



Information Guide

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Disclaimer:

JHS Community is a 501(c)(3) non-profit Health Care Sharing Ministry (HCSM). The members of JHS Community voluntarily share in one another's eligible medical needs based on the acceptance of the Information Guide (IG). All members accept responsibility for their own medical needs as JHS Community is not an insurance company and is not regulated as insurance. Any program or offering from JHS Community should not be considered a substitute for an insurance policy. JHS Community nor any member of JHS Community assume any legal obligation to share in the eligible medical needs incurred by any other JHS Community member.



Welcome to *jhs community!*

JHS Community is a 501(c)(3) nonprofit Health Care Sharing Ministry (HCSM).

JHS Community consists of individuals and families that believe in a common set of Religious and Ethical Beliefs and who choose to inspire grace and compassion in others. Our members voluntarily contribute and share in the financial burden of one another's eligible medical needs according to these beliefs, and the Information Guide (IG).

JHS Community membership is cost-effective and allows our members to choose from a variety of sharing options that fit their needs and budget. Just a few of the options provided are everyday office visits, child and adult wellness services, inpatient hospitalization, outpatient surgery, and much more.

The focus within the JHS Community is to ensure that all members have an exceptional experience being part of the JHS Community.

Again, we are honored that you have chosen to put your trust in us and become part of the JHS Community.

STATEMENT OF RELIGIOUS AND ETHICAL BELIEFS

I **believe** every member has a fundamental and religious right to worship God in their own way.

I **believe** it is my religious and ethical obligation to share in the burden of others when they need assistance according to my current resources and opportunities.

I **believe** in sharing in a common, caring community of like-minded individuals with the need to come together regardless of race, age, gender, or political affiliation.

I **believe** it is my obligation to care for my family, and that emotional, mental, and physical abuse of any kind to a family member, or to anyone else, is morally wrong.



Understanding the Details of Your Membership

JHS Community has created this Information Guide (IG) to assist the members in understanding and learning the details that surround their membership. This will help ensure all members get the most out of their program they have enrolled in and how to best utilize their JHS membership. Please refer to the Table of Contents for faster access to the information you may be seeking. Again we are honored that you have chosen JHS Community.

Enrollment Acceptance

Community members are responsible for submitting a one-time enrollment fee once their enrollment application is successfully processed. Members will receive an electronic copy of their Enrollment Application Summary and a Member Agreement Form in their email prior to the program effective date. Once the member accepts the terms listed in the Member Agreement Form and confirms their Enrollment Application Summary is correct, a Welcome Email will be sent to the email address on file within 24-hours of their enrollment date. The Welcome Email contains information that includes but is not limited to, membership details, electronic member ID cards, access to the Information Guide (IG) through the member portal, and access to their ShareBox, etc.

Monetary Responsibility by Member

MONTHLY CONTRIBUTION CALCULATION

Your monthly contribution is calculated based on the age of the oldest enrollee applying for JHS Community who will be the primary member. The monthly contribution will be based on the age of the oldest enrollee along with the number of additional enrolling members. The monthly contribution is subject to change based on the primary member's next birthday. If a member uses nicotine or tobacco products of any kind, the membership will be assessed an additional fee, added to their contribution every month. If it is discovered that any member uses nicotine or tobacco products, this additional fee can be added to the monthly contribution at that time and the primary member will be notified of the increase in their monthly contribution.

RECURRING MONTHLY CONTRIBUTIONS

Monthly contributions are due on either the 1st or the 15th of the month prior to the next statement date. All monthly contributions will be automatically drafted using the funding method on file five (5) days prior to statement date. By enrolling in a JHS Community program, members authorize JHS Community, in writing, to automatically draft and process their monthly contributions each month using the funding method on file until their membership is canceled by the primary member as outlined in the cancellation guidelines listed on page seven (7). If a monthly contribution cannot be processed on the first try, members authorize JHS Community to re-process their monthly contribution up to five (5) times prior to the next statement date to prevent their membership from becoming inactive.

Failure to submit your monthly contribution by your next statement date will result in your membership becoming inactive and eligible medical needs will be ineligible for member-to-member sharing for the period the account was inactive. If monthly contributions due are not submitted in full 30 days from due date, your membership and services will become inactive as the last day that your monthly contribution was applied to.

MEMBER RESPONSIBILITY AMOUNT (MRA)

A member's Member Responsibility Amount (MRA) is based on their enrolled program. MRAs are applied per member, per membership year not to exceed three family members in a family membership. A member is responsible for satisfying their MRA before their Additional Member Responsibility Amount (AMRA) may apply.

ADDITIONAL MEMBER RESPONSIBILITY AMOUNT (AMRA)

A member's Additional Member Responsibility Amount (AMRA) is 50% for Distinct or 20% for Diverse programs of the next \$10,000 per member, per membership year and is based on their enrolled program. After a family satisfies their AMRA of \$15,000 for Distinct or \$6,000 for Diverse programs, no further AMRAs will be assessed to the family for the remainder of the membership year. This does not include amounts applied to the member's MRA. Dynamic members do not have an Additional Member Responsibility Amount (AMRA) to satisfy.

Cancellations and Refunds

VOLUNTARY CANCELLATION

All cancellations must be made in writing via email to memberservices@jhscommunity.org or by calling Member Services at (866) 414-4939. The primary member and/or authorized representatives with valid, executed legal documentation may cancel the membership. The email must include the primary member's full name and member ID number. To avoid being billed for next month's monthly contribution, all cancellation requests must be received no later than five (5) business days prior to the next statement date of the 1st or the 15th based on the member's account. Cancellation requests received after this time frame will be canceled as of the last day before the next statement date.

INVOLUNTARY CANCELLATION

If a member's monthly contribution is not received within the specified time frame above, the membership will become inactive. If a voluntary or involuntary cancellation occurs, the primary member and eligible dependents must wait at least 90 calendar days from their cancellation date before re-enrolling in a program or offering.

REFUNDS

All member effective dates begin on the 1st or the 15th of the month. All requests for refunds prior to the next statement date must be made in writing via memberservices@jhscommunity.org or by contacting Member Services at (866) 414-4939 five (5) days prior to their statement date.

If a member is not satisfied with their membership, they may cancel within 30 days from their effective date and may be eligible to receive a full refund of their monthly contribution submitted minus the enrollment fee. If any medical needs have been processed as eligible for member-to-member sharing, by the membership and/or the member utilized any services of the programs the member will not be eligible for a refund.

Timely Filing Limits and Review of Records

TIMELY FILING

To ensure your medical or dental needs are processed in a timely manner, please ensure you and your provider understand JHS Community's timely filing practices.

1. Initial submission of a need(s): JHS must receive within 180 days from the member's date of service.
2. Secondary submission of a pending need(s): JHS must receive secondary submission within 60 days from the date of the JHS Community's Explanation of Sharing (EOS).
3. Updated need(s): JHS Community must receive updated needs within 180 days from the date on the initial submission. These needs must be clearly marked "UPDATED" directly on the UB04 or HCFA form.

Friendly Reminder: screenshots or print screens will not be accepted as proof of timely filing. Needs submitted to JHS Community after the above timely filing limits have passed will not be considered for member-to-member sharing.

REVIEW OF MEDICAL OR DENTAL RECORDS

Any medical or dental need(s) submitted for member-to-member sharing are subject to a pre-existing condition review, including but not limited to conditions previously identified on the member's enrollment application. JHS has the right to request records for medical or dental needs for any relevant medical history that may be needed to determine if a need submitted is eligible for sharing. Pre-existing needs that receive member-to-member sharing as part of an office visit or by an error in processing, will not constitute that the pre-existing condition waiting period does not apply.

Dependent and Program Changes

ADD OR REMOVE A DEPENDENT

Eligible dependents must be at least 30-days old and have not reached their 26th birthday in order to be added to your membership. An Enrollment Application must be completed. This may change your monthly contribution.

MEMBERSHIP FOR CHILD/CHILDREN ONLY

JHS Community offers all programs for families or their dependent children only with the authorization of a parent or the legal guardian. The oldest child will be listed as the primary member and the parent/guardian will be the authorized parent/guardian contact on behalf of the dependent(s). For families the AMRA is maxed out when three family members have satisfied their full AMRA.

CHANGING PROGRAMS

If a member chooses to change the program in which they have enrolled, they may be subject to a new 90-day and pre-existing waiting periods. Members may be required to complete a new enrollment application. Adding or removing a dependent is not considered changing programs. Please contact Member Services for current requirements.

Maximum Age Reached

Members may remain active on JHS Community membership until their 65th birthday or a dependent child may remain active until their 26th birthday, except for disabled dependents as per SSA standards. A dependent child may choose to roll onto their own membership at that time as the primary member.

Sharing Limits per Care Or Service Type of Eligible Needs

AMBULANCE CARE

90-day waiting period and pre-existing will apply.

JHS Community may request records to determine if the use of any type of ambulance care was medically necessary for air, ground or water transport. Eligibility for member-to-member sharing will be based on the member's symptoms at the time of entering the ambulance (medical necessity will apply) instead of the member's actual diagnosis after medical treatment has been rendered in the emergency room or hospital. Ambulance care will be shared member-to-member up to \$12,000 per member, per membership year after the member's MRA has been satisfied. The member's AMRA will apply.

CANCER CARE

90-day waiting period and pre-existing will apply. Pre-notification is recommended.

JHS Community members will be eligible for member-to-member sharing, if their cancer need is deemed eligible for sharing. Eligible cancer needs will be shared member-to-member up to 25% of member's annual sharing limit after the member's MRA has been satisfied and the 90-day waiting period has passed. Starting the 2nd year of a member's membership, cancer care will be shared member-to-member up to 50% of member's annual sharing limit after the member's MRA has been satisfied. The member's AMRA will apply. Cancer needs will not be combined with other maximum sharing limits once a member receives a cancer diagnosis.

CATARACTS AND GLAUCOMA CARE

90-day waiting period and pre-existing will apply.

Eligible services associated with treatment, testing and/or surgery will be shared member-to-member up to 100% after the member's MRA has been satisfied. The member's AMRA will apply.

EMERGENCY ROOM SERVICES

Pre-existing will apply.

JHS Community may request records to determine if the use of any type of emergency room services was medically necessary and meets the definition of an emergency*. All eligible emergency room visits will have a \$400 Visit Fee per member, per visit. The maximum sharing limit for an emergency room visit will be based on the enrolled program on the member's date of service. If a member is admitted to the hospital the member's MRA and AMRA will apply.

*Emergency: is an acute injury or illness that poses an immediate risk to a member's life or long-term health, sometimes referred to as a situation risking "life or limb", if not medically treated immediately.

IMAGING

90-day waiting period and pre-existing will apply.

Imaging services billed with a non-wellness office visit will be shared member-to-member up to the maximum sharing limit of \$400 per office visit. If imaging is part of a wellness service or visit, it will be applied to the maximum sharing limit based on the enrolled program on the member's date of service. Imaging done outside of a wellness or office visit will be shared member-to-member up to 100% after the member's MRA has been satisfied. The member's AMRA will apply.

INPATIENT HOSPITALIZATION

90-day waiting period and pre-existing will apply. Pre-notification is recommended.

Inpatient hospitalization will be shared member-to-member up to 100% after the member's MRA has been satisfied. The member's AMRA will apply.

INPATIENT SURGERY

90-day waiting period and pre-existing will apply. Pre-notification is recommended.

Inpatient surgery will be shared member-to-member up to 100% after the member's MRA has been satisfied. The member's AMRA will apply.

LABORATORY SERVICES

90-day waiting period and pre-existing will apply.

Laboratory services billed with a non-wellness office visit will be shared member-to-member up to the maximum sharing limit of \$400 per office visit. If laboratory services are part of a wellness service or visit it will be applied to the maximum sharing limit based on the member's program on their date of service. Laboratory services done outside of a wellness or office visit will be shared member-to-member up to 100% after the member's MRA has been satisfied. The member's AMRA will apply.

MATERNITY CARE

JHS offers maternity care to members who have been enrolled in an active eligible program for nine (9) consecutive months prior to her conception date. If a member conceives prior to the nine (9) month waiting period, all medical needs related to maternity care will be deemed ineligible for member-to-member sharing.

Eligible maternity care will be shared up to maximum sharing limit, based on the enrolled program for single or multiple births. The member's MRA and AMRA will not apply to maternity care unless there are life threatening complications to the mother and/or new baby. If there are life threatening complications for the mother and/or new baby, these needs will be shared member-to-member up to \$40,000 per member, per delivery, after the member's MRA has been satisfied. The member's AMRA will apply.

All medical needs coded to maternity care including but not limited to, global care, delivery and/or hospitalization for the mother and new baby will be applied to the member's maternity care maximum sharing limit. If a member has a miscarriage, the maximum sharing limit for their eligible maternity will apply, based on enrolled program maximum sharing limits. Maternity care sharing limits will not be combined with other maximum sharing limits.

NEW BABY OR NEW BABIES:

All routine care of the new baby or new babies while in the hospital will be shared member-to-member under the mother's maximum sharing limit for maternity care. If there are life threatening complications for the new baby or new babies, the new baby's MRA and AMRA will apply. These needs will be shared member-to-member up to \$40,000 per member, per birth, after the member's MRA has been satisfied. The member's AMRA will apply. This includes pre-mature deliveries, NICU stay, baby or babies born with congenital birth defects, etc. New baby or new babies will be added automatically to your membership unless you notify JHS Community that you do not wish to add them to your membership. This may change your monthly contribution amount.

OCCUPATIONAL, PHYSICAL, SPEECH THERAPY AND CARDIAC REHABILITATION:

90-day waiting period and pre-existing will apply. Pre-notification is recommended.

The above forms of combined therapy will be shared member-to-member up to 100% of the maximum sharing limit of \$4,000 per member, per membership year, after the member's MRA has been satisfied. The AMRA will apply.

*All chiropractic office visits and services are not eligible for member-to-member sharing by the membership.

OFFICE VISITS (NON-WELLNESS VISITS)

90-day waiting period and pre-existing WILL NOT APPLY to non-wellness office visits.

Office visits with a physician, specialist, or urgent care provider will be shared member-to-member up to the maximum sharing limit of \$400 per office visit, per member. Not to exceed the maximum number of office visits based on member's program selected. If wellness services are performed as part of a non-wellness office visit, the wellness service will be applied to the member's annual wellness limit and the 90-day waiting period will not apply to this visit.

*Must include an evaluation and management component. This includes ancillary services up to a maximum sharing limit per office visit.

ORGAN TRANSPLANT

90-day waiting period and pre-existing will apply. Pre-notification is recommended.

Organ transplants will be shared member-to-member up to the maximum lifetime sharing limit of \$100,000 per member, after the member's MRA has been satisfied. The member's AMRA will apply.

OUTPATIENT SURGERY

90-day waiting period and pre-existing will apply. Pre-notification is recommended.

Outpatient surgery will be shared member-to-member up to 100% after the member's MRA has been satisfied. The member's AMRA will apply.

PROSTHESIS

90-day waiting period and pre-existing will apply. Pre-notification is recommended.

The need for a prosthesis must be a result of an eligible accidental injury after the member's effective date. Prosthesis needs will be shared member-to-member up to \$12,000 per member, per membership year, after the member's MRA has been satisfied. The member's AMRA will apply.

RECREATIONAL MOTOR VEHICLES

90-day waiting period and pre-existing will apply. Pre-notification is recommended.

Eligible recreational motor vehicle needs will be shared member-to-member after the 90-day waiting period has passed. Injuries due to a recreational motor vehicle will be shared member-to-member up to the maximum sharing limit of \$25,000 per member, per membership year, after the member's MRA has been satisfied. The member's AMRA will apply.

*See Personal Injury Insurance on page 22 and Recreational Motor Vehicles on page 41.

SLEEP APNEA SERVICES

90-day waiting period and pre-existing will apply. Pre-notification is recommended.

Sleep apnea test must be medically necessary and ordered by a physician. Sleep study needs to be a split polysomnography, where two night's worth of recordings are combined into a single overnight observation including CPAP titration. Will be shared member-to-member up to 100%, after the member's MRA has been satisfied. The member's AMRA will apply. Limit one overnight study per member, every five (5) years.

WELLNESS SERVICES

All wellness services have a 90-day waiting period.

Wellness services and visits are eligible up to maximum sharing limit per member based on the enrolled program. If wellness services are performed as part of a non-wellness office visit, the wellness service will be applied to the member's annual wellness limit and the 90-day waiting period will not apply to this visit. The office visit fee and maximum sharing limit will be processed up to \$400 for the remaining portion of the eligible need and will count as one of the member's eligible office visits.



MEDICAL PROGRAM COMPARISONS

	<i>Distinct</i>	<i>Diverse</i>	<i>Dynamic</i>
Physician, Specialist, Urgent Care Visits	✓	✓	✓
Wellness Services	✓	✓	✓
Imaging	✓	✓	✓
Laboratory	✓	✓	✓
Emergency Room	✓	✓	✓
Ambulance	✓	✓	✓
Hospitalization	✓	✓	✓
In and Outpatient Surgery	✓	✓	✓
Telemedicine	✓	✓	✓
Prescription Drugs	✓	✓	✓
Maternity Care		✓	✓

Pre-existing Waiting Period: Any medical needs resulting from a disease or physical condition for which medical advice, treatment or diagnosis was received and/or a prescription was prescribed, during the 12-month period preceding the member's effective date are ineligible for member-to-member sharing. The pre-existing waiting period does not apply to services or treatment billed as an office visit or urgent care visit.

90-Day Waiting Period: Certain medical needs are ineligible for member-to-member sharing for 90 days from the member's effective date. The 90-day waiting period does not apply to services or treatment billed as an office visit or urgent care visit.

Program

OVERVIEWS



ADULT AND CHILD WELLNESS SERVICES

No Visit Fee. Eligible at 100% up to a maximum of \$500 for wellness services per member, per membership year.

OFFICE VISITS

Physician, Specialist, or Urgent Care Visits

\$40 Visit Fee for all eligible outpatient office visits with physician, specialist, or urgent care provider.

Membership shares up to a maximum of \$400 per eligible office visit.

MAXIMUM OFFICE VISITS - FOUR (4) PER MEMBER, PER MEMBERSHIP YEAR.

*First Health and *PHCS Networks, MDLIVE Telehealth & ArriveRx

*based on state availability

Member Responsibility Amount (MRA) is \$2,500, \$5,000 or \$10,000 per member, per membership year not to exceed three family members.

Additional Member Responsibility Amount (AMRA)* is 50% of the next \$10,000 per member, per membership year. AMRAs for all Distinct programs will not exceed \$5,000 for a member, \$10,000 for a member + 1 or \$15,000 for a family per membership year. This does not include amounts applied to member's MRA.

Wellness Services	Shared at 100% up to \$500 per member, per membership year
PCP / Specialist / Urgent Care Visits	Four (4) per member, per membership year \$40 Visit Fee, shared up to \$400 per office visit
Imaging & Laboratory	Shared at 100% after MRA and AMRA has been satisfied
Emergency Room	\$400 Visit Fee, Shared up to \$4,000 per member, per membership year
Hospitalization	Shared at 100% after MRA and AMRA has been satisfied (90-day waiting period for non-accidental injury)
In & Outpatient Surgery	Shared at 100% after MRA and AMRA has been satisfied (90-day waiting period for non-accidental injury)
Maternity Care	Not Eligible
Maximum Sharing Limit per member, per membership year	\$250,000
Lifetime Sharing Maximum Limit per member	\$1,000,000

Member Responsibility Amount (MRA): Must be satisfied per member, per membership year not to exceed three family members in a family membership.

***Additional Member Responsibility Amount (AMRA):** After a Distinct family satisfies their AMRA of \$15,000, no further AMRAs will be assessed to the family for the remainder of the membership year. This does not include amounts applied to the member's MRA.

Pre-existing Waiting Period: Any medical needs resulting from a disease or physical condition for which medical advice, treatment or diagnosis was received and/or a prescription was prescribed, during the 12-month period preceding the member's effective date are ineligible for member-to-member sharing. The pre-existing waiting period does not apply to services or treatment billed as an office visit or urgent care visit.

90-Day Waiting Period: Certain medical needs are ineligible for member-to-member sharing for 90 days from the member's effective date. The 90-day waiting period does not apply to services or treatment billed as an office visit or urgent care visit.

ADULT AND CHILD WELLNESS SERVICES

No Visit Fee. Eligible at 100% up to a maximum of \$2,000 for wellness services per member, per membership year.

OFFICE VISITS

Physician, Specialist, or Urgent Care Visits

\$40 Visit Fee for all eligible outpatient office visits with physician, specialist, or urgent care provider.

Membership shares up to a maximum of \$400 per eligible office visit.

MAXIMUM OFFICE VISITS - EIGHT (8) PER MEMBER, PER MEMBERSHIP YEAR.

*First Health and *PHCS Networks, MDLIVE Telehealth & ArriveRx

*based on state availability

Member Responsibility Amount (MRA) is \$2,500, \$5,000 or \$10,000 per member, per membership year not to exceed three family members.

Additional Member Responsibility Amount (AMRA)* is 20% of the next \$10,000 per member, per membership year. AMRAs for all Diverse programs will not exceed \$2,000 for a member, \$4,000 for a member + 1 or \$6,000 for a family per membership year. This does not include amounts applied to member's MRA.

Wellness Services	Shared at 100% up to \$2,000 per member, per membership year
PCP / Specialist / Urgent Care Visits	Eight (8) per member, per membership year \$40 Visit Fee, shared up to \$400 per office visit
Imaging & Laboratory	Shared at 100% after MRA and AMRA has been satisfied
Emergency Room	\$400 Visit Fee, Shared up to \$8,000 per member, per membership year
Hospitalization	Shared at 100% after MRA and AMRA has been satisfied (90-day waiting period for non-accidental injury)
In & Outpatient Surgery	Shared at 100% after MRA and AMRA has been satisfied (90-day waiting period for non-accidental injury)
Maternity Care	Shared up to \$8,000 for single or multiple births. Life threatening complications for mother and/or new baby, MRA and AMRA applies up to a Maximum Sharing Limit of \$40,000. *Nine (9) month waiting period prior to conception.
Maximum Sharing Limit per member, per membership year	\$750,000
Lifetime Sharing Maximum Limit per member	\$2,000,000

Member Responsibility Amount (MRA): Must be satisfied per member, per membership year not to exceed three family members in a family membership.

***Additional Member Responsibility Amount (AMRA):** After a Diverse family satisfies their AMRA of \$6,000, no further AMRAs will be assessed to the family for the remainder of the membership year. This does not include amounts applied to member's MRAs.

Pre-existing Waiting Period: Any medical needs resulting from a disease or physical condition for which medical advice, treatment or diagnosis was received and/or a prescription was prescribed, during the 12-month period preceding the member's effective date are ineligible for member-to-member sharing. The pre-existing waiting period does not apply to services or treatment billed as an office visit or urgent care visit.

90-Day Waiting Period: Certain medical needs are ineligible for member-to-member sharing for 90 days from the member's effective date. The 90-day waiting period does not apply to services or treatment billed as an office visit or urgent care visit.

ADULT AND CHILD WELLNESS SERVICES

No Visit Fee. Eligible at 100% up to a maximum of \$2,000 for wellness services per member, per membership year.

OFFICE VISITS

Physician, Specialist, or Urgent Care Visits

\$40 Visit Fee for all eligible outpatient office visits with physician, specialist, or urgent care provider.

Membership shares up to a maximum of \$400 per eligible office visit.

MAXIMUM OFFICE VISITS - TWELVE (12) PER MEMBER, PER MEMBERSHIP YEAR.

*First Health and *PHCS Networks, MDLIVE Telehealth & ArriveRx

*based on state availability

Member Responsibility Amount (MRA) is \$2,500, \$5,000 or \$10,000 per member, per membership year not to exceed three family members.

Additional Member Responsibility Amount (AMRA) does not apply to any Dynamic programs.

Wellness Services	Shared at 100% up to \$2,000 per member, per membership year
PCP / Specialist / Urgent Care Visits	12 per member, per membership year \$40 Visit Fee, shared up to \$400 per office visit
Imaging & Laboratory	Shared at 100% after MRA has been satisfied
Emergency Room	\$400 Visit Fee, Shared up to \$12,000 per member, per membership year
Hospitalization	Shared at 100% after MRA has been satisfied (90-day waiting period for non-accidental injury)
In & Outpatient Surgery	Shared at 100% after MRA has been satisfied (90-day waiting period for non-accidental injury)
Maternity Care	Shared up to \$12,000 for single or multiple births. Life threatening complications for mother and/or new baby, MRA applies up to a Maximum Sharing Limit of \$40,000. *Nine (9) month waiting period prior to conception.
Maximum Sharing Limit per member, per membership year	\$1,000,000
Lifetime Sharing Maximum Limit per member	\$3,000,000

Member Responsibility Amount (MRA): Must be satisfied per member, per membership year not to exceed three family members in a family membership.

Pre-existing Waiting Period: Any medical needs resulting from a disease or physical condition for which medical advice, treatment or diagnosis was received and/or a prescription was prescribed, during the 12-month period preceding the member's effective date are ineligible for member-to-member sharing. The pre-existing waiting period does not apply to services or treatment billed as an office visit or urgent care visit.

90-Day Waiting Period: Certain medical needs are ineligible for member-to-member sharing for 90 days from the member's effective date. The 90-day waiting period does not apply to services or treatment billed as an office visit or urgent care visit.

Services with a 90-Day Waiting Period

This waiting period does not apply to services or treatment that are result of an eligible accident or injury.

Advanced Imaging: including, but not limited to, a MRI, MRA, CT, PET scan, a mammogram, breast ultrasound screening, bone density scans or ultrasounds.

Cardiac Testing: including all services and/or treatments.

Cancer: including all pre-cancerous testing and/or cancer diagnosis.

In-Office Procedure: including, but not limited to a joint injection, skin biopsy or surgical procedure not billed with an office visit.

Inpatient Hospitalization: not resulting from an accidental injury.

Laboratory Services: including all services and/or treatments.

Nuclide Studies: including all services and/or treatments.

Ophthalmology Services: including, but not limited to glaucoma and cataracts, including all services and/or treatments.

Organ Transplants: including all services and/or treatments.

Outpatient Surgery: including, but not limited to, orthopedic, laproscopic, colonoscopy, upper endoscopy (EGD), including all services and/or treatments, including pre-admission testing.

Recreational Motor Vehicle: including all services and/or treatments.

Sleep Studies: including all services and/or treatments.

Wellness Services: including all services and/or treatments.



Ineligible Services

Please Note: Some health care services are ineligible for member-to-member sharing such as charges arising from the following medical services, supplies, and/or treatment or as specifically stated:

Active Duty: medical services, supplies, and/or treatment required as a result of the member serving in any armed forces.

Administrative Costs: charges solely for and/or applicable to administrative costs of completing medical need forms, reports, or for providing records wherever allowed by applicable law and/or regulation.

After the Cancellation Date: medical needs that are incurred by the member after the cancellation date, even if otherwise deemed eligible for sharing in accordance with the Information Guide (IG).

Alcohol: medical services, supplies, and/or treatment required as a result of a member taking part in any activity involving alcohol. This does not apply if the injury:

- (a) resulted from being the victim of an act of domestic violence.

Allergy Testing: an exam performed by a trained allergy specialist to determine whether your body has an allergic reaction to a known substance. Exams include, but are not limited to: a blood or skin test (prick/patch).

Additional Member Responsibility Amount (AMRA): amounts applied towards the satisfaction of an additional member responsibility amount before medical needs are deemed eligible for sharing as defined in accordance with the Information Guide (IG).

Bariatric Surgery: medical services, supplies, and/or treatment for gastric bypass and other weight-loss surgeries that involve making changes to your digestive system to help you lose weight.

Behavioral Health: medical services, supplies, and/or treatment to monitor or test how your habits impact your mental and physical wellbeing, including but not limited to, eating and drinking habits (eating disorders) addictive behavior patterns (substance abuse, gambling or sex) and self-injury.

Broken Appointments: charges solely due to the member failing to honor an appointment.

Chiropractic Care: manual therapy including spinal manipulation or adjustments, posture & exercise education, nutrition counseling and ergonomic training.

Complications of Ineligible Medical Services: medical services required because of complications from a medical need that is deemed ineligible for sharing by the membership.

Confined Members: medical services, supplies, and/or treatment for any member incurred while confined and/or arising from confinement in a prison, jail, or other penal institution with said confinement exceeding 24 consecutive hours.

Cosmetic Surgery: medical needs incurred in connection with the care and/or treatment of surgical procedures which are performed for plastic, reconstructive, or cosmetic purposes or any other service or supply which is primarily used to improve, alter, or enhance appearance, whether for psychological or emotional reasons, except to the extent where it is needed for:

- (a) repair or alleviation of damage resulting from an accident.
- (b) infection or illness.
- (c) congenital disease, developmental condition, or anomaly of an eligible dependent child which has resulted in a functional defect.

A treatment will be considered cosmetic for either of the following reasons:

- (a) its primary purpose is to beautify.
- (b) there is no documentation of a clinically significant impairment, meaning decrease in function or change in physiology due to injury or illness.

Custodial Care: non-medical care that helps individuals with activities of daily living and basic care needs.

Durable Medical Equipment (DME): charges solely for DME.

Elective Sterilization: medical services, supplies, and/or treatment for the purpose of rendering a person incapable of reproducing.

Elective Abortion: medical services, supplies, and/or treatment in connection with the voluntary interruption of pregnancy before viability.

Excess: medical needs that exceed membership sharing limits set forth herein, including but not limited to, the maximum allowed amount based on the program selected and as determined by the membership in accordance with the Information Guide (IG).

Experimental: medical services, supplies, and/or treatment that are experimental or investigational.

Family Member: medical services, supplies, and/or treatment performed by someone who is related to the member as a spouse or domestic partner, parent, child, brother, or sister, whether the relationship exists by virtue of "blood" or "in law".

Foreign Travel: medical services, supplies, and/or treatment received outside of the United States, unless otherwise approved by the membership or stated in the Information Guide (IG).

Government: medical services, supplies, and/or treatment a member obtains, but which is paid, may be paid, is provided, or could be provided at no cost to the member through any program or agency, in accordance with the laws or regulations of any government, or where care is provided at government expense, unless there is a legal obligation for the member to pay for such treatment or service in the absence of sharing on behalf of the membership. This does not apply when otherwise prohibited by law, including laws applicable to Medicaid and Medicare.

Gender Dysphoria: medical services, supplies, and/or treatment of physiological testing for gender identity disorders or symptoms.

Genetic Testing: medical services, supplies, and/or treatment to test changes, mutations or variants in your DNA which includes cytogenetic, biochemical or molecular testing.

Government-Operated Facilities That Meet the Following Requirements:

- (a) are furnished to the member in any veteran's hospital, military hospital, institution, or facility operated by the United States government or by any state government or any agency or instrumentality of such government.
- (b) can be paid for by any government agency, even if the patient waives his rights to those services or supplies.

NOTE: This does not apply to treatment of non-service-related disabilities or for inpatient care provided in a military or other federal government hospital to dependents of active-duty armed service members or armed service retirees and their dependents. This does not apply where otherwise prohibited by law.

Handling and Conveyance Fees: charges for handling and/or conveyance of specimens in connection with a transfer from an office to a laboratory.

Home Infusions: medical services, supplies, and/or treatment for intravenous or subcutaneous administration of drugs or biologicals to an individual at home.

Hormone Therapy: medical services, supplies, and/or treatment to the beginning of Hormone Therapy treatment that adds, blocks or removes hormones in your body to help control activity of certain cells or organs.

International Care: medical services, supplies, and/or treatment for health care obtained outside of the United States.

Illegal Acts: medical services, supplies, and/or treatment for any injury or illness which is incurred while taking part or attempting to take part in an illegal activity, including but not limited to, misdemeanors and felonies. It is not necessary that an arrest occur, criminal charges be filed, or, if filed, that a conviction result. Proof beyond a reasonable doubt is not required to be deemed an illegal act.

This does not apply if the injury:

- (a) resulted from being the victim of an act of domestic violence.

Ineligible Provider: medical services, supplies, and/or treatment performed by providers that do not satisfy all the requirements per the provider definition as defined within the Information Guide (IG).

Injury Resulting From:

- (a) flying in ultra-light, hang gliding, parachuting, or bungee-cord jumping, by flight in a space craft or any craft designed for navigation above or beyond the earth's atmosphere.
- (b) traveling or flying by air, except as a fare-paying passenger and not as a pilot or crew member, on a commercial airline.

- (c) competing in motor sports, or testing any motorized vehicle on a racetrack or speedway.
- d) participating or competing in a rodeo or any other activity with dangerous animals.
- (e) participating or competing in water sports, water skiing, surfboarding, winter sports, snow skiing, snowboarding, roller blading, or skateboarding.
- (f) scaling up cliffs or mountain walls or spelunking (exploring caves).
- (g) handling, storing, or transporting explosives.

Lifetime Medical Conditions: medical services, supplies, testing and/or all treatment for any of the following conditions.

- ALS
- Alzheimer's Disease
- Aneurysm
- Autism Spectrum Disorders
- Cerebral Palsy
- Chronic Obstructive Pulmonary Disease (COPD)
- Congenital Birth Defects
- Cystic Fibrosis
- Down's Syndrome
- Ectasia
- Emphysema
- Fibromyalgia
- Fragile X Syndrome
- Hepatitis (Chronic Viral B & C)
- HIV/AIDS
- Lupus
- Lyme Disease
- Macular Degeneration (WET)
- Morbid Obesity Surgery
- Multiple Sclerosis
- Muscular Dystrophy
- Parkinson's Disease
- Sickle Cell Disease
- Spina Bifida

Long Term Care: medical services, supplies, and/or treatment related to long term care.

Medical Necessity: medical needs that arise from medical services, supplies, and/or treatment that are not medically necessary.

Member Responsibility Amount (MRA): amounts applied towards the satisfaction of a member's responsibility amount before medical or dental needs are deemed eligible for sharing as defined in accordance with the Information Guide (IG).

Military Service: medical needs related to conditions determined by the Veteran's Administration to be connected to active service in the military of the United States, except to the extent prohibited or modified by law.

Negligence: medical needs resulting from negligence, misfeasance, malfeasance, nonfeasance, or malpractice on the part of any caregiver, institution, member, or provider, as determined by the membership, in its discretion, considering applicable laws and evidence available to the membership at the time of injury.

Non-Prescription Drugs: charges for drugs for use outside of a hospital or other inpatient facility that can be purchased over the counter and without a physician's written prescription or drugs for which there is a non-prescription equivalent available.

Not Acceptable: medical services, supplies, and/or treatment not accepted as standard practice by the American Medical Association (AMA), American Dental Association (ADA), or the Food and Drug Administration (FDA).

Not Eligible: medical needs incurred at a time when there is no eligibility in force for the active member and/or dependents.

No Legal Obligation: medical services, supplies, and/or treatment provided to a member for which the provider of a service does not and/or would not customarily render a direct charge, or charges incurred for which the member has no legal obligation to pay, or for which no charges would be made including, but not limited to, medical needs for services not actually rendered, fees, care, supplies, or services for which a member, company, or any other entity except the member, may be liable for necessitating the fees, care, supplies, or services.

Organ Donation: medical needs related to the gift of an organ or organs from a member's body for transplantation to another or complications thereof.

Other Responsible Third Party: medical needs related to an injury or illness covered by any other liable third party, Worker's Compensation, Employer Liability Law, or Occupational Disease Act or law.

Other than Attending Physician: those certified by a physician who is attending to the member as being required, for the treatment of injury or disease and performed by an appropriate provider.

Personal Injury Insurance: medical needs in connection with an automobile, motorcycle or recreational motor vehicle accident for which benefits are payable hereunder, or would be otherwise covered by, mandatory no-fault automobile insurance or any other similar type of personal injury insurance required by state or federal law, without regard to whether the member had eligibility for sharing by the membership. This does not apply if the injured member is a passenger in a non-family-owned vehicle or a pedestrian.

Postage, Shipping, etc.: charges for postage, shipping, or handling which may occur in the transmittal of information to the Third-Party Administrator, including interest or financing charges.

Prior to Member's Effective Date: medical services, supplies, and/or treatment rendered or received prior to the member's effective date.

Private Duty Care: medical services, supplies, and/or treatment for care provided on an hourly basis in an individual's home.

Professional, Semi-Professional, or Intercollegiate Athletics: medical needs in connection with any injury or illness resulting from or in the course of any employment for wage or profit; academic commitment, or related to professional, semi-professional, or intercollegiate athletics, including practice.

Prohibited by Law: medical services, supplies, and/or treatment rendered to the extent that sharing under this membership is prohibited by law.

Provider Error: charges resulting from unreasonable provider error.

Re-injury or Complications: medical needs related to an injury caused or contributed to by a condition that existed before the accident.

Repetitive Motion: medical services, supplies, and/or treatment for injuries, strains, hernia, tendonitis, bursitis, and heat exhaustion not related to a specific injury.

Sexual Transformation Services (or Gender Affirmation Surgery): medical services, supplies, and/or treatment to help individuals transition to their self-identified gender, including procedures that alter a person's physical appearance, hormones used to match sex characteristics to conform to their gender identify and sex reassignment surgery.

Self-Inflicted: medical needs that are incurred due to an intentionally self-inflicted injury or illness. This does not apply if the injury:

- (a) resulted from being the victim of an act of domestic violence.

Timely Filing: medical or dental needs received more than six (6) months from member's date of service will be deemed ineligible for member-to-member sharing.

Unreasonable: medical needs that are not reasonable in nature or in charge or are required to treat illness or injury arising from and due to a provider's error, wherein such illness, injury, infection, or complication is not reasonably expected to occur. This will apply to medical needs directly or indirectly resulting from circumstances that, in the opinion of the membership in its sole discretion, gave rise to the medical needs and are not generally foreseeable or expected among professionals practicing the same or similar type(s) of medicine as the treating provider whose error caused the loss(es).

Vehicle Accident: medical needs for treatment of any injury where it is determined that a member was involved in a motorcycle accident while not wearing a helmet or in an automobile accident while not wearing a seat belt (or car seat), even if the cause of the injury or illness is not related to the failure of the member to wear a helmet or seat belt (or car seat). This does not apply:

- (a) to members who were passengers on public transportation, ride for hire, or livery services.
- (b) when a seat belt or helmet is not required by law.

Visit Fees: the amount a member must submit to the provider at the time of service for each eligible medical service.

War/Riot: medical needs incurred because of war or any act of war, whether declared or undeclared, or any act of aggression by any country, including rebellion or riot, when the member is a member of the armed forces of any country, or during service by a member in the armed forces of any country, or voluntary participation in a riot. This does not apply to any member who is not a member of the armed forces and does not apply to victims of any act of war or aggression. With respect to any illness or injury which is otherwise eligible for sharing by the membership, the membership will otherwise provide for the treatment of the injury if the injury results from being the victim of an act of domestic violence or a documented medical condition. To the extent consistent with applicable law, this exception will not require the membership to provide features other than those provided under the terms of the membership.

Wearable Remote Monitoring Devices: medical services, supplies, and/or treatment related to wearable remote monitoring devices.

Work-Related Illness or Injury: injuries and illnesses which result from events or exposures on the employer's premises or to the job sites where the work is performed elsewhere. Worker's Compensation will be considered primary for all work-related illnesses or injuries.

Dental

Member Responsibility Amount (MRA)	\$50 per member or \$150 per family
Maximum Sharing Limit per member, per membership year	\$1,000 / \$3,000 / \$5,000
Class 1- Preventative	100%
Class 2- Basic	80%
Class 3- Major***	50%

Annual Maximum Sharing Limit will not exceed the selected option for eligible dental services listed above, or any combined allowed amounts. Eligible Dental Needs must be submitted to the membership for any dental services listed below to be considered eligible for member-to-member sharing.

*At an additional monthly cost.

**MRA applies to Class 2 and 3 dental services only.

***Class 3 Major has a six(6) month waiting period.



Eligible Dental Services

CLASS 1 SERVICES: PREVENTATIVE AND DIAGNOSTIC DENTAL PROCEDURES

- The limits on Class 1 Services are for routine services.
- If a dental need is present, the membership will consider sharing in services.
- Routine oral exams, including the cleaning and scaling of teeth (limited to two (2) exams per eligible member per membership year).
- One bitewing x-ray series every six (6) months.
- One full mouth x-ray or panoramic x-ray every five (5) years.
- One fluoride treatment for eligible dependent children under age 19 every 12 months.
- Space maintainers for eligible dependent children under age 19.
- Periodontal maintenance procedures following periodontal surgery.

CLASS 2 SERVICES: BASIC DENTAL PROCEDURES

- Amalgam or resin fillings
- General anesthetics upon demonstration of medical necessity
- Extractions
- Oral surgery

CLASS 3 SERVICES: MAJOR DENTAL PROCEDURES

- Inlays, onlays, crowns, laminates and gold foils. Limited to once in a ten-year period for the same tooth surface.
- Replacing inlays, onlays, and crowns once every ten years
- Root canal treatment
- Periodontal surgery
- Repair or recement of crowns, inlays, onlays, dentures, or bridges
- Repair or relines of dentures
- Those dental services needed to replace one or more natural teeth which were extracted while the member was covered for these benefits:

(a) Installation of fixed bridgework done for the first time;

(b) Installation for the first time of a partial or full removable denture;

(c) Replacing an existing removable denture or fixed bridgework if:

- It is needed because of the loss on one or more natural teeth after the existing denture or bridgework was installed;
- or
- It is needed because the existing denture or bridgework can no longer be used and was installed at least ten years prior to its replacement.

(d) Replacing an existing immediate temporary full denture by a new permanent full denture when:

- The existing denture cannot be made permanent; and
- The permanent denture is installed within 12 months after the existing denture was installed.

(e) Adding teeth to an existing partial removable denture or to bridgework when needed to replace one or more natural teeth extracted after the existing denture or bridgework was installed.

(f) Denture adjustment limited to once every 12 months.



Ineligible Dental Services

Some dental services are ineligible for sharing by the membership such as charges arising from the following care, supplies, treatment, and/or services; or as specifically stated:

After the Cancellation Date: dental needs that are incurred by the member after the date of their cancellation date, unless otherwise deemed to be eligible for sharing in accordance with the Information Guide (IG).

Analgesia: separate charges for pre-medication, local anesthesia, analgesia, or conscious sedation.

Appliances: items intended for sport or home use, such as athletic mouth guards or habit-breaking appliances.

Complications of Ineligible Dental Services: dental services required because of complications from a dental need that is deemed ineligible for sharing by the membership.

Congenital or Developmental Condition: any treatment of congenital (hereditary) or developmental (following birth) malformations.

Cosmetic Dentistry: treatment rendered for cosmetic purposes, except when necessitated by an accidental injury.

Customized Prosthetics: precision or semi-precision attachments, over dentures or customized prosthetics.

Discoloration Treatment: any treatment to remove or lessen discoloration except in connection with endodontics.

Experimental Procedures: dental services that are experimental or that are not approved by the American Dental Association.

Ineligible Provider: dental services performed by providers that do not satisfy all the requirements per the provider definition as defined within the Information Guide (IG).

Lost or Stolen Prosthetics or Appliances: replacement of a prosthetic, cast restoration, denture or any other type of appliance that has been lost, misplaced, or stolen.

Medical Necessity: dental needs that arise from services and/or supplies that are not medically necessary.

Member Responsibility Amount (MRA): amounts applied towards the satisfaction of a member's responsibility amount before dental needs are deemed eligible for sharing as defined in accordance with the Information Guide (IG).

Military Service: dental needs related to conditions determined by the Veteran 's Administration to be connected to active service in the military of the United States, except to the extent prohibited or modified by law.

Myofunctional Therapy: muscle training therapy or training to correct or control harmful habits.

Negligence: dental needs resulting from negligence, misfeasance, malfeasance, nonfeasance, or malpractice on the part of any caregiver, institution, member, or provider, as determined by the membership, in its discretion, considering applicable laws and evidence available to the membership at the time of injury.

No Legal Obligation: dental services provided to a member for which the provider of a service does not and/or would not customarily render a direct charge, or charges incurred for which the member has no legal obligation to pay, or for which no charges would be made including, but not limited to dental needs for services not actually rendered, fees, care, supplies, or services for which a member, company, or any other entity except the member, may be liable for necessitating the fees, care, supplies, or services.

Not Eligible: dental needs incurred at a time when there is no eligibility in force for the active member and/or dependents.

Occlusal Restoration: procedures that are performed to alter, restore, or maintain occlusion including:

- (a) increasing the vertical dimension
- (b) replacing or stabilizing tooth structure lost by attrition
- (c) realignment of teeth
- (d) gnathological recording or bite registration or bite analysis
- (e) occlusal equilibration

Oral Hygiene Counseling: education or training in and supplies used for dietary or nutritional counseling, including, but not limited to toothpaste, toothbrush, waterpik, and mouthwash.

Prior to Member's Effective Date: dental services rendered or received prior to the member's effective date.

Professional, Semi-Professional, or Intercollegiate Athletics: dental needs in connection with any injury or illness resulting from or in the course of any employment for wage or profit; academic commitment, or related to professional, semi-professional, or intercollegiate athletics, including practice.

Prohibited by Law: dental services rendered to the extent that sharing under this membership is prohibited by law.

Replacement: charges for a partial or full removable denture, a removable bridge or fixed bridgework, or a crown or gold restoration.

Review of Records: needs submitted for member-to-member sharing are subject to a pre-existing condition review, including but not limited to, conditions previously identified on the member's enrollment application. JHS has the right to request records for medical or dental needs, for any relevant medical history that may be needed to determine if a need submitted is eligible for sharing. Pre-existing needs that receive member-to-member sharing as part of an office visit or by an error in processing doesn't constitute that the pre-existing condition waiting period does not apply.

Sealants: any treatment to apply, maintain, or remove sealants.

Self-Inflicted: dental needs that are incurred due to an intentionally self-inflicted injury or illness. This does not apply if the injury:

- (a) resulted from being the victim of an act of domestic violence.

Temporomandibular Joint Disorders (TMJ): charges for care and treatment of jaw joint conditions, including temporomandibular joints (TMJ).

Timely Filing: Limits a member or provider has six (6) months from date of service to submit the need for processing. Any dental needs received more than six (6) months from date of service will be deemed ineligible.

Unreasonable: dental needs that are not reasonable in nature or in charge or are required to treat illness or injuries arising from and due to a provider's error, wherein such illness, injury, infection, or complication is not reasonably expected to occur. This will apply to dental needs directly or indirectly resulting from circumstances that, in the opinion of the membership in its sole discretion, gave rise to the dental needs and are not generally foreseeable or expected among professionals practicing the same or similar type(s) of medicine as the treating provider whose error caused the loss(es).

Vehicle Accident: dental needs for treatment of any injury where it is determined that a member was involved in a motorcycle accident while not wearing a helmet or in an automobile accident while not wearing a seat belt (or car seat), even if the cause of the injury or illness is not related to the failure of the member to wear a helmet or seat belt (or car seat). This does not apply:

- (a) to members who were passengers on public transportation, ride for hire or livery services.
- (b) when a seat belt or helmet is not required by law.

War/Riot: dental needs incurred because of war or any act of war, whether declared or undeclared, or any act of aggression by any country, including rebellion or riot, when the member is a member of the armed forces of any country, or during service by a member in the armed forces of any country, or voluntary participation in a riot. This does not apply to any member who is not a member of the armed forces and does not apply to victims of any act of war or aggression.

Getting the Most

OUT of YOUR MEMBERSHIP



MDLIVE®

The MDLIVE® program utilizes a network of state licensed primary care physicians, providing cross coverage consultations 24 hours a day, 7 days a week, and 365 days a year, included with each membership.

The network physicians diagnose routine, non-emergency, medical problems via telephone or video consult, as well as recommend treatment and prescribe medication, when necessary.

MDLIVE® Uses

- Fevers/Coughs/Sore Throats
- Nasal Congestion
- Acute Cystitis (Bladder Infections)
- Diabetes
- Allergies
- Urinary Tract Infections (Adult Females 18+)
- Pharyngitis
- Sinusitis
- Weight Control
- Anxiety
- High Blood Pressure
- Constipation
- Diarrhea
- Ear Problems
- Insect Bites
- Rash
- Pink Eye
- Vomiting
- Respiratory Problems
- Prescription Refill (Short-Term Only)



Our Advantages

- No age limits for all household family members
- No medical restrictions
- No limit consultations per family
- Doctors available nationwide
- Doctors will return your call within 10-15 minutes
- Consult by phone or video
- No language barriers, choose your language preference
- Choose the gender of your doctor
- Schedule your appointment by phone or via the web
- Doctor on-call, 24-hour service; Consult with the next available doctor

HOW TO USE

Telephone/Video Consent

- Call toll-free (888) 976-0802 and the IVR System will prompt you through by asking you for general information (i.e., first and last name, date of birth, etc.).
- Have your local pharmacy's name and phone number ready should a prescription be necessary.
- The system will direct you to a customer service representative who will assist you with registering your account. At this time, you can add your dependents.
- Your account stores your medical history and any MDLIVE® encounters which can be relayed to your primary care physician.

Web

- Go to URL www.mdlive.com/myewellness
- Begin the registration process.
- Add health history (previous and current health conditions, medications, allergies, and surgeries).
- Complete your lifestyle and family history.
- Enter your dependent information.
- Enter your preferred pharmacy.
- Enter your primary care physician information.
- You can upload images such as a rash or sore to your primary care physician.
- After completion of your registration and account set up you will have a choice of first available doctor or schedule a visit.
- If you choose next available doctor, a physician, located within your state, will call you within 10- 15 minutes.
- If you choose to schedule an appointment, you are offered a variety of times and you set the time frame.
- You will also have a choice of whether you would like to have a video or phone consult.
- When choosing first available doctor, you are presented with doctors you may choose from.
- When you select to opt for an appointment with date and time, you are presented with doctors you may schedule an appointment with.
- Choose a phone or video consult.
- The doctor will contact you at the time you designated.



Mobile Virtual Care –Meet Sophie!

To simplify registration, MDLIVE launched Sophie, a state-of-the-art artificial intelligence (AI)-powered Personal Health Assistant (PHA). Sophie utilizes an intuitive interface that walks members through the steps needed to set up a personal telehealth account. Once registered, Sophie can assist with scheduling doctor's appointments, answering medical questions, and generating reminders and follow-up to help maintain users' daily health and wellness.

- 1 Take out your mobile device.
- 2 Next, open your text messaging app and compose a new text message.
- 3 In the to field enter "635483."
- 4 Type the word "DOCTOR" in the message field and click send.
- 5 Choose a phone or video consult.
- 6 The doctor will contact you at the time you designated.

Important Things to Know

MDLIVE can treat a lot of conditions, but they want to make sure they set expectations with our members about what they do not treat. This should help you better understand how the doctors are trained to use the correct medications, and that certain emergency or complex conditions still need an office visit.

- **First**, not every infection needs an antibiotic.
- **Second**, every visit ends with great advice, but not every visit ends with a prescription.
- **Third**, not every issue can be treated via Telehealth.

ArriveRx

ArriveRx offers members on the Distinct, Diverse and Dynamic program eligibility for eligible prescriptions.

Tier 1	Tier 2	Tier 3	Tier 4
\$0.00	\$10.00 or less	\$25.00 or less	\$50.00 or less

Discounts on all prescription medication, including over 200 drugs at \$0.00 cost

Preferred Drug Formulary

Over 200 drugs at \$0 cost in Tier 1. Cost of drugs in Tiers 2-4 shall not exceed the amount listed. Generic and brand name drugs are included.



GENERIC OF RICHMET (oral), GLIUMETZA (oral)
METFORMIN HCL (ORAL) TABLET
500 MG | 90 | 85001

SAVINGS AT NO COST TO YOU!
Simply search for your prescription drug and present the prescription drug card along with your prescription to the pharmacy and save.

*The pricing on this website provides the amount you are responsible to pay before you meet or exceed the maximum coverage amount within a month. If you exceed your maximum monthly coverage amount, you will be responsible for paying more than is quoted on this website.

DRUG FILTERS
Once you make filter adjustments please click the update search button to refresh your prices.

PRICE RESULTS | DRUG INFO | SIDE EFFECTS | IMAGES

Showing 6 of 30 pharmacies

- WALGREENS PHARMACY** 90 Locations to choose from **\$0.00**
- CVS PHARMACY** 81 Locations to choose from **\$0.00**
- UA CANCER CENTER/DIGNITY HEALTH ST. JOSEPHS OUTPT PHARM** 625 N 6TH ST **\$0.00**
- FRYS PHARMACY 66000088** 100 E JEFFERSON ST **\$0.00**
- BANNER FAMILY PHARMACY-UNIV. MED. INSTITUTE 1441** 1441 N 12TH ST **\$0.00**
- BANNER FAMILY PHARMACY - UNIVERSITY MEDICAL CENTER PHOENIX** 1111 E MCDOWELL RD **\$0.00**

Prescription Price and Pharmacy Look-up Tool:

<https://cotg7.arriverx.com/rx>

Pharmacy Help Desk:

Call: 1-877-539-3940

Pharmacy Processing:

Rx Group: COTG7

Rx PCN: RETAIL

Rx Bin: 021957



The NBFSFSA Pharmacy Benefit Administration (PBA) benefits included with this plan gives members access to savings on a wide variety of prescription drugs. The NBFSFSA nationwide pharmacy network includes all major chains, retailers, grocers, and independents. Members and their family can use the information on their ID cards to get prescriptions filled at any participating pharmacy.

Lifestyle SAVINGS

Not only do we strive to provide JHS Community members with quality healthcare options, but we also provide access to savings throughout the year by partnering with National Discount Networks, Inc. (NDNI). Through the various categories of our Lifestyle Savings Program, members can save money and enjoy special offers on entertainment, health and wellness products and services, travel savings, retail discounts, and more.

While the JHS Community has partnered with (NDNI), it is important to note that any discount(s) or service(s) listed in this publication and/or any publication maintained by (NDNI) are not endorsed, owned, or operated by the JHS Community or any of its employees. Any discount(s) or service(s) will not be eligible for sharing by the membership.

The Lifestyle Savings Program consists of:

SPA and WELLNESS SAVINGS

SPAWEEK has the largest Spa & Wellness Network in North America. Search over 9,000 locations and thousands of services that accept the Spa & Wellness Gift Card. [Save 15% on your purchase.](#)

HOTEL SAVINGS

Save up to 70% on over 400,000 hotels and resorts worldwide with Members-Only unpublished hotel rates and discounts. [Start saving with HOTELOGICAL.](#)

VITAMIN SAVINGS

Members can save up to 75% off retail pricing on a huge selection of natural products including vitamins, supplements, and more. To access this program visit: www.nbbivitamins.com.

MOVIE TICKETS

Do you go to movies? Tired of paying \$18 or more for your tickets if you are not going to a matinee? Save on movie tickets nationwide. All tickets are \$11.00* and are accepted at AMC theaters. *Price includes a shipping and handling fee. Surcharges at ticket counters may apply in some areas when redeeming tickets. Once you Purchase tickets, they will be mailed to you via USPS mail. [Access your discounted movie tickets.](#)

**Subject to surcharge for 3D, premium large screen format (e.g., IMAX®, AMC Prime®), alternative content, dine-in-theatres, film festivals, special theatrical presentations and premium services; location surcharges may also apply at select locations, including Disney and Universal properties operated by AMC. AMC reserves the right to change these terms and conditions without notice, including changes and additions to surcharge fees, restrictions or exclusions. For current terms and conditions, a complete listing of applicable surcharges, exclusions, AMC Theatre brands and restrictions, please visit www.amctheatres.com/exchange-tickets-terms. Minimum purchase requirement is per order.

RESTAURANT SAVINGS

Restaurant.com offers a national directory of more than 15,000 restaurants and a number of exclusive online merchants. You can search restaurants by state, city, neighborhood, zip code and cuisine type to find the perfect restaurant and gift certificates for savings. [Access your Restaurant.com savings.](#)

MEDICAL SUPPLIES AND EQUIPMENT

Save from 20% to 50% off your medical supply needs. Items include a broad selection of ambulatory aids such as wheelchairs, scooters, hospital beds, and much more.

To access this benefit visit: www.nbbimedsupplies.com

When you have made your selection and are checking out, use the coupon code NBB 10. This will get you an additional 10% off the already discounted cost.

You can also place your order over the phone at (800) 278-0227. Use Coupon Code NBB 10.

FLOWER SAVINGS

Members can save 20% on their next flower order. Shop online today and save on flowers, baskets and more.

[Access your discounted floral benefits](#)

VEHICLE SAVINGS

Save \$ 10.00 on Jiffy Lube's Signature Service oil change at any participating Jiffy Lube location in the United States.

This coupon cannot be combined with any other offer or used in addition to fleet discounts. Offers for oil changes are good for up to 5 quarts of quality motor oil. Must present coupon at time of service. Not valid with any other offer for the same service. Jiffy Lube, the Jiffy Lube design mark and Jiffy Lube Signature Service are registered trademarks of Jiffy Lube International, Inc. All rights reserved.

[Click here to access this benefit and download your \\$10 coupon](#)

EYEGASSES SAVINGS

We believe self-expression begins with your face. We are made up of people who love what they do and are passionate about style. We set out on a mission to change the way the world sees glasses. After all, glasses aren't just a means to an end, they're part of your identity. We work hard to help you find frames that fit your life. We're proud to feature a wide range of styles across 60 top brands of eyewear. Whether you're looking for a designer pair, the latest Ray-Bans or even a trending cat-eye, we've got it.

We make our own lenses - and they are free!

Using the same materials your doctor would, we use our state-of-the-art lab to create your lenses affordably, precisely and quickly. This allows us to ship 96% of our orders same day. Because of the cost savings we have by ordering frames and lenses directly from the manufacturer we can pass those savings onto you by giving free CR-39 lenses with every glasses purchase.

Access this benefit at: GLASSES.COM



Membership Discount Services

JHS Community has partnered with Alliance HealthCard, Pet Genius Rx and Emergency Travel Assist to provide our *Distinct, Diverse and Dynamic* members FREE access to medical discount outside of your enrolled program(s).

These discounts offered through Alliance HealthCard, Pet Genius Rx and Emergency Travel Assist are NOT endorsed, owned, or operated by JHS Community or affiliated to each other.

Alliance HealthCard offers one of the most extensive consumer-driven healthcare discount programs in the nation.

By aggregating the purchasing power of hundreds of thousands of consumers nationwide, we enable our account members to take advantage of deeply discounted rates usually reserved only for members that have a medical program with a Health Care Sharing Ministry or traditional insurance.

This is not an insurance plan rather, it is membership in a discount healthcare savings program that will help reduce the expense of obtaining care and treatment, that you are receiving for free as a *Distinct, Diverse and Dynamic* member.

With an Alliance HealthCard discount healthcare program, you'll realize the following advantages:

- Receive discounted rates immediately
- No maximum on program usage
- Never any paper work to fill out
- Acceptance regardless of health conditions
- You are immediately qualified
- Visiting a specialist does not require a referral
- Please Note: Limitations and exclusions apply.

Please see Membership Discount Services - How to Use Guide in your member portal.

This is NOT insurance. Not available for sale in Alaska, Vermont and Washington.

The discount medical, health and drug benefits (The Plan) are NOT insurance, a health insurance policy, a Medicare Prescription Drug Plan or a qualified health plan under the Affordable Care Act. The Plan provides discounts for certain medical services, pharmaceutical supplies, prescription drugs or medical equipment and supplies offered by providers who have agreed to participate in the Plan. The range of discounts for medical, pharmacy or ancillary services offered under The Plan will vary depending on the type of provider and products or services received. The Plan does not make and is prohibited from making members' payments to providers for products or services received under The Plan. The plan member is required and obligated to pay for all discounted prescription drugs, medical and pharmaceutical supplies, services and equipment received under The Plan, but will receive a discount on certain identified medical, pharmaceutical supplies, prescription drugs, medical equipment and supplies from providers in The Plan. The Discount Medical Plan/Discount Plan Organization is Alliance HealthCard of Florida, Inc., 5005 LBJ Freeway, Suite 1500, Dallas, TX 75244. Call 800-699-9472 or email info-abs@member-questions.com for more information or use our online directory for a list of providers. The Plan will make available before purchase and upon request, a list of program providers and the providers' city, state and specialty, located in the member's service area. The Plan does not offer a discount on hospital services in Maryland. The fees for The Plan are specified in the membership agreement. You may cancel The Plan at anytime. The Plan includes a 30 day cancellation provision. Note to MA consumers: The plan is not insurance coverage and does not meet the minimum creditable coverage requirements under M.G.L. c. 111M and 956 CMR 5.00.

Discount Providers

Healthcare Clinic



Dental Savings



Vision Savings



Hearing Savings



Imaging Savings (MRI, CT, Scans)



Chiropractic Savings



Lab Services



For assistance on how to use your Alliance Healthcard or to locate one of their providers, please call Alliance's member service team at (800) 565-3827.

Pet Genius Rx



For assistance on how to use Pet Genius Rx, please call their member service team at (800) 407-8156.

Emergency Travel Assist

For assistance on how to use Emergency Travel Assist, please call their member service team at (800) 746-3130.

Glossary

Please Note: NOT all terms or services listed in this glossary will apply to all programs or additional offerings selected. Please see Program Overviews on page 13 in this Information Guide (referred to as IG below).

Accident: a sudden, unexpected, specific, and abrupt event that is external to the body and occurs by chance at an identifiable time and place.

Active: a member's status when they have met all requirements within the IG to have medical needs considered eligible for sharing by the membership.

Additional Member Responsibility Amount (AMRA): the specified dollar amount a member is responsible for paying in conjunction with the membership for eligible medical needs being shared member-to-member. The amount is based on program(s) selected.

Admission or Admitted: when a member is accepted for inpatient services in a hospital setting.

Adults: Members 18 years of age or older.

Ambulance: a vehicle specially equipped for taking sick or injured people to and from the hospital, especially in emergencies.

Ambulatory Surgical Facility: a licensed surgical center that operates exclusively for the purpose of providing surgical services and that has permanent facilities and equipment to perform surgical procedures on an outpatient basis. An ambulatory surgical facility may be a freestanding facility or a distinct unit of a hospital.

Annual Maximum Sharing Limit: maximum amount shared per member, per membership year, combining all services and sharing amount totals.

Balance Billing: when a provider bills a member for the difference between the provider's charge and the allowed amount for sharing.

Bariatric Surgery: gastric bypass and other weight-loss surgeries involve making changes to your digestive system to help you lose weight.

Behavioral Health: the way your habits impact your mental and physical wellbeing, including but not limited to, ADHD, OCD, eating disorders, addictive behavior patterns, substance abuse, gambling, or self-injury habits. Includes eating and drinking habits (eating disorders) addictive behavior patterns (substance abuse, gambling or sex) and self-injury.

Cancellation Date: the date your membership is no longer active due to voluntary (member request) or involuntary (age or failure to make monthly contribution) cancellation.

Cancer: a disease caused by an uncontrolled division of abnormal cells in a part of the body.

Cardiac Rehabilitation: the method by which an individual is restored to their best physical, medical, and psychological status after a cardiac event or diagnosis of cardiac dysfunction.

Child(ren): member(s) 0-17 years of age.

Chiropractic Care: manual therapy including spinal manipulation or adjustments, posture & exercise education, nutrition counseling and ergonomic training.

Clinical Trial: research studies performed and approved by the FDA on people that are aimed at evaluating a medical, surgical, or behavioral intervention.

Complications of Maternity: conditions whose diagnoses are distinct from pregnancy but are adversely affected by or are caused by pregnancy. Complications of pregnancy does not include false labor, occasional spotting, physician-prescribed rest during pregnancy, morning sickness, hyperemesis gravidarum, and similar conditions associated with the management of a difficult pregnancy but not constituting a medically classifiable distinct complication of pregnancy.

Daily: a continuous 24-hour period, which starts once treatment has begun.

Date of Service (DOS): the date medical services were provided to a member.

Dental Services: diagnostic, preventative, or corrective services furnished by or under the supervision of a dentist.

Dependent: a spouse and/or dependent children who have enrolled and become active under the primary member's membership.

Disabled Dependent: a member who is permanently disabled, and therefore, unable to engage in any substantial gainful activity due to a medically determinable physical or mental impairment. Proof of such incapacity and dependency must be furnished to the JHS Community within 31 days following the child's 26th birthday to allow said dependent to remain active on your membership.

Durable Medical Equipment: equipment withstanding repeated use, used for a medical reason, is not usually useful to someone who is not sick or injured, used in your home, and generally has an expected lifetime of at least three (3) years.

Effective Date: the day a member becomes active on any JHS Community program.

Elective Sterilization: medical services, supplies, and/or treatment for the purpose of rendering a person incapable of reproducing.

Eligible for Sharing: any procedure, service, test, or treatment (medical need) that has met all the requirements of the IG for member-to-member sharing. An eligible medical need may be reduced by any discounts, fees, or any other sources.

Eligible Services: medical procedure, service, test, or treatment considered to be eligible for member-to-member sharing based on the programs selected.

Emergency: an acute injury or illness that poses an immediate risk to a member's life or long-term health, if not medically treated immediately.

Emergency Room: the unit of a hospital that provides immediate treatment for acute illness or injury.

Enrollment Application Electronic Signature: a signature provided by the primary member as acceptance of all required conditions, member terms, and agreements of their enrollment application summary.

Explanation of Sharing (EOS): a statement issued to the primary member and provider once a medical need has been processed as eligible, pending, or ineligible. The EOS could contain the amount the member is responsible for (MRA, AMRA) or Visit Fee, any amounts that were shared member-to-member on behalf of JHS Community members, requests for additional information, or the reason a medical need was deemed ineligible.

Gender Dysphoria: a sense of unease that a person may have because of a mismatch between their biological sex and their gender identity.

Genetic Testing: testing that looks for changes, mutations or variants in your DNA. Includes cytogenetic, biochemical or molecular testing.

General Anesthesia: an induced state of unconsciousness, accompanied by partial or complete loss of protective reflexes, including the inability to continually maintain an airway independently and respond purposefully to physical stimulation or verbal command.

Hormone Therapy: treatment that adds, blocks or removes hormones in your body to help control activity of certain cells or organs.

Home Infusion Therapy: intravenous or subcutaneous administration of drugs or biologicals to an individual at home.

Home Health Care: is a wide range of health care services that can be given in your home for an illness or injury. Home health care is usually less expensive, more convenient, and just as effective as care you get in a hospital or skilled nursing facility (SNF).

Hospice Facility: an institution which provides a formal program of care for terminally ill patients whose life expectancy is less than six (6) months, provided on an inpatient basis and directed by a physician.

Hospital: an institution providing medical and surgical treatment and nursing care for sick or injured people.

Hospital Admission: acceptance of a member to a hospital for inpatient, medically necessary and appropriate care and treatment of an illness or injury.

Hospital Confinement: the status of staying in a hospital as a registered inpatient for a continuous period of 24 hours or more on the recommendation of a medical practitioner because of a medical necessity.

Illness: a disease or period of sickness affecting the body or mind.

Imaging: the performance of any diagnostic or interventional procedure or operation of medical imaging equipment intended for use in the diagnosis or visualization of disease or other medical conditions in human beings, including magnetic resonance imaging, fluoroscopy, nuclear medicine, sonography, or x-rays.

Inactive: a member's status when they no longer meet all requirements within the IG to have medical needs considered eligible for member-to-member sharing because your membership is no longer active due to voluntary (member request) or involuntary (age or failure to make monthly contribution) cancellation.

Ineligible Services: medical services not considered eligible for member-to-member sharing based on the programs selected.

Injury: damage to the body by external force.

In-Network: a provider or facility that participates in JHS Community's provider network for discounted contracted pricing.

International Care: health care obtained outside of the United States.

Inpatient Hospitalization: care provided in a hospital or other facility where you are admitted and spend at least one night while under the care of healthcare professionals. Stays for observation are not considered to be admitted.

Inpatient Rehabilitation: refers to physician and therapy services received during a stay in a hospital.

Inpatient Surgery: care provided in a hospital or other facility where you are admitted after surgery for at least one night to recover from a surgical procedure or surgery that occurs during an eligible inpatient hospitalization.

Intensive Care Unit: acceptance to an intensive care unit or critical care unit of a hospital for member's requiring intensive treatment or close monitoring which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

Laboratory Services: tests on specimens from the human body (such as blood or urine) that are used to provide information for diagnosis, prevention or treatment of an impairment or disease.

Lifestyle Savings: discounts provided by the membership for a variety of services and products.

Lifetime Medical Condition: diagnosed condition that will never be considered eligible for member-to-member sharing.

Lifetime Sharing Limit: maximum amount shared per member's lifetime on the membership, combining all services and sharing amount totals.

Medical Need: charges for medical services that are provided by a physician or facility to address injuries, illnesses, or routine medical needs.

Medical Services: medical and health care services provided to a member, including but not limited to, medical services which may or may not be eligible for sharing by the membership.

Medically Necessary: health care services or supplies needed to diagnose or treat an injury, illness, medical condition, or disease and its symptoms that meet acceptable standards of medicine.

Member: any person, including all dependents, enrolled in the primary member's membership.

Member Portal: an on-line resource for members to manage their membership and review resources.

Member Responsibility Amount (MRA): the specified dollar amount a member is responsible for paying, prior to eligible medical and dental needs being shared member-to-member by the membership. The amount is based on program offering selected.

Membership: all individuals and families active on any JHS Community program.

Membership Year: the twelve (12) calendar months following a member's effective date.

Mental Health Disorder: any organic, mental, or emotional impairment that has substantial adverse effects on a person's cognitive or volitional functions.

Mental Health Facility: a facility providing inpatient mental health services, psychiatric services or substance abuse services and supervised by a licensed medical professional including a psychiatric unit within a hospital.

Monthly Contribution: the dollar amount a member submits voluntarily each month to facilitate member- to-member sharing of eligible medical needs. A member's monthly contribution is based on the program and additional offerings selected.

Observation Room: a room for close nursing observation and care of one or more outpatients for a period of less than twenty-four consecutive hours.

Occupational Therapy: medically prescribed treatment provided by or under the supervision of a licensed occupational therapist, to restore or improve an individual's ability to perform tasks required for independent functioning.

Office Visit: an appointment to discuss new or existing problems with a physician to get health advice or treatment. This does include ancillary services up to a maximum sharing limit per office visit.

Out-of-Network: a provider or facility not participating in JHS Community's provider network that is not eligible for re-pricing discounts.

Outpatient Surgery: care provided at an ambulatory surgical center, hospital outpatient services or same day surgery department or at an office visit where member does not stay overnight for care.

Pathology (Lab): the branch of medicine that deals with the laboratory examination of samples from the human body.

Physical Therapy: treatment services to restore or improve muscle tone, joint mobility, or physical function provided by or under the supervision of a registered physical therapist.

Physician: a licensed doctor in the jurisdiction where medical services are being performed, who is legally qualified to practice medicine and render care and treatment. A physician does not include a person who is providing homeopathic, aroma-therapeutic, or herbal therapeutic services.

Physician Office: a facility that operates as the office of a physician or other health care professional for the primary purpose of examination, evaluation, and treatment or referral of patients.

Pregnant Woman: a gestational period during which a female is carrying one or more offspring.

Pre-Existing Condition: a disease or physical condition for which medical advice, treatment or diagnosis was received and/or a prescription was prescribed, during the 12-month period preceding the member's effective date.

Pre-Existing Waiting Period: the 12-months after the member's effective date in which the member's needs related to a pre-existing condition will not be considered eligible for sharing.

Prescription: an instruction written by a physician that authorizes a patient to be provided a medicine or treatment.

Preventative Services: routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems.

Primary Care Physician: a medical provider who provides care to the member both as a first contact for and continuing responsibility for the member's comprehensive care.

Primary Member: the oldest member of a family for whom an enrollment application has been approved for membership.

Private Duty Care: nursing care provided on an hourly basis in an individual's home.

Sexual Transformation Services (or Gender Affirmation Surgery): procedures to help individuals transition to their self-identified gender, including procedures that alter a person's physical appearance, hormones used to match sex characteristics to conform to their gender identify and sex reassignment surgery.

Program: the option selected by the primary member to enroll as an active JHS Community member.

Radiology Services: use of imaging technology to diagnose or treat an injury or illness.

Recreational Motor Vehicle: a licensed or unlicensed vehicle with a motor, operated on land or water, including but not limited to, ATVs, boats, dirtbikes, go-carts, jet skis, motorized scooters/skateboards, self-balancing vehicles, snowmobiles or a vehicle with less than four (4) wheels.

Registered Nurse: a nurse who has graduated from a college's nursing program or from a school of nursing and has passed a national licensing exam.

Rehabilitation Facility: licensed under state law to provide intensive therapy and medical management services.

Self-Pay Members: all members are considered self-pay as JHS Community is not insurance and makes no promises or guarantee of sharing.

Share-Shared-Sharing: when the member has met the requirements of the IG for their medical need to be shared by the membership.

Sharing Limit: the maximum amount the membership will share for a member's eligible medical or dental needs per occurrence, day, year, or lifetime.

Skilled Nursing Facility: a high level of medical care that must be provided by or under the direct supervision of licensed health professionals, such as registered nurses (RNs) and physical, speech, and occupational therapists.

Specialist: a physician who has completed advanced education and training in a specific field of medicine.

Speech Therapy: medically prescribed diagnostic and treatment services provided by or under the supervision of a certified speech therapist.

Substance Abuse: alcoholism, drug abuse, or chemical dependency of any type.

Substance Abuse Treatment Facility: a specialized hospital, inpatient unit, or other institution that is licensed to provide 24-hour care and has as its primary function the diagnosing and treating of patients with substance use disorders.

Surgery: the structural alteration of the human body by the incision or cutting into of tissue for the purpose of diagnostic or therapeutic treatment of conditions or disease process by any instrument causing localized alteration or transposition of live human tissue.

Telehealth: the practice of medicine using technology to deliver care at a distance by phone or video conference.

Timely Filing Limits: the time frame within which a medical need must be received. A member's medical need must be received within six (6) months from the date of service or will be considered ineligible for member-to-member sharing.

Urgent Care: health care needed for a condition that does not require emergency care but for which, based on medical appropriateness, treatment must be provided within 24 hours and should not wait for a normally scheduled appointment.

Visit Fee: the portion of a visit that a member must submit to the provider at the time of service.

Waiting Period: the number of continuous days that the active member must wait for certain services to be considered eligible for sharing.

Wearable Remote Monitoring Devices: enables continuous ambulatory monitoring of patient's vital signs to measure health information to wirelessly transmit to their health care provider or monitoring entity.

Wellness: an approach to healthcare that emphasizes good physical and mental health, preventing illness, and prolonging life.