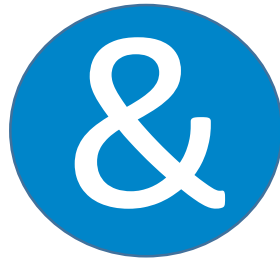




Member Guide




Through an innovative layering of healthcare services from Sedera and Shared Health Alliance, we enable individuals and families access to high quality healthcare that is affordable, flexible and effective.

In addition to sharing medical expenses, Sedera provides access to valuable Counseling, Medical Bill Negotiation, Expert Second Opinion, and Personal Member Advisor services to all members.

This member benefit guide is for your Shared Health Alliance benefits only. You will receive a separate member guide for your Sedera benefits.

For more information, please contact Member Services:

 314.594.0600

 memberservices@sharedhealthalliance.com

 www.sharedhealthalliance.com

WARNING: SEDERA, INC. IS NOT AN INSURANCE COMPANY AND THE SEDERA MEDICAL COST SHARING MEMBERSHIP IS NOT ISSUED OR OFFERED BY AN INSURANCE COMPANY. WHILE EVERY EFFORT IS MADE TO MEET MEMBER'S MEDICAL NEEDS, SEDERA, INC. AND THE SEDERA MEDICAL COST SHARING COMMUNITY DO NOT GUARANTEE PAYMENT OF ANY MEDICAL EXPENSE.



About ASH Sharing Programs



Alliance for Shared Health

Alliance for Shared Health (ASH) members share a common deep-seated ethical/religious belief. ASH members place supreme importance on the pursuit of sharing in each other's health care needs and the sharing of expenses as it relates to those needs. ASH reaches across all races, denominations, political spectrums, and all beliefs in God to assist with an innate need we all share - to help each other through the heavy burden of health care access and cost. It is out of this religious spirit that Alliance for Shared Health was formed. While we have needs individually, as we collectively come together, tenaciously pursuing a common spiritual passion to help others in need, our own needs get met. In this way, ASH members positively impact not just their own life, but the life of so many others as well.

ASH members share a common set of religious and ethical beliefs as it pertains to the above, and in order to participate in ASH health share programs, members must attest to the following core beliefs:

Statement of Beliefs

Alliance for Shared Health helps teach members how to take control of their health care, and at the same time, every member of the community embraces the concept of supporting each other when they face unforeseen health care expenses. That is meeting health care needs through community. ASH members share the following set of beliefs:

1. Of supreme importance to ASH members is the need to unite in a spirit of compassion, regardless of race, denomination, age, gender, sexual persuasion, or political affiliation. This compassion is displayed specifically in the area of sharing health care expenses.
2. We are bound by a common passion to use our collective resources to help people struggling with the financial, physical, and emotional burden of health care expenses.
3. We believe it is our right to direct our own health care, free from government dictates, restraints, or oversight, and want to be a part of a health share community whose mission is to assist members through their personal health care challenges.
4. ASH members agree to be bound by the established member guidelines and sharing levels, as well committing to monthly contribution levels based upon the sharing level they individually choose.
5. ASH members understand that their participation is voluntary and does not represent a contract for insurance. Members understand that their medical needs will be shared based upon the sharing level in which they choose to participate.

We are excited you have chosen to be a part of our community. Please review this guide thoroughly. You will find the guidelines by which members share a willingness to help each other with the medical needs. Please make sure you understand the guidelines, understand how your membership works and what your participation means.

Alliance for Shared Health acts as a neutral third party to facilitate the need request payments, and may use vendors, at its discretion, to strengthen and support member benefits. ASH has teamed up with Free Market Administrators (FMA) to service the medical sharing needs of the community, distribute payments to providers and to provide sharing summary statements to participants.




Shared Health Alliance

Shared Health Alliance has long-standing relationships in the health share world and delivers essential benefits and solutions to help make healthcare more affordable and more accessible. We have partnered with industry leading organizations that help our members get and stay healthy.

What to Expect

MEMBER ID's

Please be on the lookout for your ID Cards, this is a copy of the envelopes that you will be receiving. Do not discard!

IMPORTANT PLAN INFORMATION	PERSONAL AND CONFIDENTIAL IF THIS LETTER IS NOT ADDRESSED TO YOU DO NOT OPEN RETURN TO POSTAL CARRIER UNOPENED	FIRST CLASS MAIL PRESORT U.S. POSTAGE PAID RCS
 PO Box 22009 Tempe, AZ 85285-2009	FIRST CLASS MAIL	
Member Name 123 Street City, State, Zip		
605232@2197		

Sample ID*

 First Health Network	free market administrators
Plan ID: Member Number: Effective Date: Coverage:	
\$30 MRA PCP Visit \$65 MRA Specialist Visit \$75 MRA Urgent Care	
<u>True RX</u> BIN#: 020958 PCN#: 07960000 Group #: TRUE2015	<u>www.trueRx.com</u> Rx Member Service: 866-921-4047 Pharmacy Helpdesk: 833-202-8783

Electronic Payer ID 84594 Payer ID Customer Service: 855-297-4436 Mailing Address: 663 S Rancho Santa Fe Rd, Suite 673, San Marcos, CA 92078
Contact Information: <ul style="list-style-type: none">• Eligibility Verification: 888-644-7555• Benefits or Status of Bill: 877-499-6111• First Health's Provider locator assistance: 800-226-5116• Provider locator website: www.firsthealthlb.com
Pre-Cert is required for MRI and CAT Scans 888-888-888 .
FMA Customer Service 888-644-7555
SHARx- Taking a high cost maintenance, brand or specialty medication? Visit http://www.sharedhealthalliance.com/RxHelp to complete your RX analysis.

We are committed to providing excellent Customer Service. If you have any questions or concerns about your ID card or healthcare needs, please do not hesitate to call us at 314-594-0600 between the hours of 8:00 am and 5:00 pm (Central).

*Sample ID is for SHA Preventive and Premier Only.



SHA Member Benefits

	SHA Premier	SHA Preventive	SHA Scripts
Network	First Health/RBP	First Health/RBP	First Health/RBP
Telemedicine	\$0 MRA	\$0 MRA	Not shared
Virtual Primary Care (Sherpaa)	\$0 MRA	\$50 MRA	Not shared
Catastrophic Sharing	Through Health Share	Through Health Share	Through Health Share
Preventive Care Services	Shared at 100%	Shared at 100%	Not shared
Primary Care Physician Office Visit	\$30 MRA (max 3 visits per year)	Not shared	Not shared
Specialist Office Visit	\$65 MRA (max 3 visits per year)	Not shared	Not shared
Urgent Care	\$75 MRA (max 3 visits per year)	Not shared	Not shared
Diagnostic X-ray and Lab	\$50 MRA (In office, max 5 services) Fair Price Labs <i>Lab Discount Program</i> (Unlimited Use)	Fair Price Labs <i>Lab Discount Program</i> (Unlimited Use)	Fair Price Labs <i>Lab Discount Program</i> (Unlimited Use)
Cat-Scan or MRI	Shared at 50% (1 per year)	Not shared	Not shared
Outpatient Testing	Shared at 50% (1 per year)	Not shared	Not shared
Prescription Sharing			
Tier 1 – \$0 - \$40	\$10 MRA	\$10 MRA	Generic Copay Card 80% of covered Generics are \$10 or less
Tier 2 – \$50 - \$149	20% MRA (\$20 minimum)	20% MRA (\$20 minimum)	
Tier 3 – \$150 - \$400 (1 fill at pharmacy for maintenance, then thru SHARx	40% MRA (1 st fill only)	40% MRA (1 st fill only)	All other maintenance medications are accessed through SHARx
Specialty Drugs	SHARx Only	SHARx Only	

The highlights above serve only as a summary. Please review our complete member guidelines at <http://www.ashcommunity.org/guidelines/>



Preventive Care Services

The following table represents the type of medical services currently covered under the MECHP3TM Plan as well as the permitted interval and any requirements of such medical services. If a medical service does not have a specific interval under law or regulation, the interval for that medical service is once per year.

You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for. Coverage limited to 1 visit per plan year and 1 immunization of each type. See Schedule of Preventive Services below.

Benefit	Interval	Description
Abdominal aortic aneurysm screening	1 per lifetime	By ultrasonography in men ages 65-75 years who have ever smoked
Alcohol misuse: screening and counseling	1	Screenings for adults age 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse
Aspirin: preventive medication	As prescribed	Initiating low-dose aspirin use for the primary prevention of cardiovascular disease and colorectal cancer in adults aged 50 to 59 years who have a 10% or greater 10-year cardiovascular risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years
		Use of low-dose aspirin (81 mg/d) after 12 weeks of gestation in pregnant women who are at high risk for preeclampsia
Bacteriuria screening	1	Screening for asymptomatic bacteriuria with urine culture in pregnant women at 12 to 16 weeks' gestation or at the first prenatal visit, if later.
Blood pressure screening	1	Screening for high blood pressure in adults aged 18 or older
BRCA risk assessment and genetic counseling/testing	1	Screening to women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.
Breast cancer preventive medications	1	Risk-reducing medications, such as tamoxifen or raloxifene for women who are at increased risk for breast cancer and at low risk for adverse medication effects.
Breast cancer screening	every 1 to 2 years	Screening mammography for women over 40 years. Coverage limited to 2D mammograms only.
Breastfeeding interventions	2	Interventions during pregnancy and after birth to support breastfeeding
Cervical cancer screening: with cytology (Pap smear)	1 time every 3 years	Women age 21 to 65 years
Cervical cancer screening: with combination of cytology and human papillomavirus (HPV) testing	1 time every 5 years	Women age 30 to 65 years who want to lengthen the screening interval
Chlamydia screening	1	Sexually active women age 24 and younger and in older women who are at increased risk infection
Colorectal cancer screening	1 time every 5 years	Starting in adults at age 50 years and continuing until age 75 years

Preventive Care Services

Benefit	Interval	Description
Contraceptive methods and counseling	As prescribed	Food and Drug Administration (FDA) approved contraceptive methods (Generic Only), and patient education and counseling for all women with reproductive capacity, not including abortifacient drugs
Depression screening	1	Screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. Screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.
Diabetes screening	1	Screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.
Falls prevention: exercise or physical therapy	As prescribed	Community-dwelling adults age 65 years and older who are at increased risk for falls
Folic acid supplementation	As purchased	Daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid for all women planning or capable of pregnancy
Gestational diabetes mellitus screening	1	Asymptomatic pregnant women after 24 weeks of gestation
Gonorrhea prophylactic medication	1	Prophylactic ocular topical medication for all newborns for the prevention of gonococcal ophthalmia neonatorum
Gonorrhea screening	1	Sexually active women age 24 years and younger and in older women who are at increased risk for infection
Healthy diet and physical activity counseling to prevent cardiovascular disease	1	Adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention.
Hemoglobinopathies screening	1	Screening for sickle cell disease in newborns
Hepatitis B screening	1	Adolescents and adults at high risk for infection
		Pregnant women at their first prenatal visit
Hepatitis C virus (HCV) infection screening	1	Adolescents and adults at high risk for infection
		Adults born between 1945 and 1965

Preventive Care Services

Benefit	Interval	Description
HIV screening	1	Adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened.
		Pregnant women including those who present in labor who are untested and whose HIV status is unknown
Hypothyroidism screening	1	Screening for congenital hypothyroidism in newborns
Intimate partner violence screening	1	Women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services.
Lung cancer screening	1	With low-dose computed tomography in adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.
Obesity screening and counseling	1	To children and adolescents 6 years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status.
		Screening all adults. Clinicians should offer or refer patients with a body mass index of 30 kg/m ² or higher to intensive, multicomponent behavioral interventions
Osteoporosis screening	1	In Women aged 65 years and older and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors
Phenylketonuria screening	1	Screening for phenylketonuria in newborns
Preeclampsia screening	1	Pregnant women with blood pressure measurements throughout pregnancy
Rh incompatibility screening: first pregnancy visit	1	Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care
Rh incompatibility screening: 24–28 weeks' gestation	1	Repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24 to 28 weeks' gestation, unless the biological father is known to be Rh (D)-negative
Sexually transmitted infections counseling	1	Intensive behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections
Skin cancer behavioral counseling	1	Counseling children, adolescents, and young adults aged 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer

Preventive Care Services

Benefit	Interval	Description
Statin preventive medication	As prescribed	Adults without a history of cardiovascular disease (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are aged 40 to 75 years; 2) they have 1 or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater. Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults ages 40 to 75 years.
Tobacco use counseling and interventions	2	<p>Ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA) approved pharmacotherapy for cessation to adults who use tobacco</p> <p>Ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco</p> <p>Interventions, including education or brief counseling, to prevent initiation of tobacco use in school-aged children and adolescents</p>
Tuberculosis screening	2	Adults at increased risk
Syphilis screening	2	<p>In persons who are at increased risk for infection</p> <p>All pregnant women</p>
Vision screening	1 time every 2 years	All children aged 3 to 5 years to detect amblyopia or its risk factors
Well-woman visits	1	Adult women to obtain the recommended preventive services that are age and developmentally appropriate, including preconception care and many services necessary for prenatal care.

Preventive Immunizations

Vaccine	Requirement
HepB-1	Newborn
HepB-2	Aged 4 weeks – 2 months
HepB-3	Aged 24 weeks – 18 months
DTaP-1	Aged 6 weeks – 2 months
DTaP-2	Aged 10 weeks – 4 months
DTaP-3	Aged 14 weeks – 6 months
DTaP-4	Aged 12-18 months
DTaP-5	Aged 4-6
Hib-1	Aged 6 weeks – 2 months
Hib-2	Aged 10 weeks – 4 months
Hib-3	Aged 14 weeks – 6 months
Hib-4	Aged 12-15 months
IPV-1	Aged 6 weeks – 2 months
IPV-2	Aged 10 weeks – 4 months
IPV-3	Aged 14 weeks – 18 months
IPV-4	Aged 4-6
PCV-1	Aged 6 weeks – 2 months
PCV-2	Aged 10 weeks – 4 months
PCV-3	Aged 14 weeks – 6 months
PCV-4	Aged 12-15 months
MMR-1	Aged 12-15 months
MMR-2	Aged 13 months – 6
Varicella-1	Aged 12-15 months
Varicella-2	Aged 15 months – 6
HepA-1	Aged 12-23 months
HepA-2	Aged 18 months or older
Influenza, inactivated (flu shot)	Aged 6 months or older
LAIV (intranasal)	Aged 2-49

Preventive Immunizations

Vaccine	Requirement
MCV4-1	Aged 2-12
MCV4-2	Aged 11 years, 8 weeks – 16
MPSV4-1	Aged 2 or older
MPSV4-2	Aged 7 or older
Td	Aged 7-12
Tdap	Aged 7 or older
PPSV-1	Aged 2 or older
PPSV-2	Aged 7 or older
HPV-1	Aged 9-12
HPV-2	Aged 9 years, 4 weeks – 12 years, 2 months
HPV-3	Aged 9 years, 24 weeks – 12 years, 6 months
Rotavirus-1	Aged 6 weeks – 2 months
Rotavirus-2	Aged 10 weeks – 4 months
Rotavirus-3	Aged 14 weeks – 6 months
Herpes Zoster	Aged 60 years or older

Preventive and Wellness Benefits: Exclusions

Some health care services are not covered by the Plan. The following is an example of services that are generally not covered.

- Any medical service, treatment or procedure not specified as covered under this Plan;
- Office visits, physical examinations, immunizations, and tests when required solely for the following:
 - Sports
 - Camp
 - Employment
 - Travel
 - Insurance
 - Marriage
 - Legal proceedings
- Routine foot care for treatment of the following:
 - Flat feet
 - Corns
 - Bunions
 - Calluses
 - Toenails
 - Fallen arches
 - Weak feet
 - Chronic foot strain
- Rehabilitative therapies
- Dental procedures
- Any other expense, bill, charge, or monetary obligation not covered under this Plan, including but not limited to all non-medical service expenses, bills, charges, and monetary obligations. Unless the medical service is explicitly provided by this Schedule of Benefits or otherwise explicitly provided in the Summary Plan Description (SPD), this Plan does not cover the medical service or any related expense, bill, charge, or monetary obligation to the medical service.

SHA Member Benefits

Network Access – First Health

Shared Health Alliance gives you access to providers in the **First Health** network – A national PPO network, with more than 5,000 hospitals, over 90,000 ancillary facilities and over 1 million health care professional service locations. Access is wide-ranging – more than 96 percent of people in the United States are within 20 miles of a network provider.

First Health's provider locator assistance toll-free number: 1-800-226-5116

Provider locator website address for First Health: www.firsthealthlbp.com

Can I only go to a Provider that is in network?

No. Members enrolled in the SHA plans have the freedom to go to any provider they choose. If you don't have a provider in your area, you can still go to any provider and ASH will share your expenses per the sharing level you are in based upon reasonable and allowed amounts. This reimbursement methodology is referred to as Reference Based Pricing (RBP).

Reference Based Pricing FAQ's

What is a Referenced Based Pricing Plan for Medical Facilities?

All payments to any provider are based off of Medicare pricing plus an incentive bonus over and above the Medicare allowable amounts.

What should I do if scheduling or billing doesn't recognize my membership?

Please tell your Provider that your health plan is an open access plan and that there are no reduced out-of-network reimbursements. They should collect any applicable member responsibility amount and submit a claim through the Third-Party Administrator with the information on your ID Card. If the Provider still has questions, have them call SHA Member Services immediately at 314-594-0600. The phone number is also on the back of your ID card. Make sure you present your ID card at every visit or service.

Who should I contact for questions about my SHA memberships?

You should call member services. There is a dedicated customer service team that is ready to assist you with any questions regarding your medical coverage or plan options. Call 314-594-0600.



SHA Member Benefits

Reference Based Pricing FAQ's (continued)

What is a balance bill?

A balance bill is when a provider bills a member for the difference between what the health plan allows for a medical service versus what the provider chooses to charge. In essence, it's when the provider charges more than what the Explanation of Benefit (EOS) indicates is patient responsibility.

Example: Your hospital charges are \$100 and the plan allowable at 150% of Medicare is \$70.00. If the facility provider bills you the \$30 difference between the charged amount and the Plan allowable, they are balance billing.

Deductibles, copays, and coinsurance are not examples of balance billing and you are still responsible for these cost sharing items.

What should I do if I receive a balance bill?

If you receive a bill from a hospital or other medical facility, you need to compare it to the EOS that you received from the Third-Party Administrator.

If you are asked to pay more money than what is shown as patient responsibility on your EOS, you need to call Shared Health Alliance Member Services at 314-594-0600. Member Services will likely need you to send the bill via email or fax.

What happens when I contact 6 Degrees Health about a balance bill?

Our Patient Support Services team will work with your provider directly regarding the balance bill. You will be updated along the way.

What should I do if a facility requests payment up front?

Do not pay anything other than your copay up front. The facility should call Shared Health Alliance Member Services at 314-594-0600.

IMPORTANT: It is important for members to open any and all mail in order to check for any balance bills. If they receive a balance bill for any medical services, it is VERY important that you call Shared Health Alliance Member Services at 314-594-0600.



SHA Rx Provisions



As your new prescription management company, we will work with you as a team to achieve the best possible value from your prescription benefit plan. Our goal is to provide cost-effective solutions without interfering with the quality of your healthcare. Here are some key points to keep in mind

1. You will be receiving new ID cards with the True Rx pharmacy processing information. It is imperative that you present this card to your pharmacy when filling prescriptions. We also suggest telling the pharmacy staff you have switched to True Rx – this will minimize any confusion and delays in filling your prescription.
2. If you have a **Prior Authorization** (PA) in place for a medication, please contact our Customer Service staff prior to filling your prescription to ensure no disruption at the pharmacy. If you are not sure if a PA is in place for any of your current medications, please contact us and we will verify if a PA is required.

Our friendly Customer Service staff is available to address any concerns discreetly and with a professional attitude. Please contact your customer service representative toll free at (866) 921-4047 with any questions.

Again, welcome to True Rx and we look forward to a long and successful partnership with you in the future!

TrueRx Member Portal

You will now have access to a new online Member Portal and Mobile App. This new Member Portal will give you and your dependents access to details regarding your prescription plan, prescription claims history, and a list of other useful features to help you manage your prescription benefit. You can access the Member Portal by visiting www.truerx.com, hovering over 'Members', and selecting 'Member Portal' then choose 'BIN: 020958'. Once you have registered through the online member portal, you may download the mobile application by searching "TrueRx Mobile" in your phone's app store.

High Cost Maintenance and Specialty Medications

Most high cost maintenance medications and specialty medications will not be available at the pharmacy through the medical plan. Please use the attached link to begin the process of accessing your high-cost medications. Master Network members will not be charged an access fee to use the program, and often times only a small cost share will be required. Go to www.sharedhealthalliance.com/sharx to see if we can significantly lower your or a family member's drug costs! There is more information on this program on the next page.



SHARx Prescription Assistance

Taking a high cost maintenance, brand or specialty medication?

We are here to help!

Welcome to SHARx

Congratulations! We are thrilled to bring you a program that gives you a personal prescription advocate!

SHA through the expertise of Rx Help Centers is proud to work on your behalf to save you money on prescription medicine. We believe that you should be able to receive the medicine you need without creating financial duress. Our programs are designed to give you the most assistance on all of your medications so you can concentrate on living life instead of worrying about money.

- Many clients get their medications for free!
- Others receive their medications at 75% - 90% off!
- Expensive name brand maintenance medications
- High cost specialty medications
- High cost generics

We need your help to start the process

1. The process starts with us getting some preliminary information from you. Use the secure link to fill out our prescription analysis. <http://www.sharedhealthalliance.com/sharx>
2. Within 48-72 hours (often sooner) after you submit the enrollment form, one of our advocates contact you directly.
3. START SAVING

<http://www.sharedhealthalliance.com/sharx>

Sample High Cost Prescription Drugs: Insulin (all types), Xaralto, Vyvanse, Lyrica, Cymbalta, Crestor, Nexium, Spiriva, Invokana, Humira, Concerta, Singulair, Synthroid, Enbrel, Suboxene, Celebrex, Cialis, Advair Discus, Advair, Albuterol, Dilantin, Hydrochlorothiazide, Levothyroxine, Prozac, Restasis, Effient, Eliquis, Flovent HFA, Welchol, Abilify, Atorvastatin, Janumet, Latuda, Lipitor, Plavix, Seroquel, Victoza, Viagra and **MANY, MANY More!!**



Fair Price Labs

How to use your Fair Price Labs Member Card

- 1 Go to:
<https://www.fairpricelabs.com/lab-card>
- 2 Register your card to activate the additional discounts provided in your membership.
- 3 You MUST PAY for your labs online prior to having them completed at a Quest Diagnostic Patient Draw Center. **ENTER your member ID in the coupon box at check-out.** You will receive an order confirmation by email.
- 4 You will receive a 2nd email from Fair Price Labs with your *Physician Signed Lab Order*. Print and take this order with you to your appointment or scan and take in your phone.



400%
Average
Savings!

Lab Name	Fair Price Labs	Quest Diagnostics Cash Price	Hospital/Physician Point of Care Pricing
CBC	\$15	\$45.50	\$83
CMP	\$15	\$65.08	\$89
DHEA	\$39	\$128.23	\$240
TSH	\$20	\$130.49	\$175
UA Complete	\$15	\$47.59	\$79
Estradiol	\$49	\$223.85	\$299
PSA Total	\$35	\$148.48	\$295
Testosterone Total	\$30	\$197.97	\$401
Cholesterol Total	\$15	\$39	\$89
A1C	\$19	\$74.25	\$159
Hepatic Function Panel	\$25	\$74.36	\$179
Testosterone Free & Total	\$125	\$283.46	\$1,200
Total Cost	\$402	\$1,458.26	\$3,288
Member cost with Discount	\$361.80	\$1,458.26	\$3,288

Prices vary by Provider/Hospital.

Find a Test Center Here:

<https://appointment.questdiagnostics.com/patient/confirmation>

Email us at: careteam@fairpricemd.com 1-888-845-2283

A Layered Approach to Healthcare

We strive to get you the care you need as quickly as possible
for as little out of pocket expense as possible.

We have built layers of medical access so that you can get the care you need, when you need it.

If you or your dependent find yourself needing care from a doctor.....

1

Telemedicine via 1.800MD

Contact a board certified doctor for any non emergent issues using 1800MD. Available 24 hours a day, seven days a week, 365 days a year. Convenient care anywhere: From your home, office or travels, absolutely anywhere in the United States. **There is no cost to you and 92% of medical issues can be resolved.**

2

Sherpaa – Virtual Primary Care

Virtual Primary care can diagnose and treat around 1,500 conditions, on par with a traditional PCP or urgent care center. When telemedicine cannot help, start an episode of care with Sherpaa, conveniently from your phone or computer. Your Sherpaa doctor will be the same doctor each time you call. They can order labs or x-rays if needed and prescribe medication when necessary. Your Sherpaa doc will see you through your entire episode of care and they can consult with specialists if needed.

Depending on your SHA plan you will pay from \$0-\$99 per episode of care.

3

Primary Care/Specialist/Urgent Care

If you have the SHA Premier plan, you have access to your primary care, specialists, and urgent care at a low member responsibility amount. You are limited in the number of visits, so we encourage members to try steps 1 and 2 first.

If you are experiencing a medical emergency, dial 911.

Telemedicine

**Your Shared Health Alliance membership gives you access
to doctors 24/7/365 at no cost to you**



To use 1.800MD:

On your effective date you will receive a welcome email with your 1800MD member number. If you do not receive this email, please contact SHA Member Services at 314-594-0600.

Members can request a physician consultation by telephone calling **1-800-530-8666** or on-line at www.1800md.com.

Sick kids? Check. Busy work schedule? Check. Looking for care that fits your schedule? 1.800MD offers reliable, quality health care at your fingertips with a remarkable reputation. Whether it is 2 a.m. from your toddler's room or 7 p.m. from your business trip destination, our telehealth solutions save you time and money while providing peace of mind.

1.800MD is a national telehealth company specializing in convenient, quality medical care for individuals, families, employers, groups and others. Available 24 hours a day, seven days a week, 365 days a year, 1.800MD compliments your medical care portfolio and is an accessible and inexpensive alternative for acute conditions. With board-certified physicians in all 50 states*, those in need can obtain diagnosis, treatment and a prescription, when necessary, through the convenience of a telephone and digital communications.

Get Care For These Common Conditions and Many More

Allergies

Arthritic Pain

Flu

Gastroenteritis

Insect Bites

Minor Burns

Respiratory Infections

Sinusitis

Sore Throat

Sprains & Strains

Urinary Tract

Infections

* Subject to state regulations. 1.800MD does not replace the existing primary care physician relationship. 1.800MD is not an insurance product nor a prescription fulfillment warehouse. 1.800MD physicians reserve the right to deny care for potential misuse of services. 1.800MD operates subject to state regulations and may not be available in your state. International consults are advice-only. You must have a U.S. address and U.S.-based phone number for the doctor to call back at the time of the consult. Video is not available for international consults. 1.800MD and the 1.800MD logo are registered trademarks of 1.800MD, Inc. and may not be used without written permission. 1.800MD physicians do not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. 1.800MD does not guarantee that a prescription will be written. 1.800MD operates subject to state regulations. Prescriptions are not available for international consults.



Sherpaa – Virtual Primary Care



Develop a relationship with the same online provider while you are in our program.

- Start your conversation “online,” and talk “live” if necessary
- Your Sherpaa doctor will refer you to a doctor if needed.
- Will order labs if needed and prescribe medication
- Can diagnose and treat around 1,500 conditions, on par with a traditional PCP or urgent care center.
- Easy to begin care process with the Mobile App.
- Episode of Care will last
 - days for a UTI
 - 3 weeks for a pneumonia
 - 3 months for a cancer scare.
- You will mostly message back and forth, you can share photos, and jump on the phone when needed
- Your Sherpaa doctor is minutes away – no matter what – as long as it takes to get better

To get started, go to www.sherpaa.com/sha



Sherpaa – Virtual Primary Care

Meet Dr. Gonnella



Dr. Susan Gonnella

Internal Medicine

Training: New York Medical College

Clinical Experience: 28 years

Sherpaa enables a doctor visit unlike any other doctor visit you've had

Dr. Gonnella is your own personal doctor and you get care from her from anywhere at any time, via Sherpaa. Instead of a trip to a PCP or urgent care center, use Sherpaa to create an [Episode of Care](#) with Dr. Gonnella. Think of an Episode of Care like an email thread. Within this thread, you'll:

- + Send and respond to messages/activity at any time of any day
- + Share photos to help Dr. Gonnella diagnose and follow progress
- + Answer Dr. Gonnella's detailed questions
- + Call Dr. Gonnella for an urgent issue
- + View orders for labs and imaging Dr. Gonnella needs you to get
- + View lab and imaging result
- + View your prescriptions and choose your pharmacy
- + View profiles of local specialists Dr. Gonnella refers you to
- + View the consult reports from specialists you've visited
- + Read up on the details of your diagnoses and instructions for things you can do at home to feel better
- + Rate your Episode of Care
- + Rate specialists and facilities you've visited in-person

And every time you use Sherpaa, you're always going to work with Dr. Gonnella. If you're wondering [how much she can do for you](#) entirely online, she can diagnose and treat [~1,500](#) everyday health conditions without an office visit— from a UTI to skin infections to pneumonia to scary new lumps and high blood pressure.

Cancellation / Refunds

Cancellation Policy

You may cancel your membership at any time. If your membership is cancelled, you can reinstate your membership by catching up on your giving. However, any medical bills submitted but not yet shared at the time of cancellation—or any medical bills incurred between the time of cancellation and reinstatement—cannot be shared by Alliance for Shared Health. Upon receipt of your cancellation notice, coverage for the services/products listed will be terminated to the last day of the month of your coverage period. There are no retroactive cancellations or refunds.

Written notification may be sent by email to : memberservices@sharedhealthalliance.com

Refund Policy

You may only receive a refund provided you have submitted a written notice of cancellation to our office. This notice must be received prior to your policy effective date. No refunds are permitted once policy effective date has commenced. No refunds are permitted if any claims have been submitted or filed for any service or product for which you have been enrolled.

Appendix A – Member Disclosure Statements

As an ASH Member, ASH wants you to fully understand the non-profit health share ministry to which you have chosen to join. As such, ASH chooses to further highlight some points to make sure the messaging has been made clear to its members:

Section I

1. Alliance for Shared Health (ASH) is available in all 50 states.
2. ASH is a 501(c)3 non-profit entity health sharing ministry. It was set up to help members join a community with a common set of ethical / religious beliefs to share in each other's health care expenses per member guidelines and the sharing level selected.
3. ASH does not represent that participation in ASH meets the ACA mandate for individual coverage, and as such, ASH makes it clear that participating in ASH alone does not meet the ACA requirement.
4. The individual mandate is not currently being enforced at the Federal level. Members should understand the laws in their own state to avoid any penalty for not having ACA required alternatives in place.
5. ASH is NOT a contract for insurance and the member guidelines expressly indicate such.
6. ASH members agree and attest to a common set of ethical belief/ religious beliefs. If one is not willing to attest to these beliefs, they are not able to be a part of ASH.
7. ASH is NOT legally responsible for paying members' medical bills.
8. The monthly contributions made by members are voluntary contributions to the sharing funds of ASH.
9. ASH does not pay agents commission for referring participants into ASH sharing programs.
10. ASH, unlike other health share programs, does not place pre-existing condition stipulations on its programs, with the exception of catastrophic hospital needs sharing. Please make sure you understand these limitations when participating in a sharing level that includes hospital sharing.
11. ASH is not catastrophic health insurance, nor does it seek to represent itself as such.

Section II

1. ASH is health share ministry to which members agree to the following set of ethical/religious guidelines in order to participate:
 - Of supreme importance to ASH members is the need to unite in a spirit of compassion, regardless of race, denomination, age, gender, sexual persuasion, or political affiliation. This compassion is displayed specifically in the area of sharing health care expenses.
 - ASH members are bound by a common passion to use its collective resources to help people struggling with physical needs by sharing in health care needs and expenses.
 - ASH members believe it is our right to direct our own health care, free from government dictates, restraints, or oversight, and want to be a part of a health share community whose mission is to assist members.
 - ASH members understand that the ASH board establishes and approves guidelines and sharing levels, as well contracting with outside vendor consultants for guidance in building a program that is sustainable and operates under its 501(c)3 approved requirements.
 - ASH members understand that their participation is voluntary and does not represent a contract for insurance. Members understand that their medical needs will be shared based upon the sharing level in which they choose to participate.
2. As long as prospective members agree to the ASH Statement of Beliefs, they can join.
3. ASH facilitates the distribution of member funds for the sharing of medical needs.

Section II (continued)

4. Membership cannot be refused based upon health status.
5. Members are allowed to join ASH at different sharing levels based upon their own situation and voluntary contribution level they wish to participate.
6. Sharing of medical needs is limited or excluded if members choose to use illegal drugs, are under the influence of alcohol that causes a medical need, or pregnant when joining ASH.
7. Health Sharing uses non-insurance terminology. Doing so is one way that it is made clear to members that ASH is not a contract for insurance.
8. Member Responsibility Amount (MRA) is terminology that helps describe what an ASH member must pay before ASH shares in their medical needs from the funds.
9. Member contributions go toward the needs sharing fund to help share in member medical needs per the sharing level selected.
10. The ASH needs processor (Administrator) may offer access to national PPO networks as part of its service. If so, a network logo would appear on the ID card. However, ASH does not require use of certain providers in order to share in medical needs.
11. For ASH members, pre-existing condition limitations only apply to hospital needs sharing.
12. Preventive sharing is an important aspect of ASH sharing levels. Preventive services received and billed through a hospital are not shared by ASH.
13. Members' needs are only shared as long as they remain an "active" member. In order to be an active member, one must pay their contributions continuously and without interruption.

Section III

1. Shared Health Alliance is the exclusive vendor consultant for ASH.
2. As the vendor consultant for ASH, Shared Health Alliance provides non-insurance health care access solutions. It is from these non-ASH programs that agents are paid marketing fees.
3. The non-insurance solutions Shared Health Alliance provides include:
 - a) High cost maintenance and prescription advocacy services through SHARx
 - b) 24 / 7 telemedicine services
 - c) Discount Lab Programs
 - d) Virtual Primary Care Access
4. Shared Health Alliance welcomes interaction with agents on the members' behalf, and in order to comply with all state requirements, reminds brokers they are not an "agent for" ASH or the non-profit health share ministry.
5. Shared Health Alliance provides members access to high cost maintenance medications, specialty medications, and drugs that treat orphan conditions on a "non-insurance" basis through the SHARx non-insurance advocacy solution.
6. SHARx helps members get high cost maintenance and specialty medications through alternate points – oftentimes at little to no cost. Procurement of the medication can take anywhere from one to six weeks depending on the access point utilized. It is important to understand that procurement of meds through SHARx does not happen immediately and is a process that requires member follow up of information requests.

Section III (continued)

7. Shared Health Alliance helps establish the connectivity with the enrollment portal to collect the voluntary monthly member contributions and the costs associated with the additional non-insurance solutions such as SHARx, telemedicine, and virtual primary care. Members are allowed to join ASH at different sharing levels based upon their own situation and voluntary contribution level they wish to participate.

Section IV

1. Prospective members are expected to enroll themselves voluntarily through the online enrollment portal.
2. ASH does not pay a marketing fee/commission to agents for enrolling members into ASH.
3. Shared Health Alliance pays agents / brokers a fee from the non-insurance solutions offered in conjunction with ASH.
4. ASH utilizes a third-party vendor consultant to collect monthly contributions from members based upon the sharing level selected. The portal may include collection of fees for unrelated non-insurance programs set up by Shared Health Alliance.
5. Shared Health Alliance contracts with agents/marketing entities for the payment of marketing fees/commissions of the non-insurance programs offered in conjunction with ASH membership. Any payments made to agents are between Shared Health Alliance and the agent since ASH does not pay marketing fees / commissions to agents.
6. Agents must attest to their understanding of the relationship between ASH and Shared Health Alliance in order to market the Shared Health Alliance non-insurance programs in conjunction with ASH.
7. ASH programs are not ACA compliant and should never be represented as such.
8. Maryland and Pennsylvania are the two states that do not allow payment of commissions to agents from a health share ministry for referring members to health share.
9. Any agent offering Shared Health Alliance non-insurance programs in Maryland and Pennsylvania are required to provide their clients with additional disclosure and return this disclosure to Shared Health Alliance.

Section V

1. Shared Health Alliance member service team is available to help you understand how to explain ASH to prospective member.
2. Health Sharing has been in existence since 1981 and is not a new concept.
3. It is vitally important that agents accurately represent that health sharing is not a contract for insurance and that agents understand all of the information conveyed to them. Failure to understand and accurately explain that ASH is not insurance will result in removal of any marketing privileges.
4. ASH is NOT like insurance because ASH is NOT legally responsible for paying members' medical bills.
5. ASH is a non-profit health sharing organization.
6. ASH members share a common set of religious/ethical beliefs in line with the health sharing requirement.
7. ASH member funds are used to share in member medical need requests. ASH will pay Providers directly from member funds but cannot guarantee that a provider will bill ASH directly. If the provider does not bill ASH, the member will have to complete a "needs request" form in order for the expenses to be shared. In such a case, reimbursement will be sent to the member.
8. It is important that members read and understand the member guidelines so they can make an informed decision regarding their sharing level and how needs are shared

Section V (continued)

9. It is important that members read and understand the member guidelines so they can make an informed decision regarding their sharing level and how needs are shared.
10. A member's monthly contributions goes towards the sharing funds, the member's own health care need requests, ASH administrative expenses, and ASH vendor payments.
11. SHARx is a non-insurance pharmacy solution providing an access point for high cost maintenance medications and specialty medications. The access fee is waived for ASH members – which would otherwise be \$50 per month. Many members receive high cost drugs at no charge, while the vast majority of maintenance medications are otherwise available at 80% to 90% off retail prices.
12. Member Services Representative cannot guarantee medical needs will be shared. Doing so would insinuate ASH is a “contract for insurance.”
13. When a member tells their provider they are having symptoms, this is NOT a well-patient visit.
14. Fair Price Labs is not an insurance benefit program offered through ASH, but rather a national lab discount program offered through Shared Health Alliance.
15. Sherpaa is a virtual primary care program provided through Shared Health Alliance, the vendor consultant for ASH. It allows members to access virtual primary care on nearly 1500 conditions at one cost share per episode of care.

LEGAL NOTICES

The following legal notices are required by state regulation, and are intended to notify individuals that non-profit health sharing entities such as Alliance for Shared Health (ASH) and health care sharing ministry plans are not insurance, and that such entities do not provide any guarantee or promise to pay your medical expenses. ASH's role is to enable self-pay patients to help fellow ministry members through voluntary financial gifts.

GENERAL LEGAL NOTICE

This organization facilitates the sharing of medical expenses but is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Sharing is available for all eligible medical expenses; however, this program does not guarantee or promise that your medical bills will be paid or assigned to others for payment. Whether anyone chooses to pay your medical bills will be totally voluntary. As such, this program should never be considered as a substitute for an insurance policy. Whether you or your provider receive any payments for medical expenses and whether or not this program continues to operate, you are always liable for any unpaid bills. This health care sharing ministry is not regulated by the State Insurance Departments. You should review this organization's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs.

STATE SPECIFIC NOTICES

Alabama Code Title 22-6A-2 Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Alaska Statute 21.03.021(k)

Notice: The organization coordinating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. Participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive a payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bill.

Arizona Statute 20-122

Notice: the organization facilitating the sharing of medical expenses is not an insurance company and the ministry's guidelines and plan of operation are not an insurance policy. Whether anyone chooses to assist you with your medical bills will be completely voluntary because participants are not compelled by law to contribute toward your medical bills. Therefore, participation in the ministry or a subscription to any of its documents should not be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this ministry continues to operate, you are always personally responsible for the payment of your own medical bills.

Arkansas Code 23-60-104.2

Notice: The organization facilitating the sharing of medical expenses is not an insurance company and neither its guidelines nor plan of operation is an insurance policy. If anyone chooses to assist you with your medical bills, it will be totally voluntary because participants are not compelled by law to contribute toward your medical bills. Participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive a payment for medical expenses or if this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Florida Statute 624.1265

Alliance for Shared Health is not an insurance company, and membership is not offered through an insurance company. Alliance for Shared Health, LLC. is not subject to the regulatory requirements or consumer protections of the Florida Insurance Code.

Georgia Statute 33-1-20

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Idaho Statute 41-121

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Illinois Statute 215-5/4-Class 1-b

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation constitute or create an insurance policy. Any assistance you receive with your medical bills will be totally voluntary. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Whether or not you receive any payments for medical expenses and whether or not this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Indiana Code 27-1-2.1

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor its plan of operation is an insurance policy. Any assistance you receive with your medical bills will be totally voluntary. Neither the organization nor any other participant can be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Whether or not you receive any payments for medical expenses and whether or not this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Kentucky Revised Statute 304.1-120 (7)

Notice: Under Kentucky law, the religious organization facilitating the sharing of medical expenses is not an insurance company, and its guidelines, plan of operation, or any other document of the religious organization do not constitute or create an insurance policy. Participation in the religious organization or a subscription to any of its documents shall not be considered insurance. Any assistance you receive with your medical bills will be totally voluntary. Neither the organization nor any participant shall be compelled by law to contribute toward your medical bills. Whether or not you receive any payments for medical expenses, and whether or not this organization continues to operate, you shall be personally responsible for the payment of your medical bills.

Louisiana Revised Statute Title 22-318,319

Notice: The ministry facilitating the sharing of medical expenses is not an insurance company. Neither the guidelines nor the plan of operation of the ministry constitutes an insurance policy. Financial assistance for the payment of medical expenses is strictly voluntary. Participation in the ministry or a subscription to any publication issued by the ministry shall not be considered as enrollment in any health insurance plan or as a waiver of your responsibility to pay your medical expenses.

Maine Revised Statute Title 24-A, §704, sub-§3

Notice: The organization facilitating the sharing of medical expenses is not an insurance company and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. Participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Maryland Article 48, Section 1-202(4)

Notice: This publication is not issued by an insurance company nor is it offered through an insurance company. It does not guarantee or promise that your medical bills will be published or assigned to others for payment. No other subscriber will be compelled to contribute toward the cost of your medical bills. Therefore, this publication should never be considered a substitute for an insurance policy. This activity is not regulated by the State Insurance Administration, and your liabilities are not covered by the Life and Health Guaranty Fund. Whether or not you receive any payments for medical expenses and whether or not this entity continues to operate, you are always liable for any unpaid bills.

Michigan Section 550.1867

Notice: Alliance for Shared Health that operates this health care sharing ministry is not an insurance company and the financial assistance provided through the ministry is not insurance and is not provided through an insurance company. Whether any participant in this ministry chooses to assist another participant who has financial or medical needs is totally voluntary. A participant will not be compelled by law to contribute toward the financial or medical needs of another participant. This document is not a contract of insurance or a promise to pay for the financial or medical needs of a participant by the ministry. A participant who receives assistance from the ministry for his or her financial or medical needs remains personally responsible for the payment of all of his or her medical bills and other obligations incurred in meeting his or her financial needs.

Mississippi Title 83-77-1

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment of medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Missouri Section 376.1750

Notice: This publication is not an insurance company nor is it offered through an insurance company. Whether anyone chooses to assist you with your medical bills will be totally voluntary, as no other subscriber or member will be compelled to contribute toward your medical bills. As such, this publication should never be considered to be insurance. Whether you receive any payments for medical expenses and whether or not this publication continues to operate, you are always personally responsible for the payment of your own medical bills.

Nebraska Revised Statute Chapter 44-311

IMPORTANT NOTICE. This organization is not an insurance company, and its product should never be considered insurance. If you join this organization instead of purchasing health insurance, you will be considered uninsured. By the terms of this agreement, whether anyone chooses to assist you with your medical bills as a participant of this organization will be totally voluntary, and neither the organization nor any participant can be compelled by law to contribute toward your medical bills. Regardless of whether you receive payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills. This organization is not regulated by the Nebraska Department of Insurance. You should review this organization's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs.

New Hampshire Section 126-V:1

IMPORTANT NOTICE This organization is not an insurance company, and its product should never be considered insurance. If you join this organization instead of purchasing health insurance, you will be considered uninsured. By the terms of this agreement, whether anyone chooses to assist you with your medical bills as a participant of this organization will be totally voluntary, and neither the organization nor any participant can be compelled by law to contribute toward your medical bills. Regardless of whether you receive payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills. This organization is not regulated by the New Hampshire Insurance Department. You should review this organization's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs.

North Carolina Statute 58-49-1

Notice: The organization facilitating the sharing of medical expenses is not an insurance company and neither its guidelines nor its plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be voluntary. No other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally liable for the payment of your own medical bills.

Oklahoma

Especially for Oklahoma Residents: This is not an insurance policy. It is a voluntary program that is neither approved, endorsed, or regulated by the Oklahoma Department of Insurance and the program is not guaranteed under the Oklahoma Life and Health Insurance Guaranty Association.

Pennsylvania 40 Penn. Statute Section 23(b)

Notice: This publication is not an insurance company nor is it offered through an insurance company. This publication does not guarantee or promise that your medical bills will be published or assigned to others for payment. Whether anyone chooses to pay your medical bills will be totally voluntary. As such, this publication should never be considered a substitute for insurance. Whether you receive any payments for medical expenses and whether or not this publication continues to operate, you are always liable for any unpaid bills.

South Dakota Statute Title 58-1-3.3

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payments for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Texas Code Title 8, K, 1681.001

Notice: This health care sharing ministry facilitates the sharing of medical expenses and is not an insurance company, and neither its guidelines nor its plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the ministry or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this ministry continues to operate, you are always personally responsible for the payment of your own medical bills. Complaints concerning this health care sharing ministry may be reported to the office of the Texas attorney general.

Utah Statute Title 31A-1-103(3)(c), as last amended by Laws of Utah, Chapter 274.

The title of insurance code does not apply to health benefits provided by a health care sharing organization if the organization is described as a 501(c)(3).

Virginia Code 38.2-6300-6301

Notice: This publication is not insurance, and is not offered through an insurance company. Whether anyone chooses to assist you with your medical bills will be totally voluntary, as no other member will be compelled by law to contribute toward your medical bills. As such, this publication should never be considered to be insurance. Whether you receive any payments for medical expenses and whether or not this publication continues to operate, you are always personally responsible for the payment of your own medical bills.

Washington RCW 48.43.009

Health care sharing ministries are not health carriers as defined in RCW 48.43.005 or insurers as defined in RCW 48.01.050. For purposes of this section, "health care sharing ministry" has the same meaning as in 26 U.S.C. Sec 5000A.

Wisconsin Statute 600.01 (1) (b) (9)

ATTENTION: This publication is not issued by an insurance company, nor is it offered through an insurance company. This publication does not guarantee or promise that your medical bills will be published or assigned to others for payment. Whether anyone chooses to pay your medical bills is entirely voluntary. This publication should never be considered a substitute for an insurance policy. Whether or not you receive any payments for medical expenses, and whether or not this publication continues to operate, you are responsible for the payment of your own medical bills.

Wyoming 26.1.104(a)(v)(c)

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Any assistance with your medical bills is completely voluntary. No other participant is compelled by law or otherwise to contribute toward your medical bills. Participation in the organization or a subscription to any of its documents shall not be considered to be health insurance and is not subject to the regulatory requirements or consumer protections of the Wyoming insurance code. You are personally responsible for payments of your medical bills regardless of any financial sharing you may receive for the organization for medical expenses. You are also responsible for payment of your medical bills if the organization ceases to exist or ceases to facilitate the sharing of medical expenses.



SHARED HEALTH
ALLIANCE