



Sharing Program Summary of Benefits

Individual and Family
Program Network Only

Silver Sharing Program

This Sharing Program Summary of Benefits shows the amount eligible for sharing for eligible Medical Needs under the UHSM Health Sharing Program. It is only a summary. Please read all your member materials carefully to fully understand your Sharing Program's benefits.

Medical Provider Network
Pharmacy Provider Network

First Health PPO Network
CVS

UHSM Health Sharing Programs use a specific network of health care providers. These providers are called Participating Providers. UHSM is not authorized to share the charges submitted by a Non-Participating Provider except for emergency situations. You can find a list of the Participating Providers at www.firsthealthlbp.com.

Annual Member Care Share

An Annual Member Care Share (AMCS) is the amount a Sharing Member agrees to be eligible for sharing prior to allowing other Sharing Members to contribute towards their Eligible Medical Needs. The AMCS applies to each Sharing Member, each calendar year based on their Sharing Program. The calendar year starts on January 1 and continues through December 31. UHSM Health Sharing Programs do allow for certain Medical Needs to be shared before a Sharing Member's Annual Member Care Share (AMCS) is met, as noted in the Benefits chart or in the Notes section below.

Annual Member Care Share – Medical **\$7,500 per member per year**
Annual Member Care Share – Brand Medications **\$500 per member per year**

Sharing Member Maximum

A Sharing Member Maximum is an agreed limit that any Sharing Member has each calendar year. Any Eligible Medical Need may be submitted for sharing after the Sharing Member Maximum is met. Most exceptions are listed in the Benefits Chart or in the Notes section at the end of this Sharing Program Summary of Benefits.

Annual Sharing Member Care Share **\$15,000 per member per year**

Prescription Annual Share Maximum

A Prescription Annual Share Maximum is the most UHSM Health Sharing Program will share for covered medications each calendar year. Any exceptions are listed in the Notes section at the end of this Sharing Program Summary of Benefits.

There is no Share Maximum on medical services. Most exceptions are listed in the Benefits Chart or Notes section at the end of this Sharing Program Summary of Benefits.

Prescription Annual Share Maximum **\$2,500 per member per year**

Medical Services

All Sharing Members have a six (6) month general waiting period on any otherwise eligible medical service needs before such medical service need would be eligible to be shared, unless it is a Preventive or Wellness Visit. There may be allowable sharing of Medical Needs for certain life-threatening emergency situations during the 6-month waiting period for Sharing Members. Each case is reviewed independently and assessed on a case by case basis. Note, Sharing Members are always personally responsible for their own medical bills. Additional waiting period for certain services will apply. Any amounts paid by the Sharing Member for an otherwise eligible Medical Need during a waiting period will NOT be applied towards the Sharing Member's AMCS and Sharing Member Maximum.



Medical Services

Your Share

Wellness Preventive Care	100% Eligible for Sharing – AMCS does not apply
Physician Services	
Primary Care office Visits	\$55 Consult Fee*
Specialist office Visits	\$80 Consult Fee* *3 visit Share Maximum PCP and Specialist combined
Telemedicine Services	100% coverage Eligible for Sharing – AMCS does not apply
Pregnancy and Maternity Care	
Physician office visits: prenatal and initial postnatal	\$80 Consult Fee*
Delivery	20% after AMCS \$5,000 Share Maximum is available for the pregnancies in the first 2 years of participation in the program
Emergency services and urgent care	
Urgent Care	\$80
Emergency Room <i>If admitted into the hospital, inpatient benefits will apply</i>	80% after AMCS
Ambulance Services	80% after AMCS \$500 Share Maximum per ride
Outpatient facility services	
Ambulatory surgery center	80% after AMCS
Outpatient department of a hospital: surgery	80% after AMCS
Inpatient facility Services	80% after AMCS
Diagnostics X-rays, imaging, pathology and laboratory services	80% after AMCS
Mental Health	Not Eligible
Physical, Occupational, Speech Therapy	80% after AMCS 10 visits Share Maximum for all therapies combined
Durable Medical Equipment (including but not limited to crutches, wheelchair, etc.)	80% after AMCS \$2,500 Share Maximum per calendar year

Pharmacy Services

Your Share

Formulary generic medications	
Per prescription, up to 30-day supply (<i>retail pharmacies</i>)	\$10 member cost
Per prescription, up to 90-day supply (<i>mail order and CVS pharmacies</i>)	\$20 member cost
Formulary brand medications	
Per prescription, up to 30-day supply (<i>retail pharmacies</i>)	\$45 member cost after AMCS <i>Available after 6 months of participation in the program</i>
Per prescription, up to 90-day supply (<i>mail order and CVS pharmacies</i>)	\$90 member cost after AMCS <i>Available after 6 months of participation in the program</i>
Non – Formulary brand medications	
Per prescription, up to 30-day supply (<i>retail pharmacies</i>)	\$75 member cost after AMCS <i>Available after 6 months of participation in the program</i>
Per prescription, up to 90-day supply (<i>mail order and CVS pharmacies</i>)	\$150 member cost after AMCS <i>Available after 6 months of participation in the program</i>



Specialty	
Per prescription, up to 90-day supply <i>(mail order and CVS pharmacies)</i>	50% after AMCS <i>Available after 6 months of participation in the program</i>
Prescription Annual Share Maximum	\$2,500 per member per year

Medical Services Requiring Precertification

Pharmacy Services Requiring Precertification

The following are some frequently-utilized benefits that require prior authorization:

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| <ul style="list-style-type: none"> • Inpatient stays in Hospitals, Extended Care Facilities, or residential treatment facilities • Durable Medical Equipment, excluding braces and orthotics, over \$1,000 • Radiological and nuclear imaging services • MRI • MRA • PET • CT • Nuclear Cardiology • Dialysis – Outpatient only • Partial Hospitalization • Outpatient surgery | <ul style="list-style-type: none"> • ADHD/Narcolepsy • Narcolepsy Only • Anabolic Steroids • Androgenic Steroids • Acne • Compound medications |
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NOTICE:

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.

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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.



Notes

UHSM Member Guide (UMG)

The UHSM Member Guide (UMG) describes the benefits, limitations, and exclusions that apply to your membership and under your Sharing Program. Please review the UMG for more details of benefits outlined in this Sharing Program Summary of Benefits. You can request a copy of the UMG at any time.

Defined terms are in the UMG. Refer to the UMG for an explanation of the terms used in this Sharing Program Summary of Benefits.

Annual Member Care Share

Annual Member Care Share (AMCS) explained. The amount the Sharing Member agrees to be ineligible for sharing prior to allowing other Sharing Members to contribute towards their Eligible Medical Needs per Sharing Member, each calendar year based on Sharing Program. The calendar year starts on January 1 and continues through December 31.

Member benefits not subject to the AMCS: Some benefits received from Participating Providers are not subject to the AMCS and only require a Consult Fee by the Sharing Member.

Individual AMCS even if within a family. This means that the AMCS must be met for each individual Sharing Member within a calendar year, even for those Sharing Members that are considered dependents.

Using Participating Providers

Participating Providers have a contract to provide services to Sharing Members. When you receive benefits or services from a Participating Provider, you are only responsible for the Consult Fee or Member Co-share, once any Calendar Year AMCS has been met.

Your fee for benefits received from "Other Providers". You are always responsible for 100% of all medical fees. But any services or benefits received from "Other Providers" with the exception if deemed an emergency will not be eligible for Sharing.

Sharing Member Maximum

For each calendar year, each Sharing Member, may submit all Eligible Medical Needs for sharing despite the Sharing Program limitations if the Sharing Member Maximum for said member's Sharing Program has been met.

Any AMCS counts towards the Sharing Member Maximum. Any fees that would be eligible for sharing, but is not shared due to it applying towards a Sharing Member's medical or pharmacy AMCS also will count towards the Sharing Member Maximum for that Sharing Member.

Any amounts applied to the Sharing Member Maximum has to be provided through the Participating Providers.

Individual Sharing Member Maximum. This means that the Sharing Member Maximum must be met for each individual Sharing Member within a calendar year, even for those Sharing Members that are considered dependents.

Separate Member Fees When Multiple Services are Received

Each time you receive multiple services, you might have separate fees (Consult Fee or Member Co-share) for each service. When this happens, you may be responsible for multiple Consult Fees or Member Co-share. For example, you may owe an office visit Consult Fee in addition to an allergy serum Member Co-Share when you visit the doctor for an allergy shot.

Preventive Health Benefits received

If you only receive Preventive Health benefits during a physician office visit, there is no Consult Fee or Member Co-Share for the visit. If you receive both Preventive Health benefits and other benefits received during the physician office visit, you may have a Consult Fee or Member Co-Share for the visit.



Glossary

ANNUAL MEMBER CARE SHARE (AMCS) - The amount the Sharing Member commits to paying for prior to allowing other Sharing Members to contribute towards their Eligible Medical Needs per Sharing Member, each calendar year based on Sharing Program. The calendar year starts on January 1 and continues through December 31.

CONSULT FEE – A fixed amount for Medical Needs, paid by a Sharing Member to the Participating Provider of service before receiving the service.

ELIGIBLE - A status indicating that a Sharing Members met the conditions that qualify for sharing as described in the Member Guide, and the Medical Need falls within the parameters of the Sharing Program.

MATERNITY – A Sharing Member’s Medical Needs or newborn child’s Medical Needs relating to prenatal care and newborn delivery, including routine hospital expenses for your newborn child.

MEDICAL NEED(S) - Charges or expenses for medical services that are provided by a facility or by a licensed medical professional to address, illnesses, accidents, or for a single Sharing Member.

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 UHSM Member Guide. To help determine medical necessity, UHSM may request the Sharing Member’s medical records and may require a second opinion from an Participating Provider.

MEMBER CO-SHARE - A fixed percentage or amount of the expense/cost of Medical Needs the Sharing Member has committed to paying thus limiting the other Sharing Members to contribute towards the total expense/cost of their Eligible Medical Needs. The Member Co-Share will only apply upon the Sharing Member’s Annual Member Care Share being obtained.

MEMBER GUIDE - A document provided to Sharing Members, reciting the agreed to Sharing Member Commitments, outlining eligible and ineligible medical needs, and to help Sharing Members understand how Monthly Contributions are shared in accordance with the membership’s Escrow Instructions.

NON-PARTICIPATING PROVIDER - A health care facility or medical professional that is not part of the UHSM approved current network.

PARTICIPATING PROVIDERS - Medical care professionals or facilities that are under contract with a network of providers with whom Unite Health Share Ministries, Inc. (UHSM) has affiliated with to help limit costs of medical costs for its Sharing Members. Participating Providers are those that participate in the national First Health network. UCR (USUAL, CUSTOMARY AND RESPONSIBLE) - The lesser of the actual charge or the charge most other facilities or medical professionals would make for those or comparable services or supplies, as determined by UHSM.

SHARE MAXIMUM - The maximum amount shared for eligible medical needs per Sharing Member, each calendar year based on Sharing Program. The calendar year starts on January 1 and continues through December 31.

SHAREABLE MEDICAL BILL (SMB) - A formal request submitted to UHSM by a Sharing Member or a Participating Provider for Eligible Medical Needs under the terms of the Sharing Program.

SHARING MEMBER - Sharing Members have applied and met the criteria to become a Sharing Member, agreed with the Statement of Faith and Shared Beliefs, chosen a Sharing Program to participate in, and submit regular Monthly Contributions to share in another Sharing Member’s eligible Medical Needs. Sharing Members may submit their own Eligible Medical Needs for sharing among the other Sharing Members in conjunction with the Member Guide, the Sharing Member’s Sharing Program and the Escrow Instructions.

SHARING MEMBER MAXIMUM - For each calendar year, each Sharing Member, may submit all Eligible Medical Needs for sharing despite the Sharing Program limitations if the Sharing Member Maximum for said member’s Sharing Program has been met.

SHARING PROGRAM - Bronze, Silver, Gold or other sharing options that are available with varying levels of Annual Member Care Share (AMCS) amounts and Share Maximum, and Sharing Member Maximum as selected and approved on Applicant’s Membership Enrollment Application.