



Advantage

Elite+

Comprehensive Member Guide



Dear netWell Member,

We are so excited to welcome you into our netWell family, and thankful you have joined our innovative Health Care Sharing Ministry (HCSM). As you will learn, netWell does things differently than most HCSMs, as we believe your health care journey is an opportunity and privilege for us to serve you. netWell was founded with the passionate mindset of “Serving Our Members”! There has never been a better time for individuals that share a common set of Religious and Ethical beliefs, to embrace a Christian community of care, which is why this ministry is truly a blessing.

netWell members enjoy a modern approach to their health care, and wellness needs. We are committed to providing you with a stellar member experience during each interaction. Your membership offers access to many medical services, including the ever-popular Telemedicine Visits, and our unique netWellRX prescription membership plan. Our coordinators are highly trained and available to answer questions, provide instructions and help you get the most of your membership. Your Member Portal provides 24/7 online access to your member account, and many resources for managing your membership. Discounts services outside your membership provisions are the balance to a complete well-being package.

We are mindful that today, tomorrow and every day that you journey along with netWell is a blessing. Our daily hope is to have members that will love their fellow brothers and sisters and share in each other's burdens. We do this by sharing for medical requests directly from member to member. We feel that God has blessed us with experience and knowledge of what matters most to the member, and we hope that you will also believe that netWell is a membership that goes above and beyond.

Blessings,

The netWell Team

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netWell's MISSION & BELIEF STATEMENTS

Our Mission

To exemplify God's commandment of LOVING our fellow brothers and sisters (1 John 4:21) by *sharing* in each other's needs (Galatians 6:2) within a spirited and modern *Health Care Sharing Ministry*.

1 John 4:21, NIV: "And he has given us this command: Anyone who loves God must also love their brother and sister."

Galatians 6:2, NIV - "Carry each other's burdens, and in this way you will fulfill the law of Christ."

Our Statement of Religious and Ethical Beliefs

We believe in the God of the Bible and the Power of Prayer.

Philippians 4:6, NIV: "Do not be anxious about anything, but in every situation, by prayer and petition, with thanksgiving, present your requests to God."

We believe it is our Duty to Love and Accept one another.

John 13:34, NIV: "A new command I give you: Love one another. As I have loved you, so you must love one another."

We believe it is our obligation to God and our fellow members to Live a healthy lifestyle which avoids habits and behaviors that are harmful to the body.

1 Corinthians 10:31, NIV: "So whether you eat or drink or whatever you do, do it all for the glory of God."

We believe it is our ethical and moral responsibility to Carry each other's Burdens.

Galatians 6:2, NIV: "Carry each other's burdens, and in this way you will fulfill the law of Christ."

ENROLLMENT PROVISIONS

Authorizations

As a member of netWell, you authorized the following upon enrollment:

- Your first voluntary Monthly Commitment Contribution (MCC) to be processed immediately upon completion of your enrollment or on a specified date prior to your Effective Date.
- netWell or its designee to collect a voluntary MCC as a recurring monthly transaction until you request otherwise, or your membership is cancelled.
- netWell to contact providers to obtain your medical records, and the medical records of all participants on the application with appropriate HIPAA authorizations.

Upon receiving an eligible medical need from a member or provide, netWell will assign the medical need for sharing in accordance with the Guidelines, less the amount required to be pre-shared (Member Commitment Portion). Voluntary membership contributions are received monthly from each member. Up to 40% of membership contributions may be applied towards administration of the Health Care Sharing Ministry, charitable causes, and general overhead costs. This does not include third-party contracts and distribution compensation.

In any given month, the available sharing funds may or may not equal the amount of eligible expenses submitted for sharing. If eligible expenses exceed the available sharing funds to meet those needs, any of the following actions may be taken:

- A pro-rata sharing of eligibility expenses may be initiated, whereby the members share a percentage of eligible medical expenses within that month and hold back the balance of those expenses to be share the following month, or
- The monthly member contribution may be increased in sufficient proportion to satisfy the eligible expenses. This action may be undertaken temporarily or on an ongoing basis. Administrative costs are subject to change by netWell.

Member Enrollment Request

Each *membership* will complete an honest and accurate medical history review for all individuals enrolling in the netWell *membership*. Any *initial waiting periods*, *member limitations* or additional contributions will be disclosed for the *enrollee* to make a final decision if they would like to submit their *Member Enrollment Request*. The *Member Enrollment Request* will also include the *Member Enrollment Signature Documents*, the *Enrollment Request Fee*, and the *Enrollment Charitable Donation*.

Member Enrollment Signature Documents

Each *membership* must acknowledge and agree to initial and sign the Member Acknowledgement Agreement, Limited Power of Attorney, Consent Form, Authorization for Release of Protected Health Information (HIPAA) and Privacy Policy as part of the enrollment process to submit a complete *Member Enrollment Request*.

Member Transaction Disclosures

Each monthly transaction for Membership Commitment Contribution (MCC) is subject to a transactional fee of 1.5% for utilizing a credit/debit card. There is no fee associated with utilizing an ACH transaction. * Please Note: A \$25.00 Returned Check Fee will be added to the next month's Membership Commitment Contribution (MCC) in the event a payment is returned due to "Insufficient Funds."

Enrollment Charitable Donation

Each *membership* donates an amount designated by netWell at enrollment to help support charitable organizations associated with netWell and their initiatives. This serves to help fulfill netWell's mission "to exemplify God's commandment of loving our fellow brothers and sisters."

Enrollment Request Fee

Each *membership* will submit an amount designated by netWell at the date of enrollment which will be used to facilitate a review of the *Member Enrollment Request*.

Dependent Only Membership

netWell *memberships* are available for *dependent* children only with the authorization of a parent or the legal guardian. The parent/guardian will be listed as primary contact but the oldest *dependent* will be listed as the *key member*. *Dependents* must be at least one year of age before enrollment.



MEMBER FINANCIAL ACCOUNTABILITY

Monthly Charitable Donation

The *funds voluntarily* submitted monthly to help support charitable organizations and their initiatives. One organization netWell holds close to our heart is the Tim Tebow Foundation for their celebration of people with Special Needs.

Monthly Commitment Contribution (MCC)

The *funds voluntarily* submitted monthly to allow *sharing of eligible medical requests* amongst the *membership*. The *member's MCC* is based on the *membership option* selected by the *member*.

Monthly Membership Fee

The *funds* submitted monthly by a *member* for participation in the *membership* in lieu of an annual renewal fee.

Additional Commitment Contributions

For families of seven (7) or more, there is a \$50 additional *Monthly Commitment Contribution* per *dependent*.

Additional Nicotine & Tobacco Product Contribution

Any *member* who uses tobacco and/or nicotine products including e-Cigarettes, Vape or Vaping Devices, Chewing Tobacco or Pouches, or Cigars, will have an additional \$40 *Monthly Commitment Contribution* per *member*. Not disclosing Nicotine, and/or Tobacco usage could result in future medical expenses becoming *ineligible for sharing*.

Oldest Member's Age Change

Your *Monthly Commitment Contribution* will increase the month following the date the oldest *member* meets the next age band or the next *contribution cycle* following the date the oldest *member* hits the next age band.

Oldest Member's Residence

Your *Monthly Commitment Contribution* may increase or decrease in accordance with a change in the oldest *member's* residence. Your *Monthly Commitment Contribution*, is based upon the oldest *member's* residence and will be reflected on your next *Monthly Commitment Contribution*.

Refunds

Within the first ten (10) days of a new *member's effective date*, the *member* is entitled to a full refund, excluding the one-time *Enrollment Request Fee* and *Charitable Donation*. However, if a *medical request* has been processed as *eligible* for *sharing* on the *member's* behalf, a refund will not be issued.

Aging-Up Process

A dependent enrolled in their parent's netWell program, that reaches the age of twenty-seven (27), must enroll in their own program. Disabled dependents over the age of 27 that continue to be financially dependent upon the Primary Member, are eligible to continue on the program as a dependent. Proof of disability and dependency is required within 31 days following the dependent reaching the age of 27.

Dependent-Only Memberships

For dependent-only memberships, children must be at least one year of age through twenty-six years of age for enrollment, with a legal guardian present for enrollment. These memberships will be priced at the eighteen- to twenty-nine-year-old price point.

USING YOUR MEMBERSHIP

Initial Waiting Period

Once a *member's membership* has become effective, some *medical services* must meet an established amount of time that the *member* will need to wait beyond the *member's effective date* before a medical service may be *eligible* for sharing by the membership. [See Eligible for Sharing for your membership option](#)

Pre-Existing Conditions

For purposes of the netWell membership, *injuries, illnesses, or medical conditions* for which a *member* has received a medical diagnosis, medical advice, medical treatment, or diagnostic services, was prescribed medications, or presented *signs or symptoms* at any time during the 24-month *medical review* period prior to *member's effective date* will not be *eligible* for sharing for 24 months from the *member's effective date*. *Pre-existing condition* exclusions do not apply to *eligibility* for sharing of Office Visits. Certain medical conditions may be subject to *member limitations* that exceed 24 months. [See Member Limitations, pages 19 and 20](#)



Member Acknowledgements

As a *member* of netWell, at the time of enrollment, YOU acknowledged and agreed to (by signature) the Member Acknowledgement Agreement and the Statement of Religious and Ethical Beliefs. *See page 7*

It is the Primary Member's duty to approve and ensure that all active dependents participating on the netWell program are abiding by and in agreement with all of the Primary Members acknowledgment agreements along with the Member Guide in its entirety.

It is a *member's* duty to understand and agree to the following Member Acknowledgement Agreements along with the *provisions* of the Member Guide.

netWell is **NOT**:

netWell is **NOT** insurance and netWell has **NOT** been presented to me as insurance either by a netWell coordinator or by any third party.

netWell does **NOT** replace traditional insurance and *members* remain responsible for their own *medical requests*. netWell does **NOT** assume any legal risk or obligation, nor do its *members* guarantee or promise that *eligible medical requests* will be *shared* or *funded* by the *membership*.

netWell **IS**:

netWell **IS** a Health Care Sharing Ministry (HCSM). HCSM *members* believe in a common core of religious or ethical beliefs and *voluntarily* contribute toward *members' eligible medical requests* based on those beliefs.

netWell **IS** an HCSM that facilitates *sharing of eligible medical requests* based on *Member Commitment Contributions* and the *provisions* of the Member Guide.

Member Guide:

I have or will fully read and understand the most current Member Guide. I acknowledge that I have determined that this *membership* meets my healthcare needs. I acknowledge that I have had the opportunity to voice any questions and received satisfactory answers.

I have access to the most current Member Guide online, in my Welcome Email and in my *Member Portal*. I acknowledge that the Member Guide is part of the *Member Enrollment Request*.

The Member Guide outlines which of my *medical requests* may or may not be *eligible* for *sharing* but does NOT constitute a contract and carries no promise or guarantee to *share* in my *eligible medical requests*, implied or otherwise.

The *provisions* of this Member Guide in effect on the date of service for any of my *medical requests*, even if I have been given verbal communications that are contradictory. [*Please see full Explanation of Sharing located in the member portal for further details regarding sharing requests.*](#)

Member Duties:

I will honestly, accurately and completely answer the medical questions on the *Member Enrollment Request*.

I will read the most current Member Guide as it is subject to change or update with appropriate written notice.

I will make the necessary authorizations and consents for my *Monthly Charitable Donations*, *Monthly Commitment Contributions*, and *Monthly Membership Fees* to be submitted.

I will request a review of any *medical request* that I believe has not been processed correctly and, if I am still dissatisfied after such review, I will utilize the *provisions* in the Member Guide to make an appeal.

I will ensure that all *active members* under my *membership* abide by the Statement of Religious and Ethical Beliefs and failure to abide by these beliefs and/or this Member Acknowledgement Agreement may result in the cancellation of my *membership* and/or my *medical requests* may be processed *ineligible for sharing* per the Member Guide.

Monthly Commitment Contributions:

My *Monthly Commitment Contribution* is based on the size of my *membership*, the age of the oldest *member*, my place of residence and the *membership option* I have chosen.

My *Monthly Commitment Contribution* changes at certain ages based on the oldest *member's* age and if I change my place of residence. It can also change if *Monthly Commitment Contributions* change for all *members* and I am notified in advance.

My *Monthly Commitment Contribution* includes *Monthly Membership Fees* that are itemized on my *Monthly Commitment Contribution Request*.



Length of Membership:

My *membership* can become effective not less than five (5) days after nor more than sixty (60) days after my enrollment, the date to be chosen by me.

Cancellation requests must be made in writing, within seventy-two (72) hours of my next draft date.

My *membership* can be canceled by netWell if I fail to follow the Statement of Religious and Ethical Beliefs contained in this Member Acknowledgement Agreement or if I fail to make my *Monthly Commitment Contribution*.

Appeal Review and Arbitration Process:

I expect to be treated with respect in my dealings with netWell coordinators and I will treat the coordinators with the same respect.

I will use the *Appeal Review Process* to resolve any disagreements I may have regarding any *eligibility* determination or how any *sharing request* has been processed.

By becoming a member of netWell, each member agrees to use the following Appeal and Resolution processes as the exclusive means for resolving all disputes, including, but not limited to, legal disputes.

The member, and/or dependents, agree not to engage in litigation against netWell, its affiliates, nor its employees, directors, or Members of The Board, for any reason related to health care or membership. The netWell Resolution and Appeal process is as follows:

1. Call netWell: Many concerns or questions may be resolved by calling us directly. netWell strives to provide excellent member service, and we want to know immediately if you are not completely satisfied. Before submitting a written dispute, a member must first attempt to resolve the issue with the

applicable department within netWell. We may be reached at: 1-866-NETWELL (1-866-638-9355).

2. Written Dispute: If you are unable to resolve an issue to your satisfaction by calling netWell, you may file a written dispute within 30 days after the act or decision giving rise to your dispute. Disputes may be submitted in either of the two following ways:

- By completing netWell's member dispute form and submitting it to: Appeals@netwell.com, or,
- By completing the netWell member dispute form and mailing it to:

netWell
PO Box 14267
Reading, PA 19612-4267

Any other method of communication will not be considered a dispute for purposes of this Resolution and Appeal process. The Dispute Form must be completed in full. Any incomplete disputes will not be considered. netWell will confirm receipt of your dispute within three (3) business days after submission. If the form is incomplete or more information is needed, a member of the netWell team will notify you. If your dispute is related to a service you have not yet received, (A denial of pre-authorization) you will receive a response within 30 days after your dispute is accepted. If your dispute is related to a service you have already received, you will receive a response within 30 days after your dispute is accepted.

Member Limitations

An injury, illness, or medical condition that will not be eligible for sharing under the provisions of the Member Guide for an individual member for a specified membership. Member limitations vary between two (2), four (4) or lifetime limitations and are based on a member's medical condition(s) diagnosed prior to becoming an active member. You may be required to sign applicable HIPAA release forms, in order for netWell to obtain medical records, and/or reports from a provider to make a determination regarding specific limitations or any other sharing requests.

2 Year Limitations

Addison's Disease
Angina Pectoris (stable or unstable)
Asthma
Benign Prostate Hyperplasia
Bell's Palsy
Calculus of Kidney (Kidney Stones)
Cardiac Dysrhythmias
Cushing's Disease
Diverticulitis and Diverticulosis
Endometriosis
Epilepsy
Gallstones
GERD (Gastroesophageal Reflux Disease)
Grave's Disease
Hashimoto's Disease
Heart Murmur
Hyperglycemia
Hyperlipidemia
Hypertension
Hyperthyroidism
Hypothyroidism

Iodine Deficiency
Malaria
Migraines
MRSA/MRDO
Osteoarthritis
Osteoporosis
Ovarian Cysts
Pelvic Inflammatory Disease
Pelvic Organ Prolapse
Polycystic Ovary Syndrome
Radiculopathy
Scoliosis
Shingles
Sleep Apnea
Spinal Stenosis
Spondylosis
Sugery
Tendinitis
Tuberculosis
Type II Diabetes
Uterine Fibroids
Vitiligo

Member Limitations (continued)

4 Year Limitations

Barrett's Esophagus
Cancer
Cerebral Ataxia
Celiac Disease
Chronic Kidney Disease
Crohn's Disease
Cirrhosis
Congestive Heart Failure (CHF)
Coronary Artery Disease
Deep Vein Thrombosis (DVT)
Degenerative Disc Disease
Dysphagia
Embolism
Fibromyalgia
Heart Valve Disease
IBS (Inflammatory Bowel Disease)
Macular Degeneration (wet or dry)
Marfan's Syndrome
Meningitis
Mitral Valve Prolapse
Pancreatitis
Peripheral Vascular Disease (PVD)
Psoriasis
Pulmonary Hypertension
Rheumatoid Arthritis
Sjogren Syndrome
Ulcerative Colitis

Lifetime Limitations

ALS
Alzheimer's Disease
Aneurysm
Autism Spectrum Disorders
Cerebral Palsy
Chronic Obstructive Pulmonary Disease (COPD)
Cystic Fibrosis
Dementia
Diabetes Type I
Down's Syndrome
Ectasia
Emphysema
Fragile X Syndrome
Hepatitis (Chronic Viral B & C)
HIV/AIDS
Lupus
Lyme's Disease
Morbid Obesity (pending weight loss)
Multiple Sclerosis
Muscular Dystrophy
Parkinson's Disease
Sickle-Cell Disease
Spina Bifida

Services Requiring Pre-Authorization

Not all services are *eligible* for *sharing* on all *membership options*

- Advanced Imaging
- Cancer
- Cardiac Rehabilitation
- Cataracts/Glaucoma
- Equipment Related Injury
- Home Health Care
- In-Patient Hospitalization
- Non-Hospital Admissions
- Occupational Therapy
- Organ Transplant
- Physical Therapy
- Prosthesis
- Recreational Vehicle Injury
- Sleep Studies
- Speech Therapy
- Surgery
- Work Related Injury

Pre-Authorizations are required for all Inpatient/Outpatient hospital stays, advanced imaging, and surgical procedures. Pre-Authorization requests must be initiated by the Physician requesting services. These requests must be submitted directly to netWell by fax at: (404) 393-8520. Please allow 7 to 10 business days for processing of pre-authorization requests. Emergent pre-authorization requests are accepted, and must be notated as such, by the provider, and require 2 to 3 business days for Utilization Review. Utilization Review requires a 2-year look back period of medical records. Final dispositions will be faxed directly to the requestor.



Submitting a Share Request

In the event that your medical provider does not or will not submit your share requests directly to netWell, then members will need to fund their medical services in advance and submit the appropriate paperwork to have their share request be considered eligible for sharing by the membership. Members must submit the following within 90 days of the date of service:

Members must submit the following within 90 days of the date of service:

1. A HCFA form obtained at time of service from the medical provider or facility. The form must include:
 - Date of service
 - All relevant 5-digit Current Procedural Terminology (CPT) codes and the charges for each code
 - All relevant ICD-10 codes (diagnosis codes for the visit) and any discounts issued by the medical provider or facility.

This form must also include Provider, and/or Facility information including:

- Tax Identification Numbers
 - National Provider Identification Numbers (NPI) Issued to the provider.
2. Proof of payment for visit from the member. This must be a credit card receipt to the provider or facility listed on the bill or a copy of the canceled check (front and back) that funded the bill or a receipt from the provider showing cash was submitted. In all cases, the funded amount must zero out the bill. Installment funding will not be considered eligible for sharing.

Please ensure your documents are legible, and all information is included. Failure to include all required information may result in the delay of processing of your reimbursement.

Share requests received more than ninety (90) days after the date of service will be processed as ineligible for sharing by the membership. Share requests that do not include the above information, will result in netWell pending your share request for additional information. This information must be received within thirty (30) days of the Explanation of Sharing (EOS), to be considered eligible for sharing by the membership. [See Timely Filing Submission, page 24](#)

Submitting a Medical Request from a Provider

Medical providers and facilities are requested to submit all *medical requests* in electronic filing format using our EDI number which is provided on your *member ID card*.

Medical providers or facilities can submit their *medical request* by fax, email, or mail to the appropriate options listed on your *member ID card*, if electronic filing is not an option.

If a medical provider or facility will not submit *medical requests* directly to netWell, then *members* should review Submitting a Share Request from a Member. [See page 22](#)



Timely Filing Submission

All *medical requests* must be received within 90 days of the *date of service* in order to be considered *eligible* for *sharing*. All *medical requests* received after 90 days from the *date of service* will be processed as *ineligible* for *sharing* even if they otherwise would have been *eligible* for *sharing* by the *membership*.

All *medical requests* that are pended for additional information (i.e., medical records, etc.) must have the additional information received within 30 days of the date of *Explanation of Sharing* (EOS). If the requested information is not received within the 30 days of the EOS, your *medical request* will be processed as *ineligible* for *sharing* by the *membership*.

If the provider disagrees with the processing of your *medical request* not being received timely, the provider must submit proof of timely filing within 30 days of the *Explanation of Sharing* (EOS). Only electronic filing reports will be considered on such submissions as proof of timely filing.

It is the responsibility of the *member* to read all *Explanations of Sharing* (EOS) they receive. It is the responsibility of the *member* to follow-up with their provider when additional information is requested and not assume that their medical provider or facilities will comply with requests for additional information in a timely manner.



Member Reimbursement Requests

Members may request for reimbursement on services that are deemed eligible for *sharing* by netWell. These requests only apply if the Provider is not accepting of the PHCS/Multiplan Network, and member is required to pay up front at time of service by their Provider. It is the responsibility of the member to upload all required documentation to their Member Portal.

For reimbursements that pertain to PCP, Specialist, or Urgent care visits, netWell will *only* reimburse to the *member*, up to a maximum of \$350.00 per visit, as defined in netWell's Member Guidebook, regardless of transaction history between provider and *member*. Please note, netWell is not responsible for any past due, or balance billed charges, as outlined in netWell's Member Guidebook.

Member Reimbursement Requests- Facility, Emergency Room, or Procedural Requests

Members may request for reimbursement on services that are deemed eligible for *sharing* by netWell. These requests only apply if Provider is not accepting of the PHCS/Multiplan Network, and *member* is required to pay up front at time of service by their Provider. It is the responsibility of the *member* to upload all required documentation to their Member Portal.

For reimbursements that pertain to Facility charges, Emergency Room charges, Procedures, Inpatient/Outpatient Hospitalization, or Advanced Imaging, the *member* must have a Pre-Authorization on file, and meet all required eligibility for *sharing* prior to reimbursement request. netWell will only reimburse the *member* at a rate of 45% of charges paid up front, prior to services.

netWell Network

netWell provides *members* with national network access through PHCS, for medical needs, including hospital, surgical, emergency room, urgent care clinics, primary care physicians, and specialists. *Members* can also access a list of providers and facilities at www.multiplan.com/netWell.network to assist in locating a medical provider or facility. Whenever possible, *members* should use providers and facilities who participate in the PHCS Provider Network. When you are thoughtful and responsible with the providers you choose and the medical costs you incur, you are caring for the entire *sharing* community consistent with the Statement of Beliefs. Using Network providers and facilities, can reduce medical costs by thousands of dollars. In keeping with our foundational sharing principle of *member* freedom of choice, using an Out-of-Network provider or facility is still the *member's* decision. These providers' services can result in higher medical bills. Out-of-Network providers and facilities may bill the *members* for the difference between the billed charges and the program's *Maximum Reasonable Guideline* (program allowed amount), which can result in increased *member sharing* responsibility.



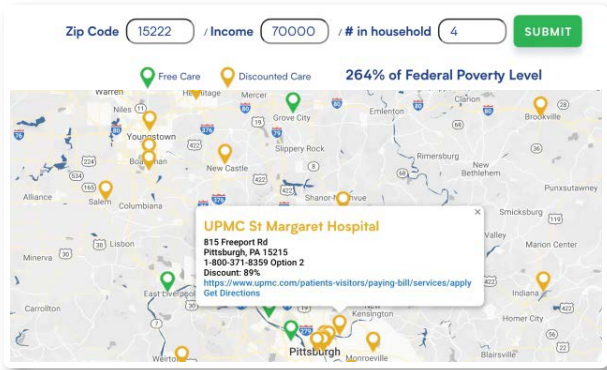
Pratter Services

Are you tired of surprise medical bills and hospital harassment? Let us take on the hospital for you. We have five tools to help:

1

Hospital Bill Eraser

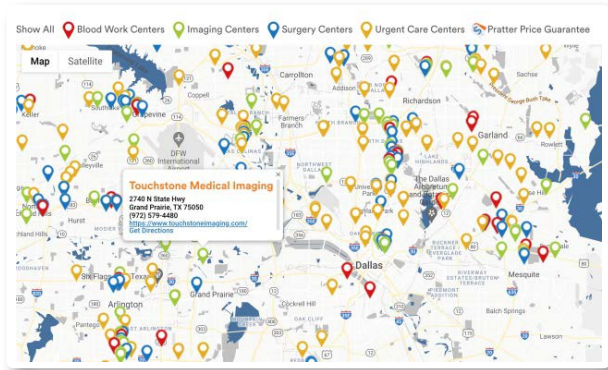
Within seconds, over 4,000 hospitals with best-priced discounts or free care based on your income and family size.



2

Money Map

Within seconds, our Google map displays best-priced providers for routine care in your zip code.



3 SmartChoice Card

The SmartChoice Savings Card for Every Personality Type and Preference

To increase utilization, the SmartChoice Card makes it easy for plan members to access lower-cost Money Map providers in a way that best suits their personality and preferences.



BLOOD WORK/LABS	IMAGING
Quest Diagnostics 23 Crossroads Dr. Suite 120 Owings Mills, MD 21117 (410) 581-9812 Labcorp 25 Crossroads Dr. Suite 40 Owings Mills, MD 21117 (410) 902-7385 Labcorp 1838 Greene Tree Rd Ste 115 Pikesville, MD 21208 (410) 413-0812	Advanced Radiology 21 Crossroads Dr. Ste 100 Owings Mills, MD 21117 (443) 463-2100 Green Imaging 21 Crossroads Drive Suite 100 And 120 Owings Mills, MD 21117 (713) 524-9190 Green Imaging 21 Crossroads Drive Suite 100 And 120 Owings Mills, MD 21117 (713) 524-9190
SURGERY/ENDOSCOPY	URGENT CARE CENTERS
We Treat Feet Podiatry 20 Crossroad Dr Ste 4100 Owings Mills, MD 21117 (410) 363-4343 Chesapeake Urology 21 Crossroads Dr Ste 200 Owings Mills, MD 21117 (410) 581-1600 Endocentre of Baltimore 1838 Greene Tree Rd Ste 180 Baltimore, MD 21208 (410) 305-4461	Patient First 10210 Reisterstown Rd Owings Mills, MD 21117 (410) 902-6776 Patient First 10210 Reisterstown Rd Owings Mills, MD 21117 (410) 902-6776 ExpressCare Urgent Care Center Owings Mills 10490 Owings Mills Blvd Ste 100 Owings Mills, MD 21117 (410) 363-7281

“Do-it-Yourselfers”

For those members who typically don’t need any help: These members will typically scan the QR code to access Money Map or refer to the back of their Card for pre-identified nearby lower-cost outpatient providers geocoded to their home address.

“Decision Makers who Like a Little Help”

For members who like making their own decisions, but like having those decisions validated: These members are more likely to use the QR code or the back of their Card to identify a facility that is convenient for them. They’ll then call our Healthcare Advocates to validate their decision and to confirm that the facility is in their network.

“Do It For Me”

For those members who aren’t tech-savvy or don’t have decision-making confidence when it comes to the complex and confusing world of healthcare: These members are relieved to have a way to access lower-cost outpatient care without having to use Money Map or select from a list of facilities on their SmartChoice Card. All they have to do is call us. We’re happy to help.

Creating “Top-of-Mind” Awareness

The face of the card can accommodate a QR code of your choice (see “Other” example) to create top-of-mind awareness and quick access to other benefits and services you offer.

4

Pricing Portal


They want their prices kept a secret, but our advocates know them and use it against them.

CPT Codes/Descriptions
Up to 5 at a time

	National Medicare Price Tags			National Carrier Price Tags			Target Cash Price Medicare + 20%		
	Hospital Facility Fee	Non-Hospital Facility Fee	Physician Fee	Hospital Facility Fee	Non-Hospital Facility Fee	Physician Fee	Hospital Facility Fee	Non-Hospital Facility Fee	Physician Fee
27130 Total hip arthroplasty (joint r...	\$14752.00	\$14752.00	\$1415.00	\$27222.00	\$22123.00	\$2705.00	\$17702.40	\$17702.40	\$1698.00
29845 Carpal tunnel release, endo...	\$1260.00	\$1283.00	\$530.00	\$2565.00	\$2372.00	\$1116.00	\$1512.00	\$1539.60	\$636.00
71045 Chest x-ray, two views	\$52.00	\$51.00	\$11.00	\$179.00	\$164.00	\$62.00	\$62.40	\$61.20	\$13.20
80053 Complete Metabolic Panel (...)	\$12.00	\$12.00	N/A	\$83.00	\$29.00	N/A	\$14.40	\$14.40	N/A
93306 Echocardiogram	\$437.00	\$434.00	\$76.00	\$1133.00	\$874.00	\$140.00	\$524.40	\$520.80	\$91.20

CPT Code / Description
Add CPT Code Here...

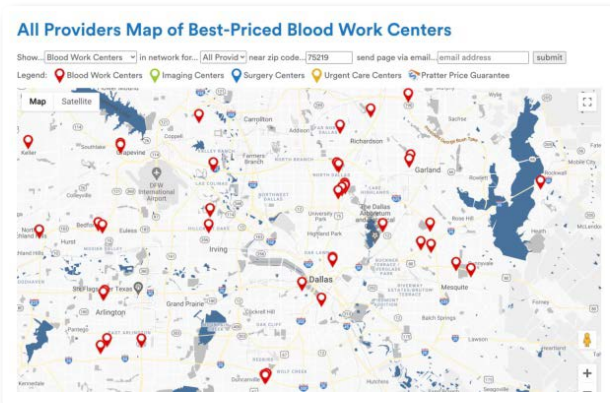
Search History



5

National Cash Pricing for Blood Work

Within seconds, our search displays blood work centers with best "know before you go" cash price by zip code.



Contact Us

www.pratter.us
hospitalbilleraser.com

724-830-8100
info@pratter.us

Balance Billing

In the event a medical provider or facility submits a *medical request* but will not accept the *netWell Network* discount provided by netWell and bills the *member* for the balance, the *member* may submit the *balance billing* to netWell at bb@netwell.com. An experienced netWell coordinator will exhaust all efforts on the *member's* behalf to get the medical provider to accept the network discount or negotiate a reduction of the *balance bill* to obtain the provider's most substantial discount.

Balance billed Office Visits may only be shared up to the \$350 maximum sharing limit. Any *balance bill* remaining over the maximum sharing limit will remain the *member's* responsibility and will not be applied to any *Member Commitment Portion (MCP)*.

For services outside the scope of an *Office Visit*, a *balance bill* is the *members'* responsibility; the *membership* does not share on a *balance billed medical request*, nor does the *membership* share in the remainder of a *balance bill* after the negotiation has been completed. A *balance bill* funded by the *member* will not be applied to any *Member Commitment Portion (MCP)*.



netWell

Advantage

Catastrophic Option



ELIGIBLE FOR SHARING: Advantage

All eligible medical requests will be shared up to the maximum limit for that medical service or up to the maximum sharing limit per program year once the Member Commitment Portion (MCP) has been met. A member's MCP is based on the membership option selected by the member.

Ambulance

- *Medically necessary transportation by ground, air, or water for eligible emergency services to the nearest medical facility or medical transportation between two medical facilities*
- *Shared to up to \$15,000 per incident, once the Member Commitment Portion (MCP) has been met*

Cancer

- *Initial 90-day waiting period from the member's effective date*
- *Medical requests related to cancer treatment may be eligible for sharing if the cancer diagnosis was received after the initial 90-day waiting period*
- *Pre-authorization is required for any Cancer services to be considered eligible for sharing by the membership*
- *Eligible cancer medical requests will be shared up to \$250,000 during 1st program year*
- *Eligible cancer medical requests will be shared up to \$500,000 during 2nd program year*
- *Eligible cancer medical requests will be shared up to the yearly maximum sharing limit during 3rd program year and beyond.*
- *Member Commitment Portion (MCP) applies*

Emergency Room Use

The use of the emergency room is for emergency, *life-threatening*, or *life-altering* medical issues only. Any non-emergency *medical requests* will be considered *ineligible* for *sharing* by the *membership* if the *member's* treatment could have been handled by a *primary care physician, specialist, urgent care*, or wellness provider. You may utilize your unlimited Telemedicine visits 24/7 and the Visit Fee is 100% shared for the *member*.

A medical 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, could cause death, disability, or serious harm to the *member*.

netWell has the right to request all medical records pertaining to an emergency room visit to determine if a *medical request* is *eligible* for *sharing* by the *membership*. The *member's* presenting symptoms will be reviewed, along with the diagnosis on the *medical request* received on *member's* behalf. If follow-up care is needed, the *member* needs to follow-up with their *primary care physician, specialist*, or at an *urgent care*.

Emergency room visits as a result of failure to follow medical treatment or advice will be considered *ineligible* for sharing by the *membership*.

All *members* have a \$500 ER Visit Fee, and all *eligible* ER visits are shared at 100% of the *allowed amount* up to the \$5,000 *maximum sharing limit*.

Member Commitment Portion (MCP) does not apply to ER Visits. Emergency room visits resulting in an inpatient hospitalization admit will be reviewed under Inpatient Hospitalization.

netWell SmartChoice cards have the three closest, better-priced urgent care centers nearest you as an alternative to the emergency room for after-hour and weekend care. These urgent care centers will be applied to the Member Commitment Portion (MCP). Additional MCP urgent care centers are identified on our website at netWell.com under the menu bar item Money Map. These urgent care centers are netWell preferred providers and can come in handy when traveling for work or pleasure.

Equipment Related Injury

- *Initial 90-day waiting period from the member's effective date. Must be part of an emergency room, pre-admission, inpatient, or outpatient surgery visit*
- *Injury or illness as a result of usage of farm implements, machinery, tractors, or construction equipment in a non-compensated manner*
- *Equipment-related injuries may be shared up to \$10,000 during 1st program year, up to \$25,000 during 2nd program year, and up to \$100,000 during 3rd program year and beyond, once the Member Commitment Portion (MCP) has been met. Program guidelines will apply.*

Imaging

- *Initial 90-day waiting period from the member's effective date*
- *Services must be related to a pre-admission, emergency room, inpatient hospitalization, or outpatient surgery visit*
- *Pre-authorization is required for advanced imaging to be considered eligible for sharing by the membership*
- *Shared at 100% of the allowed amount, once the Member Commitment Portion (MCP) has been met*
- *Imaging services included in one of the three (3) specialist visits will be shared up to the maximum sharing limit of \$350*
- *The netWell SmartChoice card has listed the three closest, better-priced imaging centers closest to you. For other imaging centers, please also go to our website menu bar item Money Map, where preferred provider imaging centers are listed throughout the country. SmartChoice card and Money Map imaging centers are considered preferred providers. Their cost is applied to the Member Commitment Portion (MCP) and costs beyond that are shared 100% of the allowed amount.*

Inpatient Hospitalization

- *Initial 90-day waiting period from the member's effective date*
- *Exception in the case of an eligible acute injury or illness that is life-threatening or life-altering*
- *Pre-authorization is required for any Inpatient Hospitalization services to be considered eligible for sharing by the membership*
- *Shared at 100% of the allowed amount, once the Member Commitment Portion (MCP) has been met*

Laboratory Services

- *Initial 90-day waiting period from the member's effective date*
- *Services must be related to a pre-admission, emergency room, inpatient hospitalization, or outpatient surgery visit*
- *Shared at 100% of the allowed amount, once the Member Commitment Portion (MCP) has been met*
- *Laboratory services included in one of the three (3) specialist visits will be processed up to the maximum sharing limit of \$350*
- *All Quest Diagnostics and LabCorp Labs, as listed on your netWell SmartChoice card, as well as listed at netWell.com under Money Map menu bar item, have guaranteed*

and known cash pricing. Select blood work to see cash price blood tests. The five most common blood tests are \$20 to \$25 each. Your price is known before the time of service and is typically 1/3 the price of a traditional health insurance company. Utilization of netWell SmartChoice card or Money Map preferred providers cost of care is applied to the Member Commitment Portion (MCP) and also shared at 100% of the allowable amount.

Occupational or Work-Related Injury

- *Initial 90-day waiting period from the member's effective date.* Must be part of an emergency room, pre-admission, inpatient, or outpatient surgery visit
- *Injury or illness as a result of employment, subject to Workers' Compensation, will be shared up to \$10,000 during 1st program year, up to \$25,000 during 2nd program year, and up to \$100,000 during 3rd program year and beyond, once the Member Commitment Portion (MCP) has been met*
- *Pre-authorization is required for Occupation or Work-Related Injury services to be considered eligible for sharing by the membership, except in an emergency*

Organ Transplants

- *Initial 24-month waiting period from the member's effective date*
- *Organ transplants will be shared at 100% of the allowed amount up to the maximum sharing limit of \$150,000 per member, per lifetime once the Member Commitment Portion (MCP) has been met*
- *Sharing for organ transplants will include any and all expenses associated with the actual transplant procedure*
- *Pre-authorization is required for any Organ Transplant services to be considered eligible for sharing by the membership. Medical requests for organ transplants may be monitored by a medical case coordinator*

Prosthesis

- *Initial 90-day waiting period* from the *member's effective date* and must be a result of an *accidental injury*
- *Pre-authorization* is required for any Prosthesis services to be considered *eligible* for sharing by the *membership*
- *Shared* up to \$3,000 per *member*, per *program year*, once the *Member Commitment Portion (MCP)* has been met

Recreational Vehicle Injury

- *Initial 90-day waiting period* from the *member's effective date*. Must be part of an emergency room, pre-admission, inpatient, or outpatient surgery visit
- *Injury or illness* as a result of using a recreational vehicle which is defined as licensed or unlicensed motorized vehicle operated on land or water (including ATVs, dirt bikes, motorcycles, motorized self-balancing vehicles, motorized scooters, snowmobiles, boats, and jet skis)
- *Pre-authorization* is required for any Recreational Vehicle Injury services to be considered *eligible* for sharing by the *membership* except in an emergency
- *Shared* up to \$10,000 during 1st *program year*, up to \$25,000 during 2nd *program year* and beyond, once *Member Commitment Portion (MCP)* has been met

Specialist

- A *member* is given three (3) visits to see a specialist provider per *member*, per *program year* only after an inpatient hospitalization or outpatient surgery visit
- A *Member Commitment Portion Visit fee (MCPV)* of \$55 for *specialist* visit will apply
- The *membership* will share up to \$500 per *eligible* visit
- Neither *pre-existing* conditions nor *membership limitations* will apply to *specialist* visits

Surgery

- *Initial 90-day waiting period from the member's effective date*
- *Pre-authorization is required for any Surgery services to be considered eligible for sharing by the membership.*
- *Exception in the case of an eligible acute injury or illness that is life-threatening or life-altering*
- *A second surgery may be eligible for sharing 24 months from the date of the first surgery unless approved as part of the original treatment plan or within 15 days for any medical complications from the initial surgery*
- *Shared at 100% of the allowed amount, once the Member Commitment Portion (MCP) has been met*
- *netWell preferred Ambulatory surgery center (ASC) preferred providers are listed on your netWell SmartChoice card. Preferred Ambulatory Surgery Centers are also provided on our website at netWell.com under the menu bar item Money Map, then select Surgery Centers, then your specialty care (eg, gastroenterology) where significant savings and affordable access to care is achieved. Cataract surgeries and GI scopes are the most common surgery center care items. Utilization of netWell SmartChoice card or Money Map preferred providers cost of care is applied to the Member Commitment Portion (MCP) and also shared at 100% of the allowable amount.*



INELIGIBLE FOR SHARING: Advantage

If a *medical request* is associated with any diagnosis, procedure, testing or treatment, that does not meet the Member Guide *provisions*, the *medical request* will be processed as *ineligible for sharing by the membership*.

Abortion not related to a *life-threatening* condition of mother

Allergy testing or immunotherapy treatment

Alternative care

Bariatric surgery

Behavioral health

Breast augmentation, implant, or reduction

Cataracts

Chiropractic care

Dental services and procedures

Durable medical equipment

Elective cosmetic surgery

Experimental procedures, treatments, and drugs not approved or recognized by the American Medical Association (AMA) or the *US Food and Drug Administration (FDA)*; procedures, treatments, and drugs, not approved for a given application; treatments and drugs still in clinical trials; and procedures, treatments, and drugs that are classified as experimental, investigational or unproven interventions and therapies

Female or male **elective sterilization or reversal**

Female or male **hormone therapy**

Gender dysphoria

Genetic testing

Glaucoma

Home infusion services

*Injury or illness as a result of active or reserve **military duty***

*Injury or illness as a result of an **act of war***

*Injury or illness as a result of any **substance abuse** that results in a medical request regardless if prescribed by a licensed medical provider, including any drugs, fumes, gas, narcotic, or poison*

*Injury or illness as a result of committing or attempting to commit any **illegal act***

*Injury or illness as a result of **congenital birth defects***

*Injury or illness as a result of **medical non-compliance** for failure to follow a physician's recommended treatment plan or advice*

*Injury or illness as a result of participation in a **civil disturbance***

*Injury or illness as a result of participation in **extreme activities**; participation includes but is not limited to boxing, bungee jumping, fighting, free climbing, cliff diving, extreme skiing, hang gliding, martial arts, parachuting, paragliding, parasailing, rock climbing, or wingsuit.*

Injury or illness as a result of participation in **adventure or extreme racing**; participation includes but is not limited to racing by air, auto, motorcycle, or powerboat.

Injury or illness as a result of participation in **professional sports or semi-professional sports**; participation includes practicing, competing, officiating, or coaching for which a member receives any compensation or remuneration.

Maternity care

Medical requests received after 90 days from *date of service*

Medical tourism

Mental health

Non-hospital admissions

Outpatient care

Pre-existing medical conditions for 24 months from *member's effective date*

Preventive services

Private duty care

Podiatry services

Rehabilitation

Routine hearing tests and hearing aids

Routine screening

Routine vision tests and procedures

Services associated with **any form of birth control**

Services associated with **fertility testing or treatment**

Services incurred as a result of an **ineligible medical request**, including those for which a *pre-existing* or a *membership limitation* applies

Self-Inflicted injury

Sexual dysfunction services

Sexual transformation services

Sleep apnea

Temporomandibular Joint Disorder (TMJ Syndrome)

Therapy

Treatment or care received or ordered by an immediate family member or relative; including family members related by blood, marriage, or adoption

Weight management

Additional non-medical expenses received separately on behalf of the member:

- Administration fees
- After-hour fees
- Conveyance fees
- Finance charges or currency exchange fees
- Medical record retrieval fees
- Missed appointment fees
- Shipping and handling fees
- STAT fees
- Telephone or email consultation fees outside of the Telemedicine visit

The *membership* reserves the right to review the *member's* medical records to determine *eligibility* of *medical requests*. If at any time it is discovered that a *member* failed to provide an accurate medical history for any *member*, the *membership* reserves the right to process the *medical request* as *ineligible* for sharing by the *membership*.



netWell

Elite⁺

All-Inclusive Option



ELIGIBLE FOR SHARING: Elite+

All eligible medical requests will be shared up to the maximum limit for that medical service or up to the maximum sharing limit per program year once the Member Commitment Portion (MCP) has been met. A member's MCP is based on the membership option selected by the member.

Adoption

netWell offers *members* assistance in the *adoption* process by *sharing* up to \$5,000 on behalf of the *membership*. netWell *members* must meet the Member Guide *provisions* for *adoption* to be *eligible* for *sharing* and submit proper legal documentation once the *adoption* is finalized.

Adoptions do not have a *Member Commitment Portion (MCP)* to meet however the *members* must be on a *combined, active Elite + membership* for 24 months prior to the *adoption* being finalized to be *eligible* for *sharing*. The child(ren) being *adopted* may not be related to the *member*, spouse, or a *dependent* by blood or marriage.

The *member's adopted* child may enroll in the netWell *membership* by completing a *Member Enrollment Request* and by meeting all the *provisions* of the enrollment process to become a *member*.

netWell believes strongly in the Power of Love and how it impacts the lives of children with special needs. netWell will offer an additional \$3,000 for the adoption assistance of a child with special needs for a maximum of \$8,000 *shared* on *member's* behalf. If the *adoption* qualifies for one of the below resources, the *member* will receive the additional \$3,000 for the *adoption* assistance from netWell.

We also encourage *members* specifically seeking the *adoption* of a child with special needs to apply for additional resources through Show Hope (www.showhope.org) and/or Lifesong for Orphans (www.lifesong.org), both official ministry partners of the Tim Tebow Foundation, netWell's leading charitable beneficiary. These trusted organizations journey alongside Christ-following families responding to the call to *adopt* a child, including those with special needs.

Alternative Care

- *Initial 90-day waiting period from the member's effective date*
- *Non-experimental treatment such as acupuncture, holistic, homeopathic, or naturopathic treatments which may provide care that is less invasive and more cost-efficient*
- *Members are allowed up to six (6) visits per member, per program year, and these visits are counted as part of their combined PCP, specialist, and urgent care visits.*
- *Services must be performed by an accredited healthcare provider*
- *A Visit Fee of \$35 will apply*
- *The membership will share up to \$350 per eligible visit.*
- *Shared at 100% of the allowed amount, once the Member Commitment Portion (MCP) has been met*

Ambulance

- *Medically necessary transportation by ground, air, or water for eligible emergency services to the nearest medical facility or medical transportation between two medical facilities*
- *Shared up to \$15,000 per incident, once the Member Commitment Portion (MCP) has been met*



Cancer

- *Initial 90-day waiting period from the member's effective date*
- *Sharing requests related to cancer treatment may be eligible for sharing if the cancer diagnosis was received after the initial 90-day waiting period*
- *Pre-authorization is required for any Cancer services to be considered eligible for sharing by the membership*
- *Eligible cancer medical requests will be shared up to \$250,000 during 1st program year*
- *Eligible cancer medical requests will be shared up to \$500,000 during 2nd program year*
- *Eligible cancer medical requests will be shared up to the yearly maximum sharing limit during 3rd program year and beyond*
- *Prior medical history and medical records will be required for any new cancer diagnosis while enrolled in any netWell program. Any cancer that has been diagnosed prior to enrollment of the netWell programs will not be eligible for sharing for lifetime of netWell Membership.*
- *Member Commitment Portion (MCP) applies*

Cataracts and Glaucoma

- *Initial 365-day waiting period from the member's effective date*
- *Eligible medical requests associated with diagnostic testing, treatment, or surgery*
- *Pre-authorization is required for any Cataracts and Glaucoma services to be considered eligible for sharing by the membership*
- *Shared at 100% of the allowed amount, once the Member Commitment Portion (MCP) has been met*

Chiropractic Care

- *Initial 90-day waiting period from the member's effective date*
- *Members are allowed up to six (6) visits per program year. Services will be shared up to the maximum amount of \$30.00 per chiropractic visit.*
- *Shared at 100% of the allowed amount, once the Member Commitment Portion (MCP) has been met*

Emergency Room Use

The use of the *emergency room* is for *emergency, life-threatening, or life-altering* medical issues only. Any non-emergency medical requests will be considered *ineligible* for sharing by the membership if the member's treatment could have been handled by a *primary care physician, specialist, urgent care*, or wellness provider. You may utilize your unlimited Telemedicine visits 24/7 and the Visit Fee is 100% shared for the member.

A medical *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, could cause death, disability, or serious harm to the member.

netWell has the right to request all medical records pertaining to an *emergency room* visit to determine if a *medical request* is eligible for sharing by the membership. The member's presenting symptoms will be reviewed, along with the diagnosis on the *medical request* received on member's behalf. If follow-up care is needed, the member needs to follow-up with their *primary care physician, specialist*, or at an *urgent care*.

Emergency room visits as a result of failure to follow medical treatment or advice will be considered *ineligible* for sharing by the membership.

All members have a \$500 ER Visit Portion, and all *eligible* ER visits are shared at 100% of the *allowed amount* up to the \$10,000 maximum sharing limit.

Member Commitment Portion (MCP) does not apply to ER Visits. *Emergency room* visits resulting in an inpatient hospitalization admit will be reviewed under Inpatient Hospitalization.

netWell SmartChoice cards have the three closest, better-priced urgent care centers nearest you as an alternative to the emergency room for after-hour and weekend care. These urgent care centers will be applied to the Member Commitment Portion (MCP). Additional MCP urgent care centers are identified on our website at netWell.com under the menu bar item Money Map. These urgent care centers are netWell preferred providers and can come in handy when traveling for work or pleasure.

Equipment Related Injury

- *Initial 90-day waiting period from the member's effective date*
- *Injury or illness as a result of usage of farm implements, machinery, tractors, or construction equipment in a non-compensated manner*
- *Shared up to \$10,000 during 1st program year, up to \$25,000 during 2nd program year, and up to \$100,000 during 3rd program year and beyond, once the Member Commitment Portion (MCP) has been met. Program guidelines will apply.*

Imaging

- *Initial 90-day waiting period from the member's effective date*
- *Pre-authorization is required for advanced imaging to be considered eligible for sharing by the membership, except if the services are incurred as part of an office visit*
- *If the services are part of a primary care physician, specialist, urgent care, or wellness visit, the services will be shared up to the maximum sharing limit of \$350*
- *Shared at 100% of the allowed amount, once the Member Commitment Portion (MCP) has been met*
- *The netWell SmartChoice card has listed the three closest, better-priced imaging centers closest to you. For other imaging centers, please also go to our website menu bar item Money Map, where preferred provider imaging centers are listed throughout the country. SmartChoice card and Money Map imaging centers are considered preferred providers. Their cost is applied to the Member Commitment Portion (MCP) and costs beyond that are shared 100% of the allowed amount.*

Inpatient Hospitalization

- *Initial 90-day waiting period from the member's effective date*
- *Exception in the case of an eligible acute injury or illness that is life-threatening or life-altering*
- *Pre-authorization is required for any Inpatient Hospitalization services to be considered eligible for sharing by the membership, except in an emergency*
- *Shared at 100% of the allowed amount, once the Member Commitment Portion (MCP) has been met*

Laboratory Services

- *Initial 90-day waiting period from the member's effective date*
- *If services are part of a primary care physician, specialist, urgent care, or wellness visit processed up to the maximum sharing limit of \$350*
- *Shared at 100% of the allowed amount, once the Member Commitment Portion (MCP) has been met*
- *All Quest Diagnostics and LabCorp Labs, as listed on your netWell SmartChoice card, as well as listed at netWell.com under Money Map menu bar item, have guaranteed and known cash pricing. Select blood work to see cash price blood tests. The five most common blood tests are \$20 to \$25 each. Your price is known before the time of service and is typically 1/3 the price of a traditional health insurance company. Utilization of netWell SmartChoice card or Money Map preferred providers cost of care is applied to the Member Commitment Portion (MCP) and also shared at 100% of the allowable amount.*

Maternity

An *active female member* may be *eligible for maternity sharing* when she meets the following *maternity provision*:

Female member has been *active* on a *combined Elite+ membership* for six (6) consecutive months prior to her *conception date*.

Please note: Eligibility requirements are based on a written confirmation from provider, confirming *conception date* is within program guidelines, and limitations. No *Membership Commitment Portion (MCP)* will apply to *Pregnancy Sharing*. Maximum sharing limit per maternity is up to \$15,000, including multiple births; ex.: twins, triplets.

When a *member* confirms she is expecting, netWell asks that the *member* notify a netWell coordinator to ensure that her *maternity* is *eligible for sharing* under the Member Guide. The netWell coordinator will update the *member's* dashboard to start tracking all *eligible maternity medical requests*.

If the *member* does not meet the *maternity provisions*, the *member's* dashboard will be updated to process any *maternity medical requests* as *ineligible for sharing* by the *membership*.

No *Membership Commitment Portion (MCP)* will apply
Maximum sharing limit per *maternity* up to \$15,000 for *Elite+ members*, including multiples.

Any *medical requests* directly related to an *eligible maternity* diagnosis from *conception* through *delivery* and *hospitalization* for the mother and newborn will be applied towards the *maternity maximum sharing limit*.

All expecting mothers must be tested for Group B Strep (GBS). Complications to the mother or newborn arising from Group B Strep (GBS) will make any *medical requests ineligible* for *sharing* by the *membership* if the mother was not tested prior to delivery. A previous negative test for Group B Strep from a past delivery will not count as a negative test for the present *maternity*.

Sharing in *medical requests* of an *eligible maternity* that results in a miscarriage will be subject to the *maternity maximum sharing limit*.

Medical requests for an *ineligible maternity* or complications from an *ineligible maternity* for the mother or newborn will result in all *medical requests* being *ineligible* for *sharing* by the *membership*. See *Ineligible Newborn, page 53*

Life-threatening complications for the mother or for the newborn are *eligible* for *sharing* up to \$100,000 *combined* on an *eligible maternity*.

Life-threatening complications threaten the life of the mother, unborn child or newborn, that requires care or services not normally rendered during pregnancy or delivery. netWell reserves the right to review medical records to determine how the *maternity* medical request will be *shared*.

netWell appreciates the rights of the mother to choose a licensed midwife for the delivery of her newborn or to choose a natural home delivery but is still subject to Group B Strep testing requirement.

Mental Health

- *Initial 90-day waiting period* from the *member's effective date*
- Eight (8) mental health visits are shareable with your own counselor or therapist per family and eight (8) mental health visits are shareable through the eHome Health Counseling Services per family, totaling up to sixteen (16) total shareable visits per family.
- *Shareable* up to \$40.00 per visit with no visit fee or *Member Commitment Portion (MCP)*

Newborn

An *eligible* newborn will be automatically added to your membership as of his or her date of birth unless you contact a netWell coordinator within the first thirty (30) days of birth requesting to NOT add the newborn. Notification can be from the *member* or a medical request on the newborn's behalf. Medical requests for an *eligible* newborn are reviewed under maternity provisions. *See Maternity, page 51-52*

Ineligible Newborn: If a newborn is born under an *ineligible* maternity, the *member* will need to complete a *Membership Enrollment Request* to add their newborn. This may be completed any time after the newborn is one month of age. The newborn is subject to any *pre-existing or membership limitations* per the *Member Enrollment Request*. Medical requests for an *ineligible* newborn will be processed as *ineligible* for sharing by the *membership*.



Non-Hospital Admissions

- *Initial 90-day waiting period from the member's effective date*
- *Inpatient admission to long-term acute care, hospice care, rehabilitation facility, or skilled nursing facility is eligible for sharing by the membership for 15 days if ordered by a licensed medical professional*
- *Pre-authorization is required for any Non-Hospital Admissions services to be considered eligible for sharing by the membership*
- *Services must be performed by a licensed medical professional. The medical request for which these services were ordered must be eligible for sharing per the Member Guide*
- *Shared at 100% up to the allowed amount, once the Member Commitment Portion (MCP) has been met*

Occupational or Work-Related Injury

- *Initial 90-day waiting period from the member's effective date*
- *Injury or illness as a result of employment, subject to Workers' Compensation, will be shared up to \$10,000 during 1st program year, up to \$25,000 during 2nd program year, and up to \$100,000 during 3rd program year and beyond, once the Member Commitment Portion (MCP) has been met*
- *Pre-authorization is required for any Occupational or Work-Related Injury services to be considered eligible for sharing by the membership, except in an emergency*

Organ Transplants

- *Initial 24-month waiting period from the member's effective date.*
- *Organ transplants will be shared at 100% of the allowed amount up to the maximum sharing limit of \$150,000 per member, per lifetime once the Member Commitment Portion (MCP) has been met*
- *Sharing for organ transplants will include any and all expenses associated with the actual transplant procedure*
- *Pre-authorization is required for any Organ Transplant services to be considered eligible for sharing by the membership. Medical requests for organ transplants may be monitored by a medical case coordinator*

Outpatient Care, Therapy, and Rehabilitation

- *Initial 90-day waiting period from the member's effective date*
- *Home health care; occupational, physical or speech therapy; cardiac rehabilitation may be eligible for sharing by the membership if the treatment is related to an eligible surgery, accidental injury, or in lieu of an upcoming surgery*
- *Treatments will be limited to a combined 20 visits per member, per program year*
- *Treatment must be provided by a licensed medical professional*
- *Pre-authorization is required for any Outpatient Care, Therapy, and Rehabilitation services to be considered eligible for sharing by the membership.*
- *Shared at 100% of the allowed amount, once the Member Commitment Portion (MCP) has been met*

Preventive Screening

- *Initial 90-day waiting period from the member's effective date*
- *No Member Commitment Portion (MCP) applies*
- *Eligible for sharing up to \$1,500 per member, per program year*

Adult Preventive Services

- A1C diabetes screening
- Anemia screening
- Bacteriuria screening
- Blood Pressure screening
- BRCA counseling
- Breast Feeding counseling
- Cholesterol screening
- Colorectal cancer screening
- DEXA/Bone Scan
- Domestic violence screening
- Folic Acid
- Hepatitis B screening
- Hepatitis C screening
- HIV screening
- Tobacco cessation counseling

Child Preventive Services

- A1C diabetes screening
- Anemia screening
- Autism screening
- Behavior assessment
- Depression screening
- Dyslipidemia screening
- Hematocrit screening
- HIV screening
- HPV screening
- Iron screening
- Lead screening
- Obesity counseling
- Phenylketonuria screening
- Tuberculin screening
- Vision screening (Lazy Eye)

Mammogram, pap smear, prostate exam, or PSA are allowed as part of your nine (9) visits per *program year* to a *primary care physician, specialist, or urgent care*.

Primary Care Physician, Specialist, Urgent Care, and Wellness Visits

- A member is given nine (9) combined visits to see a primary care physician, specialist, and urgent care provider per member, per program year
- A Visit Fee of \$35 for a primary care physician visit will apply
- A Visit Fee of \$55 for specialist or urgent care visit will apply
- The membership will share up to \$350 per eligible visit
- Neither pre-existing conditions nor member limitations will apply to primary care physician, specialist, and urgent care visits
- Wellness visits for children, including approved AMA immunizations and wellness visits for adults (mammogram, pap smear, prostate exam, and/or PSA), will be counted towards nine (9) combined visits
- If the member exhausts all nine (9) visits in a program year, the member will be responsible for any and all additional visits for the remainder of that program year
- Any medical requests received from a primary care physician, specialist, urgent care, or wellness visit after the nine (9) visits have been exhausted will be processed as ineligible for sharing by the membership.
- The ineligible medical request will NOT be applied to your Member Commitment Portion (MCP) for the program year

Prosthesis

- Initial 90-day waiting period from the member's effective date and must be a result of an accidental injury
- Pre-authorization is required for any services outside of an office visit that relate to prosthesis
- Shared up to \$3,000 per member, per program year, once the Member Commitment Portion (MCP) has been met

Recreational Vehicle Injury

- *Initial 90-day waiting period from the member's effective date*
- *Injury or illness as a result of using a recreational vehicle which is defined as licensed or unlicensed motorized vehicle operated on land or water (including ATVs, dirt bikes, motorcycles, motorized self-balancing vehicles, motorized scooters, snowmobiles, boats, and jet skis)*
- *Pre-authorization is required for any services outside of an Office Visit that relate to a Recreational Vehicle Injury*
- *Shared up to \$10,000 during 1st program year, up to \$25,000 during 2nd program year and beyond, once Member Commitment Portion (MCP) has been met*

Sleep Apnea

- *Initial 365-day waiting period from the member's effective date*
- *Overnight sleep studies are limited to a single night study that must be performed in a licensed medical facility*
- *If a home study is completed but requires additional testing in a facility, the overnight sleep study must be medically necessary, and the medical request will be subject to review by a licensed medical professional*
- *Pre-authorization is required for any Sleep Apnea services to be considered eligible for sharing by the membership*
- *Shared at 100% of the allowed amount, once the Member Commitment Portion (MCP) has been met*
- *Limit one overnight study per member, per program year*

Surgery

- *Initial 90-day waiting period from the member's effective date*
- *Pre-authorization* is required for any services outside of an office visit that relate to Surgery. In certain unforeseen circumstances, an immediate need for surgery due to an emergency may arise. A medical emergency is an acute accident, illness, or injury, that poses an immediate risk to member's life, or long-term overall health, if not treated immediately, could cause death, disability, or serious harm to member. In this case, Pre-Authorization would not be required.
- Exception in the case of an *eligible acute injury or illness that is life-threatening or life-altering*
- A second surgery may be *eligible* for *sharing* 24 months from the date of the first surgery unless approved as part of the original treatment plan or within 15 days for any medical complications from the initial surgery
- *Shared* at 100% of the *allowed amount*, once the *Member Commitment Portion (MCP)* has been met
- netWell preferred Ambulatory surgery center (ASC) preferred providers are listed on your netWell SmartChoice card. Preferred Ambulatory Surgery Centers are also provided on our website at netWell.com under the menu bar item Money Map, then select Surgery Centers, then your specialty care (eg, gastroenterology) where significant savings and affordable access to care is achieved. Cataract surgeries and GI scopes are the most common surgery center care items. Utilization of netWell SmartChoice card or Money Map preferred providers cost of care is applied to the Member Commitment Portion (MCP) and also shared at 100% of the allowable amount.



INELIGIBLE FOR SHARING: Elite+

If a *medical request* is associated with any diagnosis, procedure, testing or treatment that does not meet the Member Guide *provisions*, the *medical request* will be processed as *ineligible for sharing by the membership*.

Abortion not related to a *life-threatening* condition of mother

Allergy testing or immunotherapy treatment

Bariatric surgery

Behavioral health

Breast augmentation, implant, or reduction

Dental services and procedures

Durable medical equipment

Elective cosmetic surgery

Experimental procedures, treatments, and drugs not approved or recognized by the American Medical Association (AMA) or the *US Food and Drug Administration (FDA)*; procedures, treatments and drugs not approved for a given application; treatments and drugs still in clinical trials; and procedures, treatments, and drugs that are classified as experimental, investigational or unproven interventions and therapies

Female or male **elective sterilization or reversal**

Female or male **hormone therapy**

Gender dysphoria

Genetic testing

Home infusion services

*Injury or illness as a result of active or reserve
military duty*

*Injury or illness as a result of an **act of war***

*Injury or illness as a result of any **substance abuse** that results in a medical request regardless if prescribed by a licensed medical provider, including any drugs, fumes, gas, narcotic, or poison*

*Injury or illness as a result of committing or attempting to commit any **illegal act***

*Injury or illness as a result of **congenital birth defects** [See Maternity Care, page 51-52](#)*

*Injury or illness as a result of **medical non-compliance** for failure to follow a physician's recommended treatment plan or advice*

*Injury or illness as a result of participation in a **civil disturbance***

*Injury or illness as a result of participation in **extreme activities**; participation includes but is not limited to boxing, bungee jumping, fighting, free climbing, cliff diving, extreme skiing, hang gliding, martial arts, parachuting, paragliding, parasailing, rock climbing, or wingsuit*

*Injury or illness as a result of participation in **adventure or extreme racing**; participation includes but is not limited to racing by air, auto, motorcycle, or powerboat*

Injury or illness as a result of participation in **professional sports or semi-professional sports**; participation includes practicing, competing, officiating, or coaching for which a *member* receives any compensation or remuneration

Medical requests received after 90 days from *date of service*

Medical tourism

Newborn *See Maternity Care, page 51 and 52, or Ineligible Newborn, page 53*

Pre-existing medical conditions for 24 months from *member's effective date*

Preventive services not listed as *eligible* for *sharing* under Preventive Services

Private duty care

Routine hearing tests and hearing aids

Routine vision tests and procedures

Services associated with **any form of birth control**

Services associated with **fertility testing or treatment**

Services incurred as a result of an ***ineligible* medical request**, including those for which a *pre-existing* or a *membership* limitation applies

Self-Inflicted injury

Sexual dysfunction services

Sexual transformation services

Temporomandibular Joint Disorder (TMJ Syndrome)

Treatment or care received or ordered by an immediate family *member* or relative; including family *members* related by blood, marriage, or *adoption*

Weight management

Additional non-medical expenses received separately on behalf of the *member*:

- Administration fees
- After-hour fees
- Conveyance fees
- Finance charges or currency exchange fees
- Medical record retrieval fees
- Missed appointment fees
- Shipping and handling fees
- STAT fees
- Telephone or email consultation fees outside of the Telemedicine visit

netWell reserves the right to review the *member's* medical records to determine *eligibility of medical requests*. If at any time it is discovered that a *member* failed to provide an accurate medical history for any *member*, the *membership* reserves the right to process the *medical request* as *ineligible for sharing* by the *membership*.

netWell

General Provisions



MODIFICATIONS TO YOUR MEMBERSHIP

Adding a Dependent

A member may choose to add a *dependent* at any time. The *dependent* will have to meet the provisions of the *Member Enrollment Request*. The new *dependent's* initial waiting periods and member limitations would start from the new *dependent's* member effective date. The member will need to login to their *Member Portal* to submit a completed *Member Enrollment Request* for the new *dependent*. All other member's initial waiting periods or member limitations are not affected by the new *dependent's* effective date. The addition of a new *dependent* may increase the member's *Monthly Commitment Contribution*. See [Member Financial Accountability, page 11](#)

Removal of Dependent

A member may choose to remove a *dependent* at any time. The *dependent* will become *inactive* and can remain *inactive* for up to 60 days. If the *dependent* is *inactive* for more than 60 days, the *dependent* will have to meet the provisions of the *Member Enrollment Request* again if they wish to rejoin. All initial waiting periods and member limitations would apply. The member will need to login to their *Member Portal* to complete a request to remove a *dependent*. The removal of a *dependent* may decrease the member's *Monthly Commitment Contribution*. See [Member Financial Accountability, page 11](#)

Membership Cancellation

Cancellation per member - If a member chooses to cancel their *membership*, a member must submit a written notice to netWell 72 hours prior to the member's next *Monthly Commitment Contribution* request date. The *membership* will become *inactive* as of the last day of their cancellation request or the last day of a member's current month. Canceling your netWell *membership* does not meet the criteria for a Qualifying Life Event (QLE) under the Special Enrollment eligibility for the Affordable Care Act. Cancellation requests may be sent to: cancellation@netwell.com.

Cancellation per netWell - Your netWell membership will be canceled if a member's *Monthly Commitment Contribution* is not submitted for more than sixty days. The *cancellation date* will be the last day of the month that a member's *Monthly Commitment Contribution* was submitted. This date will be considered the date the *membership* became *inactive* and any medical request incurred prior to the member's *inactive* date will be processed for *sharing* per provisions of the Member Guide.

Member Termination per netWell - netWell reserves the right to terminate memberships at any time due to the following: not abiding by *membership guidelines*; failure to disclose medical history, both verbal and written, at time of enrollment; falsification of documents, including but not limited to, release forms, medical records, explanation of sharing documents, threats to netWell employees, abusive language, and failure to follow *Statement of Religious Beliefs*. Any requests received post-termination will not be considered for *sharing* and will be the member's financial responsibility.



netWell Rx

NetwellRx is a new, revolutionary pharmacy membership program focused on helping *members*, with a mission to provide the top acute and chronic prescriptions in the industry, at no further cost. The membership fee is 100% shared amongst the members. We also provide the most common over-the-counter medications at a fraction of the price. We have pharmacy coaches to help educate and offer options for *members* to save even more money and get them delivered right to their home.

Acute Medications (Immediate Need)

If you have an immediate need for these types of medications, members will be able to pick up these medications at their local retail pharmacy. This part of the program makes available the top 124 most prescribed acute medications at no further cost for up to a 21-day supply at over 64,000 pharmacies nationwide. Top 125 Acute Drugs in America, at no further cost, for up to 21 days. For acute medications (for illnesses or emergencies that you cannot wait 3-5 days for), the Pharmacy Wholesale Club has relationships with over 64,000 pharmacies nationwide that accept our Member Prescription Card, which will get you the top 125 most utilized drugs at no further cost.

Maintenance Medications (Chronic Need)

Maintenance drugs are medications prescribed for chronic, long-term conditions and are taken on a regular, recurring basis. Chronic conditions like: high blood pressure, high cholesterol and diabetes, to name a few. These drugs are well established medications that have proven safety and efficacy and are considered first line therapy options for the treatment of these conditions.

Top 480 Chronic Medications 90-Day Supply at no further cost. Maintenance medications for chronic conditions will be shipped to members in a 3-month (90 Day) supply in many cases for less money than a 1-month (30 day) supply at your traditional pharmacy. See the difference and try home delivery today.

Over-The-Counter Medications (Everyday Need)

NetwellRx offers the most common over-the-counter medications, such as Ibuprofen, Acetaminophen, Allegra, Diphenhydramine and others at a fraction of the price. Save money on the medications you use every day and have them delivered right to your door.

Diabetes Program (Diabetes Supplies & Medications)

Our Diabetes Program is our game-changing program for members with diabetes. We provide a free premium bilingual voice response glucometer, 3-month supply of test strips, a supply of lancets, lancing device, and control solution. There is an auto refill every three months.

Pharmacy Coaching (Helpline)

NetwellRx is looking out for you. Our experienced team of customer service and licensed pharmacists provide the highest level of care when members need it most. Through Pharmacy Coaching, we educate members on possible medication options and opportunities to save additional money when available. We will consult with you and your doctor to inform you of the alternatives and help make the best decision for your personal and financial health.

Have a question? Contact us through our website HSAforAmerica.com or call us today at 800-913-0172.

MEMBERSHIP TELEMEDICINE SERVICES

Telemedicine

- Consult fee is 100% shared
- Unlimited visits
- 24/7/365
- Spouse and children included

SwiftMD is a 24/7 telemedicine service providing convenient access to high quality physicians by phone or videoconference, usually within 30 minutes.

SwiftMD doctors are state-licensed, U.S.-trained and board-certified, and provide non-emergency treatment for many common, minor illnesses and injuries, including fever and flu, sinusitis, urinary tract infections and more. When medically appropriate, doctors will prescribe short-term, non-DEA controlled medications sent to members' preferred local pharmacies. Members can avoid unnecessary visits to the ER and Urgent Care, and long waits for doctor appointments. You get convenient, easy access to the care you need, when you need it, with visit fees 100% shared. It's simple and you are already a member! Questions? Call SwiftMD at 833-794-3863.

SwiftMD operates within state regulations. Telemedicine is not owned or operated by netWell, but made available to netWell members by SwiftMD





Getting Started is Easy

- Download the app or go to SwiftMD.com and click “Get Started.” You can use Group Passcode: NETWELL
- You will receive an activation email to set your password and access your SwiftMD account in a few simple steps
- Scheduling a consult with a doctor takes just a few minutes. You can request a video conference or upload photos if you have visible symptoms
- After the consultation you can review your visit notes online and download them to share with your regular doctors



Telemedicine Disclosure

The SwiftMD telemedicine program is not insurance and is not intended to replace insurance. SwiftMD doctors do not replace your primary care or specialist physicians in the treatment of chronic or serious health conditions and do not prescribe routine refills for your medications. SwiftMD physicians may not prescribe DEA-controlled substances including narcotics, life-style medications prescribed for weight loss and erectile dysfunction, or psychiatric medications (including refills) such as SSRIs, tricyclics, and antipsychotics. Our services are subject to state regulations and may change from time to time due to changes in such regulatory requirements.

When to use SwiftMD Physician Access

- For non-emergency medical issues and questions
- During or after normal business hours, nights, weekends and holidays
- If *member* lives a significant distance from a primary care doctor
- When a primary care doctor is not available
- When traveling and in need of non-urgent medical care or advice

What conditions can be treated?

Allergies
Fever
Respiratory infections
Asthma
Gout
Sinus infections
Bronchitis
Insect bites
Skin inflammations

Cold & flu
Sore throat
Digestive issues
Joint aches & pains
Sports injuries
Ear infections
Rashes
Urinary tract infections
And more!



Telecounseling

Need to talk it out? Let experienced counselors help - anytime, anywhere.

SwiftMD can help when you're feeling down. Discuss everything from depression, anxiety and stress, to struggles with family, work, and substance abuse.

- Access confidential counseling by phone or videoconference. Visit fee is 100% shared
- Call 24/7 for an initial assessment and get three counseling sessions at no cost to you
- Our counselors have a master's degree and at least ten years experience
- Counselors follow-up and monitor progress until you are satisfied
- When appropriate, you can be referred to local licensed therapists for additional services
- Urgent/emergent help available 24/7 and is 100% shared



Benefits of Telecounseling

Access help on a multitude of issues

- Conflicts at work or home
- Co-dependency
- Reliance on alcohol, tobacco, or drugs
- Eating disorders
- Marital, family, and relationship concerns
- Child or elder care matters
- Stress or anxiety
- Sexual, physical, or emotional
- Difficulty communicating with people
- Depression or grief at home or work

FAQ's

Is there a fee for using Behavioral Health consults?
After an initial assessment, your plan allows for up to three visits that are 100% shared.

What if I need help beyond the scope of this service?
If needed, counselors will refer you to the right local resources. The cost of these services is not included in this benefit.

Can I get my psychiatric medications using this service?
Master's level counselors cannot prescribe medications. However, we can refer you to a local provider who can.

SwiftMD operates within state regulations. Telecounseling is not owned or operated by netWell, but made available to netWell members by SwiftMD



Dental

Members can save **15% to 50%*** per visit, in most instances, **on services** at any of the many available dental practice locations nationwide. **Dental services include: cleanings, X-rays, fillings, root canals and crowns.** Members can also save on specialty care such as orthodontics and periodontics where available.

To Get Your Savings

1. To select a participating provider, call customer service or log on to www.findbestbenefits.com.
2. Locate the dental network logo on the front of your membership card. **Give this network name (Aetna Dental Access®) to your provider when making your appointment.**
3. **At your appointment, simply present your membership card [before getting treatment](#) to be assured that the proper discount is applied.**
4. Payment is due at the time of services. There are no forms to complete, and no limit to the number of visits. Provider lists and fees may change at any time.
5. If you or the providers have any questions, contact Customer Service at the number listed on your membership card.

While our provider lists are continually updated, provider status can change. We recommend that you confirm the provider you selected participates in the program when scheduling your appointment.

*Actual costs and savings vary by provider, service, and geographical area.

This is a dental discount program
This is not Insurance

Sample Savings*

Product/ Service	Avg. Price	You Pay	Savings	% Saved
Dental Cleaning (Adult)	\$127.00	\$68.00	\$59.00	46%
Dental Cleaning (Child)	\$93.00	\$51.00	\$42.00	45%
Complete X-rays	\$168.00	\$87.00	\$81.00	48%
Root Canal (anterior)	\$880.00	\$536.00	\$344.00	39%
Complete Upper Denture	\$1441.00	\$1,003.00	\$438.00	30%

*Actual costs and savings may vary by provider, service and geographic location. We use the average of negotiated fees from participating providers to determine the average costs, as shown on the chart. The select regional average cost represents the average fees for the procedures listed above in Los Angeles, Orlando, Chicago and New York City, as displayed in the cost of care tool as of June 2020.

The discount program provides access to the Aetna Dental Access® network. This network is administered by Aetna Life Insurance Company (ALIC). Neither ALIC nor any of its affiliates offers or administers the discount program. Neither ALIC nor any of its affiliates is an affiliate, agent, representative or employee of the discount program. Dental providers are independent contractors and not employees or agents of ALIC or its affiliates. ALIC does not provide dental care or treatment and is not responsible for outcomes.

This benefit is not available to residents of Vermont.

This is not a pre-paid program
This is not Insurance

Diabetic & Home Medical Supplies

Members enjoy fast, easy access to reliable and affordable diabetic, health and wellness, and pet health supplies. Save an additional 10% on products by ordering online or by phone. Members can save on many items, including:

- Diabetic Supplies (test strips, insulin pump supplies, lancets and more)
- Home Medical Supplies (bath seats, walkers, and more)
- Pet Health Supplies (pet diabetic supplies, pet care, and pet food)
- Health and Wellness Supplies (blood pressure monitors, incontinence products, baby formula, and much more)

To Get Your Additional 10% Savings

- Online: Visit <https://www.adwdiabetes.com> and enter promo code **COV10** at checkout.
- To order by phone: call 800-210-9222 (M-F 9am – 5pm EST) and mention the code **COV10**

This is a diabetic and home medical supplies discount program
This is not Insurance



TruHearing®

TruHearing® offers a wide variety of hearing aids, different styles, colors and features that are essentially undetectable devices that connect with your smart phone or TV. With the help of a local TruHearing Provider, you are sure to find an option that will address your hearing loss- and save you thousands of dollars.

TruHearing offers hundreds of hearing aid models, including rechargeable and Bluetooth compatible options, from all name brand hearing aid manufacturers.

- \$45 Comprehensive Hearing Evaluation
- Savings of 30-60% off retail prices
- 5 levels of technology (Basic to Premium) ranging from \$695-\$1995
- 3-Year Manufacturers Warranty (includes a 1x loss/damage coverage)
- 2 years of batteries (96 cells)
- Financing Options
- More than 6,400 provider locations nationwide

How to use

1. You must call TruHearing at 855-825-4706 to schedule your appointment.
2. Identify yourself and reference code: EARBEST.
3. A hearing coordinator will make an appointment for you at an approved provider near you. (A dedicated hearing coordinator will assist you throughout the process.)
4. Payment is due at the time of service.

Please visit Bestbenefits-HS.TruHearing.com to take an online hearing screening and learn more about the hearing benefit and pricing.

This TruHearing® program is not Insurance

Sample Savings

Product/ Service	Avg. Price	You Pay	Savings
Hearing Aid Exam & Selection	\$175	\$45	\$130
Basic Digital Hearing Aid	\$1,400	\$695	\$705
Value Digital Hearing Aid	\$1,600	\$999	\$601
Mid Level Hearing Aid	\$2,250	\$1,199	\$1,051
Advanced Digital Hearing Aid	\$2,700	\$1,599	\$1,101
Premium Digital Hearing Aids	\$3,500	\$1,999	\$1,501

Note: Cannot be used in conjunction with any other discount program or insurance.

This TruHearing® program is not Insurance



Eye Care

This vision program offers members 10% to 60% off eye-glasses, contact lenses and other retail eyewear items as well as 10% to 30% off eye examinations and 40% to 50% off the national average on LASIK. Over 20,000 eye care professionals nationwide – including many local opticians – participate in this Benefit.

Some Major Participating Eye Care Professionals Include:

For Eyes Optical
JCPenney
LensCrafters
Pearle Vision

Sterling Optical
Target Optical
Visionworks

To Get Your Savings

1. Select a participating provider from the enclosed list or call CustomerService for additional locations. Or go to www.findbestbenefits.com and use the Personalized Provider Directory to obtain a list of participating providers in your area
2. Locate the vision network name on the front of your membership card. Give this network name to your provider when making your appointment.*
3. At your appointment, simply present your membership card before getting treatment to be assured that the proper discount is applied.
4. There are no limits on the number of times you may use the benefit per year.
5. If you, or the provider, have any questions, contact Customer Service at the number listed on your membership card.
6. For 40% to 50% off the overall national average for LASIK eye surgery, call 877-582-2010.

*While our provider lists are continually updated, provider status can change. We recommend that you confirm the provider you selected participates in the program when scheduling your appointment.

This is an eye care discount program
This is not Insurance

Sample Savings

Product/ Service	Avg. Price	You Pay	Savings	% Saved
Regular Eye Exam - OD	\$91.67	\$79.25	\$12.42	14%
Single Vision Lenses	\$95.67	\$70.43	\$25.24	26%
Progressive Lenses	\$259.33	\$191.53	\$67.80	26%
Designer Frames	\$194.33	\$144.20	\$50.13	26%

*These are examples only. Savings will vary by procedure, provider and geographical area.

This is an eye care discount program
This is not Insurance



Contact Lenses by Mail Order: Disposable and Non-Disposable contact lenses can be ordered through the mail with a 10% to 40% savings.

- Call **1-800-878-3901** and give the operator the brand and type of lens for a price quote over the phone.
- Email a valid doctor's contact lens prescription to America's Eyewear at: americaseyewear@newbenefits.com or fax a doctor's contact lens prescription to: 1-972-503-5671. Be sure to include your name and membership number from your membership card. You may place orders as often as you wish prior to the expiration date of the prescription.
- Most orders are received within 7 to 14 days and can be paid for by Visa, MasterCard, money order or check.

This is an eye care discount program
This is not Insurance

Vitamins and Nutritional Supplements

There are many positive health benefits that can result from a daily regimen of vitamin supplements. Many people consider a vitamin and mineral supplement program to be an important part of their overall health strategy. Our members can save an additional 20% on a wide range of Swanson brand vitamins and mineral supplements online.

To Get 20% Savings on Swanson Brand Products

Shop online at www.swansonvitamins.com for vitamins & supplements or call 1-800-824-4491 to place an order by phone. Members receive 20% off Swanson Brand products when using Promo Code BB20OFF at checkout. Members can request a catalog on the website or by phone.

Sample Savings

Product	Avg. Price	Your Price**	Your Savings
Vitamin B12	\$11.99	\$5.19	57%
Vitamin D	\$7.49	\$2.71	64%
Omega 3- fatty acids	\$13.99	\$5.43	61%
Tumeric	\$9.99	\$3.99	60%
Calcium Citrate	\$7.49	\$2.95	61%

These are examples only. **Sample pricing with the additional 20% discount.

Only one promotional code can be used per order. Additional 20% discount available on Swanson brands only. Free shipping on orders over \$50.

This is a discount program
This is not Insurance

GlobalFit

Get fit, lose weight, and save an average of 20% off activation fees and monthly dues at fitness clubs nationwide!

Members can join a fitness club through **GlobalFit** and can save on membership at clubs nationwide, many offering month to month options.

Your membership also includes discounts on wearable activity trackers, as well as access to discounted rates on a variety of healthy eating and weight management programs.

To activate:

1. Visit: www.globalfit.com/clients360
2. Enter "**Best Benefits**" in the search option in the "Eligibility" section
3. Choose "Activate Benefit"
4. Follow the activation prompts

This is a discount program
This is not Insurance

Terms, Conditions and Disclosures

(Dental, Hearing, Vision, Labs, and Vitamins)

This plan is not insurance. This is your agreement as Cardholder with Coverdell & Company, Inc. (a "discount plan organization," "DPO"). It is effective on the date of acceptance of Cardholder's application for enrollment in the netWell Program ("Program") and for the period of your plan.

DPO shall provide Cardholder with a listing of participating providers. Cardholder shall excuse DPO from any liability for errors in such listings. Providers are subject to change without notice. Cardholder is responsible for choice of provider, verification that the provider is a current participant and for payment for goods and services. No portion of any provider's fee will be reimbursed or otherwise paid by DPO. Cardholder is solely responsible for payment. Savings are based on the provider's usual fees or on national or regional fees for the service or product. Actual savings will vary depending upon your location and the specific products or services purchased. Providers may offer certain products or services to the general public at prices lower than the Program price. In that event, members will always be charged the lower price. **This is a discount program and not insurance.** Program discounts cannot be used in conjunction with any other network based program. Participating providers are solely responsible for the quality of service or product purchased by Cardholder and DPO disclaims any liability with respect to such matters. DPO reserves the right to modify any benefits, including provider networks, included in Your Program. If your state requires that we notify you of changes to your benefits, DPO will do so.

Payment of membership fee is made by the billing source authorized by you in accordance with the payment terms to which you agreed. DPO reserves the right to increase or decrease the membership fee for each renewal membership term effective upon renewal of your membership. To change your method of payment, call the customer service number shown on the membership I.D. card. Membership is not transferable. For individual memberships, only you may use the membership. If you have an individual plus one membership, only you plus one other individual may use the membership. For family memberships, only you and anyone living in your household may use the membership. Should a single member wish to add family members on a family plan, call the customer service number shown on the membership I.D. Card.

General Complaint Procedure. Complaints of any nature may be filed with Coverdell & Company, Inc. the discount plan organization at 2850 W. Golf Road, Rolling Meadows, IL 60008. Complaints will be acknowledged in writing within 5 business days and will be resolved in writing to you within 30 calendar days. Should you remain dissatisfied with the results from your complaint with the discount plan organization, you may contact the Commissioner of Insurance, Division of Insurance, the insurance department, or other agency which regulates this product in your state. Contact us at 1-888-868-6199 to obtain state complaint contact information.

Termination and Cancellation. You may terminate this at any time by logging in to www.netwell.com and submitting a cancellation request on the Contact Us page, calling us at 1-866-638-9355, or you may notify us in writing at Member Services, 5051 Peachtree Corners Circle, Suite 200, Norcross, GA 30092. Your cancellation will be effective promptly upon the receipt of your cancellation notice and you will no longer be billed for your membership. DPO reserves the right to terminate your membership at any time for any reason.

Governing Law and Arbitration. This agreement and its interpretation and enforcement shall be governed and controlled by the laws of the State of Illinois. Any dispute arising from or related to this agreement shall be resolved by binding, non-appealable private arbitration conducted in accordance with the Rules of American Arbitration Association in Chicago, Illinois, unless required by a member's individual state laws to resolve in a different location. This provision shall survive the termination of this agreement and its interpretation shall be subject to the Federal Arbitration Act. **Governing Law and Arbitration for Montana and Oklahoma Residents.** Your membership is governed and controlled by the laws of your state. Any dispute arising from or related to Your membership shall be resolved by a voluntary private arbitration conducted in accordance with the Rules of the American Arbitration Association in your state. This provision shall survive the termination of Your membership and shall be subject to the Federal Arbitration Act.

South Dakota Residents. If you cancel the program you are not obligated to make further payments for the program, nor are you entitled to any program benefits for any period of time after the last month for which payment has been made.

Disclosure. This plan is NOT insurance. This plan is not a qualified health plan under the Affordable Care Act (ACA). Some services may be covered by a qualified health plan under the ACA. This plan does not meet the minimum creditable coverage requirements under M.G.L. c. 111M and 956 CMR 5.00. This is not a Medicare prescription drug plan. Discounts on hospital services are not available in Maryland. The plan provides discounts at certain health care providers of medical services. The plan does not make payments directly to the providers of medical services. The plan member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount plan organization. The range of discounts will vary depending on the provider type and services provided. The licensed discount plan organization is Coverdell & Company, Inc., at 2850 W. Golf Road, Rolling Meadows, IL 60008, 1-888-868-6199. To view a list of participating providers visit www.netwell.com. **You have the right to cancel this plan within 30 days of the effective date for a full refund of fees paid.** Such refunds are issued within 30 days of cancellation. This is not insurance.

eHome Counseling

Is the weight of the world on your shoulders? Feeling overwhelmed? Our new, innovative approach to Mental Health is fast, easy, and convenient right from the comfort of your own home.

We offer the very best in Virtual Mental Healthcare. All eHome counselors are master's level or above, fully licensed therapists or psychologists. eHome's Client Care Team personally matches clients with the best counselor to meet their needs and schedule. Our systems are safe, secure, and HIPPA compliant.

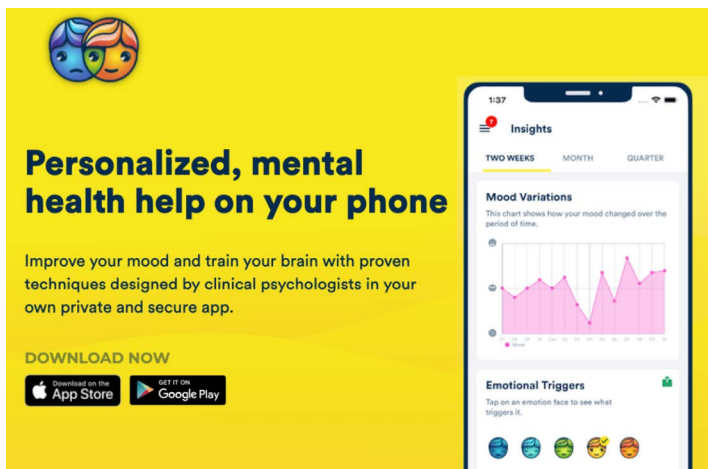
Looking for help? Just a few things we treat:

Addiction	Grief
Alcohol Abuse	Mood Disorders
Anger or Rage	OCD
Anxiety	Parent/Family Issues
Codependency	PTSD
Couples Counseling	Relationship Issues
Depression	Self-Esteem Issues
Dissociative	Social Phobia
Divorce	Stress
Domestic Violence	Trauma
Eating Disorders	



Get the Mooditude App

The Mooditude App provides support to eHome Counseling between sessions and can help with faster, better outcomes.



The advertisement for the Mooditude App features a bright yellow background. At the top left is a circular logo with two stylized faces, one blue and one orange. The main headline reads "Personalized, mental health help on your phone" in bold black text. Below this, a paragraph states: "Improve your mood and train your brain with proven techniques designed by clinical psychologists in your own private and secure app." A "DOWNLOAD NOW" button is followed by icons for the App Store and Google Play. On the right, a smartphone displays the app's interface, showing a "Mood Variations" line graph and "Emotional Triggers" with various icons.



Try the Tether App

Tether is an easy-to-use personal daily interactive behavioral health program with exercises and videos to reduce PTSD symptoms and addiction cravings.

For More Information

Call: 833-403-4663

Email: scheduling@ehomegroup.com

Visit: www.ehomecounseling.com

**Happiness is closer than you think.
Get started today.**

eHome Counseling operates within state regulations. eHome Counseling is not owned or operated by netWell, but made available to netWell members by eHome.

COORDINATION OF SHARING

netWell facilitates the *sharing of eligible medical requests* only after any and all other responsible parties have paid on the *member's* behalf. If another party is allegedly responsible or liable for a *medical request*, netWell may wait to *share* any *eligible medical requests* until that party has paid in full.

The following Coordination of Sharing provisions apply:

If a *member* has an insurance policy (regardless of self, partial or fully insured) in addition to participating in the netWell *membership*, the *member* must first submit all *medical requests* to other payers in advance of submitting to netWell for consideration. Once any other responsible party has processed their decision, the *member* may then submit to netWell any *medical requests* for an *eligibility* determination under the Member Guide. Proof of the decision from the other payer is required when submitting the *member's medical request* and a copy of all Explanation of Benefits. If an Explanation of Benefits is not provided, the *medical request* will not be considered for an *eligibility* determination but will be processed as *ineligible for sharing* by the *membership*. The *member's eligible medical request* will be reduced by the amount received from any other responsible party.

If a *member* participates in more than one *Health Care Sharing Ministry (HCSM)*, the *member* should only submit *medical requests* to one HCSM at a time. The HCSM the *member* has participated in the longest will be considered the primary entity responsible for processing the *medical request* for an *eligibility* determination. Should there be any unshared amounts, the *member* can then submit those to the secondary HCSM for an *eligibility* determination. The *member* must provide copies of all Explanations of Sharing from the first HCSM to be considered, under the netWell *membership*.

If netWell shares on an *eligible medical request* for which a third-party is wholly or partially responsible or liable, the *member* agrees to reimburse netWell for all such *eligible medical requests shared* when the responsible third-party pays the *member* for any part of the *eligible medical requests* in question. These amounts will not exceed the amount *shared* by netWell on behalf of the *member*. Examples of third-party liability include, but are not limited to, commercial or private liability insurance due to injury on another's property (including school accident insurance); motor vehicle insurance (your insurer if you are at fault or both insurers if another is at fault), or if a responsible negligent party can be held accountable via a civil action. This provision applies even if payment to the *member* by a responsible third-party is delayed for any reason, including legal action on the part of the *member* to recover damages.

Other Available Assistance: If any other organization is willing or potentially responsible to pay any portion of an *eligible medical request* and the *member* refuses to accept this assistance, the *member* has chosen not to have that portion of the *eligible medical request shared*. Funds raised by crowdfunding for an *eligible medical request* must be reported to netWell and applied towards the amount *eligible* under the provisions of the Member Guide to reduce the *shareable* amount.



GLOSSARY OF DEFINED TERMS

Active - a *member's* standing when they have met all Member Guide *provisions* to remain *eligible* for *sharing* of *medical requests* by the *membership*

Adoption - the legal process that establishes a parent/child relationship between individuals who are not related by blood

Advanced Imaging - diagnostic imaging procedures including MRI, CT, and nuclear medicine imaging, such as positron emission tomography. Excludes X-ray and ultrasounds

Allowed Amount - the total amount billed by your provider or facility reduced by any discounts, fees or other sources of funding

Alternative Care - non-experimental treatment such as acupuncture, holistic, homeopathic, or naturopathic treatments which may provide care that is less invasive and more cost-efficient

Ambulance - *medically necessary* transportation by ground, air, or water for *eligible emergency* services to the nearest *medical facility* or medical transportation between two *medical facilities*

Appeals Committee - the selected individuals established by netWell to resolve an *Appeal Medical Request Review* when the *member* does not agree with an eligibility determination or the processing and *sharing* in their *medical requests*

Appeal Medical Request Review - when the *member* has submitted a *Medical Request Review* and the *member* still believes that netWell has processed their *medical request* incorrectly

Appeal Review Process - the process established by netWell for the *member* to have their concerns or questions resolved as to either eligibility determination or the processing and *sharing* in their *medical requests*

Arbitration - the use of a neutral party to settle a disagreement or legal disagreement the *member* may have with netWell

Balance Billing - the difference between what the medical provider or facility bills the *member* for *medical services* rendered and what netWell allows for the same *medical services* based on the *netWell Network*. If the medical provider or facility does not accept the *netWell Network allowed amount*, the medical provider or facility may bill the *member* for this difference resulting in a *balance billing*

Behavioral Health - refers to how our daily cognitive habits affect our overall well-being, emotions, biology, and behavior

Cancellation Date - the month, day, and year your *membership* is no longer *active* due to the *member's* request or any situation that may have gone against the Statement of Religious and Ethical Beliefs or for non-receipt of a *member's* *Monthly Commitment Contribution*

Cancer - the name given to a collection of related diseases. In all types of *cancer*, some of the body's cells begin to divide without stopping and spread into surrounding tissue

Combined - the total allowed visits or amount *shared*

Combined Membership - a *member* plus one or more qualified *dependents* participating in netWell under the same *membership*

Complications of Pregnancy/Labor/Delivery - *See, Eligible for Sharing, Maternity, page 51-52*

Date of Service (DOS) - the date *medical services* were rendered for a *member*

Dependent - your spouse and/or any of your unmarried children (by birth, legal *adoption*, or marriage) through the age of 26, whom you have included on a *Membership Enrollment Request* or added after your *member effective date*

Effective Date - the month, day, and year a *member's membership* begins or the month, day, and year of the most recent *membership* change. *Effective date* is used to document when the 365-day *program year* begins and ends to reset the *Member Commitment Portion (MCP)*

Eligible for Sharing - any procedure, service, test, or treatment that has met all the Member Guide *provisions* for *sharing* by the *membership*. An *eligible medical request* will be reduced by any discounts, fees, or other sources of *funding*. The *sharing* of *eligible medical requests* is processed according to the Member Guide

Eligible Medical Request - a *medical request* that meets the Member Guide *provisions* for *sharing* by the *membership*. *Member Commitment Portion (MCP)* and *Visit Fees* may apply

Eligible Newborn - a *dependent* born under an *eligible, combined membership* that has met the Member Guide *provisions* to be added to the mother's *membership*

Enrollee - a *member* who has signed up for participation in the *membership*

Emergency - a medical *emergency* is an acute *illness* or *injury* 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, could cause death, disability, or serious harm to the *member*

Emergency Room (ER) Visit Fee - all *members* have an *ER Visit Portion* for eligible emergency room visits

Enrollment Banking Fee - a one-time amount designated by LimeBank to set up member-to-member *sharing* bank accounts at the date of the *Enrollment Request*

Enrollment Charitable Donation - amount designated by netWell to be submitted by *enrollee* at date of the *Enrollment Request*

Enrollment Date - the date netWell receives your completed *Membership Enrollment Request*. An *enrollee* can select that their *membership* becomes effective, not less than seven (7) calendar days after nor more than sixty (60) days after their completed *Member Enrollment Request*

Enrollment Request Fee - amount requested to be submitted by *enrollee* as part of the *Member Enrollment Request*

Explanation of Sharing (EOS) - a statement provided to the *member* and the *member's* provider once your *medical request* has been processed. Your *EOS* will reflect if the *medical request* was eligible for *sharing*, was pended for additional information, or was processed *ineligible* for *sharing* per the Member Guide. The *EOS* reflects what *Member Commitment Portion* or *Visit Fee* you may be responsible for and the *membership shared* amount

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

Funds, Funding, or Funded - any reference to any monies, either by or for the *member* or by or for the *membership*

Health Care Sharing Ministry - *Health Care Sharing Ministry* ("HCSM"). HCSM *members* believe in a common core of religious or ethical beliefs and *voluntarily* contribute toward *members eligible medical requests* based on those beliefs

Home Health Care - a wide range of *medical services* that can be given in your home as a result of an *illness* or *injury*

Hospital - an institution that is built, staffed, and equipped for the diagnosis of disease; for the treatment, both medical and surgical, of the sick and the injured; and for their housing during this process

Illness - acute or chronic - a disease or period of sickness affecting the body or mind

Inactive - a *member's* standing when they have failed to meet Member Guide *provisions* to remain *eligible* for *sharing* of *medical requests* by the *membership*

Incident - an occurrence of an action or situation that is a separate unit of experience

Ineligible Medical Request - a *medical request* that does not meet the Member Guide *provisions for sharing* by the *membership*

Ineligible Newborn - if a newborn is born under an *ineligible maternity*, the *member* will need to complete a *Membership Enrollment Request* to add their newborn

Initial Waiting period - the initial amount of time a *member* will wait beyond the *member's effective date* before a *medical service* may be *eligible* for *sharing* by the *membership*

Injury - damage to body or mind caused by accident or acts of violence

Key Member - the oldest participating *member* on your *membership*, whether you are an individual *member* or a *member* with *dependents*

Laboratory Services - tests on specimens from the body (such as blood or urine) that are used to diagnose and *treat members*

Licensed Medical Professional - an individual who has successfully completed a prescribed program of study in a healthcare field and who has obtained a license to practice in that field. Some examples of *licensed medical professionals* are doctors, nurses, chiropractors, physical therapists, and physician assistants

Life-threatening or Life-altering - capable of causing death: potentially fatal or *life-threatening* disease/condition/ having an effect that is strong enough to change someone's life

Lifetime Maximum Sharing Limit - the maximum amount the *membership* will *share* on behalf of the *member* for *eligible medical requests* during the *member's membership* or lifetime

Maternity - of, or relating to, or for the period in which a woman is pregnant or has just given birth to a child

Maximum Sharing Limit - the maximum amount the *membership* will share on behalf of the *member* for specific *eligible medical requests*

Medical Facility - a place where sick or injured *members* are given care or treatment

Medical Requests - charges or expenses for *medical services* that are provided to you by a *medical facility* or by a *licensed medical professional* submitted on the *member's* behalf

Medical Review - the practice by which a *licensed medical professional* reviews a *member's medical records* to determine if a medical request has met the Member Guide *provisions* for *sharing*

Medical Services - all 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*

Medical Tourism - the practice of traveling intentionally to another country or region with the primary purpose of receiving medical care outside the United States

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

Medical Necessity - refers to a decision by netWell that your treatment, test, or procedure is necessary for your health or to treat a diagnosed medical problem

Member - any individual, including all *dependents*, participating in *key member's membership*

Member Commitment Portion (MCP) - the amount each *member* is responsible for each *program year* before their *eligible medical requests* will be *shared* by the *membership*

Member Enrollment Request - the online enrollment process for enrolling and being accepted onto the netWell *membership*

Member Limitation - an *illness, injury*, or medical condition that will not be *eligible* for *sharing* under the Member Guide for a specific individual *member* for a specified length of time

Member Portal – where a *key member* and all *dependents* are provided online access to manage their *membership*, make adjustments, access *member* documents, and view all processing of *Monthly Commitment Contributions* and *medical requests*

Member Request Review - an initial request to review the processing of a *medical request* on behalf of the *member*

Member Signature Documents – all documents requiring signatures as part of the *Member Enrollment Request*

Membership Option - Advantage or Elite+ *membership options* that a *member* selects at the time of their *Member Enrollment Request*. *Member Commitment Portions (MCP)* will vary along with *maximum sharing limits* based on the *membership option* chosen by the *key member*. The *membership option* may be changed at the request of the *key member* and with approval from netWell

Mental Health - includes emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices

Monthly Charitable Donation - the *funds voluntarily* submitted monthly to help support charitable organizations and their initiatives

Monthly Commitment Contribution (MCC) - the *funds voluntarily* submitted monthly to allow *sharing of eligible medical requests* amongst the *membership*. The *member's MCC* is based on the *membership option* selected by the *member*

Monthly Membership Fee - the *funds* submitted monthly by a *member* for participation in the *membership*

netWell Network - Medical Cost Saving Solution (MCS) and the Reference Based Pricing (RBP) model provided by netWell allowing *members* to use the medical provider and facilities of their choice

Office Visit - an in-person visit with a *licensed medical professional* designed to discuss new or existing health issues, concerns, worries, or *symptoms*. Your provider may order tests, prescribe medication, or provide advice and education

Organ Transplant - a medical procedure in which an organ is removed from one body and placed in the body of a recipient, to replace a damaged or missing organ

Primary Care Physician - a physician who provides both the first contact for a person with an undiagnosed health concern as well as continuing care of varied medical conditions, not limited by cause, organ system, or diagnosis

Pre-authorization - the process by which netWell determines whether or not a medication, service, or procedure will be *eligible for sharing*. [See Pre-authorization for list of services, page 21](#)

Pre-existing - *injury, illness, or medical condition* for which a *member* has received a medical diagnosis, medical advice, medical treatment, or diagnostic services, was prescribed medications, or presented *signs or symptoms* at any time during the 24-month medical review period prior to *member's effective date*

Prescription - an instruction written by a *licensed medical professional* that authorizes a patient to be provided a medicine or treatment

Preventive Services - any *medical service* that protects against or reduces the likelihood of health emergencies

Program Year - the 365-days from the *member's effective date*, including each subsequent *program year* thereafter

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

Provision - the requirements you acknowledge you must follow to maintain an *active membership* with netWell or the requirements you must meet for *medical services* to be *eligible* for *sharing*

Rehabilitation Facility - a licensed *medical facility* that specializes in helping you get your abilities back and regain independence

Self-Funded (Self-Pay) Members - all *members* are considered *self-funded* due to the fact that netWell is NOT insurance and neither netWell nor the *membership* makes any guarantee or promise of *sharing*. *Self-funded members* also refer to *members* who *fund* their *medical services* at the time of service because their medical provider or facility will not submit *medical requests* directly to the *membership* for *sharing*

Shared/Sharing - the act when the *member* has met the *provisions* of the Member Guide in order for their *medical request* to be *funded* on behalf of the other *active members*

Sharing Credits - *funds* transferred into a *member* account from other *members* for the purpose of *sharing* the recipient *member's eligible medical requests*

Sharing Debits - *funds* that leave a *member's* account for the *sharing* of other *member's eligible medical requests*

Sign - an objective observation or finding

Skilled Nursing Facility - a licensed *medical facility* that specializes in nursing and therapy care to treat, manage, and observe your condition and evaluate your care

Specialist - a *licensed medical professional* who has completed advanced education and training in a specific field of medicine

Standard of Care - treatment that is accepted by medical professionals as a proper treatment for each diagnosis and that is widely practiced by healthcare professionals

Symptom - a subjective experience, observation, or finding

Telemedicine - the practice of medicine using technology to deliver care at a distance

Timely Filing Submission - the period of time between your *date of service* and the last date netWell will accept a *medical request* to consider whether the *medical request* is *eligible for sharing*

Urgent Care - medical conditions that are serious or acute but pose no immediate threat to life or limb, but which require attention within 24 hours

Visit Fee - the portion of a *medical request* that a *member funds* at each visit to a medical provider, which is collected even after the *Member Commitment Portion (MCP)* has been met or exceeded. The *Visit Fee* never applies toward the *MCP*

Voluntarily - done, made, or given willingly

Wellness Visit - a yearly appointment with your primary care provider to create or update a personalized prevention plan based on your current health and risk factors

DISCLAIMERS

NETWELL IS NOT AN INSURANCE COMPANY BUT A RELIGIOUS HEALTH CARE SHARING MINISTRY (HCSM) THAT FACILITATES THE SHARING OF MEDICAL REQUESTS AMONGST MEMBERS. Under 26 USC § 5000A(d)(2)(B)(ii), netWell members are exempt from the ACA's individual mandate. netWell does not assume any legal risk or obligation for payment of member medical requests. Neither netWell, nor its members guarantee or promise that medical requests will be shared or paid by the membership. Please check www.netwell.com/legal-notices for the full, complete and most up to date state legal notices.

STATE DISCLOSURES

GENERAL NOTICE FOR THE FOLLOWING STATES: Alabama Code Title 22-6A-2, Alaska Statute 21.03.021(k), Arizona Statute 20-122, Arkansas Code 23-60-104.2, Florida Statute 624.1265, Georgia Statute 33-1-20, Idaho Statute 41-121, Illinois Statute 215-5/4-Class 1-b, Indiana Code 27-1-2.1, Louisiana Revised Statute Title 22-318,319, Maine Revised Statute Title 24-A, §704, sub-§3, Michigan Legislature Section 550.1867, Mississippi Code Title 83-77-1, Nebraska Revised Statute Chapter 44-311, New Hampshire Section 126-V:1, North Carolina Statute 58-49-12, South Dakota Statute Title 58-1-3.3, Texas Code Title 8, K, 1681.001, Virginia Code 38.2-6300-6301, Wyoming Statutes Title 26.1.104(a)(v)(C):

IMPORTANT NOTICE: This organization facilitating the sharing of medical expenses is not an insurance company, but a *Health Care Sharing Ministry* (HCSM). Neither this publication, nor its ministry memberships, nor ministry guidelines, nor plan of operation, nor financial assistance provided through the ministry, constitutes or creates an insurance policy and it is not provided through an insurance company. This document is not a contract of insurance or a promise to pay for the financial or medical needs of a participant by the ministry. As such, participation in the organization or a subscription to any of its documents should never be considered the purchase of insurance. If you join this ministry by purchasing one of its programs instead of purchasing health insurance, you will be considered uninsured. By the terms of this program, whether any participant in the program chooses to assist you with your medical bills, is completely voluntary. Neither the organization nor any other participant can be compelled by law or otherwise to contribute toward your financial or medical bills. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills and other obligations incurred regardless of any financial sharing you may receive from the organization for medical expenses. The memberships offered through this organization are not offered through an insurance company and the organization is not subject to the regulatory requirements or consumer protections codes established by States' Department of Insurance. Should you have complaints concerning this *Health Care Sharing Ministry*, you may report them to the office of the States' Attorney General.

GENERAL NOTICE FOR THE FOLLOWING STATES: Missouri Statute §376.1750 and Wisconsin Statute 600.01(1)(b)(9):

IMPORTANT NOTICE: This publication is not an insurance company, nor is it offered or issued through an insurance company. This publication does not guarantee or promise that your medical bills will be published or assigned to other subscribers or members for payment. Whether anyone chooses to assist you with your medical bills will be entirely voluntary, as no one will be compelled to contribute towards your medical bills. As such, this publication should never be considered insurance, or a substitute for an insurance policy. Whether or not you receive any payments for medical expenses and whether or not this publication continues to operate, you are always personally responsible for the payment of your own medical bills.

KENTUCKY REVISED STATUTE 304.1-120 (7)

NOTICE: UNDER KENTUCKY LAW, THE RELIGIOUS ORGANIZATION FACILITATING THE SHARING OF MEDICAL EXPENSES IS NOT AN INSURANCE COMPANY, AND ITS GUIDELINES, PLAN OF OPERATION, OR ANY OTHER DOCUMENT OF THE RELIGIOUS ORGANIZATION DO NOT CONSTITUTE OR CREATE AN INSURANCE POLICY. PARTICIPATION IN THE RELIGIOUS ORGANIZATION OR A SUBSCRIPTION TO ANY OF ITS DOCUMENTS SHALL NOT BE CONSIDERED INSURANCE. ANY ASSISTANCE YOU RECEIVE WITH YOUR MEDICAL BILLS WILL BE TOTALLY VOLUNTARY. NEITHER THE ORGANIZATION OR ANY PARTICIPANT SHALL BE COMPELLED BY LAW TO CONTRIBUTE TOWARD YOUR MEDICAL BILLS. WHETHER OR NOT YOU RECEIVE ANY PAYMENTS FOR MEDICAL EXPENSES, AND WHETHER OR NOT THIS ORGANIZATION CONTINUES TO OPERATE, YOU SHALL BE PERSONALLY RESPONSIBLE FOR THE PAYMENT OF YOUR MEDICAL BILLS.

UTAH: THIS IS NOT AN INSURANCE POLICY. IT IS A VOLUNTARY PROGRAM THAT IS NEITHER APPROVED, ENDORSED OR REGULATED BY THE UTAH DEPARTMENT OF INSURANCE AND THE PROGRAM IS NOT GUARANTEED UNDER THE UTAH LIFE AND HEALTH GUARANTY ASSOCIATION.

IT IS VERY IMPORTANT THAT YOU REVIEW this organization's guidelines carefully and completely, and that you make sure you understand any limitations that may affect your personal medical and financial needs.

KEEP IN TOUCH

Questions? We are here to serve you. You may visit our website. Or call us to speak to a Personal Benefits Manager today.



HSAforAmerica.com

800-913-0172

info@HSAforAmerica.com

