sharing Allowance

The following listed services are available with a \$5,000 sharing limit. We recommend collecting a prenatal and postnatal prepayment package from your clinician.

Prenatal

- Doulas
- Doula Tub
- 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.

Postnatal

- 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

There is no sharing allowance or limit for delivery services.

- Ob-gyn labor and delivery
- Cesarean
- Premature birth
- Multiple births
- Hospital labor and delivery
- Anesthesiologist
- Home births
- The charges related to the 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, postnatal, 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.

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 conception date. Members who purposely misrepresent their conception dates 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.

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.

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 Healthshare member, you 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 transfer from a member to the Healthshare or from a member to other members, and there is no contract of indemnity between the Healthshare and any member or between the members themselves.