

## Program Details

### SMART Share Program

---

This Program Details document describes the amount eligible for sharing for eligible Medical Needs under the SMART Share UHSM Health Sharing Program. It is only a summary. Please read all your member materials carefully to fully understand your Sharing Program's benefits. **SMART Share is a limited benefits program. Members should maintain separate primary health coverage.**

### Health Sharing for Life-Threatening Illness

100% of Benefit Eligible for Sharing

UHSM SMART Share offers members health share benefit limits of \$5,000 to \$50,000 for life-threatening illnesses such as Stroke, Myocardial Infarction (Heart Attack), Aggressive Cancer, Renal (Kidney) Failure, and Transplants of major organs. Each Sharing Member selects his or her own Maximum Lifetime Share Limit when joining.

*Note: See Medical Services & Benefits section of these Program Details for more information on specific requirements for each illness.*

### Annual Member Care Share (AMCS)

---

There is no Annual Member Care Share (AMCS) minimum sharing level. AMCS is the amount the Sharing Member commits to paying for prior to member-to-member sharing of eligible Medical Needs, each calendar year based on the 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 of each Program Details document.

Annual Member Care Share Minimum – Medical

\$0 per member per year

### Monthly Contribution Amount (MCA)

---

Members of SMART Share voluntarily pay the Monthly Contribution Amount (MCA) set forth by the selected sharing benefit level, from \$5,000 to \$50,000, according to the Member's age and health history at the time of joining.

Monthly Contribution Amount (MCA)

TBD based on benefit value, age & health history

### Sharing Eligibility & Provider Network

---

SMART Share benefits are available for sharing following 60-days of continuous membership. Unless the qualifying critical illness was caused by a pre-existing condition, SMART Share benefits become available on the 61<sup>st</sup> consecutive day of membership following the initial effective date. Sharing of Related Expenses may be subject to an Eligibility Period as outlined in these Program Details. If diagnosed or being treated for a qualifying illness, Sharing Members are eligible to share 100% of the designated benefit amount, up to your selected Maximum Share Limit. Should any incident share less than the Maximum Share Limit, the balance remains eligible for sharing, including for related expenses. There is no provider network for SMART Share, therefore qualifying medical expenses from any care provider are eligible for sharing.

### Sharing for Related Expenses

---

In the event a Sharing Member is diagnosed or treated with a qualifying medical condition outlined by this program, SMART Share helps members pay for unexpected costs typically not included in primary health care benefits. The SMART Share program can provide sharing to help pay for extra medical and out-of-pocket expenses related to the illness, including childcare, emergency transportation, paycheck protection, utilities, auto payments, insurance (home, auto, health), mortgage, rent, extended care services, mental health/family counseling and afterlife care.

## Medical Services & Maximum Share Benefits

QUALIFYING ILLNESS	PERCENT SHARED	MAX SHARE LIMIT
Stroke	100%	\$5,000 - \$50,000
Myocardial Infarction (Heart Attack)	100%	\$5,000 - \$50,000
Aggressive Cancer	100%	\$5,000 - \$50,000
Renal (Kidney) Failure	100%	\$5,000 - \$50,000
Transplants of major organs	100%	\$5,000 - \$50,000
<b>Total Lifetime Share Limit</b>	Actual limit of Max Share benefit value selected by member	

## Qualifying Illness Terms & Conditions

SMART Share benefits are available for sharing following 60 days of continuous membership for members ages 0-64. Any remaining benefits will expire when a member reaches age 65 or receives the maximum share amount. Benefit levels are 100% eligible for all qualifying illnesses, which include:

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

**Myocardial Infarction or Heart Attack** is defined as death of heart muscle due to inadequate blood supply. All of the following criteria for acute myocardial infarction must be satisfied:

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

**Aggressive Cancer** means and is limited to a malignant tumor characterized by uncontrolled growth of malignant cells and invasion of normal tissue. Eligible sharing of the Cancer benefit includes the following blood cancers: lymphoma, leukemia and multiple myeloma. Cancer must be positively Diagnosed with pathologic confirmation. A Clinical Diagnosis will be accepted only if: (a) a pathologic diagnosis cannot be made because it is medically inappropriate or life threatening; (b) there is medical evidence to support the diagnosis; and (c) a Physician is treating the Sharing Member for a Cancer.

The following tumors are excluded:

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

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

**Transplant of major organs** means a human-to-human Organ Transplant procedure from a donor to the Sharing Member:

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

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

## Related Sharing Eligible Expenses

ELIGIBLE EXPENSE	SHARING LIMITS
Childcare	Sharing for up to 3 months of licensed, childcare assistance. Qualifying childcare bill must be submitted following an initial 30-day eligibility period.
Emergency Transportation	Emergency related transportation medical needs not covered/paid by another program/plan. Maximum one-time lifetime benefit; not to be used for recurring conditions.
Mortgage Bill <sup>1</sup>	Sharing for up to 3 months. Bill must be submitted following an initial 30-day eligibility period.
Rent Payments <sup>1</sup>	Sharing for up to 3 months. Rent payment must be submitted following an initial 30-day eligibility period.
Paycheck Protection <sup>1</sup>	Sharing for up to 3 months. Maximum benefit capped at \$8,000/month based on average of last three months W2 adjusted gross income (AGI) or average of last annual taxes AGI; not including bonuses/commissions. Paystub/taxes must be submitted after an initial 30-day eligibility period.
Automobile Payment <sup>1</sup>	Sharing for up to 3 months. Maximum one vehicle. Auto bill must be submitted following an initial 30-day eligibility period.
Insurance	Sharing for up to 3 months. Auto, health, health share, and homeowners programs must have been “in force” at the time of the diagnosis or treatment. Bill must be submitted following an initial 30-day eligibility period.
Utilities	Sharing for up to 3 months on standard utilities; including electric, gas, water, sewage, broadband internet and phone (mobile included). Bill(s) must be submitted following an initial 30-day eligibility period.
Mental Health & Family Counseling	Sharing for up to 10 visits by Sharing Member.
Extended Care Services	Sharing for adult day service, hospice, respite, assisted living, nursing homes, skilled nursing, and rehabilitative therapies. Independent assessment where 2 of the 6 daily living activities are unable to be accomplished. ADLs: Transferring, Mobility, Toileting, Dressing, Washing, Feeding.
Afterlife Care	Sharing for Gravesite, Burial Fees, Religious Service, Coffin, Urn, Cremation fees, Transportation, Clergy Fees up to \$20,000 Maximum or Max SMART Share benefit, whichever is less.
All additional related expenses are available for sharing upon qualifying medical diagnosis or treatment AND Coordination of Benefits (COB); except for afterlife care.	

### COORDINATION OF CARE (COC):

SMART Share by UHSM is a secondary benefit sharing program designed to offset medical expenses not paid by another primary program or insurance plan. It is in the best interest of all members that UHSM ensure a medical need is not otherwise eligible to be covered or paid by another source prior to facilitating a Share Request. Sharing Members must cooperate fully, at all times, and provide all information needed or requested by UHSM to determine payment responsibilities. Reimbursement is not the ideal process for any member or provider, but may be needed in specific circumstances. Our member care team will do everything it can to expedite coordination with all parties, including sharing of SMART benefits.

### PRE-EXISTING CONDITION LIMITATION:

SMART Share Benefits are not payable with diagnosis of a critical illness in connection with a preexisting condition during the initial 24 months of continuous membership. Diagnosis of a critical illness resulting from a preexisting condition commencing thereafter will be eligible for sharing unless otherwise excluded by the program. A preexisting condition refers to any medical condition for which you have been diagnosed, shown symptoms, been examined and/or received treatment prior to becoming an active Sharing Member of UHSM—whether known to you or not. A critical illness resulting from a pre-existing condition after 24 months of continuous membership will be eligible for sharing unless excluded. Exclusions that are never eligible for sharing include critical illness diagnosis or treatment resulting from: diagnosis that pre-date program eligibility timelines, programs not actively in force, attempted suicide or intentional self-inflicted injury, driving or operation of motorized vehicles or machinery under the influence of alcohol or drugs, voluntary ingestion of non-prescribed drugs/sedatives/gas, commitment or attempted crime, engaging in illegal occupation, participating in a riot/rebellion/insurrection, war (declared or undeclared)/pandemic/famine, incarceration or while incarcerated, medical services performed by a member’s family or a health care provider (licensed or not), coma due to alcohol or drug misuse or medically induced as part of a treatment program.

### ELIGIBILITY PERIOD<sup>1</sup>

Initial 30-day eligibility period means the related expense is eligible for sharing 30-days after diagnosis, treatment and/or loss of active employment income. <sup>1</sup>Sharing Member must not be receiving any active employment income for eligible sharing in paycheck protection or for payment of mortgage, rent or automobile bills.

## Glossary

---

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

**ANNUAL MEMBER CARE SHARE MAXIMUM** – The most a Sharing Member must contribute toward eligible medical services in a calendar year. After each Sharing Member contributes this amount, the health share program facilitates sharing payments for 100% of the eligible medical costs. Monthly Contribution Amounts (MCA) are not included in the Annual Member Care Share Maximum, if any.

**ANNUAL PHARMACY SHARE LIMIT** – The maximum amount any UHSM program will share, per member per year, for eligible pharmacy services.

**CONSULT FEE** – A fixed amount paid by a Sharing Member to the Participating Provider at time of medical service(s).

**ELIGIBLE** – A status indicating that you have met the conditions that qualify for sharing as described in the Member Guidelines, and your Medical Needs fall 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.

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

**MEMBER CO-SHARE** – After AMCS has been met, the fixed percentage or cost of Medical Needs the Sharing Member has committed to paying, thus limiting the amount other Sharing Members’ contribute towards the total expense/ cost of the Eligible Medical Needs.

**MEMBER GUIDE / GUIDELINES** – 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.

**PREAUTHORIZATION** – A restriction placed on certain medications, tests, or health services that requires Members and Providers to first check with UHSM, and be granted permission, before becoming eligible for sharing.

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

**SHARING MEMBER** – Those who have applied to become a Sharing Member and agreed with the Statement of Faith and Shared Beliefs, the Sharing Membership Commitments, and the Escrow Instructions. Sharing Members must choose a Sharing Program, submit scheduled Monthly Contributions, and are not be ineligible for any other reason (including age restrictions). Sharing Members may submit Eligible Medical Needs for sharing in conjunction with the Member Guidelines, the specific Sharing Program and the Escrow Instructions.

**SHARING PROGRAM** – UHSM Sharing Programs are available with varying levels of Annual Member Care Share (AMCS) amounts and Maximums, as selected and approved on the Membership Enrollment Application.

### NOTICE:

SMART SHARE BY UHSM IS A LIMITED BENEFITS HEALTH SHARE PROGRAM AND NOT INTENDED TO BE A SUBSTITUTE FOR HOSPITAL OR MEDICAL EXPENSE HEALTH CARE. IT PAYS FOR SPECIFIC CRITICAL ILLNESSES AND RELATED EXPENSES ONLY, AND DOES NOT PROVIDE BENEFITS FOR ANY MEDICAL CONDITIONS NOT OUTLINED BY THIS PROGRAM.

UHSM IS A RELIGIOUS ORGANIZATION FACILITATING THE SHARING OF MEDICAL EXPENSES. IT IS NOT AN INSURANCE COMPANY, AND NEITHER ITS GUIDELINES OR ITS PLAN OF OPERATION, OR ANY OTHER DOCUMENTS OF THE RELIGIOUS ORGANIZATION CONSTITUTE OR CREATE AN INSURANCE POLICY. MEMBERSHIP IS NOT OFFERED THROUGH AN INSURANCE COMPANY, AND THE ORGANIZATION IS NOT SUBJECT TO THE REGULATORY REQUIREMENTS OR CONSUMER PROTECTIONS OF ANY STATE’S INSURANCE CODE. THE SHARING PROGRAMS, SERVICES, PUBLICATIONS AND ANY MATERIALS GIVEN SHOULD NEVER BE CONSIDERED A SUBSTITUTE FOR AN INSURANCE POLICY. ANY PUBLICATION OR ANY OTHER MATERIALS GIVEN BY UHSM ARE NOT ISSUED BY AN INSURANCE COMPANY, NOR ARE THEY OFFERED THROUGH AN INSURANCE COMPANY. THIS PUBLICATION OR ANY OTHER MATERIALS DO NOT REPRESENT, GUARANTEE OR PROMISE THAT YOU WILL BE ELIGIBLE FOR MEMBERSHIP OR THAT YOUR MEDICAL BILLS WILL BE PUBLISHED OR ASSIGNED TO OTHER MEMBERS FOR PAYMENT. WHETHER ANYONE CHOOSES TO ASSIST YOU WITH YOUR MEDICAL BILLS WILL BE TOTALLY VOLUNTARY BECAUSE NO OTHER PARTICIPANT IS COMPELLED BY LAW TO CONTRIBUTE TOWARDS YOUR MEDICAL BILLS. REGARDLESS OF WHETHER YOU RECEIVE ANY PAYMENTS FOR MEDICAL EXPENSES OR WHETHER THIS ORGANIZATION CONTINUES TO OPERATE, YOU ARE ALWAYS RESPONSIBLE FOR THE PAYMENT OF YOUR OWN MEDICAL BILLS.