The HSA Healthshare

MEMBER GUIDELINES

Official Community Guidelines & Rules

Updated: June 2026

THE HSA HEALTHSHARE MEMBERSHIP

Member Guidelines

Introduction

The HSA HealthShare membership is part of a voluntary medical cost-sharing community designed for individuals and families who take responsibility for their health and value stewardship, accountability, and mutual support. Our community exists for members who pursue balanced lifestyles, make thoughtful healthcare decisions, and are committed to working together to keep medical costs fair and reasonable. The community encourages proactive health practices, transparent pricing, and cooperative engagement with providers to sustain the integrity of the community.

HSA HealthShare membership and the community that is part of is not insurance. It does not assume financial risk or guarantee payment of medical expenses. Sharing occurs voluntarily among members in accordance with these Guidelines. Whenever the term "HSA HealthShare" is used in this document, it shall include HSA HealthShare membership, the health share community, and all affiliated entities and organizations. The HSA HealthShare membership is part of a health share community administered by a third party.

Principles of Membership

Each member affirms the following:

- I believe a community of ethical, health-conscious individuals can most effectively care for one another by directly sharing healthcare expenses.
- I recognize that HSA HealthShare membership, affiliates and community considers itself accountable to a higher power.
- I welcome members of all faiths.
- I understand that HSA HealthShare membership, affiliates and community is a benevolent organization, not insurance, and cannot guarantee payment of medical expenses.
- I agree to practice responsible health measures and strive for a balanced lifestyle.
- I am obligated to care for my family and treat others with dignity and respect.
- I agree to work with HSA HealthShare, affiliates and community to utilize fair-cost healthcare services when appropriate.
- I agree to mediation and binding arbitration to resolve disputes.

Membership Eligibility

To be eligible, members must:

1. Adhere to the Principles of Membership
2. Submit monthly contributions
3. Reside in the United States and states where The HSA Healthshare membership is available
4. Be under age 65

See membership options and enroll online

Membership terminates on the first day of the month in which a member turns 65 and becomes eligible for Medicare. Sharing Requests must be submitted within 30 days of that termination date.

Household Membership Structure

Membership pricing is determined by household size, tobacco usage, and selected Member Responsibility Amount (MRA).

Tier	Description
Individual	One adult age 18–64
Member + Dependent	One adult and spouse or dependent child(ren)
Family	One adult, spouse, and dependent child(ren)

Dependent children must be unmarried and under age 26. An adopted child cannot be added to membership before birth, and the newborn's membership start date can be no sooner than seven days after delivery.

Tobacco

Households with one or more tobacco users must pay a $100 monthly surcharge. Failure to report tobacco use results in:

- A one-time $500 household fee
- All open Sharing Requests paused until paid in full
- Tobacco surcharge applied beginning next billing cycle

The tobacco surcharge does not apply to dependent children. Tobacco use is considered one or more members within a household, who has used any tobacco product one or more times per month is considered a tobacco user. Tobacco products include, but are not limited to, cigarettes, cigars, chewing tobacco, snuff, pipe tobacco, and inhaled products through vape, hookah, and similar delivery devices. When the household tobacco user(s) have not used tobacco products for over twelve months, the tobacco surcharge may be removed by providing HSA HealthShare and it's affiliates with supporting documentation from the treating medical provider.

Active Membership

Membership is active when monthly contributions are paid on time and the member remains in good standing. For a Sharing Request to be eligible, membership must be active at:

- The date(s) of service
- The date medical bills are received by HSA HealthShare and the community.
- The date medical records are received by HSA HealthShare and the community.
- The date proof of MRA payment is received by HSA HealthShare and the community.
- The date a formal Sharing Request has been submitted to HSA HealthShare and the community.

Bills submitted after membership termination are not eligible for sharing, even if the date of service occurred while the membership was active.

Membership Cancellation Request

Therequest mustincludethe reason for cancellation and the month in which the membership cancellation is to be effective. The member must provide notice 14 days before the due date. HSA HealthShare does not prorate cancellations or gift refunds. Cancellation requests become effective at the following month's 1st of the month.

Member Responsibility Amount (MRA)

The Member Responsibility Amount (MRA) is the amount a member must pay before eligible medical expenses become eligible for sharing. There is no annual or lifetime maximum for eligible Sharing Requests. However, certain services are subject to defined sharing allowances outlined in these Guidelines. Members may change their MRA once per membership year. If lowering the MRA, a 60-day waiting period applies except for accidents.

Reduction of the MRA Program

The MRAmaybereducedwhenamember:

- Secures prepayment discounts
- Uses fair-cost providers
- Travels to lower-cost facilities
- Applies for self-pay assistance
- Cooperates in provider negotiations

Reductions are discretionary and determined on a case-by-case basis.

See membership options and pricing

Sharing Request

A Sharing Request is submitted by members on a per-member, per-incident basis. Each Sharing Request is the sum of related eligible medical expenses incurred by receiving medically necessary treatment from licensed medical professionals and facilities, such as physicians, emergency rooms, and hospital facilities.

Sharing Request Timelines

To establish eligibility, related medical expenses must accumulate to the Member Responsibility Amount (MRA) within six months of the initial date of service. Once the MRA has been met, the Sharing Request remains open for the duration of the medical event, provided there is no six-month consecutive gap in related treatment or expenses.

If a six-month gap occurs between related services, the Sharing Request automatically closes. Any subsequent treatment will require submission of a new Sharing Request and satisfaction of a new MRA.

Submitting Sharing Requests

SharingRequests must be submitted to HSA HealthShare and the community as soon as reasonably possible. Non-emergent Sharing Requests, including scheduled procedures or planned surgeries, must be submitted prior to receiving care. Failure to submit in advance may result in reduced sharing eligibility.

Required documentation for a Sharing Request includes, but is not limited to:

- Original, itemized medical bills
- Provider clinical notes supporting medical necessity
- Proof of payment applied toward the Member Responsibility Amount (MRA)

HSA HealthShare and the community reserves the right to request additional documentation necessary to determine eligibility. Incomplete documentation may delay review or result in limitation of sharing.

Determination Process for a Sharing Request

A determination is the formal review process conducted by HSA HealthShare and the community to evaluate eligibility under these Member Guidelines. All documents submitted by the member or on the member's behalf will be reviewed for compliance with eligibility requirements, applicable limitations, pre-existing criteria, and sharing allowances. Eligibility determinations are made solely in accordance with the Member Guidelines.

Sharing Request Allowances

Certain services are subject to defined sharing allowances once the Member Responsibility Amount (MRA) has been satisfied. A sharing allowance is the maximum amount eligible to be shared for a specific service under a Sharing Request. Allowances may apply:

- Per Sharing Request
- Once per membership lifetime

All applicable allowances are outlined in these Member Guidelines. Sharing is limited to the specified allowance amount for eligible accrued medical expenses. Amounts exceeding the allowance are not eligible for sharing but may be applied toward satisfaction of the MRA where applicable.

Types of Sharing Requests

Type	Description
Preventive Sharing Request	Eligible preventive services not subject to MRA or pre-existing limitations
MRA-Based Sharing Request	All other eligible medical expenses including maternity and pre-existing care

Scheduled Care Review & Surgical Procedures

Prior medical review and approval is required for non-emergent surgical procedures to be eligible for sharing. Members must notify HSA HealthShare and the community as soon as surgery is recommended. This allows the Member Success Team to:

- Confirm eligibility
- Assist in obtaining good-faith cost estimates
- Assist with pricing negotiations
- Help identify fair-cost providers
- Help facilitate prepayment

Expert second opinions associated with a recommended surgical procedure are eligible for sharing. The HSA HealthShare community encourages members to obtain expert second opinions prior to surgery and will assist in facilitating those consultations when requested. Members should attempt to work with surgery centers and outpatient facilities whenever possible to avoid inflated hospital-based charges. Failure to notify HSA HealthShare and the community prior to a scheduled non-emergent surgical procedure may result in reduced sharing eligibility. Emergency surgical procedures are not subject to prior review.

Safeguard Limit for Multiple Sharing Requests

Each household is responsible for no more than two MRAs within a rolling 12-month period beginning on the first date of service for each Sharing Request. After two MRAs have been met within that 12-month period, HSA HealthShare and the community will share additional eligible Sharing Requests exceeding $1,000 without requiring an additional MRA.
The following Sharing Requests do not count toward the two-MRA safeguard calculation and are not eligible to benefit from the safeguard:

- Sharing Requests related to pre-existing conditions
- Maternity Sharing Requests

These categories neither trigger nor benefit from the safeguard limit.

Medical Conditions Existing Prior to Membership

A condition is considered pre-existing if, within twelve months prior to membership, the member: was examined, taken medication, received treatment, underwent monitoring, or experienced recurring, persistent, or progressive symptoms. A condition may be deemed pre-existing even in the absence of a formal diagnosis or medical evaluation.

Initial 90-Day Ineligibility

The following are not eligible if signs, symptoms, diagnosis, or treatment occur within the first 90 days of membership:

- Gallbladder-related care
- Kidney stones
- Cancer Diagnosis or Staging
- Tumors, benign or malignant
- Kidney Disease

Pre-existing for Cancer

Any testing, treatment, prophylactic intervention, oncology referral, or cancer-related medication within 36 months prior to membership will cause any recurrence or related cancer to be treated as pre-existing.

Exceptions That Are Not Considered Pre-existing

High blood pressure, high cholesterol, hyperthyroidism, hypothyroidism, and type 2 diabetes will not be considered pre-existing conditions if it's controlled, and the member has not been hospitalized for the condition 12 months before enrollment.

Pre-Existing Condition Phase-In Schedule

Sharing Requests related to a pre-existing condition are subject to the following sharing limits based on a member's years of participation. The limits apply per pre-existing condition and do not reset for that condition in future membership years.

- **Year 1:** Up to $5,000 per Sharing Request
- **Year 2:** Up to $30,000 per Sharing Request

- **Year 3:** Up to $75,000 per Sharing Request
- **Year 4:** Up to $150,000 per Sharing Request
- **Year 5 and beyond:** No maximum sharing limit

If a member has more than one unrelated pre-existing condition, the phase-in schedule applies separately to each condition.

Preventive & Genetic Testing

Preventive screening, genetic testing, or diagnostic testing performed solely to evaluate health risks, genetic predisposition, or family history does not constitute a pre-existing condition unless an active disease requiring treatment is identified. Testing or tests resulting in high risk alone do not create a pre-existing condition.

Conditions Not Eligible for Phase-In Sharing

If a condition meets the pre-existing definition and involves any of the following, it is not eligible for sharing under the phase-in schedule at any time:

- Cancer diagnosed, treated, under evaluation, referred to oncology, or symptomatic within thirty-six months prior to membership
- Organ failure, end-stage organ disease, renal failure requiring dialysis, or ongoing renal replacement therapy
- Advanced systemic or degenerative conditions involving irreversible organ damage, active major organ failure, or dependence on life-sustaining therapy

Maintenance and Ongoing Management of Pre-Existing Conditions

HSA HealthShare and the community does not share in the maintenance or ongoing management of pre-existing conditions. This includes any care, testing, imaging, treatment, or medication received solely due to a condition that existed prior to membership. The pre-existing condition phase-in applies only to new, acute, or corrective treatment related to a pre-existing condition. Routine or maintenance care intended to monitor, manage, or maintain a chronic or pre-existing condition is not eligible for sharing at any time.

Examples of non-shareable expenses include:

- Routine MRIs, CT scans, or laboratory testing ordered solely to monitor a known condition
- Follow-up or specialist visits for continued condition management
- Maintenance or preventive medications for a condition existing prior to membership

Related Expenses Not Eligible for MRA-Based Sharing Requests

The following healthcare services and expenses are not eligible for sharing under a Sharing Request subject to the Member Responsibility Amount (MRA). Some services listed below may qualify under a Preventive Sharing Request if specifically included in a member's preventive benefits. Members should refer to their preventive services guide for details. The following are **not eligible for MRA-based sharing:**

• Abortion	• Elective procedures	• Light therapies
• Adult immunizations	• GLP-1 & Semaglutides including complications	• Organ donation expenses
• Alcohol or drug abuse treatment programs	• IVF and fertility treatments	• Prophylactic medications
• Birth control	• Hearing aids	• Seasonal allergies
• Breast implant removal	• Infertility treatment	• Sleep studies
• Diabetic medications and diabetic supplies	• Surrogacy	• TMJ therapeutic (non-surgical) treatments
• Transportation to medical appointments		

Contraception

Contraceptiveservices are eligible only when required to treat an approved Sharing Request. Elective contraceptive use is not eligible.

Dental

Routine dental services are not eligible for sharing. This includes caps, crowns, root canals, fillings, wisdom tooth extractions, anesthesia, sedation, and cleanings. Dental treatment required as the direct result of an approved accident or injury may be eligible.

Preventive & Genetic Screening

Geneticscreening andtestingareeligible only when required to treat an approved Sharing Request. Screening performed solely for risk assessment or preventive evaluation does not qualify for MRA-based sharing.

Medical Non-Compliance

Failure orrefusalto comply with a licensed provider’s treatment plan, or leaving a medical facility against medical advice (AMA), may result in ineligibility of the Sharing Request and any related complications.

Mental Health (Non-Emergent)

Diagnosis,treatment, therapy, and medications related to mental health conditions are not eligible for MRA-based sharing. This includes, but is not limited to: ADHD, Anxiety, Panic disorders, Insomnia, Stress-related conditions, Bipolar disorder, Depression, OCD, PTSD, Schizophrenia, and Eating disorders.

Emergency mental health evaluations and related emergency room expenses are eligible under the Specific Sharing Allowances section and are limited to the defined per-membership lifetime allowance.

Sterilization

Elective sterilization procedures, including but not limited to tubal ligation, vasectomy, and preventive hysterectomy, are not eligible for sharing.

Vision

Vision-related hardware expenses, including glasses and contact lenses, are not eligible for sharing.

Conditions Treated as Pre-Existing for Phase-In Purposes

- Arthritis, including degenerative disc disease
- Allergy Treatment & Reversal (Non-seasonal)
- Cataracts
- Chronic Fatigue
- Chronic Pain
- Diagnostic Colonoscopy
- Ear Tubes
- Gastroesophageal Reflux Disease
- Injections and Regenerative Procedures from non-acute injury
- Joint Replacement (Not applicable if acute injury)
- Osteoporosis
- Preventive Mastectomy
- Surgical Repairs & Revisions
- Tonsil & Adenoid Removal (Not applicable if life-threatening)
- Varicose Vein

Specific Sharing Allowances

For certain services, HSA HealthShare and the community offer a sharing allowance. A sharing allowance is the maximum amount that may be shared after the MRA has been met. If total costs exceed the allowance, the excess may still count toward the MRA.

Allowance Definitions:
Category A – Per Sharing Request: The allowance applies to each separate Sharing Request. If a member experiences different medical events that require separate Sharing Requests, the allowance may apply to each eligible request.

Category B – One-Time Per Membership Lifetime: The allowance may be used only once during the lifetime of the membership, regardless of how many Sharing Requests are submitted or which family member receives the services.

Service	Allowance	Category
Allergy Treatment or Reversal (non-seasonal)	$2,000	A
Alternative Testing to Determine Diagnosis	$2,500	A
Alternative Treatment	$2,500	A
Ambulance (Non-Emergent Use)	$1,000	B
Breast Reduction Surgery	$8,000	B
Diagnostic Colonoscopy	$2,000	A
Emergency Room (Non-Emergent) & Emergency Mental Health	$10,000	B
Home Healthcare	$5,000	A
Injections & Regenerative Procedures	$5,000	A
Medical Supplies & Durable Medical Equipment	$3,000	A
Orthotics	$1,000	A
Recovery Therapies & Fusion Therapies	$3,500	A
Sleep Apnea	$2,000	A
Medically Necessary Mastectomy	$30,000	B
Medically Necessary Hysterectomy	$45,000	B
Congenital Disorder (Unknown Prior to Membership)	$125,000	B

Recovery Therapies & Fusion Therapies

RecoveryTherapies & Fusion Therapiesaresubject to the applicable sharing allowance outlined in the Specific Sharing Allowances section. Eligible recovery services must be related to an injury or illness sustained while an active member. Only one recovery allowance applies per Sharing Request. Eligible services may include: Chiropractic care, Massage therapy, Physical therapy, Acupuncture, Hyperbaric therapy, Ozone therapy, Dry needling, Prolotherapy, Infusion therapy, Craniosacral therapy, Occupational therapy, and Speech therapy. Additional therapy for severe medical events such as stroke, heart attack, cancer, or other debilitating conditions may be reviewed on a case-by-case basis.

Injections & Regenerative Procedures

Injections and regenerativeproceduresare subject to the defined sharing allowance. Eligible services may include: Stem cell injections, Platelet-rich plasma (PRP) therapy, Epidural steroid injections not related to maternity, Nerve blocks, Trigger point injections, Joint block injections, and Other regenerative therapies. Injections related to gender transitioning or sex reassignment therapy are not eligible for sharing.

Alternative Medicine & Alternative Treatment

Alternative treatment and alternativediagnostic testing are eligible under their respective sharing allowances. For alternative treatment requests, members must submit: medical notes from the prescribing provider, estimated costs and available discounts, and an explanation from a licensed medical provider supporting the treatment selection. If a member chooses an alternative treatment and later returns to conventional care, sharing may be limited based on expenses already shared toward the alternative treatment. Preventive services performed by alternative providers may not require prior approval.

Additional Information for Certain Sharing Requests

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

Automobile Accidents & Third-Party Liability

Ifa Sharing Request involvesinjury orillnessresulting from an automobile accident or third-party liability, HSA HealthShare and the community will share only after any applicable primary coverage has processed and made final payment. Primary payors include: automobile insurance, health insurance, travel insurance, workers' compensation, government assistance programs, and liability insurance.

Acute Allergic Reactions

Eachacuteallergicreactionis treated as a separate medical event and requires submission of a separate Sharing Request with its own Member Responsibility Amount (MRA). Acute allergic reactions, including food allergies and similar sudden reactions, are not considered pre-existing conditions, even if a member has experienced prior unrelated allergic episodes.

Asthma

Routine treatment and maintenance medications for asthma are not eligible for sharing. An acute asthma attack resulting in an emergency room visit may be eligible as a separate Sharing Request. Each qualifying emergency event requires a separate MRA.

End-of-Life Assistance

Ifa member or an eligible dependent passes away after maintaining at least one full year of active membership, HSA HealthShare and the community will provide financial assistance to the surviving household upon receipt of a certified copy of the death certificate. Assistance will be distributed as follows:

- $10,000 upon the death of a primary member
- $10,000 upon the death of a dependent spouse
- $5,000 upon the death of a dependent child

Membership must be active and in good standing at the time of death for this assistance to apply.

Cosmetic Surgery

Cosmeticproceduresare not eligible for sharing unless required due to disfigurement resulting from an approved Sharing Request.

Genetic Testing (Treatment-Based)

Genetictestingis eligibleonlywhenrequired to treat an approved Sharing Request. Testing performed solely for screening or risk evaluation falls under Preventive & Genetic Testing guidelines.

International Medical

Emergencyand acutemedical care received outside the United States may be eligible for sharing. Members may seek medically necessary procedures internationally if the cost is lower than comparable treatment in the United States.

Long-Term Care & Skilled Nursing

Long-termcareand skillednursingservices are eligible when prescribed by a licensed provider for recovery from an approved Sharing Request. Sharing is limited to 90 days per Sharing Request.

Medically Stable Conditions

ASharing Request may beconsidered medically stable when the condition is chronic and further treatment is unlikely to improve the outcome. Once deemed medically stable, future sharing related to that condition may be limited.

Prescriptions

Prescriptionmedications are eligible when related to the treatment of an approved Sharing Request that is not subject to pre-existing limitation. Sharing for prescription costs is limited to 12 months or $125,000 per Sharing Request, whichever occurs first.

Sports

Injuriesresulting from recreational sports participation are eligible. Injuries resulting from professional sports participation or compensation for competition are not eligible.

Hospice Care

Hospicecareiseligible in 60-day increments when certified as terminal by a licensed medical provider.

Charitable Sharing Fund

HSA HealthShare and the community's Health Share's Charitable Sharing Fund is a separately administered charitable resource that provides assistance to individuals facing financial hardship in accessing healthcare. The Fund may allocate resources to support eligible sharing requests that would otherwise remain unfunded due to member contribution limitations, individual financial circumstances, or other barriers to care. All distributions from the Charitable Sharing Fund are subject to Board approval and available fund balances, and are made in accordance with documented selection criteria designed to ensure charitable impact and prevent private benefit.

Maternity

As with any other Sharing Request, expectant mothers pay a single Member Responsibility Amount for all eligible expenses related to their Maternity Sharing Request. The Maternity Sharing Request must be submitted within 30 days of pregnancy confirmation.

Waiting Periods

Conceptionoccurring within (30) days of the membership start date is ineligible for sharing. Pregnancy existing prior to membership is not eligible. Medical records will confirm the date of conception. Members who purposely misrepresent the conception date may be subject to membership revocation.

Newborns not born in connection with an eligible Maternity Sharing Request may be added to a household membership by calling, emailing and filling out the form inside the member portal to HSA Healthshare and the

community. If not born in connection with an eligible Maternity Sharing Request, the newborn's membership start date can be no sooner than seven (7) days after delivery. Any complications the newborn may have or any medical conditions present at birth will be considered a pre-existing medical condition.

Prenatal & Postnatal Sharing Allowance

Up to $6,000 per Maternity Sharing Request. If the pregnancy is diagnosed as high-risk, an additional $1,000 is available.

Eligible services include: Acupuncture, Chiropractic Care, Doulas, Doula tub, Prenatal vitamins, Midwives, Routine office visits, Routine laboratory work, Ultrasounds (2D, 3D, 4D), Pelvic floor services, STD and STI screenings as part of routine prenatal care, Gestational diabetes care and medications, Breast pumps, Lactation consultant services, Postpartum counseling, Six-week postpartum visit, and Two-week cesarean follow-up appointment.

Delivery Services

No sharing limits apply to medically necessary delivery services including: OB-GYN labor and delivery, Cesarean, Premature birth, Multiple births, Hospital labor and delivery, Anesthesiology, Home birth, Maternal complications, Maternal-fetal specialist consultations, and One in-hospital pediatric evaluation, including routine newborn testing.

Newborns

Newborns whose birth is associated with an eligible Maternity Sharing Request must be added to the household membership within 30 days of birth. If adding the newborn results in a membership tier change, the monthly contribution will automatically adjust beginning with the next billing cycle. If the newborn is not enrolled within 30 days, any condition present at birth or arising prior to the newborn's membership effective date will be considered a pre-membership medical condition and subject to the limitations outlined in the Medical Conditions Existing Prior to Membership section.

If a parent wishes to add a newborn not born in connection with an eligible Maternity Sharing Request, a separate membership application must be submitted for the child. The newborn's membership effective date may be no earlier than seven days after delivery. Any genetic condition, birth complication, or medical issue present at or prior to the newborn's membership effective date, when not associated with an eligible Maternity Sharing Request, will be considered a pre-existing condition and subject to the applicable limitations under these Guidelines.

NICU

When associated with an eligible Maternity Sharing Request, Neonatal Intensive Care Unit (NICU) services are eligible for sharing for up to 35 days following birth. If NICU care extends beyond 35 days, continued eligibility beyond 35 days is subject to the Congenital Conditions allowance, if applicable. For newborns not enrolled in connection with an eligible Maternity Sharing Request, NICU services related to conditions present at birth are considered pre-existing and are not eligible for sharing.

Congenital Conditions

If unknown prior to membership, congenital conditions are eligible up to $125,000 once per membership lifetime. If known prior to membership, the condition is not eligible for sharing.

MRA Reduction for Maternity

If total maternity-related expenses do not exceed $10,000, the Member Responsibility Amount will be reduced by $1,500.

See membership options and enroll online