



# Silver Sharing Program Overview



## Sharing Program

This Silver Sharing Program Overview 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.

UHSM Health Sharing Programs use a specific network of participating healthcare providers; for your program this is First Health® PPO Network, a subsidiary of Aetna, Inc. UHSM is not authorized to share the charges submitted by a Non-Participating Provider except for emergency situations. You can find a list of Participating Providers for your program at <http://firsthealthlbp.com>

Access to **95%+** of the doctors & hospitals in the nation



## Simple, fair & friendly

Here are just a few of the ways you can tap into the benefits and resources provided by your health sharing membership.



### Talk with a Doctor

Contact our telemedicine partner [iHealthrive.com](http://iHealthrive.com) to speak to a board-certified physician who can diagnose your condition and prescribe Rx if necessary.



### Find a Doctor

To schedule a doctor office visit, contact any of the 1 million+ physicians in the First Health® PPO network. Find a doctor at [www.uhsm.com/doctors](http://www.uhsm.com/doctors)



### Fill a Prescription

Just take your membership ID card to any pharmacy in the CVS Caremark® network. Find a pharmacy at [www.uhsm.com/Rx](http://www.uhsm.com/Rx)



### File a Shareable Medical Bill

Submit and track Eligible Bills from your online member portal at [www.uhsm.com/members](http://www.uhsm.com/members) or email bills to [smb@uhsm.com](mailto:smb@uhsm.com)

## Sharing Program: SILVER \$7,500

| MEDICAL SERVICES  |   |
|---|---|
| <b>Annual Member Care Share</b>   | <b>\$7,500</b>  |
| <b>Annual Sharing Member Maximum</b>  | <b>\$15,000</b>   |
| <b>Wellness Preventative Care</b>   | <i>100% Eligible for Sharing<br/>- AMCS does not apply</i>  |
| <b>Physician services</b><br>Primary Care office visits<br>Specialist office visits<br>Telemedicine Services        | <b>\$55 Consult Fee*</b><br><b>\$80 Consult Fee*</b><br><b>100% Sharing Eligible</b><br><br><i>*3 visit Share Maximum<br/>PCP and Specialist<br/>combined</i>                   |
| <b>Pregnancy and Maternity Care</b><br>Physician office visits<br>Delivery  | <b>\$80 Consult Fee*</b><br><b>80% after AMCS</b><br><br><i>\$5,000 Share Maximum is available for the pregnancies in<br/>the first 2 years of participation in the program</i> |
| <b>Emergency services and urgent care</b><br>Urgent Care<br>Emergency room<br>Ambulance Services                    | <b>\$80</b><br><b>80% after AMCS</b><br><b>80% after AMCS</b><br><br><i>\$500 Share Maximum per ride</i>  |
| <b>Outpatient facility services</b><br>Ambulatory surgery center<br>Outpatient department<br>of a hospital: surgery | <b>80% after AMCS</b><br><b>80% after AMCS</b>  |
| <b>Inpatient facility services</b>  | <b>100% after AMCS</b>  |
| <b>Diagnostic x-ray, imaging,<br/>pathology, and laboratory services</b>  | <b>100% after AMCS</b>  |
| <b>Mental Health and<br/>Substance Abuse</b>  | <i>not eligible</i>   |
| <b>Physical, Occupational,<br/>Speech Therapy</b>   | <b>100% after AMCS</b><br><br><i>10 visits Share Maximum for<br/>all therapies combined</i>   |
| <b>Durable Medical Equipment</b><br>(including but not limited to<br>crutches, wheelchair, etc.)                    | <b>100% after AMCS</b><br><i>\$2,500 Share Maximum<br/>per calendar year</i>  |

| PHARMACY SERVICES  |   |
|--|---|
| <b>Annual Member Care Share</b>  | <b>\$500</b>  |
| <b>Formulary generic medications</b><br>Per prescription, up to a 30-day<br>supply ( <i>retail pharmacies</i> )<br>Per prescription, up to a 90-day<br>supply ( <i>retail pharmacies</i> )   | <b>\$10 member cost</b><br><br><b>\$20 member cost</b><br><i>\$2,500 Max Share per year</i>                       |
| <b>Formulary brand medications</b><br>Per prescription, up to a 30-day<br>supply ( <i>retail pharmacies</i> )<br>Per prescription, up to a 90-day<br>supply ( <i>retail pharmacies</i> )     | <b>\$45 member cost<br/>after AMCS</b><br><br><i>Available after 6 months of<br/>participation in the program</i> |
| <b>Non-Formulary brand medications</b><br>Per prescription, up to a 30-day<br>supply ( <i>retail pharmacies</i> )<br>Per prescription, up to a 90-day<br>supply ( <i>retail pharmacies</i> ) | <b>\$75 member cost<br/>after AMCS</b><br><br><i>Available after 6 months of<br/>participation in the program</i> |
| <b>Specialty</b><br>Per prescription, up to a 30-day<br>supply ( <i>retail pharmacies</i> )  | <b>50% after AMCS</b><br><br><i>Available after 6 months of<br/>participation in the program</i>                  |
| <b>Prescription Annual Share Maximum</b>   | <b>\$2,500 per member<br/>per year</b>  |

**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.

**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.

**PRESCRIPTION ANNUAL SHARE MAXIMUM** - The maximum share for covered medications each calendar year. Any exceptions are listed in the Notes section at the end of your complete Sharing Program Summary of Benefits sent with your welcome kit or available in the member portal.