



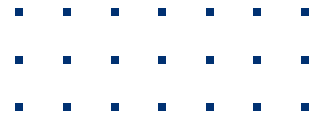
ShareWELL



GUIDELINES SUMMARY

MEMBER GUIDE SUMMARY

Overview



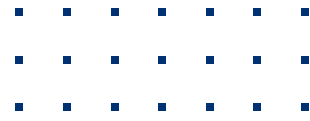
This is a quick guide to help you understand the key differences in ShareWELL's approach to Health Sharing. This is only a partial overview; we always recommend referencing the full Member Guidelines for complete details.

Highlighted Sections

- The Unshared Amount
- Sharing Requests
- Medical Conditions Existing Prior to Membership
- Not Eligible
- Treated as Pre-existing
- 90-Day Ineligibility & Care Review
- Alternative and holistic health
- Specific Sharing Allowances
- Additional information for certain Sharing Requests

Maternity

The Unshared Amount and How to Reduce It



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.

ShareWELL 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 ShareWELL community. There is no annual or lifetime limit on eligible expenses.

Reduction Of The Unshared Amount Program

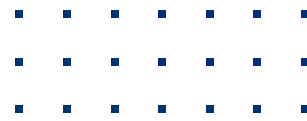
In certain instances, members can go above and beyond to keep costs down for the community. ShareWELL may authorize the reduction of a member UA when a member has done one or multiple of the following steps:

- 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 ShareWELL legal representative to negotiate or lower medical bills.



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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.

ShareWELL 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.

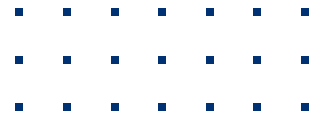
Sharing Requests subject to the Unshared Amount

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.



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Pre-Membership Medical Conditions



ShareWELL 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 or related recurrence of that type of cancer being considered a pre-existing condition.



Exceptions & Phase-in Period

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.

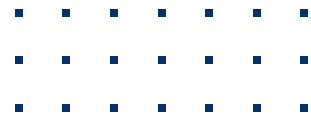
After the first year, pre-existing Sharing Requests are eligible with a sharing limit that increases each membership year.

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
- Year Five: The sharing maximum is removed for pre-existing conditions.



90-Day Ineligibility & Care Review



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

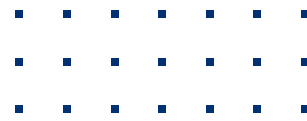
Scheduled Care Review

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 ShareWELL 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.



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Ineligible For Sharing

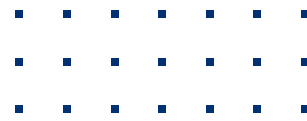


The listed healthcare services are not eligible to be shared with the ShareWELL community through a Sharing Request subject to the UA. Expenses may be eligible without limitations and applicable to a preventive Sharing Request. See your eligible preventive services for details:

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



Treated as Pre-Existing

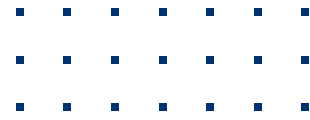


The following conditions and treatments are eligible after the initial pre-existing waiting period. Expenses may be eligible without limitations and applicable to a preventive Sharing Request. See your eligible preventive services for details:

- Arthritis
- Basal and Squamous Cell Cancer
- Cataracts
- Celiac Disease
- Congenital Disorder
- Ear Tubes
- Hashimoto's
- Hormone & Hormone Therapy
- Chronic Pain
- Chronic Fatigue
- Fusion Therapies and Treatments
- Irritable Bowel Syndrome
- Joint Replacement
- Long-Covid
- Lyme Disease
- Parasites
- Preventive Mastectomy
- Mold Toxicity
- Osteoporosis
- Injections & Regenerative procedures from non acute injury
- Sleep Apnea
- Diagnostic Colonoscopy
- TMJ Disorders
- Tonsil Removal
- Treatment For Non-Seasonal Allergies



Alternative & Holistic Health



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.

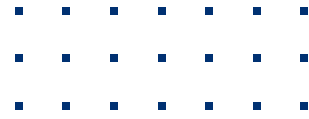
*Treatments that do not have a proven conventional treatment will be eligible for a one-time allowance of \$2,500.

*Some alternative treatments and therapies, such as acupuncture and chiropractic care, are included in the “recovery and therapies” section of the guidelines and do not require the above documentation.



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Specific Sharing Allowances

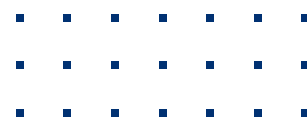


The following section describes Sharing Request allowances subject to the Unshareable Amount. Specific requests will have a maximum sharing allowance per Sharing Request or the lifetime of the membership.

- Allergy Treatment
- Alternative Testing To Determine a Diagnosis
- Home Healthcare
- Hormone Therapy
- Injections
- Medical Supplies
- Orthotics
- Recovery Therapies & Treatments
- Sleep Apnea
- ER and Ambulance for non-emergency



Additional Information for Certain Requests

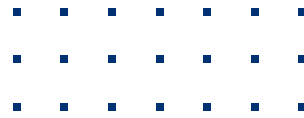


Specific Sharing Requests require additional information due to a limitation or a specifically defined description.

- Acute Allergic
- Alternative Treatments
- Automobile Accidents
- Asthma
- Basal & Squamous Cell
- NICU
- Cosmetic Surgery
- Durable Medical Equipment
- Genetic Testing
- Hospice Care
- International Medicine
- Long- Term Care & Skilled
- Nursing
- Medically Stable Conditions
- Prescriptions
- Sports
- Suicide and Attempted Suicide



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.

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.

Reduction of UA program for maternity

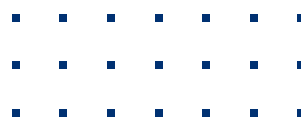
Members with costs not exceeding \$10,000 for delivery, postnatal, and prenatal expenses. ShareWELL will reduce the Unshared Amount responsibility by \$1,000.



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Maternity

The following services are available with a \$6,000 sharing limit. We recommend collecting a prenatal and postnatal prepayment package from your clinician.



Eligible Prenatal Expenses

- » 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.

Eligible Postnatal Expenses

- » Breast pumps
- » Lactation consultant
- » Postpartum counseling
- » Acupuncture
- » Chiropractic care
- » Mother's six-week postpartum check-up with pap test
- » Two-week cesarea post-op appointment

