Program Guidelines

Medi-Share® COMPLETE

As of December 1, 2023

www.HSAforAmerica.com / 800-913-0172

Medical Bill Sharing

Medi-Share® is administered on behalf of its members by Christian Care Ministry, Inc. (also referred to as Christian Care Ministry, Christian Care, and CCM). Although Medi-Share® is not subject to state and federal insurance regulation, certain states require publication of the following disclosure to meet exemption qualifications:

NOTICE: Medi-Share is not insurance or an insurance policy 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 member will be compelled by law to contribute toward your medical bills. As such, Medi-Share should never be considered to be insurance. Whether you receive any payments for medical expenses and whether or not Medi-Share continues to operate, you are always personally responsible for the payment of your own medical bills. Medi-Share is not subject to the regulatory requirements or consumer protections of your particular State's Insurance Code or Statutes.

We encourage you to seek the advice of a health insurance professional to further explain the difference between state-regulated health insurance and mutual sharing ministries such as Medi-Share®.

As a Member of Medi-Share Complete, which is one of CCM's programs, we often refer to you as a Member of CCM. This membership entitles you to receive and gain access to all of our free services and resources. In turn, we ask for your prayerful support of our efforts on behalf of the Christian community. Under Florida statutes, membership does not entitle you to any rights as a member of a corporation not for profit or otherwise.

QUICK REFERENCE

1001-A E. Harmony Rd #519 Fort Collins, CO 80525

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HSA FOR AMERICA

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Membership

www.HSAforAmerica.com / 800-913-0172

I. MEDI-SHARE COMPLETE OVERVIEW

A. Biblical Model

Medi-Share Complete is a healthcare sharing ministry program administered by Christian Care Ministry, Inc. ("Christian Care Ministry" or "CCM"). Christian Care Ministry is a Florida not for profit corporation that is recognized as tax exempt under Internal Revenue Code 501(c)(3).

The purpose of Medi-Share is to bring Christians together to share God's blessings and to share each other's burdens. The concept of "sharing" is not new. For centuries, Christians all over the world have shared their lives, resources, and blessings as first outlined in the book of Acts.

Each month, the Members of Medi-Share contribute toward the Eligible Medical Bills of other Medi-Share Members, and are notified as to which Members their share dollars are helping. Eligible Medical Bills are paid with the funds of Members who faithfully share. The following Guidelines explain the program requirements and how CCM facilitates medical bill sharing.

B. Have a Vote

Medi-Share Members have the opportunity to help create, amend and change these program Guidelines. Changes to the Guidelines may be made by the following:

1) By the Members – Once or twice a year, ballots with significant proposed changes to the Guidelines are submitted to the Members for voting. If at least 67% of the Members voting approve a Guideline change, then the change will be implemented.

2) By the Medi-Share Steering Committee – The Medi-Share Steering Committee is a group of Medi-Share Members. They are independent of CCM staff and not controlled by CCM's Board of Directors. The Steering Committee may modify the Guidelines on the Members' behalf if the changes do not involve major new restrictions or relaxations.

3) By the Board of Directors – The CCM Board of Directors aims to strengthen the Medi-Share program and/or protect its Members. They act independent of CCM staff. The Board may modify these Guidelines. Proposed Guideline changes by the Board of Directors must be presented to the Members on an upcoming ballot within 12 months of the Effective Date of the Board action. If the change is ratified by at least 67% of Members voting, then the change will become permanent. If not, the Guideline change will revert to its previous version at the close of balloting.

A list of Guideline changes is available at *MyChristianCare.org* for at least 24 months from the date of the change.

C. Guidelines Govern

The Guidelines current at the time of service govern the program, not the Guidelines in effect when a Member joined. The most current version of the Guidelines is available at *MyChristianCare.org*. The Guidelines are final and will overrule any verbal statement made by anyone regarding the Medi-Share program.

D. No Ministry or Other Member Liability

Medi-Share is not insurance. Medi-Share is a Healthcare Sharing Ministry as outlined in the Patient Protection Affordable Care Act. Each Medi-Share Member is solely responsible for the payment of his or her own medical bills at all times. Neither CCM nor other Members guarantee or shall be liable for the payment of a Member's medical bill. Further, no Member may or shall be compelled to make sharing contributions. If sharing occurs, the shared medical bills are paid by the Member that incurred the bill solely from voluntary contributions of Members, not from funds of CCM itself.

Neither CCM, Medi-Share nor its Members are insurance or an insurance company. The payment of your medical bills through Medi-Share or otherwise is not guaranteed in any way. Medi-Share is not, and should never be construed as, a contract for insurance or a substitute for insurance. There is no transfer of risk for any purpose from a Member to CCM or from a Member to other Members; nor is there a contract of indemnity between CCM and any Member or between the Members themselves.

II. MEMBERSHIP QUALIFICATIONS

A. Christian Testimony

Medi-Share membership is built on a foundation of like ideals agreed upon by the Members. The peace of mind of knowing the people sharing your contributions are not using your money for things that conflict with your faith is a blessing many Members enjoy.

All adult Members age 18 and older must attest to a personal relationship with the Lord Jesus Christ.

Adult Members profess the following Statement of Faith to qualify for Medi-Share Complete membership:

- I believe that there is only one God eternally existing in three Persons: the Father, Jesus Christ the Son, and the Holy Spirit. I believe Jesus is God, in equal standing with the Father and the Holy Spirit. [1]
- I believe the Bible is God's written revelation to mankind, divinely given through human authors who were inspired with the Holy Spirit. It is completely authoritative, and entirely true. [2]
- I believe in the deity of Jesus Christ who existed as God before anything was created, His virgin birth, sinless life, miracles, death on the cross to provide for

our redemption, bodily resurrection and ascension into heaven, present ministry of intercession for us and His return to earth in power and glory. He is the world's only Savior and is the Lord of all. [3]

- I believe in the personality and deity of the Holy Spirit, that He performs the miracle of new birth in an unbeliever and indwells believers, enabling them to live a godly life. [4]
- I believe man was created in the image of God, but because of sin was alienated from God. Alienation can be removed by accepting God's gift of salvation by grace through faith which was made possible by Christ's death and resurrection. This faith will be evidenced by the works that we do. [5]

All Members agree to the following:

- Live by biblical standards
- Believers are to bear one another's burdens
- Attend and actively support a fellowship of believers regularly

1 Deuteronomy 6:4, Matthew 28:19, Colossians 1:15-20, 2:9
2 2 Timothy 3:16-17
3 John 1:1, Matthew 1:23, Hebrews 4:15, 1 Peter 2:24, 1 Corinthians 15:3-8, Hebrews 7:24-25, Matthew 24:30, John 14:6, Acts 4:12, Isaiah 45:21-23
4 Acts 5:3-4, 1 Corinthians 3:16, Romans 8:14
5 Ephesians 2:8-10, James 2:17, 26

B. Healthy Lifestyle

Members highly value the biblical principle that our physical bodies are temples of the Holy Spirit and should be kept pure. Members should strive to maintain healthy lifestyles, as this glorifies God and keeps medical costs down. Examples of unhealthy lifestyles include, but are not limited to, the following:

- Use of tobacco
- Use of illegal drugs

Applicants need to have abstained from the use of tobacco or illegal drugs for at least the 12 months prior to application in order to be eligible for membership. Applicants attest that they have not abused legal drugs, such as prescriptions or over-the-counter medication, or alcohol for at least the 12 months prior to application in order to be eligible for membership.

Members must only engage in sexual relations within a Biblical Christian Marriage.

An adult child (18-22) needs to meet the same faith and lifestyle requirements expected of all adult Members in order to stay on his or her parent(s) household membership. The child must certify that he/she understands and lives by these requirements. If certification is received within 60 days of a child's 18th birthday, the child's membership may continue. If not, only Eligible Medical Bills incurred before the 18th birthday will be considered for sharing.

II. MEMBERSHIP QUALIFICATIONS
(CONTINUED)

C. Application Review

Applicants and dependents provide medical and lifestyle information during the application process via an Online Medical Questionnaire (OMQ). The Head of Household should answer these questions for all members of the household. This helps determine qualification for Medi-Share membership and eligibility for sharing. Some limitations apply.

If a Member or Applicant becomes aware of any medical history not reported during the application process, that information should be immediately submitted in writing to Medi-Share. If information that would disqualify them from membership is omitted, Eligible Medical Bills may not be shared and/or membership may be cancelled.

D. Health Partners

Medi-Share cares deeply about the health and well-being of all Members. For this reason, some Applicants may be required to become a Health Partner. Health Partners are Members who may be at higher risk for disease. CCM believes certain conditions are likely to be reversed through a healthy lifestyle. By reversing and/or preventing certain diseases, people are able to live healthier and fuller lives, ultimately being able to do more work for the Kingdom of God. CCM's goal is to help all Members reach their individual health goals so they can live more enriched lives.

A Health Partner is a Medi-Share Member who has access to unique online health content and personalized telephone-based coaching. The Health Partnership Program is designed to support Members in reducing the risk for major disease. Each Health Partner will develop and follow a personal plan for achieving health goals. Health Partners pay a monthly fee in addition to their Monthly Share. Many Members experience life-changing results such as lower cholesterol, healthy weight loss, and the reversal of diabetes.

E. Spouse and Children

The following family members may be included or added to the Member Household if they meet the qualifications for membership:

- Spouse
- Biological children*
- Adopted children**
- Children in full legal custody or guardianship**
- Children in legal custody whose adoption is pending and have a legal placement agreement**

**Please see Section VII. D. to review how to add a newborn.*
***Please review Section II. K. for additional information.*

If the application to add a spouse is submitted and approved before or within 30 days after the marriage date, sharing in eligible needs including a pregnancy occurring on or after the

marriage date will start on the marriage date. The share increase will take effect on the first day of the month following approval.

F. Adult Children of Members

Unmarried adult children of Members may be part of the parent(s) Member Household until they reach age 23* if they have a verifiable Christian testimony and commitment to healthy lifestyle outlined in these Guidelines. Within 60 days after the adult child's 18th birthday, he or she must complete the following to remain on his or her parent(s)' Member Household:

- Sign Medi-Share Testimony and Commitment form which includes:
  - a verifiable Christian Testimony (see Section II. A.)
  - an individual commitment to a healthy lifestyle (see Section II. B.)

**An exception would be those adult children 23 and older who are severely disabled and unable to live or work outside a special environment, who are still dependent upon and under the care of their parent(s).*

It is the responsibility of the Member to notify Medi-Share when an adult child no longer qualifies as part of the Member Household. Continuing to submit the Monthly Share at the level that includes the adult child does not extend the membership. An adult child may be added to a Member Household if they meet qualifications for membership.

G. Children of Members Who Apply for Individual Membership

Upon reaching 18 years of age, a child participating under his or her parent(s) Member Household may apply for his or her own membership. The application and Medi-Share membership fees will be waived. The restrictions on sharing during the first month of membership detailed in Section VI. B. will be waived. Any medical conditions previously eligible for sharing will continue to be eligible under the Individual membership.

H. 65 Years of Age and Older

Applicants who are 65 or older are ineligible for Medi-Share Complete. However, applicants who are 65 or older are eligible for Medi-Share 65+. Medi-Share 65+ is a healthcare sharing program designed for seniors with Medicare Parts A and B.

Members who turn 65 and have Medicare Parts A and B should transition to Medi-Share 65+. Members who are not eligible and/or do not qualify for Medicare Parts A and B may remain on Medi-Share Complete.

I. U.S. Citizens Who Live Abroad

There are no additional membership qualifications for U.S. citizens who live or have lived abroad.

II. MEMBERSHIP QUALIFICATIONS
(CONTINUED)

J. Non-U.S. Citizens

Legal aliens who live full-time in the U.S. can qualify for Medi-Share membership. Medical Bills incurred while not a legal resident of the U.S. are not eligible for sharing.

K. Life Milestones

Medi-Share changes and grows with Members as they go through life. The following are instances where life changes may call for a Member to take action to maintain membership:

1. Adult Child*

- 18 to 22 years of age – Member must qualify to participate in membership.
- 18th birthday – The child Member must complete a Medi-Share Testimony and Commitment form to remain under his or her parent(s) Member household or apply for individual membership.
- 23rd birthday – A child Member turning 23 can apply for individual membership before the birthday, as he or she no longer qualifies to participate as part of the parent(s)' Member Household.
- Getting Married – The child Member may no longer participate under the Member Household of the parent(s) and must apply for his or her own membership.

**Continuing to submit Monthly Shares does not extend the child's membership.*

2. Marriage/Divorce

- Marriage – A spouse must apply and qualify to be added as a Member. The application can be submitted before or after the marriage. Membership can start on or after the marriage date.
- Member on a $1,000 Annual Household Portion (AHP) marries, the AHP must be changed.
- Divorce – Members who are going through a divorce or whose marriage has ended in divorce should contact Member Services for information regarding their options and continuing their membership.

3. Adding Children

A child can be added to membership by submitting an Application to Add-on Family Member(s).

A newborn can be a member from birth if the application is submitted within 30 days of birth. If the application is not submitted within 30 days of birth, the newborn's effective date will be the first day of the month following approval of the Application to Add-on Family Member(s).

When a Medi-Share Member adopts a child or otherwise has obtained legal custody with legal responsibility for a child's medical care, that child can be added to the Member household by submitting an Application to Add-On Family Member(s) with acceptable forms of proof listed below:

- Valid, signed court order of adoption
- Valid pre-adoption placement order issued by a licensed child placement agency
- Adoption certification
- Adoption placement and petition for adoption

The child can be a member from the time of placement, court order or other legal procedure if the application to Add-on Family Member(s) is submitted within 30 days of any such action. If the application is not submitted within 30 days, then the child's effective date of membership would begin on the first day of the month following approval of the Application to Add-on Family Member(s).

If the adopted child is eligible/qualified for any other source of payment for the child's medical bills, the Member must cooperate with Medi-Share in qualifying for such payments and those resources must be exhausted before medical bill(s) will be considered for sharing, pursuant to Section XII. A.

4. Turning 65

- Members should transition to Medi-Share 65+ when they turn 65. Medi-Share 65+ is a program for individuals 65 or older with Medicare Parts A and B.
- Members who are not eligible and/or do not qualify for Medicare Parts A and B may remain on Medi-Share Complete.

5. Age Affects Share Amount

- A change of share amount may occur annually based on the date of birth of the oldest person in the Member Household.
- Because the $1,000 AHP program is only available for single memberships for unmarried people ages 18-29, when a 29-year-old Member on the $1,000 AHP turns 30, the AHP will automatically change to the next level of $3,000 AHP with no fee or waiting period.
- A Member Household will be notified when its share amount changes.

III. THE MEMBER'S ROLE

A. Medi-Share Is Not a Substitute for Insurance Required By Law

Medi-Share is not insurance. However, Medi-Share can be used as a substitute for or an exemption from mandated insurance coverage to satisfy certain individual mandates passed by individual states requiring residents to either have insurance or an exemption, the absence of which may subject them to a tax penalty.

This is the only exception. Otherwise, Members must not certify that Medi-Share is insurance to avoid purchasing insurance required by law, rule or regulation (e.g. worker's compensation insurance or sports activity insurance).

III. THE MEMBER'S ROLE

(CONTINUED)

B. Individual Financial Institution Accounts

To make Medi-Share more convenient for Members, Members share with each other using individual accounts at a financial institution. As part of the enrollment process, Members open an account at a financial institution designated by CCM, and Members authorize CCM to: 1) transfer funds between the Member Sharing Accounts to facilitate sharing, and 2) deduct program fees.

C. Review Monthly Share Notice

Members receive monthly notices regarding their Monthly Share amount. Members, who want to participate in sharing, deposit their Monthly Share amount into their individual accounts for facilitation of bill sharing and continued membership. Members contribute an additional amount to the Extra Blessing fund when Monthly Shares are deposited after the due date. This contribution is $5.00 or 5% of the late amount, whichever is greater (see Section VI. L.).

D. Praying and Sharing

An added benefit of being involved in Medi-Share is the prayer and community within the membership. Your Monthly Share Portion is assigned to another Member or other Members for payment of their Eligible Medical Bills.

E. Pre-Notification

Members are required to direct their providers to pre-notify Medi-Share for any of the following treatments to be eligible for sharing:

- Inpatient hospitalizations
- Non-emergency surgeries
- Elective cardiac procedures
- Cancer diagnosis or treatment *(including medication)*
- Organ/tissue transplant services
- Specialty medications
  (including Infusions/injections given at home or in a doctor's office)

Providers pre-notify online at *MyChristianCare.org/ForProviders* or by calling (321) 308-7777. To expedite the pre-notification process, providers should include applicable medical records.

In the event of emergency/urgent care, the Member or provider needs to provide notification within 72 hours of when care was given.

Pre-notification of medical bills does not guarantee eligibility or sharing.

F. Sharing Assistance

Christian Care Ministry understands some medical situations may cause financial hardship for Medi-Share Members. Monthly Shares may be waived for up to 3 months per 12 month period if a Member's illness or injury causes loss of income. This is subject to the approval of and monthly review by CCM. The Member is to submit supporting evidence regarding the situation. The illness or injury cannot be related to a medical condition, diagnosis, or treatment listed in Section VI. J.

G. Cancellations and Withdrawals

Medi-Share membership will be cancelled if a Member does not deposit the Monthly Share for more than two months. The Cancellation Date will be the last day of the month for which the last Monthly Share was deposited. Only Eligible Medical Bills incurred on or before the Cancellation Date will be considered for sharing.

To prevent cancellation, Members can deposit each Monthly Share plus the late fee for Extra Blessings (see Section VI. L.). This deposit needs to be made within two months from the earliest due date. Eligible Medical Bills incurred during that time may still be submitted for sharing consideration.

Membership may also be cancelled if a Member acts in a manner inconsistent with their Christian testimony, for example, by submitting fraudulent bills or information, using inappropriate language with staff, violating the Medi-Share Lifestyle Agreement, or misusing funds intended to share in medical needs.

If a Member wishes to withdraw his or her individual membership, a family member or the entire family, they should notify Medi-Share by mail, e-mail, fax or phone. This action must be taken at least 15 days before the desired Cancellation Date. All changes in membership are effective on the first day of the applicable month

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III. THE MEMBER'S ROLE
(CONTINUED)

H. Reapplication After Cancellation

Members who were cancelled for not sharing faithfully are welcome to reapply. If approved for membership, Eligible Medical Bills will be shared after the first three months of the new membership term. All medical conditions arising before the date of reapplication will be subject to the Guidelines, including those outlined in Section VI. F. This includes the medical conditions that arose during the prior Medi-Share membership.

I had spent four days in the hospital. Just this past week, I received my Medi-Share billing statement. On it was a three page, itemized list of all the members of Medi-Share who shared in my medical need to the tune over $32,000. It was just humbling, to read name after name, of the people who shared their dollars to pay for my medical costs. Proud to be part of this family of believers.

—SARAH M.

Sharing


And do not forget to do good and to share with others, for with such sacrifices God is pleased.
HEBREWS 13:16 NIV

IV. MEDI-SHARE COMPLETE PROGRAM OPTIONS

A. Annual Household Portion (AHP)

The Annual Household Portion (AHP) is the dollar amount that a Member Household agrees to pay toward Eligible Medical Bills before any eligible bills may be shared among the Members. The AHP amount resets every 12 months on the Effective Date. Even if the AHP is not yet met, providers should still submit all medical bills to Medi-Share for processing. This ensures all Eligible Medical Bills will be applied toward the AHP and allows for the possibility of discounts.

Co-Share Option: Members participating at the 3,000, 6,000, or 9,000 AHP level may elect the co-share option at a lower monthly share amount. Once the AHP has been met, the Member Household will be responsible for an additional 30% of their eligible medical bills until the maximum annual co-share responsibility has been met. This includes the original AHP. Provider fees are not applied to the AHP or the co-share responsibility.

For Example: A Member with a 3,000 AHP with co-share option who incurs a $100,000 eligible medical event, will pay $3,000 toward their AHP and an additional $7,000 (30% of eligible medical bills) in co-share responsibility. Once the maximum co-share responsibility of $10,000 (AHP + co-share) has been met, remaining eligible medical bills will be shared at 100%.

DPC Option: Members on the 12,000 AHP can elect the Direct Primary Care (DPC) option. DPC membership fees are eligible for sharing for members on the 12,000 AHP level with DPC option. DPC membership fees will be applied to the AHP and are eligible for sharing up to $1,800 per family, per AHP year. Members who select this option will utilize their DPC provider for annual physicals, clinical, and laboratory services in lieu of submitting those bills for sharing.

Members are able to customize their family's health care by choosing which option best meets their family and budgetary needs. See chart below for options.

Annual Household Portion (AHP) Program Level	Co-Share	Max Responsibility for Eligible Medical Bills
$3,000	0	$3,000
$3,000 w/Co-Share	30%	$10,000 ($3,000 AHP + 30% Co-Share until $7,000)
$6,000	0	$6,000
$6,000 w/Co-Share	30%	$10,000 ($6,000 AHP + 30% Co-Share until $4,000)
$9,000	0	$9,000
$9,000 w/Co-Share	30%	$12,000 ($9,000 AHP + 30% Co-Share until $3,000)
$12,000	0	$12,000
$12,000 w/DPC	0	$10,200 ($12,000 AHP – Direct Primary Care Fees up to $1,800)

**Provider Fees apply to every visit, even if AHP or maximum co-share responsibility have been met, and do not count towards AHP or co-share.*

B. Changing Annual Household Portion

Members may change their AHP amount. See chart below for conditions:

AHP resets to $0 with every AHP level change	When can a Member change AHP levels?	When does the new AHP level go into effect?
Changing from LOWER AHP to HIGHER AHP *(includes moving from AHP to same AHP with co-share)*	Anytime, unless pregnant	Effective the 1st of the next month*
Changing from HIGHER AHP to LOWER AHP *(includes moving from AHP to same AHP with co-share)*	One level of AHP at a time, unless pregnant	Effective the 1st of the 4th month following the request to change

** When moving from a lower to higher AHP (including the same AHP with co-share), the request must be made by the first of the month for an effective date of the following month. If the change is requested after the first, the effective date will be the first of the second month following the request.*

When moving from one AHP with co-share to another AHP with co-share, both the AHP and the accumulation towards maximum co-share responsibility will reset to $0.

Bills will be processed according to the member's AHP at the time the bills were incurred. Once the AHP change is made, the Effective Date changes to the date the new AHP begins. Any change in the AHP causes the amount of Eligible Medical Bills paid toward the AHP to reset to $0.

For example: On March 30 you are an active Member with a $3,000 AHP; you have incurred $1,000 toward your AHP and are approved for a lower AHP. On July 1 your lower AHP amount becomes effective. The amount of Eligible Medical Bills paid toward your new AHP now resets to $0 on July 1. However, the bills incurred prior to July 1 will continue to be applied towards the previous $3,000 AHP.

C. Maximum Sharing Limits

Each Member enjoys sharing of his or her Eligible Medical Bills with no annual or lifetime limit. There are some exceptions for pre-existing conditions (Section VI. F.), maternity (Section VII.), motorcycle events (Section X. B.), and during the first month of membership (Section VI. B.).

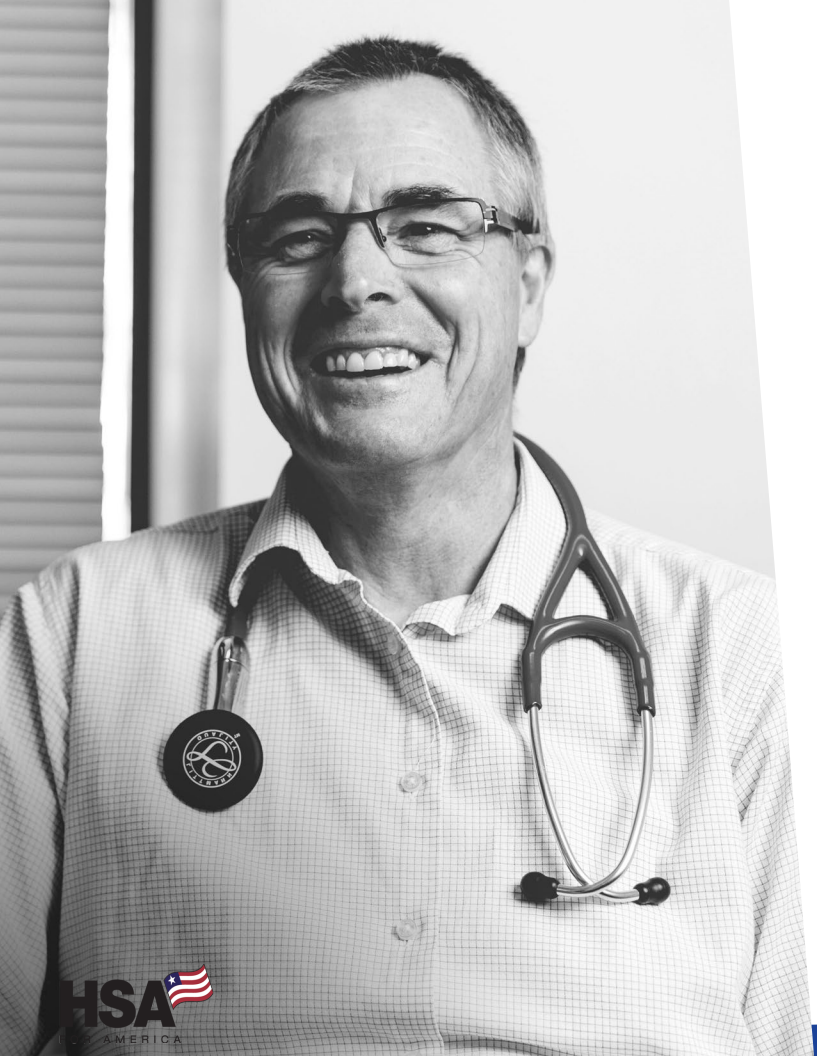
D. Health Incentive

Medi-Share Members value a commitment to healthy living; therefore Members can be rewarded for their healthy choices, through a health incentive or in the form of a decreased monthly share. A Member Household (Head of Household and spouse) must apply as individuals and meet the criteria of certain health standards annually. Instructions and criteria can be found at MediShare.com/health-incentive. Active Health Partners are not eligible for the Health Incentive.

If a lifestyle-related condition (such as hypertension, type 2 diabetes, hypercholesterolemia, or fatty liver) is discovered during the active 12-month incentive period, Medi-Share may revoke the Health Incentive Discount.

E. Provider Fee

The provider fee is $35 for each office or hospital visit, or $200 for every emergency room visit. It is the Member's responsibility to pay the applicable provider fee at time of service or upon being billed by the provider at a later time. The provider fee is an initial payment applied toward the total office visit charges. The provider fee does not count toward the AHP or the co-share responsibility and continues to be applied even after the AHP and the maximum co-share responsibility are met.



V. PREFERRED PROVIDER ORGANIZATION (PPO)

A. Using the Preferred Provider Organization (PPO)

To get the most from sharing, Members should use PPO providers whenever possible because these providers have agreed to discount their fees to Members. Consequently, using this network generally offers significant savings, both for individual Members in the form of lower out-of-pocket expenses and also for the membership in the form of lower Monthly Share amounts. Specialty medications (including infusions/injections given at home or in a doctor's office) should be arranged with Medi-Share.

It's best to identify network providers and facilities in your region before you seek care. To do so simply go to member.medishare.com, or call the provider number on your Medi-Share ID card.

Your Medi-Share ID card must be presented to the provider before services are rendered or the discount may not be honored.

As a courtesy, many PPO providers also honor their discount agreement for services ineligible for sharing (such as routine care) if Members make payment promptly after receiving the Explanation of Sharing (EOS).

B. Using Non-PPO Providers

If a Member uses a non-PPO provider, certain additional amounts will be ineligible for sharing and will be the Member's responsibility. In addition to the Member responsibility for Medi-Share program elements such as the AHP and provider fees, Members will be responsible for anything in excess of:

- 150% of Medicare allowable rate for Professional Services (excluding Anesthesia)
- 200% of Medicare allowable rate for Facility Charges, or 80% of total charges for any hospital or other facility where there is no available Medicare allowable rate
- 250% of Medicare allowable rate for Anesthesia

The additional responsibility associated with out-of-network costs may be waived in cases where there was a life-threatening emergency or when the travel distance to the nearest PPO qualified provider is more than 25 miles from home.

If pre-notification as described in Section III E. is not met, the additional responsibility may not be waived. Waivers can be requested by contacting Member Services. Waivers will be given after a balance bill has been issued by the provider. The request for the waiver must be received within 90 days from the date the Explanation of Sharing (EOS) was issued or within 12 months from date of service, whichever is greater. A request for a waiver does not guarantee approval.

With a sudden diagnosis of brain cancer, my wife's medical expenses began to quickly mount. As we soon discovered, the Medi-Share ministry would become a large part of our lives. Although our faith has remained strong, we were not expecting the level of support and partnership we have received from the Medi-Share staff, as well as the prayers and sharing support of the other members.

—RONALD R.

VI. DETAILS OF SHARING

A. CMS and FDA Approved Treatment

The cost of both CMS and FDA approved testing, treatments, and up to six months of FDA approved prescription drugs per eligible condition will be considered for sharing if they are FDA approved for treating that condition. They must be ordered by one of the following:

- Medical Doctor (M.D.)
- Doctor of Osteopathy (D.O.)
- Nurse Practitioner (N.P.)
- Physician's Assistant (P.A.)
- Doctor of Podiatric Medicine (D.P.M.)
- Dentist (D.D.S. or D.M.D.)
- Midwife
- Optometrist

These CMS and FDA approved tests and treatments are to be performed at one of the following:

- Hospital
- Surgery center
- Clinic
- Doctor's office
- Diagnostic facility

For other locations to be considered, a pre-eligibility review is required.

To be considered for sharing, diagnosis and treatment are to be performed in the U.S. except in emergencies or when living abroad.

The provider must submit medical bills on a CMS 1500 or a UB and IB form (healthcare industry standard forms) to be considered for sharing.

B. Sharing During the First Month of Membership

Members are eligible to receive up to $50,000 of their Eligible Medical Bills shared during their first month of membership. Members who went from being under a parent(s) Member Household to an individual membership have no cap on the amount of Eligible Medical Bills that can be shared during the first month of individual membership. (see Section II. F.).

C. Determining Eligibility for Sharing

For care not requiring pre-notification, the eligibility of a medical bill for sharing is determined after medical services are rendered. Medical and lifestyle information help determine eligibility. Medical records from 36 months prior to membership may also be needed. The need for medical records is determined by the nature of the illness or the circumstances of the injury. If access to requested medical records is refused, the medical bill(s) cannot be shared.

D. Lifestyle

Members must follow the Christian lifestyle and agree to the Statement of Faith. This is essential for Eligible Medical Bills to be shared. Members who do not follow the Christian lifestyle will have their membership cancelled. Examples of behavior that can lead to non-sharing and/or cancellation of membership include, but are not limited to::

- the use of tobacco in any form, including the use of e-cigarettes, vaping, or nicotine replacement
- the use of Illegal Drugs
- the abuse of drugs including legal drugs, such as, alcohol, prescription and over-the-counter medications
- sexual relations outside of Biblical Christian marriage
- participation in activities that represent a willful disregard for personal safety

If a Member experiences significant weight gain, he or she will be required to participate as a Health Partner (see Section II. D.).

VI. DETAILS OF SHARING
(CONTINUED)

E. Sharing for Members 65 and Older

Members who are eligible and qualify for Medicare Parts A and B should enroll in Medicare and switch to Medi-Share 65+.

When a Member has Medicare, Medi-Share will be secondary. Sharing of Eligible Medical Bills incurred on or after the first day of the month a Member turns 65 is based on the difference between the Medicare-allowable charges and the actual amounts paid by Medicare. The provider must submit a copy of the Medicare Explanation of Benefits and the CMS 1500, or UB and IB form.

F. Pre-Existing Medical Conditions or Related Conditions

A pre-existing medical condition is defined as signs/symptoms, testing, diagnosis, treatment, OR medication for a condition within 36 months prior to membership (based on medical records). A pre-existing medical condition will ONLY be eligible for sharing as follows:

- Up to $100,000 per Member per year (based on effective date) once the Member has been faithfully sharing for 36 consecutive months.
- Up to $500,000 per Member per year (based on effective date) once the Member has been sharing faithfully for 60 consecutive months.

The cost of prescription medications for pre-existing conditions is never eligible for sharing.

Any congenital condition will only be eligible for sharing at the above referenced amounts once the member has been faithfully sharing for 36 or 60 consecutive months respectively.

High blood pressure or cholesterol that is controlled through medication or lifestyle will not be considered a pre-existing medical condition for purposes of determining eligibility for future vascular events.

Where there has been a lapse in Membership, a condition will not be considered pre-existing if the first instance of the condition appeared during the previous Membership, unless the lapse was due to cancellation for non-sharing or lifestyle requirements. An exception would be maternity that occurred outside the current Membership period, which will not be eligible for sharing.

G. Pre-Eligibility Review for Medical Conditions Prior to Surgical/Medical Procedures

A Member can receive a preliminary determination of whether or not his or her proposed treatment appears to be eligible for sharing. This is done by requesting a medical review to determine if the condition or treatment/procedure is eligible for sharing per the member voted guidelines. To request a review, contact Member Services at 800-913-0172. Final eligibility determination is always made after the medical bills are submitted for processing. It is possible a treatment that appeared to be eligible for sharing during the preliminary review will be determined to be ineligible if:

- New information or additional medical records are provided that make the treatment ineligible due to pre-existing condition(s).
- New information or additional medical records are provided that make the treatment ineligible due to lifestyle issue(s).

The number of days required to complete a preliminary review depends on the responsiveness of the providers who are asked to send in medical records.

VI. DETAILS OF SHARING
(CONTINUED)

H. Care Management and Cost Management Support

Engagement with Care and Cost Management is required for Members with significant medical needs and for Members with certain medical conditions like cancer, organ transplant or intensive care hospitalizations for support in understanding and interpreting options for medical care. Members should contact Member Services at 800-913-0172.

I. Medical Conditions and Services Subject to Limited Sharing

Listed below are the treatments, medical conditions, procedures, and services with sharing stipulations:

- Ambulance or other medical transport services may be eligible for sharing when medically necessary or required for transportation between facilities. Pre-eligibility review is recommended for non-emergency medical transport.
- Annual Physicals for each member of the household are eligible for sharing for members who join or change AHP levels on or after September 1, 2020. Basic lab tests, limited to A1c test and lipid panel, are also eligible for sharing if recommended as part of the annual physical.
- Cardiac rehabilitation is eligible for sharing for up to 36 sessions following hospitalization for an eligible cardiac condition or a cardiac procedure such as angioplasty or stenting, when ordered by a qualified provider, if initial session begins within 6 months of cardiac event.
- Chiropractic care — In cases which have been diagnosed by a licensed physician (M.D. or D.O) and the Member is offered only a surgical option, a chiropractic resolution may be eligible for sharing in lieu of surgery. The Member's physician must provide a case history, x-rays and a recommendation for chiropractic resolution. If approved, chiropractic care is limited to a maximum of 20 visits within a six week period. Tests ordered by a chiropractor are not eligible for sharing.
- Direct Primary Care (DPC) membership fees (up to $1,800 per year), are eligible for sharing for members on the 12,000 AHP level with DPC option. DPC membership fees will be applied to the AHP and are eligible for sharing once the AHP has been met. Members who select this option will utilize their DPC provider for annual physicals, clinical, and laboratory services in lieu of submitting those bills for sharing.
- Durable Medical Equipment (DME) is eligible for sharing if the DME is ordered by a qualified CMS approved provider for the treatment of an eligible need. Motorized locomotion equipment (such as motorized wheelchairs and scooters), exercise equipment, and home modifications are not eligible for sharing. DME will not be rented for more than 6 months. Alternatively, a one time purchase of DME may be eligible for sharing. In order to be eligible for sharing DME must be obtained from a CMS approved DME provider.

- Genetic testing is not eligible for sharing in most cases. Genetic testing will only be considered for sharing if not available through a patient assistance program and is required for the personal treatment of a diagnosed condition. If genetic testing is determined eligible for sharing, it will be shared at the Medicare allowable rate. Genetic screenings are not eligible for sharing.
- Home Care is limited to treatment related to an eligible need ordered by a qualified provider for Members who are homebound for that need. A copy of the provider's order for the care must accompany the bill. Home Care services, including home hospice, are limited to 60 calendar days from the first date of service for Home Care.
- Non-hospital admissions In-patient admission to a skilled nursing facility, rehabilitation facility, long-term acute care facility, or in-patient hospice is eligible for sharing for 30 days if ordered by a qualified Provider for an eligible condition in order to provide care that would otherwise need to be provided in an acute care setting. Eligibility for more than one referral for the same diagnosis will require a case manager medical review.
- Outpatient speech therapy is eligible for sharing up to 10 visits if post-stroke, post-surgery, or post-trauma. Swallow therapy is eligible for up to 10 visits. A copy of the provider's order or referral for treatment must accompany the bill.
- Physical Therapy (PT), Occupational Therapy (OT), and Osteopathic Manipulation Therapy (OMT) are eligible for sharing if performed by a licensed therapist (massage therapists are not eligible) or Doctor of Osteopathy, related to an eligible diagnosis, and ordered by a qualified provider (See Section VI.A) for up to 20 visits combined. A copy of the provider's order or referral for treatment must accompany the bill. Eligibility for more than one referral for the same diagnosis will require medical review.

VI. DETAILS OF SHARING
(CONTINUED)

- Prescription drugs – Prescription medications, including maintenance medications, are eligible for sharing for six months from the date of diagnosis, per each new condition that is not pre-existing. This includes prescription drugs that may be dispensed, infused, injected, or administered by a Medical Doctor (M.D.), Doctor of Osteopathy (D.O.), Nurse Practitioner (N.P.), Physician Assistant (P.A.), or Doctor of Podiatric Medicine (D.P.M.). Exceptions may be made in the case of medications for cancer and transplant recipients.

  A new medication for an existing condition does not restart the six-month timeline.

  Exceptions may be made in the case of medications for cancer and transplant recipients. Requirements for exception consideration include application to a Patient Assistance Program (PAP) and other available programs for medication cost when available. Use of Medi-Share preferred specialty pharmacy formulary and providers are required when applicable.

- Prostheses are eligible for sharing if ordered by a qualified Provider to treat an eligible need and meet CMS provider. All prostheses require medical review. Only one prosthetic treatment plan per diagnosis is eligible for sharing. Replacement, repair and maintenance of prosthesis are not eligible for sharing. (See Glossary of Terms for definition of prosthesis and examples.).

- Psychiatric or primary care evaluation, as well as associated lab tests and medications, for mental illness related to an eligible medical condition, is eligible for sharing for six months per each new condition. Counseling and psychotherapy are not eligible for sharing.*

  **Short-term counseling services are available by phone at no cost through Medi-Share's telemental health service.*

- Sleep Apnea Studies are eligible for sharing if they are ordered by a qualified provider (Section VI.A) for an eligible need. Provider must submit case history with the recommendation for the sleep study. Sleep studies ordered for insomnia are not eligible for sharing.
- Telehealth and Virtual Office Appointments: Outpatient evaluation and management visit costs are eligible for sharing at the Medicare allowable rate if the visit occurs directly between the member and provider and is for an otherwise eligible service per the guidelines. Virtual physical/occupational therapy and annual wellness preventative visits are not eligible for sharing.

J. Medical Conditions and Services Not Eligible for Sharing

If a medical bill is related to a diagnosis, treatment or procedure that is ineligible for sharing in any way, that medical bill is also ineligible. Listed below are the treatments, medical conditions, procedures and services that are ineligible for sharing:

- Expenses related to non-Biblical lifestyles and choices – including, but not limited to:
  - Abortion of a live fetus (baby)
  - Alcohol and drug related injuries and illnesses
  - Sexually transmitted diseases (STDs) including HIV – Exceptions include innocent transmission via transfusion, rape, work-related needle stick or sex within marriage
  - Illegal acts – Any charges for a condition, disability or expense resulting from being engaged in an illegal occupation or the commission of or attempted commission of a crime
  - Intentionally self-inflicted injuries (e.g. suicide or attempted suicide)
  - Maternity expenses for children conceived out of wedlock with an exception for pregnancy resulting from rape
- Alternative Care including, but not limited to:
  - Vitamins/Supplements without a diagnosis of a specific deficiency
  - Acupuncture
  - Services from unapproved providers
  - Experimental or investigational treatments
  - Integrative medicine
  - Functional medicine
  - Regenerative medicine
- Behavioral/Mental Health care – including, but not limited to:
  - Psychiatric or psychological care*
  - Special education charges
  - Counseling or care for learning deficiencies or behavioral problems, whether or not associated with a manifest mental disorder or other disturbance (e.g. Attention Deficit Disorders or Autism)

  **Short-term counseling services are available by phone at no cost through Medi-Share's telemental health service.*

VI. DETAILS OF SHARING
(CONTINUED)

J. Medical Conditions and Services Not Eligible for Sharing (continued)

- Cosmetic procedures – including, but not limited to, breast augmentation, lift or reduction, body or facial contouring, scar revision, tattoo removal, electrolysis, cosmetic Botox.

  Cosmetic breast reconstruction after breast cancer is eligible for sharing for the affected breast and the non-affected breast if recommended for purposes of symmetry and only if the breast cancer is eligible for sharing. Revisions of initial breast reconstructions are ineligible for sharing except in cases of infection, necrosis or treatment of lymphoma.

- Dental and periodontal services – including, but not limited to:
  - Removal of wisdom teeth
  - Orthodontic/oral surgery (exception for trauma within one year of diagnosis)
  - Repair or replacement of dentures, bridges, and appliances
  - Diagnosis and treatment of temporal mandibular joint (TMJ) dysfunction or disease related to the joint that connects the jaw to the skull. This includes, but is not limited to braces, splints, appliances or surgery of any type
  - Complications or infections related to dental procedures

- Durable Medical Equipment – Motorized locomotion equipment (such as motorized wheelchairs and scooters), exercise equipment and home modifications.

- Fertility/infertility care – including, but not limited to:
  - Birth control procedures, such as IUD, and/or related supplies
  - Infertility testing and treatment
  - Sterilization or reversals (vasectomy and tubal ligation)
  - Embryo donation or adoption

- Gender reassignment surgery or other treatment related to gender identity disorder, including but not limited to hormone treatment.

- Medication or treatment for sexual health or dysfunction

- Miscellaneous care
  - Care for symptoms not related to a specifically diagnosable disease or injury, such as ongoing fatigue and malaise
  - Counseling or consultation expenses including, but not limited to:
    - Dietary counseling
    - Diabetic counseling
    - Lactation counseling
    - Genetic counseling
  - Custodial Care/Long-term Care
  - Educational services and materials including, but not limited to:
    - Lamaze classes
    - Breast feeding classes
    - Early childhood intervention
  - Hearing aids
  - Non-prescription (over-the-counter) drugs and medical supplies/equipment. Supplies are defined as medical equipment which is disposable (requiring replacement within six months) which is purchased by the member for use at home outside of home health needs. This includes but is not limited to:
    - Diabetic supplies
    - Wound care supplies

    - Ostomy supplies
    - Custodial care supplies
  - Missed appointment fees
  - Podiatric Orthotics (shoe inserts)
  - Veteran Administration care and treatment
  - Weight control and management

- Routine and Preventive care—including, but not limited to, all well-patient care and screening tests and procedures, such as:*
  - Physicals
  - Immunizations and vaccinations
  - Lab studies
  - Screening mammograms
  - Screening colonoscopy
  - Vision Services and routine optometry care, including but not limited to:
    - All services related to nearsighted/farsighted/astigmatism, including contacts and eyeglasses
    - Refractive services
  - Routine optometric care and refractions
  - Prophylactic and preventive surgery without personal history of diagnosis and doctor recommendation

** There are exceptions for routine well-child care (see Section VII.) and annual physicals, which are eligible for sharing for members who join or change their AHP level on or after September 1, 2020.*

- Sleep studies not related to a specific disease or disorder, including but not limited to:
  - Insomnia
  - Hypersomnia

- Billing irregularities
  - Delayed Submissions - Bills are to be received by Medi-Share within 12 months from the date of service to be considered for sharing. Reimbursement forms and proof of payment for DPC fees must be submitted within 12 months of the date for which the DPC fee applies. Additional information requested from the Member and/or provider needs to be received by Medi-Share within the 12 months of service or the 90 days from the date requested, whichever is greater.
  - Improper Submissions - Bills are to be submitted by the provider following standard healthcare industry submission and coding guidelines. This is necessary for bills to be considered for sharing.
    - Improperly coded or submitted bills will not be shared.
  - Excessive or unnecessary provider charges are not eligible for sharing.

VI. DETAILS OF SHARING
(CONTINUED)

K. Conflicts of Interest

Medical bills will be ineligible for sharing if the provider or ordering provider is related to the Member by blood, marriage, or adoption or if the Member has a financial interest in the provider. If the member is a medical professional and orders his/her own testing/ treatment, bills will be ineligible for sharing.

L. Extra Blessings

The Extra Blessings program is designed to assist members with eligible adoption expenses after two events (see Section VIII.) or significant bills that are ineligible for sharing because they exceed the sharing limits in these guidelines, including the maternity sharing limits. To be considered for Extra Blessings, the dates of service must occur after the member has been faithfully sharing for 12 months.

If a condition is ineligible for sharing based on Sections VI. I., J., or K., it is NOT eligible for Extra Blessings.

Extra Blessings gifts are used to fund the eligible Extra Blessings needs up to 100% unless the needs exceed the Extra Blessings contributions, in which case they will be distributed on a pro-rated basis. At the end of each quarter, any Extra Blessings contributions remaining after all eligible pending Extra Blessings needs have been met may be used for general sharing. For more information, Members should contact Member Services at 800-913-0172.

M. Program Blessings

Members may qualify for public assistance or private benevolence programs. Those who use programs such as these will receive an incentive in the form of a share credit.

VII. MATERNITY

A. Eligibility for Sharing

Married* pregnant Members with an Annual Household Portion of $3,000 or higher who have faithfully shared from the month of conception through the month of delivery are eligible for maternity sharing.

Sharing is limited to $125,000 for any single pregnancy event, to include antepartum care, the cost of delivery and complications to the mother and/or child(ren) and postpartum care.

To be eligible, delivery must be performed by one of the following:

- Medical Doctor
- Doctor of Osteopathy
- Midwife who is properly licensed, certified and/or registered in the state of delivery as required by state law. In the absence of state law requirement, Medi-Share requires at least a minimum of North American Registry of Midwives credential.

**Members who join or change their AHP level on or after September 1, 2020 must indicate "married" upon application or when changing their AHP level in order for maternity to be eligible for sharing.*

B. Maternity Complications

If the maternity is eligible for sharing, the cost of treatment for complications to the mother is also eligible for sharing. The cost of treatment for child(ren) who become Members at birth is eligible for sharing.

C. Multiple Births

Multiple births are considered a single pregnancy event.

D. Newborn Status

If a parent is a Member at the time of delivery:

- The newborn can be a Member from birth if the Application to Add-on Family Member(s) is submitted within 30 days of delivery;
- If the newborn is not added to membership within 30 days of delivery, the child's Effective Date will be the first day of the month following approval of the Application to Add-on Family Member(s)), and pre-existing and congenital condition limitations will apply.

If the mother is not a Member from the time of conception through delivery, the following are instances where maternity bills are ineligible for sharing:

- Eligible Medical Bills incurred before the newborn's Effective Date
- Unresolved maternity medical conditions of child or mother

If the mother is not a Member at the time of conception through delivery, the mother and/or child(ren) are ineligible for Extra Blessings for that pregnancy or complications from that pregnancy.

E. Well-Child Care

Medi-Share highly values the importance of family and wants to ensure newborns and children receive the very best care in the early stages of their life. Sharing for routine well-child care is eligible until the child reaches the age of six. Well-child care is defined as recommended, routine check-ups and associated lab work, excluding vaccinations and/or immunizations. Well-child care is not shared for members who select the DPC program option, as members who utilize a DPC provider will have access to well-child care through their DPC arrangement.

F. Pregnancies of Unwed Mothers

Members agree that sex should be exclusively within Biblical Christian Marriage. Thus, maternity medical expenses for newborns conceived outside of marriage are ineligible for sharing. Pregnancies resulting from rape reported to a law enforcement authority are the only exception.

In order to encourage and support the preservation of the lives of these unborn children, Medi-Share is dedicated to assisting in arranging for maternity and adoption services through Christian organizations.

VIII. ADOPTION

The Medi-Share program allows Members to share in adoption costs. Up to two adoption events can be shared per Member Household. The adoption of multiple children at the same time is considered one event. Sharing is available according to the following chart. For adoptions, the AHP does not have to be met for sharing to occur. The adopted child(ren) cannot be related to the Member or spouse by blood or marriage.

Annual Household Portion (AHP)	Adoption Sharing Limit
$3,000	$4,100
$4,250	$3,600
$5,500/$6,000	$3,100
$8,000/$9,000	$2,100
$10,500/$12,000	$1,100

** Adoption sharing is not available for Members with a $1,000 or $1,750 AHP.*

The first event is eligible for sharing after the Member shares at a level set for two or more persons for 24 continuous months prior to the adoption becoming final.

The second event will only be considered for sharing if:

- membership has been without break since the first finalized and shared adoption event, and
- at least 12 months have passed since the first finalized adoption event to the second finalized adoption event, and
- sharing was at a level set for two or more persons for the entire period between adoption events.

An adopted child who qualifies for membership will still be subject to the same limitations as any new Member.

If they have been Members for the timeframes outlined above, Members may apply for Extra Blessings (see Section VI. L.) to receive additional monetary assistance for adoption costs after the second adoption event. The Extra Blessings amount cannot exceed the original adoption sharing limit per program listed in the previous chart.

IX. MOTORIZED VEHICLE ACCIDENTS

A. Age, Safety Equipment and Lifestyle

If a motor vehicle or aircraft accident occurs, there are some additional considerations for sharing eligibility. Diagnosis and treatment of injuries will not be eligible to be shared if any of the following applies:

- There was abuse of alcohol or legal drugs, or the use of Illegal Drugs.
- The vehicle or aircraft was used in a race, to perform a stunt, or in the commission of a crime.
- The minimum operator age recommended by the manufacturer or required by law was not followed.

These apply regardless of whether the Member was operating the vehicle or was a passenger.

Helmets and seatbelts are expected to be worn when they are legally required. If either was not used but was legally required, Members have an additional Member portion. This additional amount is calculated as 15% of the first $100,000 of Eligible Medical Bills related to a motorized vehicle or aircraft accident. This 15% is in addition to the Member's AHP.

B. Motorcycle Injuries

A Member can receive up to $100,000 in sharing of Eligible Medical Bills toward diagnosis and treatment of motorcycle accident injuries incurred in a 12-month period. A motorcycle is defined as a two-wheeled, motorized vehicle with an engine size displacement of at least 50 cubic centimeters. A Member who is injured, while on a motorcycle used to perform mission work outside of the U.S., is exempt from this $100,000 limit.

C. Reporting Injuries

Members call Member Services (800-913-0172) to report injury details of motorized vehicle accidents . The following documents may be necessary to determine eligibility for sharing:

- A copy of the insurance policy for an owned vehicle or aircraft (or the contract if rented or leased)
- The official accident report
- Medical records relating to the care and transportation of the injured Member(s)
- Information that pertains to other vehicle(s) and parties involved in the accident

X. WHEN A MEMBER DIES

There are provisions when a Member dies to help ease the burden on the family. Up to $5,000 of the final expenses listed below are eligible for sharing if the Member met the "Membership Qualifications" at the time of death.

Final expenses eligible for sharing are limited to the following expenses:

- embalming
- cremation
- casket
- headstone
- burial plot
- funeral director's costs
- flowers
- travel expenses for the Member's body

The original bill(s) and a certified copy of the death certificate(s) are to be submitted to Medi-Share within one year of the death of the Member.

Up to $5,000 in burial expenses for stillborn children are eligible for sharing per pregnancy.

XI. MEDICAL EXPENSES FOR WHICH THIRD PARTIES ARE RESPONSIBLE

A. Exclusion of Expenses

Medical expenses incurred by a Member are not eligible for sharing if such expenses are covered by insurance of any kind available to the Member (including, without limitation, worker's compensation, fraternal benefits, health insurance or any other applicable insurance), or if a third party is responsible to pay such expenses. For example, if a Member is injured in a car accident, the Member's automobile insurance may provide coverage and an at fault third party may be liable for the Member's medical expenses. Under either circumstance, such medical expenses are not eligible for sharing.

B. Waiver of Expense Exclusion

CCM may, in its sole discretion, waive the foregoing exclusion as applied to specific medical expenses and determine whether such expenses are otherwise eligible for sharing under these Guidelines. However, CCM has no obligation to waive the exclusion, and specifically reserves the right to exercise or not exercise its waiver discretion. CCM may condition waiver of the exclusion on the Member entering into an agreement with CCM for subrogation, reimbursement and lien rights.

XI. MEDICAL EXPENSES FOR WHICH THIRD PARTIES ARE RESPONSIBLE

(CONTINUED)

C. CCM Subrogation Right

If a Member's specific medical expenses subject to the foregoing exclusion are paid through Medi-Share, then the Member's rights to recover all or part of such medical expenses from an insurer or responsible third party are transferred to CCM for the benefit of the Members. The Member shall do nothing after incurring such expenses to impair such rights of recovery. At CCM's request, the Member agrees to take all reasonable steps to assist CCM in enforcing such rights including, but not limited to, bringing suit at CCM's expense against an insurer or responsible third party. Any amounts CCM recovers through its subrogation efforts will first be paid to reimburse CCM for its recovery expenses, and will then be paid to the Members up to the amount of medical expenses paid through Medi-Share, with any remainder to be paid to the Member.

D. Right Of Reimbursement

If a Member's specific medical expenses subject to the foregoing exclusion are paid through Medi-Share, and the Member recovers all or part of such medical expenses from an insurer or responsible third party, the Member agrees to reimburse the Members within 30 days after the Member receives payment from such insurers or responsible third parties.

E. Lien On Third Party Recoveries

If a Member's specific medical expenses subject to the foregoing exclusion are paid through Medi-Share, and the Member recovers all or part of those medical expenses from an insurer or responsible third party, the Member hereby grants a lien to CCM for the benefit of the Members on the proceeds of any monetary recovery the Member obtains from any insurer or responsible third party, and the Member agrees to take any actions or steps necessary to secure and enforce this lien. To the extent the Member has engaged an attorney to assist in the recovery of medical expenses (such as a personal injury attorney), the Member agrees to inform the attorney of such lien.

XII. APPEALS

A. Impartiality

Christian Care Ministry serves Members who share in the burdens of fellow Christians. CCM does not gain financially by determining medical bills are ineligible for sharing among Members. CCM is a not-for-profit corporation, recognized as tax exempt under Section 501(c)(3) of the Internal Revenue Code. CCM has no owners, stockholders or investors. CCM impartially carries out the wishes of the Members as expressed in these Medi-Share Guidelines.

B. Sharing Appeal

A Member can appeal bill-sharing decisions with which they disagree. Before appealing, a Member should engage in careful thought and prayer about whether he or she honestly believes an error was made. Members have 90 days from the day the decision in question was made to request a review by CCM.

A Member can issue an appeal if:

- the medical records were misread,
- the Guidelines were misapplied, or
- one or more of the Member's providers incorrectly recorded the medical history.

The appeals process is not to be used to request changes or exceptions to these guidelines. Recommendations for guideline changes can be submitted through e-mail to info@HSAforAmerica.com

After a review by CCM, if the Member disagrees with CCM's decision, the Member has 90 days to request a review by a Seven Member Appeal Panel. CCM and the Member will both submit a written position statement to the panel. A teleconference will be held where the panel can ask questions of both the Member and CCM. A simple majority vote (four out of seven) will carry the decision.

C. Biblically-Based Mediation and Arbitration

As Christians, the Members and the staff of Christian Care Ministry believe that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within the Christian community in conformity with the biblical injunctions of 1 Corinthians 6:1-8, Matthew 5:23-24, and Matthew 18:15-20. Therefore, the parties agree that any claim or dispute arising out of, or related to, this agreement or any aspect thereof, including claims under federal, state, local statutory or common law, the law of contract or law of tort, that may remain after a Member has exhausted his appeals provided for in Section XIII. B., including a determination whether this arbitration provision is valid, shall be settled by biblically-based mediation. The mediation shall be conducted in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation, a division

XII. APPEALS
(CONTINUED)

C. Biblically-Based Mediation and Arbitration
(continued)

of Peacemaker Ministries (complete text of the rules is available at *HisPeace.org*), with each party to bear their own costs, attorney's fees and 50% of the mediator's fee, and with the mediation filing fee to be borne by CCM.

If resolution of the dispute and reconciliation do not result from mediation, the matter shall then be submitted to an independent and objective arbitrator for binding arbitration. The parties agree that the arbitration process will also be conducted in accordance with the Rules of Procedure for Christian Conciliation, with each party to bear their own costs, attorney's fees, and 50% of the arbitrator's fee, and with the arbitration filing fee to be borne by CCM. Each party shall agree to the selection of the arbitrator. If there is an impasse in the selection of the arbitrator, the parties agree that the Institute for Christian Conciliation shall choose the arbitrator.

The parties agree that these methods of dispute resolution shall be the sole remedy for any controversy or claim arising out of this agreement, and they expressly waive their right to file a lawsuit against one another in any civil court for such disputes, except to enforce a legally binding arbitration decision.

AT YOUR REQUEST

The contact information for the following groups and organizations associated with the Medi-Share program is available to Members upon request:

- **BOARD OF DIRECTORS**
- **BANK REFERENCES**
- **CERTIFIED PUBLIC ACCOUNTANTS**
- **MINISTRY ATTORNEYS**
- **REFERENCES**

Upon request and with notice, the following information can be provided to an inquirer or Member:

- **ANNUAL BALLOT RESULTS**
- **ANNUAL AUDITED FINANCIAL STATEMENTS**
- **501(C)(3) DETERMINATION LETTER**

Glossary of Terms

HSA FOR AMERICA

Annual Household Portion (AHP) – The dollar amount a Member Household must pay toward their Eligible Medical Bills during a 12-month period before their Eligible Medical Bills will be approved for sharing. The AHP 12-month period begins with the Effective Date.

Biblical Christian Marriage – A marriage which is a union of one man and one woman. (Genesis 2:22-24, Matthew 19:5, Ephesians 5:22-32)

Bill Approved for Sharing – An Eligible Medical Bill that meets the criteria for sharing in the Guidelines and meets the other conditions for sharing, including whether the Member's AHP has been met and if other sharing limits have not been exceeded.

Cancellation Date – The month and day membership ends due to the Member's withdrawal, for reasons including not following the Guidelines or for nonpayment of monthly shares.

CMS – The Centers for Medicare & Medicaid Services is nationally recognized and provides listings for providers, services, procedures and facilities to ensure they meet specific criteria to ensure the safety of the beneficiaries receiving these services.

Co-Share Responsibility – The portion of eligible medical bills (30%) a Member Household with the co-share option must pay after their AHP has been met until the maximum co-share responsibility of $10,000 has been met.

Effective Date – The month and day membership begins or the month and day of the most recent Annual Household Portion (AHP) change. Effective Date is used to determine when the 12-month period begins and ends for the purpose of the Annual Household Portion.

Eligible for Sharing – Any testing, treatment, procedure or service that meets the criteria for sharing as established in the Guidelines.

Eligible Medical Bill – An incurred medical bill that meets the criteria for sharing as established in the Guidelines. The Eligible Medical Bill will be reduced by any discounts, fees or other sources of payment.

Explanation of Sharing (EOS) – A statement for Members and providers that reflects how medical bills are processed. The EOS reports how much of the bill was shared, how much was discounted through the PPO network, and the amount of the Member's responsibility, if any.

FDA – The Food and Drug Administration is responsible for protecting the public health by assuring the safety, efficacy and security of human and veterinary drugs, biological products, medical devices, our nation's food supply, cosmetics, and products that emit radiation.

Global Maternity Bill - The global maternity allowance is a complete, one-time billing with routine global billing CPT codes. Providers can either bill for all care during the maternity or for the specific portion of the maternity care that they administered (Prenatal, Delivery, and/or Postpartum). Diagnostic services, facility charges, and perinatal specialists are not typically included in the Global bill. Only one global bill for each portion of service will be eligible for sharing after the service has been rendered.

Illegal Drugs – Drugs which are classified as Schedule 1 in Title 21 United States Code Controlled Substances Act.

Incident – The occurrence of an illness or an injury of a Member, requiring a diagnosis of symptoms and treatment of a specific condition.

Maximum Co-Share Responsibility – The maximum amount a member with the co-share option will be responsible for ($10,000), which includes their AHP and their co-share responsibility, before their eligible medical bills will be shared at 100%.

Member – Any Member of Medi-Share, including each family member participating in a Member Household.

Member Household – Every Member who participates in Medi-Share with his or her immediate family under the same monthly share and AHP. A single Member is also considered a Member Household.

Monthly Share – The dollar amount that a Member faithfully contributes each month as his or her Monthly Sharing Portion and Monthly Administrative Portion. The Monthly Share is subject to change without notice.

- Monthly Sharing Portion – The dollar amount of a Monthly Share that pays all or part of one or more of another Member's Eligible Medical Bills.
- Monthly Administrative Portion – The dollar amount of a Monthly Share that is transferred to CCM for the payment of its administrative expenses.

Notification of Sharing – The act of notifying the membership of an Eligible Medical Bill that is approved for sharing.

Pre-existing - A sign, symptom, diagnosis, testing (including labs and/or radiology studies), medication, or treatment of a condition that a Member has before the start of membership.

Provider Fee – The portion of a medical bill that a Member pays at each visit to a medical provider, which applies even after the Annual Household Portion (AHP) has been met or exceeded. The Provider Fee is not applied toward the AHP or the co-share responsibility. The Provider Fee is an initial payment applied toward the total office visit charges.

Prosthesis – A device, either external or implanted, that substitutes for or supplements a missing or defective part of the body.

- External prosthetic devices include: Artificial limbs and facial structures; externally worn breast prostheses following mastectomy
- Implanted prosthetic devices include: artificial joints, artificial heart valves, artificial eyes/lenses, cochlear implants, surgically implanted breast implants following mastectomy.

Sign - An objective observation or finding.

Specialty Pharmacy – A high cost medication used to treat complex conditions. These may be oral, injected or infused. These may be self-administered in the home, administered with the support of a home health care professional, in a doctor's office or a hospital clinic. Some conditions that may be managed by specialty pharmacies include but are not limited to oncology/cancer, multiple sclerosis, rheumatoid arthritis, Crohn diseases, liver disease, organ transplant, hemophilia/bleeding disorders, cystic fibrosis, neurologic disorders, immune system disorders and growth hormone disorders, among others.

Standard of Care – Treatment that is accepted by medical experts as a proper treatment for a certain type of disease and that is widely used by healthcare professionals.

Symptom - A subjective experience, observation or finding.

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