WeShare® Premier Program Brochure

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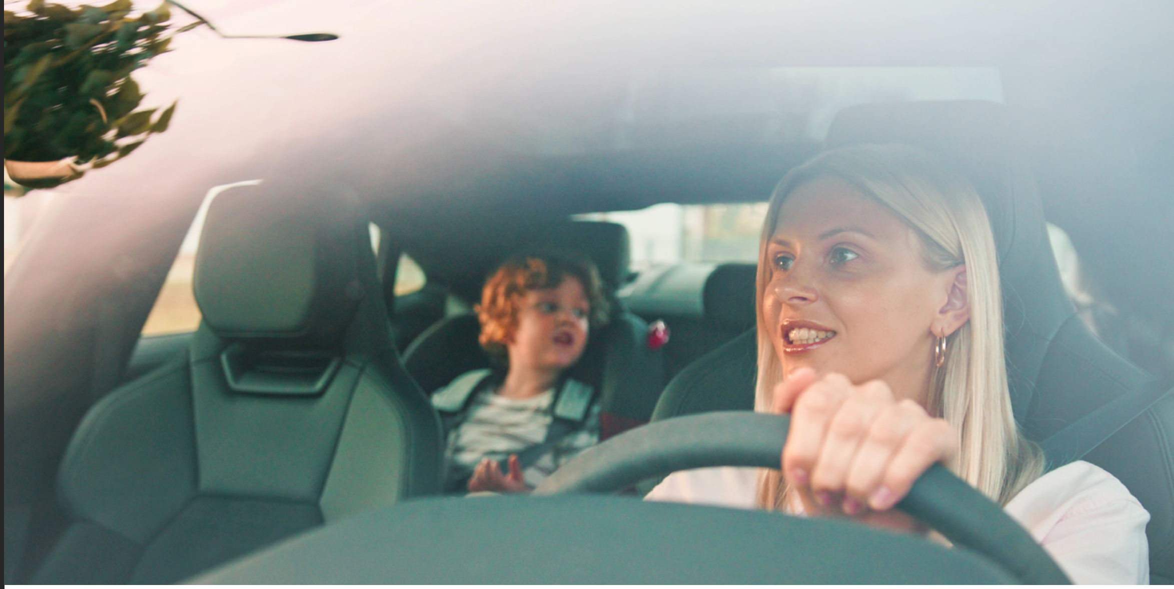

For those seeking the highest level of flexibility and support, WeShare Premier offers expanded sharing for medically necessary care, enhanced mental and behavioral health services, and no waiting periods for pre-existing conditions related to general medical or pharmacy sharing. With unique sharing benefits and lower Annual Member Care Share options—including a $0 option along with provisions for income lost due to critical illness, and assistance with funeral or memorial expenses, Premier Members face less financial exposure when accessing care for eligible expenses.

Immediate access. More peace of mind.

WeShare Premier provides robust on-demand care by partnering with the largest health networks in the nation: PHCS® PPO and CVS Caremark™. Our community enjoys the peace of mind that comes with quality, affordable, consistent care all while being part of a family centered around health, wellbeing, and the positive values of the Christian faith.

At WeShare, preventative care is our top priority. When you get ahead of those preventable health issues, you're then free to live the full life you want—and that's why WeShare Premier shares 100% of your annual wellness and preventative costs. Our exclusive wellness perks then help integrate a healthy lifestyle into your daily life, giving you a clear, two-step approach to holistic wellness.

When you're not feeling your best, you have access to convenient care to nurse you back to health: Telehealth services available through Amwell, in-person primary care provider (PCP) visits for a low $25 consultation fee, and CVS MinuteClinic® locations near you for on-demand care at $10 per visit across more than 1,100 locations nationally.

Sharing Support Without Delays or Pre-existing Limits

With no pre-existing waiting periods, you don't have to wait to access care—eligible needs can be shared as soon as your membership's effective date arrives.

- No waiting periods for eligible medical services
- No pre-existing condition share limits
- No maternity share maximums or waiting periods
- Expanded behavioral health sharing benefits

Because life doesn't wait and your care shouldn't either.

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Simple, Fair, & Friendly Health Sharing

Here are just a few of the benefits and resources included with a WeShare Sharing Program membership:

Easy To Understand Sharing Benefits

We make membership as simple as possible. When you need care, you'll see that either (1) your eligible services are included in your membership at no additional cost, (2) you'll pay a small consultation fee, or (3) you'll be responsible for bills until your Annual Member Care Share amount is reached. For Members who elect the $0 AMCS option, your only cost at the time of eligible services is the applicable consultation fee. Regardless of the AMCS option selected, WeShare Premier Members never have percentages to calculate or co-share amounts to manage.

Extensive Provider Network That's 100% Member-Centric

Membership includes access to the largest network of any sharing ministry through the PHCS® PPO Network, with 1M+ medical providers, specialists, urgent care, and healthcare services, as well as CVS Caremark™ with over 68,000 retail locations and more than 1,100 CVS MinuteClinic® urgent care locations.

Access to 24/7 Telehealth

Amwell telemedicine connects you with board-certified providers across multiple specialties, including 24/7 urgent care, primary care, nutrition, dermatology, and lactation support. Skip the wait by requesting a telehealth visit and receive care from the comfort of home.

Advanced Sleep Support

Quality sleep is one of the most powerful foundations of overall health. Research shows that restorative, uninterrupted sleep supports heart health, strengthens the immune system, regulates metabolism and weight, enhances focus and memory, and reduces stress and anxiety. Poor sleep quality has been linked to higher risks of chronic conditions like heart disease, diabetes, and depression. Simply put, better sleep doesn't just help you feel more energized — it helps your body and mind function at their best every day.

That's why we partner with Sleepwatchers to offer comprehensive support that helps you achieve the quality sleep your body and mind need. Their experienced sleep practitioners provide thorough, personalized evaluations to determine the most appropriate testing or treatment plan for you.

Wellness Perks Included

Caring for your holistic health goes beyond taking care of your medical needs. Whether you're looking to begin or maintain a nutrition or fitness plan, or want resources to deepen your relationship with God, WeShare Members have access to exclusive wellness perks including FitBod®, Active&Fit®, HelloFresh®, Noom®, and RightNow Media® (valued over $1,000). Learn more at weshare.org/benefits-of-joining.

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A Better You. Today.

We're committed to helping you thrive — body, mind, and soul. That includes your mental wellness, which is why your sharing benefits support up to 24 virtual counseling sessions and 12 psychiatric sessions per year. We've partnered with BetterHelp and Amwell to provide convenient, online therapy at no added cost to you, easing the process to obtain care. Prefer in-person therapy? You have access to the PHCS network where you can access up to 10 counseling sessions per year, for a $75 consult fee, per visit. See the WeShare Premier Sharing Summary below for more details.

While we hope you never need hospital care, WeShare Premier is here for you if you require inpatient or outpatient behavioral health services by sharing in eligible expenses at 100% after your AMCS (where applicable).

Sharing Support Beyond Medical Bills

$10,000 After-Life Benefit

Provides additional financial support to your designated beneficiary to reimburse for memorial or funeral services, easing the burden during life's most challenging time.

Up to $40,000 Household Bill Sharing

We recognize that health challenges can sometimes yield more than just medical bills. To help ease the stress of piling household bills, if you are diagnosed with certain critical illnesses and unable to work, shared dollars reimburse you for everyday living expenses so you can focus on healing*.

*Not available to TX residents.

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WeShare Premier Sharing Summary

WeShare Premier offers five different contribution structures to meet everyone's budget and healthcare needs. Each Monthly Contribution and Annual Member Care Share (AMCS) combination delivers financial flexibility without sacrificing services.

Lower AMCS amounts provide the ultimate security, requiring you to pay less out-of-pocket when you need to access care, while higher AMCS amounts offer lower Monthly Contributions for Members who may not frequently access medical care beyond preventive and office visits.

ANNUAL MEMBER CARE SHARE (AMCS)

Individual	Family[1]
$0	$0
$3,000	$6,000
$6,000	$12,000
$9,000	$18,000
$12,000	$24,000

[1]For families, a minimum of two Members must meet their individual maximum AMCS within a calendar year.

MEDICAL SERVICES

Preventative Care Follows healthcare.gov guidelines, except where services are excluded per the membership guidelines	
Routine Annual Physical	$0 Consultation Fee
Labs Includes preventative lab work ordered as part of your routine annual physical	100% not subject to AMCS
Immunizations	100% not subject to AMCS
Physician Services	
Amwell Virtual Primary Care, Urgent Care, Nutrition, Dermatology and Lactation Support See "Amwell Virtual Telemedicine" for more details	$0 Consultation Fee
CVS MinuteClinic	$10 Consultation Fee
Primary Care Provider (PCP) Office Visits	$25 Consultation Fee
Urgent Care	$50 Consultation Fee
Specialist Office Visits	$75 Consultation Fee
Labs and Diagnostics	
Laboratory Services	Quest Diagnostics and LabCorp of America: $10 All other providers: 100% after AMCS[1] [1]For Members who elect the $0 AMCS option, a $50 consultation fee applies to all other lab providers
X-Ray & Diagnostic Imaging	X-Ray: $25 Fee All other imaging: 100% after AMCS
All Other Diagnostic Testing (e.g. EKG)	100% after AMCS
Physical, Spiritual, & Mental Wellness	
Acupuncture Up to 12 sessions, per Member, per year	$75 Consultation Fee
Chiropractic Treatment Up to 12 sessions, per Member, per year	$75 Consultation Fee

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MEDICAL SERVICES (CONT.)	
Physical, Spiritual, & Mental Wellness	
Physical, Occupational, & Speech Therapy Pre-certification determines the total number of sessions per condition	$75 Consultation Fee
Behavior Health Counseling 24 counseling sessions are allowed per year, per Member, through BetterHelp or Amwell, or 10 in-person counseling sessions with a PHCS network provider. 12 psychiatric visits are allowed through Amwell or a PHCS provider, per year, per Member. 10 sleep therapy sessions are allowed per year, per Member, through Sleepwatchers. Substance abuse is not eligible.	BetterHelp or Amwell Virtual Therapy: $0 Consultation Fee All other providers: $75 Consultation Fee
Behavioral Health Hospitalizations Inpatient and outpatient behavioral health services are eligible based on medical necessity and upon pre-certification approval. Pre-certification determines the length of stay or visit maximum allowed based on the Member's condition.	100% after AMCS
Wellness Perks Membership includes access to exclusive wellness perks. Refer to the wellness perks brochure for additional information	Included with Membership
Emergency	
Emergency Room Includes emergency room department charge and the ER Physician fees; all other services follow the specific sharing benefit for the service being rendered and may be subject to AMCS. Subject to AMCS if admitted inpatient.	$500 Consultation Fee
Ambulance Services	$500 Share Maximum, per ride, after AMCS
Air Transport	$10,000 Share Maximum, per ride, after AMCS
Labs	100% after AMCS
X-Ray & Diagnostic Imaging	X-Ray: $25 Consultation Fee All other imaging: 100% after AMCS
Surgery and Anesthesia	100% after AMCS
Inpatient Services	
Specialty Care Includes care received while inpatient in the hospital, including but not limited to: oncology, treatment of serious illness and cardiology	100% after AMCS
Anesthesiologist	
Surgical	
Skilled Nursing Facility	
Outpatient Services	
Ambulatory Surgery Center	100% after AMCS
Outpatient Department of a Hospital: surgery and other services	
Pregnancy & Maternity Care	
Prenatal & Initial Postnatal Visits & Delivery Assumes global billing, where all prenatal, postnatal and well-baby visits are accounted for within delivery charges for the OBGYN/Midwife. Services billed outside of global billing are subject to the applicable benefit for the service being billed (e.g. ultrasounds billed separately are consider diagnostic imaging).	100% after AMCS with no sharing maximum Congenital birth defects have a max of $50,000, per member, regardless of age, per year
Pre-Existing Conditions	
Pre-Existing Conditions	No annual limit; shared according to standard program guidelines and based on services being performed

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MEDICAL SERVICES (CONT.)	
Tobacco, Marijuana, or E-Cigarettes Applicable in the event of tobacco or e-cigarette related illnesses such as Cancer, Respiratory Disease, Vascular Diseases including Coronary Disease and Stroke, Oral / Esophageal Diseases and Gastric / Duodenal Ulcers. Applicable for illnesses as a result of the legal use of marijuana.	$25,000 AMCS
Specialty Services	
Dental Discounts Through Careington Dental - POS Network	Included with membership
Vision Discounts Through Superior Vision – SPVC	
Hearing Care Discounts Includes free hearing exams and discounted hearing aids through Amplifon Hearing Health Care	
Miscellaneous	
Durable Medical Equipment Includes, but is not limited to breast pumps, continuous monitor diabetic supplies, joint braces, mobility devices (knee scooters, canes, wheelchairs, walkers), nebulizers, hospital grade humidifiers for medically necessary respiratory conditions, medically necessary bathroom aids (commodes, raised toilet seats).	$1,200 Share Maximum, per year after AMCS $250 Share Maximum applies to CPAP and BiPAP machine supplies, per year after AMCS
Home Health Care Skilled nursing services performed in the home; pre-certification approval determines visit maximum	100% after AMCS, visit maximum determined through pre-certification
Injections and Infusion Therapy Includes injections, infusion supplies and drugs administered by a doctor, hospital or home health care agency. Injections or medications filled at the pharmacy follow the pharmacy benefits.	100% after AMCS
All Other Eligible Services	100% after AMCS
Member Assistance Benefits	
Memorial Expense Reimbursement	Up to $10,000 per Member (lifetime maximum)
Household Bill Reimbursement Qualifying critical illnesses include: stroke, heart attack, aggressive cancer, major organ transplant, and renal failure. The household bill reimbursement benefit is not available to TX residents.	Up to $40,000 per Member (lifetime maximum)

*Consultation Fees apply to each visit/session.
*AMCS does not apply to services that apply a designated fee (e.g, consultation fee), unless otherwise stated.

Note: To help keep your healthcare sharing simple, eligible services that apply a consultation fee are not subject to the AMCS, unless specifically noted. For eligible services subject to the AMCS, they are shared at 100% once the AMCS is met. Please see the program details or contact Member Services for a comprehensive list of eligible services. Share Maximums apply to each Member, unless otherwise stated.

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Pharmacy

There is a separate AMCS for prescriptions and an annual pharmacy share maximum applies, as outlined below.

ANNUAL MEMBER CARE SHARE (AMCS)		
Annual Member Care Share (AMCS)	**Annual Pharmacy Share Maximum**	**Prescription Fees**
$250 per Member	$3,500 per Member	Based on medication's formulary, see grid below

PHARMACY SERVICES	
Formulary Generic Medications	
Pharmacy, up to a 30-day supply	$10
Mail-Order, up to a 90-day supply Available at CVS Caremark network locations	$20
Standard Brand Formulary Medication	
Pharmacy, up to a 30-day supply	$35, after AMCS
Mail-Order, up to a 90-day supply Available at CVS Caremark network locations	$70, after AMCS
Non-Formulary Brand Medications	
Pharmacy, up to a 30-day supply	$65, after AMCS
Mail-Order, up to a 90-day supply Available at CVS Caremark network locations	$130, after AMCS
Specialist Brand Medications	
Pharmacy, up to a 30-day supply	50%, after AMCS
Mail-Order, up to a 90-day supply Available at CVS Caremark network locations	50%, after AMCS

*Prescription fees are per prescription.
*Injectable pens have an annual limit of 2 per Member

Note: Mail order is set-up and managed through CVS Caremark online. You have the option of pick-up vs mail order deliver for 90-day maintenance drugs only at CVS Pharmacy.

Prescription Discount Program

Optum Perks is a free prescription discount service available to WeShare Members, providing potential savings apart from your Pharmacy Sharing Services above. It offers coupons and discount cards that can help you save up to 80% on most FDA-approved medications, select medical equipment, and non-prescription injections like flu and shingles shots. These discounts are accepted at thousands of pharmacies nationwide and can help lower your out-of-pocket costs.

Note: Members must choose between using Optum Perks or their pharmacy benefits—they cannot use both for the same prescription. Be sure to talk to your pharmacist to understand which option is best for your situation and ensure you're making the most cost-effective choice.

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Amwell Virtual TeleMedicine

Primary Care:

- Establish a relationship with a dedicated Primary Care Provider (PCP) for all your primary care needs (e.g.: manage all aspects of your health or focus on specific conditions, like hypertension, breathing problems, obesity, diabetes, or depression). Get annual physicals, prescription refills, referrals, labs, and more. $0 consult fee.

Urgent Care:

- Get care 24/7 for common health issues including colds, allergies, COVID-19 symptoms, the flu, sinus infections, UTIs, and more. Physicians assess your symptoms, provide a treatment plan, and send prescriptions to the pharmacy of your choice when needed.

Nutrition:

- Schedule an appointment to receive meal plans, recipes, and tips to reach your goals from registered dieticians.

Lactation Consultation:

- Need breastfeeding support? Schedule a visit and get care without having to leave home with your baby.

Dermatology:

- Have a concern about the health of your skin, hair, or nails? You don't have to schedule an appointment with a dermatologist or wait several weeks to be seen. Simply complete a pre-screen questionnaire, summary of the symptoms, and images of the area impacted to receive a customized treatment plan.

Dental, Vision, Lasik, and Hearing Discount Programs

Careington Dental – POS Network

We've partnered with Careington International Corporation, an industry leader in dental care, to provide you hassle-free savings to maintain your oral hygiene. You have access to one of the most recognized networks in the nation with 20% to 50% savings on most dental procedures, including routine oral exams, unlimited cleanings, and major work such as dentures, root canals, crowns, and more. Plus, all dentists must meet highly selective credentialing standards based on education, background, license standing and other requirements. Simply present your discount card to your dental provider and save.

Careington Dental Plan Features:

- Save 20% to 50% on most dental procedures including routine oral exams, unlimited cleanings, and major work such as dentures, root canals and crowns. You can also save on cosmetic dentistry such as bonding and veneers.
- 20% savings on orthodontics including braces and retainers for children and adults.
- 20% reduction on specialists' normal fees. Specialties include endodontics, oral surgery, pediatric dentistry, periodontics, and prosthodontics where available.
- Visit any participating dentist on the plan and change providers at any time.
- Get the care you need without surprise costs or annual spending limits.

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CAREINGTON CARE POS SAMPLE SAVINGS				
Procedure Description	*Regular Cost	**Plan Cost	Savings $	Savings %
Routine Checkup	$76	$33	$43	57%
Extensive Oral Exam	$134	$59	$75	56%
Four Bitewing X-Rays	$92	$41	$51	55%
Adult Cleaning	$133	$63	$70	53%
Child Cleaning	$92	$46	$46	50%
Composite (White) Filling (Front Teeth)	$215	$100	$115	53%
Crown (porcelain fused to noble metal)	$1,556	$699	$857	55%
Molar Root Canal	$1,638	$685	$953	58%
Complete Upper Denture	$2,299	$1,060	$1,239	54%
Extraction (single tooth)	$266	$121	$145	55%

*Regular Cost is based on the average 80th percentile usual and customary rates as detailed in the 2024 Fair Health Report within the United States.

**Plan Cost represents the average of the assigned Careington Care POS plan fees within the United States.

* Prices subject to change.

Superior Vision – SPVC

Save 5% to 30% on eye care and wear with the Superior Vision discount program. Discounts are offered at more than 40,000 participating provider locations on exams, eyeglasses, contact lenses, LASIK and more. Even if you've got 20/20 vision, comprehensive eye exams can help detect signs of serious health conditions like glaucoma, diabetes, high blood pressure and high cholesterol.

SUPERIOR VISION SAMPLE SAVING			
Service	Regular Cost*	Plan Cost	Typical Member Savings
Vision Exam	$155	$75	$80
Frames	$130	$91	$39
Single Vision Lenses	$80	$40	$40
Photochromics	$100	$70	$30
Anti-Reflective Coating	$102	$45	$57
Total	$567	$321	$246

*Represents national average retail costs comparing to Member Fee Schedule. The actual savings may vary based on amount purchased and location.

This plan is not insurance.

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Qualsight LASIK – AMST

Members receive savings of 20% to 30% off the overall national average cost of LASIK surgery through QualSight at more than 800 locations.

The QualSight program is not an insured program.

Amplifon Hearing Health Care

Amplifon offers a wide choice of state-of-the-art products from leading hearing aid brands to meet your lifestyle, technology, and hearing needs, all at a discounted rate. A hearing care professional can help you determine which option is right for you. Amplifon offers support with locating care, scheduling free hearing exams, or hearing equipment assessments, all while saving an average of 65% off MSRP.

THIS PLAN IS NOT INSURANCE and is not intended to replace health insurance. This plan does not meet the minimum creditable coverage requirements under M.G.L. c.111M and 956 CMR 5.00. This plan is not a Qualified Health Plan under the Affordable Care Act. The range of discounts will vary depending on the type of provider and service. The plan does not pay providers directly. Plan members must pay for all services but will receive a discount from participating providers. The list of participating providers is at uhsm.solutionssimplified.com. A written list of participating providers is available upon request. Discount Plan Organization and administrator: Careington International Corporation, 7400 Gaylord Parkway, Frisco, TX 75034; phone 800-441-0380. This plan is not available in in Vermont, Utah, Washington, and Montana.

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White Glove Care

Our Member Services and Provider Concierge teams are committed to ensuring a worry-free experience for all, and are always happy to help answer questions, check status updates, or help you navigate your healthcare journey. In that spirit, WeShare offers added resources and support for any Members diagnosed with a critical or chronic illness or cancer while enrolled as a Member of WeShare.

Healthy Discount Program

Members can earn up to 20% off their monthly contribution amount by meeting certain health improvement measures or completing certain healthy activities.

How to Qualify

Members must complete a health review and blood panel test and show measurements that are all in healthy ranges. The first blood panel test is paid for by shared dollars.

If the blood panel test does not come back with normal values, Members have the option to complete a health management program offered by our partners at Integrative Health Direct Primary Care and are eligible to reapply for Healthy Discount every 90 days.

If you do not qualify but choose not to participate in the health management program and instead work on improving your results separately, you can also reapply every 90 days.

Note: Both the primary Member and spouse must individually qualify to receive the discount. Children are exempt.

How to Apply

After your WeShare membership begins download the lab order form from the WeShare app. The blood panel lab request will include a metabolic panel, lipid panel, hemoglobin A1c, CBC, and thyroid stimulating hormone.

What Happens if I Qualify?

Once your bloodwork has been deemed eligible, the discount will apply for the next 12 months. The earliest the discount rate can apply is the second month from the program effective date. The first month contribution is locked in as the amount designated during enrollment.

After the 12-month period ends, Members must complete the blood panel test again (resulting in normal values) within 90 days of the expiration date to renew the discount. All subsequent blood tests are subject to Member contribution requirements.

For more information, contact Member Services at 800-900-8476.

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Terms and Conditions

Annual Sharing Maximums

WeShare membership and wellness perks are available upon your effective date, with many services available without sharing limits including, but not limited to, telemedicine through Amwell, routine annual physicals, and emergency services. However, certain limitations apply for select services. For example, some services have annual sharing maximums or per instance share limits (e.g., ambulance has a $500 per ride share limit, while durable medical equipment has a $1,200 annual maximum). Sharing eligibility and stipulations can be found in the WeShare Premier membership guidelines. In the event a service is not eligible or fully shared by the program; Members are always personally responsible for their own medical bills.

Not a Reimbursement Program or Insurance

WeShare is not a reimbursement program. WeShare is NOT an insurance company nor is the membership offered through an insurance company. WeShare membership is offered and administered by Unite Health Share Ministries™ (UHSM), a nonprofit, religious health sharing ministry that facilitates Member-to-Member sharing of medical expenses. WeShare Members have access to prenegotiated rates for medical services through the PHCS PPO, Amwell, CVS Caremark, and CVS MinuteClinic Network. Members should never have to pay cash up-front for services in-network, with the only payment incurred at the time of service being the per Member, per visit, consultation fee as outlined in the membership guidelines.
All Sharing Members are responsible for their own medical expenses, less any shared dollars.

OTHER PROGRAM FEES	
Application fee	**$149 one-time fee**
Tobacco, e-cigarette and marijuana users	**$50 per Member of usage, per month**
Four or more listed dependents	**$50 per dependent, per month**

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Annual Member Care Share (AMCS) – The amount each Sharing Member commits to paying their care provider when obtaining services before the Sharing Program will contribute towards eligible medical needs. This amount is based on the selected Sharing Program tier and is accumulated as medical services are received throughout the calendar year, from January 1 through December 31. AMCS must be met for each individual Sharing Member within a calendar year, including the Sharing Members that are considered dependents. For families, a minimum of two members must meet their maximum AMCS within a calendar year. After the AMCS is met for the calendar year, all eligible medical costs subject to the AMCS are shared at 100% for all family members. Generally, and unless otherwise noted, the AMCS applies to services obtained. However, certain services are not subject to the AMCS and may be shared at 100% or only require a consultation or service fee (listed herein). If a consultation or service fee applies, it will continue to apply even after the AMCS is met.

Annual Pharmacy Share Maximum – The maximum amount any WeShare program will share, per Member, per year, for eligible pharmacy services.

Consultation Fee – A fixed dollar amount that is paid by a Sharing Member to the participating provider at the time of medical services rendered.

Eligible/Eligible for Sharing – A status indicating that a Sharing Member has met the conditions to qualify for sharing as described in the membership guidelines, and as aligned with the parameters of the Sharing Program. Eligible for sharing expenses are those medically necessary services, supplies and/or treatment that are eligible for sharing under this Health Sharing Program. Charges for services, supplies, and/or treatments meant to treat or correct a preventable condition or a cost which arises solely due to a provider's medical error are not considered eligible for sharing expenses. A finding of provider negligence and/or malpractice is not required for service(s) and/or fee(s) to be considered not reasonable and allowed or not eligible for sharing.

Maternity – A Sharing Member's medical needs, or that of a newborn child's medical need(s), as related to prenatal/postnatal care, newborn delivery, and newborn care. A newborn child is defined as 0 to 18 months of age. Maternity medical needs do not extend to adoption, foster care, or family planning related services, such as fertility treatments.

Medical Need(s) – Charges or expenses rendered for medical services provided by a facility or a licensed medical professional to address illnesses or accidents.

Medically Necessary – A service, procedure, or medication that is necessary to restore or maintain physical function of a Sharing Member, and is provided in the most cost-effective setting, consistent with the Sharing Member's condition. The fact that a medical professional may prescribe, administer, or recommend services/care, does not constitute a medical necessity, even if it is not listed as a membership limitation or an ineligible need in the membership guidelines. To help determine medical necessity, WeShare may request the Sharing Member's medical records and may require a second opinion from a third-party medical professional. Additionally, medically necessary relates to healthcare services or supplies determined by the shareable medical bill (SMB)'s administrator in its discretion as necessary to diagnose or treat an illness, injury, condition, disease, or its symptoms, and that meet accepted standards of medicine.

If your shareable medical bill (SMB) is denied for reasons that involve medical judgment (such as lack of medical necessity) you may appeal the decision. Please see the appeals section of the membership guidelines for more information.

Membership Guidelines – A document which provides the recital of guidelines by which Sharing Members agree to. The WeShare membership guidelines describes the program elements, resources, membership details, and any stipulations/limitations that apply to membership and Sharing Programs. The membership guidelines helps WeShare Sharing Members understand how monthly contributions are shared in accordance with the escrow instructions.

Participating Provider – Medical care professionals, facilities, and services – those of which fall within an in-network jurisdiction – and are under contract with WeShare through network partnerships with PHCS/MultiPlan and CVS Caremark to help limit medical costs for all Sharing Members. Participating providers can be found in the WeShare app, at weshare.org/find-a-provider or by calling Member Services at 800-900-8476.

When searching for participating providers, any results provided are for reference only − participating physicians, hospitals and/or healthcare providers may change at any point, and directories can at times be outdated. Please confirm network participation with provider and provide individual WeShare membership identification card(s) prior to scheduling any appointments, and before any service is rendered. Members are always personally responsible for their own medical bills.

Pre-Existing Condition – Any medical condition that a Sharing Member has prior diagnostics, represented symptoms for, been examined related to, and/or has received treatment prior to becoming an Active Sharing Member of WeShare – whether known to a Sharing Member or not– is considered a pre-existing condition.

Program Guide – A summary of a Sharing Program's elements for eligible sharing, including some limits or AMCS, Member consultation fees, and share maximums.

Sharing Member – Those who have applied to become a WeShare Sharing Member and have agreed with the Statement of Faith and Shared Beliefs, the sharing membership commitments, and the escrow instructions. Sharing Members must choose a Sharing Program tier, submit scheduled monthly contributions, through the form of direct payment, and are not to be ineligible, as a result of any other reason (including age restrictions). Sharing Members may submit eligible medical needs for sharing in conjunction with the membership guidelines, those of which constitute the specific Sharing Program and the escrow instructions.

Sharing Program – WeShare healthcare Sharing Programs offer a community of members who share in medical expenses. They are available through varying tiers, those of which constitute Annual Member Care Share (AMCS) amounts and maximums. Each tier is selected and approved on the membership application, recorded, and audited for accuracy.

WeShare

General Notices

This program is not an insurance company nor is it offered through an insurance company. This program does not guarantee or promise that your medical bills will be from shared dollars or assigned to others for payment. Whether anyone chooses to pay your medical bills will be totally voluntary. As such, this program should never be considered as a substitute for an insurance policy. Whether or not you receive any payments for medical expenses and whether this program continues to operate, you are always liable for any unpaid bills. Neither WeShare nor UHSM constitute as an insurance company nor is the membership offered through an insurance company.

WeShare is a program and product of United Faith Ministries, Inc., which is a 501 (c) (3) nonprofit corporation, dba "Unite Health Share Ministries" or "UHSM." WeShare Access, a program of Unite Health Share Ministries (UHSM), is a religious organization facilitating the sharing of eligible medical expenses.

It is not an insurance company, and neither its guidelines or its plan of operation, or any other documents of the religious organization constitute or create an insurance policy. Membership is not offered through an insurance company, and the organization is not subject to the regulatory requirements or consumer protections of any state's insurance code. The sharing programs, services, publications, and any materials given should never be considered a substitute for an insurance policy.

Any publication or any other material given by UHSM are not issued by an insurance company, nor are they offered through an insurance company. This publication or any other materials do not represent, guarantee or promise that you will be eligible for membership or that your medical bills will be published or assigned to other members for payment. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant is compelled by law to contribute towards your medical bills. Regardless of whether you receive any payments for medical expenses or whether this organization continues to operate, you are always responsible for the payment of your own medical bills.

This is NOT Insurance.

State-Specific Notices

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

Alaska Statute 21.03.021(k)
Notice: The organization coordinating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. Participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive a payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Arizona Statute 20-122
Notice: The organization facilitating the sharing of medical expenses is not an insurance company and the ministry's guidelines and plan of operation are not an insurance policy. Whether anyone chooses to assist you with your medical bills will be completely voluntary because participants are not compelled by law to contribute toward your medical bills. Therefore, participation in the ministry or a subscription to any of its documents should not be insurance. Regardless of whether you receive any payment for medical expenses or whether this ministry continues to operate, you are always personally responsible for the payment of your own medical bills.

Arkansas Code 23-60-104.2
Notice: The organization facilitating the sharing of medical expenses is not an insurance company and neither its guidelines nor plan of operation is an insurance policy. If anyone chooses to assist you with your medical bills, it will be totally voluntary because participants are not compelled by law to contribute toward your medical bills. Participation in the organization or a subscription to any of its documents should never be considered insurance. Regardless of whether you receive a payment for medical expenses or if this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Colorado, Disclaimer:
A health care cost-sharing arrangement is not a qualified health plan, and participation or membership in a health care cost-sharing arrangement does not guarantee payment of bill or medical expenses. A member of a health care cost-sharing arrangement remains personally responsible for payment of all bills or medical expenses. A member of health care costs-

sharing arrangement may be subject to certain pre-existing condition exclusions or other limitations.

Florida Statute 624.1265
Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor its plan of operation is an insurance policy. Membership is not offered through an insurance company, and the organization is not subject to the regulatory requirements or consumer protections of the Florida Insurance Code. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant is compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payments for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Georgia Statute 33-1-20
Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Idaho Statute 41-121
Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Illinois Statute 215-5/4-Class 1-b
Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation constitute or create an insurance policy. Any assistance you receive with your medical bills will be totally voluntary. As such, participation in the organization or a subscription to any of its documents should never be considered insurance. Whether or not you receive any payments for medical expenses and whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Indiana Code 27-1-2.1-1
Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor its plan of operation is an insurance policy. Any assistance you receive with your medical bills will be totally voluntary. Neither the organization nor any other participant can be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered insurance. Whether or not you receive any payments for medical expenses and whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Kentucky Revised Statute 304.1-120 (7)
NOTICE: UNDER KENTUCKY LAW, THE RELIGIOUS ORGANIZATION FACILITATING THE SHARING OF MEDICAL EXPENSES IS NOT AN INSURANCE COMPANY, AND ITS GUIDELINES, PLAN OF OPERATION, OR ANY OTHER DOCUMENT OF THE RELIGIOUS ORGANIZATION DO NOT CONSTITUTE OR CREATE AN INSURANCE POLICY. PARTICIPATION IN THE RELIGIOUS ORGANIZATION OR A SUBSCRIPTION TO ANY OF ITS DOCUMENTS SHALL NOT BE CONSIDERED INSURANCE. ANY ASSISTANCE YOU RECEIVE WITH YOUR MEDICAL BILLS WILL BE TOTALLY VOLUNTARY. NEITHER THE ORGANIZATION NOR ANY PARTICIPANT SHALL BE COMPELLED BY LAW TO CONTRIBUTE TOWARD YOUR MEDICAL BILLS. WHETHER OR NOT YOU RECEIVE ANY PAYMENTS FOR MEDICAL EXPENSES, AND WHETHER OR NOT THIS ORGANIZATION CONTINUES TO OPERATE, YOU SHALL BE PERSONALLY RESPONSIBLE FOR THE PAYMENT OF YOUR MEDICAL BILLS.

Louisiana Revised Statute Title 22-318,319
Notice: The ministry facilitating the sharing of medical expenses is not an insurance company. Neither the guidelines nor the plan of operation of the ministry constitutes an insurance policy. Financial assistance for the payment of medical expenses is strictly voluntary. Participation in the ministry or a subscription to any publication issued by the ministry shall not be considered as enrollment in any health insurance plan or as a waiver of your responsibility to pay your medical expenses.

Maine Revised Statute Title 24-A, §704, sub-§3
Notice: The organization facilitating the sharing of medical expenses is not an insurance company and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. Participation in the organization or a subscription to any of its documents should never be considered insurance. Regardless of whether you receive payment for medical expenses or whether this organization continues to operate, you are always

WeShare

personally responsible for the payment of your own medical bills.

Maryland Code Ann. Ins. §1-202(4)
Notice: This publication is not issued by an insurance company nor is it offered through an insurance company. It does not guarantee or promise that your medical bills will be published or assigned to others for payment. No other subscriber will be compelled to contribute toward the cost of your medical bills. Therefore, this publication should never be considered a substitute for an insurance policy. This activity is not regulated by the State Insurance Administration, and your liabilities are not covered by the Life and Health Guaranty Fund. Whether or not you receive any payments for medical expenses and whether this entity continues to operate, you are always liable for any unpaid bills.

Michigan Section 550.1867
Notice: United Faith Ministries, Inc., DBA WeShare, Unite Health Share Ministries or UHSM, that operates this health care sharing ministry is not an insurance company and the financial assistance provided through the ministry is not insurance and is not provided through an insurance company. Whether any participant in the ministry chooses to assist another participant who has financial or medical needs is totally voluntary. A participant will not be compelled by law to contribute toward the financial or medical needs of another participant. This document is not a contract of insurance or a promise to pay for the financial or medical needs of a participant by the ministry. A participant who receives assistance from the ministry for his or her financial or medical needs remains personally responsible for the payment of all of his or her medical bills and other obligations incurred in meeting his or her financial or medical needs.

Mississippi Code Title §83-77-1
Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered insurance. Regardless of whether you receive any payment of medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Missouri Section 376.1750
Notice: This publication is not an insurance company nor is it offered through an insurance company. Whether anyone chooses to assist you with your medical bills will be totally voluntary, as no other subscriber or member will be compelled to contribute toward your medical bills. As such, this publication should never be considered insurance. Whether you receive any payments for medical expenses and whether this publication continues to operate, you are always personally responsible for the payment of your own medical bills.

Nebraska Revised Statute Chapter 44-311
IMPORTANT NOTICE. This organization is not an insurance company, and its product should never be considered insurance. If you join this organization instead of purchasing health insurance, you will be considered uninsured. By the terms of this agreement, whether anyone chooses to assist you with your medical bills as a participant of this organization will be totally voluntary, and neither the organization nor any participant can be compelled by law to contribute toward your medical bills. Regardless of whether you receive payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills. This organization is not regulated by the Nebraska Department of Insurance. You should review this organization's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs.

New Hampshire Section 126-V:1
IMPORTANT NOTICE This organization is not an insurance company and its product should never be considered insurance. If you join this organization instead of purchasing health insurance, you will be considered uninsured. By the terms of this agreement, whether anyone chooses to assist you with your medical bills as a participant of this organization will be totally voluntary, and neither the organization nor any participant can be compelled by law to contribute toward your medical bills. Regardless of whether you receive payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills. This organization is not regulated by the New Hampshire Insurance Department. You should review this organization's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs.

North Carolina Statute 58-49-12
Notice: The organization facilitating the sharing of medical expenses is not an insurance company and neither its guidelines nor its plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be voluntary. No other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally liable for the payment of your own medical bills.

Pennsylvania 40 P.S. Insurance § 23(b)
Notice: This publication is not an insurance company nor is it offered through an insurance company. This publication does not guarantee or promise that your medical bills will be published or assigned to others for payment. Whether anyone chooses to pay your medical bills will be totally voluntary. As such, this publication should never be considered a substitute for insurance. Whether you receive any payments for medical expenses and whether this publication continues to operate, you are always liable for any unpaid bills.

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

South Dakota Statute Title 58-1-3.3
Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered insurance. Regardless of whether you receive any payments for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Texas Code Title 8, K, 1681.001
Notice: This health care sharing ministry facilitates the sharing of medical expenses and is not an insurance company, and neither its guidelines nor its plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the ministry or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this ministry continues to operate, you are always personally responsible for the payment of your own medical bills. Complaints concerning this health care sharing ministry may be reported to the office of the Texas attorney general.

Virginia Code § 38.2-6300-6301
Notice: This publication is not insurance and is not offered through an insurance company. Whether anyone chooses to assist you with your medical bills will be totally voluntary, as no other member will be compelled by law to contribute toward your medical bills. As such, this publication should never be considered to be insurance. Whether you receive any payments for medical expenses and whether or not this publication continues to operate, you are always personally responsible for the payment of your own medical bills.

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

Wisconsin Statute 600.01 (1) (b) (9)
ATTENTION: This publication is not issued by an insurance company, nor is it offered through an insurance company. This publication does not guarantee or promise that your medical bills will be published or assigned to others for payment. Whether anyone chooses to pay your medical bills is entirely voluntary. This publication should never be considered a substitute for an insurance policy. Whether or not you receive any payments for medical expenses, and whether or not this publication continues to operate, you are responsible for the payment of your own medical bills.

Wyoming 26-1-104 (v)
Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Any assistance with your medical bills is completely voluntary. No other participant is compelled by law or otherwise to contribute toward your medical bills. Participation in the organization or a subscription to any of its documents shall not be considered to be health insurance and is not subject to the regulatory requirements or consumer protections of the Wyoming insurance code. You are personally responsible for payment of your medical bills regardless of any financial sharing you may receive from the organization for medical expenses. You are also responsible for payment of your medical bills if the organization ceases to exist or ceases to facilitate the sharing of medical expenses.