ShareWELL Health Share

Member Guidelines

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ShareWELL is not insurance. These Guidelines are not an insurance contract.

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Welcome to ShareWELL

This guide is here to help you understand your membership, your responsibilities, how the sharing process works, and what benefits are available. As part of the ShareWELL community, you are taking a proactive step in managing your health costs through a shared, supportive model. Please read through the sections below to get the most out of your membership.

At ShareWELL, we are more than just another health-sharing community; we are a community built on innovation, compassion, and healthcare freedom. Every member's healthcare journey holds significance to us, and together, we are reshaping the healthcare narrative, one shared bill at a time. The ShareWELL community is designed to provide support for both proactive health and unexpected, larger expenses that may arise.

How do we achieve this? Through a unique approach that includes defined allowances and deferring certain alternative treatments until the second year. This approach enables the ShareWELL community to maintain fairness among everyone while offering the most supportive health share community to those seeking holistic care. ShareWELL has carefully designed these Member Guidelines to ensure transparency and clarity, giving our members well-defined expectations upon joining.

ShareWELL recognizes the vital importance of having financial support from a community to address health issues. Simply put, we want to ensure our members are getting the most out of every healthcare dollar. If you are seeking a healthcare approach that empowers members, look no further than ShareWELL. Join us on this journey toward a healthier, happier tomorrow.

Membership

Membership Eligibility

- Adherence to the ShareWELL Principles of Membership
- Participation in the community by submitting monthly contributions
- Residence in the United States, in a state where ShareWELL is available to residents
- Under age 65

Principles of Membership

Each member of ShareWELL must comply with the following requirements to join and maintain membership with ShareWELL and remain eligible to participate in the Health Share program and related services. Adherence to the Principles of Membership minimizes medical risks, encourages good health practices, and ensures member integrity and accountability. All members must attest to the following statements:

- I believe that a community of ethical, health-conscious people can most effectively care for one another by directly sharing the costs associated with each other's healthcare expenses.
- I recognize that ShareWELL affiliates and considers itself accountable to a higher power. I welcome members of all faiths.

- I understand that ShareWELL is a benevolent organization, not an insurance entity, and cannot guarantee payment of medical expenses.
- I agree to practice good health measures and strive for a balanced lifestyle. I agree to abstain from the use of any illicit or illegal drugs and refrain from excessive alcohol consumption and acts that are harmful to the body.
- I am obligated to care for my family. I believe that mental, physical, emotional, or other abuse of a family member or any other person is morally wrong. I always commit to treating my family and others with care and respect.
- I agree to work with ShareWELL to find and utilize fair-cost healthcare services when appropriate.
- I agree to submit to mediation and subsequent binding arbitration, if necessary, for any dispute with ShareWELL or its affiliates.

Commitment

Members of ShareWELL commit to upholding the personal standards outlined in the Principles of Membership. A Sharing Request may be put on hold if a violation of the Principles of Membership is determined by reviewing the member's submitted medical records. This hold will begin when the violation is discovered or recorded in the member's medical records. ShareWELL will send a notification and explanation to the member within 30 days. The member has 30 days to submit documentation supporting compliance with the Principles of Membership. If the submitted documentation does not satisfactorily demonstrate compliance, the membership will be canceled as of the date the violation was determined.

Members understand that active participation in the Sharing Request process is essential. This cooperation helps ensure that requests are processed quickly, medical costs are managed fairly, and the community can function effectively.

When a Sharing Request is submitted, ShareWELL may ask members to provide medical records, sign HIPAA authorizations, assist in provider negotiations, or take other steps necessary to reduce medical bills as self-pay patients.

Members agree to remain responsive and engaged with ShareWELL throughout this process. Ongoing communication and cooperation make it possible to achieve the best outcomes for the member and the community. If a member does not maintain communication or fails to cooperate with ShareWELL's efforts on their behalf, the amount of funds shared toward their request may be reduced or limited.

Participation Through Contributions

Members must submit the monthly contribution amount associated with their membership level and agree to the Principles of Membership to start their membership with the ShareWELL community.

All member contributions are voluntary, but the monthly contribution must be active for Sharing Requests to be eligible and processed. Monthly contributions must be received within 30 days of the billing date. The membership will become inactive if contributions are not received within 30 days of their due date, which is the day the membership becomes effective.

ShareWELL offers different enrollment types for individuals and families. The monthly contribution is determined by household size, tobacco usage, and the selected Unshared Amount (UA).

Residency Statement

Members must reside within the United States and notify ShareWELL within 15 days of moving outside the United States.

Aging Out at 65

Membership will be terminated on the first of the month following a member's 65th birthday. Sharing Requests must be submitted within 30 days of the membership termination date.

Nonprofit Hospital Funds for Self-Pay Patients

Many hospitals and health systems in the United States are nonprofit organizations recognized under Section 501(c)(3) of the Internal Revenue Code. A 501(c)(3) organization is exempt from federal income tax and, in most cases, state and local property tax. In exchange, these hospitals are required to give back to the communities they serve, and one way they do this is by setting aside funds to reduce the cost of care for self-pay patients. Because ShareWELL is not insurance, ShareWELL members are self-pay patients and may request these funds.

When care is received at a nonprofit hospital or health system, members are asked to request these funds from the facility and provide ShareWELL with a copy of the request and the facility's response. This is a standard step in the sharing process for every member. It is not based on income and is not a reflection of a member's financial situation.

> **Requesting these funds never disqualifies a Sharing Request.** Eligible expenses continue through the sharing process whether the facility approves, partially approves, or denies the request.

Any amount the facility reduces lowers the balance shared by the member and the community, which keeps sharing strong for everyone. A Sharing Request may be placed on hold, reduced, or limited if a member does not complete this step or provide the facility's response when requested. Members with questions or concerns about a facility's application may contact ShareWELL for guidance.

Household Membership

Membership Tiers

Three membership tiers are based on the number of household members participating.

Tier	Household
Tier 1 - Member Only	An individual member aged 18-64
Tier 2 - Member & Spouse or Member & Children	An individual aged 18-64 and either a spouse/domestic partner or child(ren)
Tier 3 - Family	A member aged 18-64 with a spouse and child(ren)

Spouse / Domestic Partner

A domestic partner is an unrelated and unmarried person who shares common living quarters with a primary member and lives in a relationship not legally defined as marriage by the state where the member resides. A spouse is a significant other in a state-defined marriage. This can also apply to a civil union or common-law marriage in specific contexts.

Children

An unmarried child under 26 years of age may participate under a household membership with the primary member. The primary member is responsible for ensuring that each individual participating in the household membership complies with the Member Guidelines and Principles of Membership.

When a child turns 26 or marries, they can no longer participate under the household membership. To ensure continuous membership, the child must complete an application form within 30 days after being withdrawn from their previous household membership.

Adoption

ShareWELL regards adopted children the same as biological children regarding membership. 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. Any genetic conditions or complications for newborns not born in connection with an eligible Maternity Sharing Request are considered pre-existing medical conditions and subject to the same limitations defined in the Pre-Existing Medical Conditions section.

Grandchildren

A grandchild may be included as a child on their grandparents' membership under the following criteria:

- The grandparent has legal custody of the grandchild.
- The grandchild lives with their grandparents at least nine months out of the year.
- No other group, agency, or person is responsible for the grandchild's medical needs.

Tobacco

Households with one or more tobacco users must pay a monthly tobacco surcharge to maintain membership. The surcharge is $100 per household. A member 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 12 months, the tobacco surcharge may be removed by providing ShareWELL with supporting documentation from the treating medical provider.

Membership Cancellation Requests

A cancellation request must include the reason for cancellation and the month in which the cancellation is to be effective. The member must provide notice 15 days before the due date. ShareWELL does not prorate cancellations or issue refunds. Cancellation requests become effective the day before the due date.

Active Membership

Membership is active when members have paid their monthly contributions on time and are in good standing with ShareWELL. For a Sharing Request to be processed, membership must be active on the date(s) of service, when ShareWELL receives medical bills, when ShareWELL receives medical records, and when proof of UA payment is received. The Sharing Request may become ineligible if the membership becomes inactive before these criteria are met.

The Unshared Amount (UA)

The Unshared Amount, or UA, is the amount a member must contribute as their member responsibility before ShareWELL can participate in sharing any expense related to a Sharing Request. ShareWELL offers three membership options: $1,500, $2,500, and $5,000.

The UA is paid by the member before community sharing begins. ShareWELL does not share in any expense until the member has met the UA and provided documentation showing it was paid, or until ShareWELL has approved a waiver or reduction of the UA. Once the UA is met, additional eligible medical expenses are shared with the ShareWELL community according to these Guidelines and any applicable sharing allowances. There is no annual or lifetime limit on eligible expenses.

Changing Your UA

Members may change their UA once per membership year. If the UA is decreased, a 60-day waiting period applies to all Sharing Requests except those resulting from an accident. If a procedure was recommended before the end of the 60-day waiting period, the previous UA amount will apply.

Reduction of the Unshared Amount Program

In certain instances, members can go above and beyond to keep costs down for the community. ShareWELL may authorize a reduction of the UA when a member has taken one or more of the following steps:

- Gathered and arranged prepayment for a scheduled surgery or procedure, resulting in significant savings.
- Demonstrated willingness to work with and, in some instances, change to a fair-cost provider.
- Traveled a significant distance to a fair-cost provider.
- Requested funds set aside by a nonprofit hospital for self-pay patients.
- Worked with a ShareWELL legal representative to negotiate or lower medical bills.

Sharing Requests

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.

Types of Sharing Requests

Preventive Care Sharing Requests. Some memberships include sharing for preventive and wellness care that does not require UA responsibility by the member. Preventive Sharing Requests are not subject to pre-existing condition limitations. See your preventive guide for details.

Sharing Requests Subject to the Unshared Amount. Medical expenses not outlined as an eligible preventive service are subject to the UA. This includes maternity, unexpected medical events, and care for pre-existing conditions after the first year.

Fulfillment of Sharing Requests

ShareWELL strives to respond to Sharing Requests quickly. The community can share funds for eligible Sharing Requests in several ways:

- **In advance:** Prepayment for services that have not yet been performed.
- **Directly with members:** Funds are sent directly to a member.
- **Directly with providers:** Funds are sent directly to a provider.
- **Instant debit cards:** Funds are sent to a member via an electronic debit card.

Sharing Request Timelines

In an eligible Sharing Request, medical bills must reach the UA within six months. Once a Sharing Request is approved, related expenses for that same incident, injury, or condition are eligible for sharing for six months from the date of approval. After six months, the Sharing Request closes. Any further care related to the same incident, injury, or condition requires a new Sharing Request, and a new UA must be met. Maternity Sharing Requests follow the separate timeframes described in the Maternity section.

Once a Sharing Request is open, the member must submit original, itemized bills within six months of treatment. Bills submitted more than six months after the date of service may have sharing limitations placed, including interest fees, late penalties, or any reduction of the final bill lost due to delays in providing documentation to ShareWELL.

Members must provide ShareWELL with documentation of all payments contributing to their UA responsibility. Community funds are not provided until ShareWELL receives documentation that the UA has been met, or until ShareWELL has approved a waiver of the UA.

Submitting Sharing Requests

Sharing Requests should be submitted to ShareWELL as soon as possible. Non-emergency Sharing Requests, such as planned surgical procedures, should be submitted before care is received. Required documentation includes, but is not limited to:

- Itemized medical bill(s)
- Provider notes
- Proof of Unshared Amount payment

Determination of a Sharing Request

A determination is the process by which the ShareWELL team reviews Sharing Requests. Documents submitted by a member or on their behalf will be reviewed and evaluated for eligibility in accordance with these Member Guidelines.

Diagnosis Required for Processing. A Sharing Request cannot be reviewed or processed until a diagnosis has been established and documented by a licensed medical provider. Sharing Requests submitted without a diagnosis will be placed on hold until the required documentation is received.

Sharing Request Allowances

Some aspects of Sharing Requests, such as preventive care, alternative treatments, and recovery services, have a sharing allowance after the UA is met. All allowances are outlined in these Member Guidelines and may apply per Sharing Request or once per membership lifetime. The allowance applies toward accrued medical expenses up to the specified amount.

Maximum Shared Amount

There are no annual or lifetime maximums for Sharing Requests. However, certain healthcare expenses may be subject to sharing allowances per Sharing Request or once per membership lifetime, as described in these Guidelines.

Safeguard Limit for Multiple Sharing Requests

The safeguard limit provides a cap for households that experience more than two eligible Sharing Requests in a rolling 12-month period. Each household will only be responsible for two UAs in 12 months, beginning on the first date of service for each Sharing Request. If a household has met two UAs in a rolling 12-month period, ShareWELL will share additional eligible Sharing Requests exceeding $500 with no UA responsibility.

Self-Pay and Scheduled Care

Requesting Self-Pay Discounts

Members can submit Sharing Requests before or after receiving medical services. For all purposes, members should present as self-pay patients and communicate costs and discounts to ShareWELL as soon as possible. Members are responsible for requesting self-pay discounts and providing documentation for Sharing Requests.

Present as a Self-Pay Patient. ShareWELL is not insurance, and as a member you are a self-pay patient. When you seek emergency care, need a procedure, or receive other care, present yourself as self-pay and ask for the self-pay, cash-pay, or prompt-pay rate. These rates are often significantly lower than billed

charges. You have no insurance to report, and you are not required to volunteer that you participate in a health share.

Scheduled Care Review

Certain non-emergency procedures may be placed under review to protect the community from inflated costs and allow time for negotiation with providers. Members are required to notify ShareWELL as soon as a procedure is recommended or scheduled. This ensures there is sufficient time to review costs, confirm eligibility, and arrange fair pricing before care takes place. Emergency procedures are never delayed or subject to this review.

- A review period may last up to 30 days for scheduled, non-emergency procedures.
- Failure to notify ShareWELL in advance or in a timely manner may result in reduced sharing eligibility.
- Hospital-based procedures may be subject to limited sharing when lower-cost options, such as outpatient or surgical centers, are available.
- Members who work with ShareWELL to find fair-cost providers may qualify for a reduction of their UA.

Procedures Scheduled Without Notice to ShareWELL

Members are required to notify ShareWELL before undergoing any non-emergency surgery or scheduled procedure, and must provide a minimum of two weeks' notice to the Patient Care team. If a member has a surgery or procedure performed without notifying ShareWELL in advance, or provides less than two weeks' notice, the associated expenses may be reduced or ineligible for sharing. These situations are reviewed on a case-by-case basis, and the member may be responsible for the full cost of the procedure.

Advance notice is what allows ShareWELL to confirm eligibility, review costs, and negotiate fair pricing before care takes place, none of which is possible once the procedure is complete. Emergency and urgent procedures are never subject to this requirement. If care cannot safely wait, members should receive treatment first and notify ShareWELL as soon as reasonably possible afterward.

Other Coverage and Appeals

Insurance, Third-Party Administrators, and Government Assistance Plans

If a ShareWELL member has additional coverage, such as insurance, a third-party administrator, or a government assistance plan, proof of that coverage must be submitted. In that case, the insurance, third-party administrator, or government assistance plan is primarily responsible for paying the member's medical expenses. Members must submit a Sharing Request to inform ShareWELL of this coverage, specifying which entity will primarily pay the member's medical expenses.

Upon final payment by the primary payer, ShareWELL will review the remaining costs to determine eligibility for sharing. Failure to disclose other coverage may result in ineligibility for sharing. Primary coverage includes, but is not limited to, any form of coverage through a non-member spouse, family member, employer, or government entity. ShareWELL will be secondary if members have primary insurance coverage, and some expenses not covered by insurance may be eligible. Exceptions for Maternity Sharing Requests may be made; contact ShareWELL before your provider visit.

Your Sharing Request Has a Fair and Reasonable PLAN

Every Sharing Request falls into one of four situations: **P**lanned, **L**ate notice, **A**cute, or **N**otified. Use the PLAN below for a quick look at what to expect. It follows the *Self-Pay and Scheduled Care* section of these Guidelines.



Planning a procedure? Notify the Patient Care team at least two weeks before any non-emergency surgery or scheduled procedure. It is the best way to get fair and reasonable pricing set up ahead of time, and you may qualify for a reduction of your UA.

Emergency or accident? Get care first. Your care is never delayed. Present yourself as self-pay and notify ShareWELL as soon as reasonably possible afterward.

The PLAN is a quick summary. The full rules in these Member Guidelines always apply.

Appeals

If a member believes that a sharing limitation was incorrectly placed or a determination was made incorrectly, they may submit an appeal. Members may submit an appeal only if their membership remains active throughout the appeals process. All appeals are reviewed by a committee as well as trained medical professionals. All appeal results are final and may not be appealed again.

The appeal must be submitted by the member, not another party, within 30 days of the Sharing Request determination. ShareWELL may request additional information from providers if needed. To file an appeal, send the medical evidence, a written explanation, and other supporting documentation to ShareWELL.

Pre-Existing Medical Conditions

ShareWELL members have a waiting period for medical conditions that existed before the membership start date. A pre-existing medical condition limitation is applied based on the first date of active membership. Any illness or injury for which a person has had any of the following within 24 months prior to the effective date of membership is considered pre-existing:

- Been examined
- Taken medication
- Had symptoms
- Received medical treatment

Pre-Existing for Cancer

Any testing, preventive treatments, prophylactics, or medications taken by the member within 36 months prior to the start date of a previously diagnosed cancer will result in a recurrence or related recurrence of that type of cancer being considered a pre-existing condition.

Exceptions Not Considered Pre-Existing

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

Pre-Existing Condition Phase-In Period

Pre-existing conditions have a phase-in period during which sharing is limited. Members have a one-year waiting period from the initial enrollment date before pre-existing conditions are eligible.

Year One Sharing. During the first membership year, sharing is limited to new, acute, and catastrophic medical events. Chronic conditions are not eligible for sharing during Year One and phase in beginning in Year Two on the schedule below. This limitation applies based on the clinical nature of the condition as chronic, not the date on which it was diagnosed. A chronic condition first identified after enrollment is still subject to the Year Two phase-in.

After the first year, pre-existing Sharing Requests are eligible with a sharing limit that increases each membership year:

Membership Year	Eligible Amount for Pre-Existing Conditions
Year One	$0 (waiting period)
Year Two	$30,000 maximum per Sharing Request
Year Three	$60,000 maximum per Sharing Request
Year Four	$150,000 maximum per Sharing Request
Year Five	Sharing maximum removed for all pre-existing conditions

Medical Record Addendums

ShareWELL may request medical records to assist in determining a Sharing Request. After the requested records are reviewed and a determination is made, medical record addendums will only be considered when accompanied by an official addendum from the applicable provider. The addendum must be a separate document and include all of the following:

- Signature from the applicable provider
- Signature date
- A description of what has changed
- The reason for the change

Eligibility Limitations

Expenses Not Eligible for UA Sharing Requests

The following healthcare services are not eligible to be shared through a Sharing Request subject to the UA. Some may be eligible without limitations under a preventive Sharing Request; see your eligible preventive services for details.

- Abortion
- Adult Immunizations
- Alcohol and Drug Abuse Treatment
- Birth Control
- Breast Implant Removal
- Cosmetic & Reconstructive Surgery
- Diabetic Medication & Supplies
- Elective Procedures
- Hearing Aids
- Infertility
- IVF & Fertility
- Light Therapies
- Organ Donation
- Prophylactics
- Seasonal Allergies
- Sleep Studies
- Surrogacy
- TMJ Therapeutics
- Transportation to Appointments

GLP-1 & Semaglutide. Complications from GLP-1 or semaglutide use are not eligible for sharing unless prescribed for diabetes treatment.

Contraception. Eligible only if required to treat an approved Sharing Request.

Dental. Dental services, including caps, crowns, root canals, fillings, wisdom tooth extractions, anesthesia, sedation, and cleanings, are not eligible. However, tooth damage caused by an accident or injury (for example, a car accident) may be considered for sharing.

Genetic Screening & Testing. Eligible only if required to treat an approved Sharing Request, such as breast cancer.

Medical Non-Compliance. Failure or refusal to comply with a physician's treatment plan, or leaving a facility against medical advice (AMA), may result in the Sharing Request and any resulting complications being ineligible.

Medically Stable Conditions. An eligible Sharing Request may be considered medically stable when the condition is chronic and further treatment is unlikely to improve it. At that point, the Sharing Request is subject to review and may be determined ineligible for future sharing.

Mental Health. Diagnosis, treatment, and medications related to, but not limited to, ADHD, anxiety, panic attacks, insomnia, stress, bipolar disorder, depression, OCD, PTSD, schizophrenia, and eating disorders are not eligible. Emergency room visits for mental health and related expenses are eligible once per membership lifetime, up to $10,000.

Sterilization. Elective sterilization, such as tubal ligation, vasectomy, and preventive hysterectomy, is not eligible.

Vision. Vision-related hardware, such as glasses and contacts, is not eligible for sharing. Expenses to correct refraction, including but not limited to LASIK, PRK, lens implants, and other surgical or non-surgical visual acuity procedures unrelated to cataract surgery, are also ineligible.

Initial 90-Day Ineligibility for Certain Conditions

The following conditions and any related treatment are not eligible for sharing if signs, symptoms, diagnosis, or treatment occur within the first 90 days of membership:

- **Gallbladder-related care**, including gallstones, gallbladder removal, or related complications
- **Kidney stones**, including diagnostic imaging, treatment, or removal procedures
- **Cancer**, including any form of diagnosis, staging, or active treatment
- **Tumors**, benign or malignant
- **Female reproductive organ conditions**, including but not limited to uterine fibroids, endometriosis, ovarian cysts (including rupture or torsion), ovarian or uterine masses or tumors, pelvic inflammatory disease (PID), pelvic organ prolapse, abnormal or heavy uterine bleeding, and any condition requiring hysterectomy, myomectomy, or other reproductive organ surgery

> This rule is separate from the Maternity section. Pregnancy-related complications continue to follow the Maternity guidelines, not this 90-day rule.

Conditions Treated as Pre-Existing for UA Sharing Requests

The following conditions and treatments are eligible after the initial pre-existing waiting period. Some expenses may qualify without limitations under a preventive Sharing Request; see your eligible preventive services for details.

- Arthritis
- Basal & Squamous Cell Cancer
- Cataracts
- Celiac Disease
- Chronic Fatigue
- Chronic Pain
- Diagnostic Colonoscopy
- Ear Tubes
- GERD/Acid Reflux
- Hashimoto's
- Hormones and Hormone Therapy
- Injections & Regenerative Procedures (non-acute injury)
- Irritable Bowel Syndrome
- Long COVID
- Lyme Disease
- Mold Toxicity
- Osteoporosis
- Preventive Mastectomy
- Sleep Apnea
- Non-Seasonal Allergy Treatment
- Varicose Veins

Basal & Squamous Cell Cancer. Applies whether the cell is new or existing.

Congenital Disorders. Eligible without limitations if unknown prior to the membership start date and treatment is medically necessary or acute. For children born from an eligible Maternity Sharing Request, sharing is limited to $125,000 for medical bills related to congenital conditions after the initial hospital discharge.

Fusion Therapies and Treatments. Eligible without limitations if treatment is medically necessary and due to an acute injury sustained as an active member.

Joint Replacements. Eligible without limitations if treatment is medically necessary and due to an acute injury sustained as an active member.

NICU (Neonatal Intensive Care Unit). For NICU admission, the time limit for sharing is 35 days after birth.

Parasites. Eligible without limitations if related to an approved Sharing Request and considered life-threatening.

Surgical Repairs & Revisions. Any procedure intended to revise, repair, or correct a prior surgery, regardless of when or where the original surgery was performed. This includes, but is not limited to, procedures addressing complications, failed outcomes, or enhancements of previous surgeries.

TMJ Disorders. Surgical treatment to correct TMJ is eligible after the initial pre-existing waiting period. Therapeutics and other non-surgical expenses are not eligible.

Tonsil Removal. Eligible without limitations if related to an approved Sharing Request and considered life-threatening.

Specific Sharing Request Allowances

For certain services, ShareWELL offers a sharing allowance. This is the total amount that may be shared by the community for that specific service under a Sharing Request after the UA has been met. Specific requests have a maximum sharing allowance per Sharing Request or once per membership lifetime.

How Allowances Affect the UA. If the total cost of services in a Sharing Request exceeds the sharing allowance, and there are no other eligible expenses to count toward the UA, the excess can be applied to the UA. Members still receive full credit for what they paid, even if part of it exceeds the allowance. Bills not related to sharing allowances are applied to the UA first. See the Example Scenarios at the end of this guide.

Preventive allowances are not included in this section; see your eligible preventive services for details.

Service	Allowance
Allergy Treatment or Reversal	One-time, up to $2,000 (after pre-existing waiting period)
Alternative Testing to Determine a Diagnosis	One-time, up to $2,000 (after pre-existing waiting period)
Ambulance (Non-Emergency Use)	Up to $1,000 per Sharing Request
Breast Reduction Surgery	One-time, up to $8,000 (after pre-existing waiting period)
Diagnostic Colonoscopy	Up to $2,000 per Sharing Request (after pre-existing waiting period)
Emergency Room (Non-Emergency Use)	Up to $10,000 per Sharing Request
Home Healthcare	Up to $3,000 per Sharing Request
Injections & Regenerative Procedures	Up to $5,000 per Sharing Request
Medical Supplies & DME	Up to $3,000 per Sharing Request, within 180 days of treatment start
Mental Health Emergency	One-time, up to $10,000
Orthotics	One-time, up to $1,000
Recovery Therapies & Treatments	Up to $1,000 per approved Sharing Request
Sleep Apnea	One-time, up to $2,000 (after pre-existing waiting period)
Suicide and Attempted Suicide (adolescent up to age 18)	One-time, $25,000 (after one-year waiting period)

Allowance Details

Allergy Treatment or Reversal. Eligible after the initial pre-existing waiting period for a one-time allowance of up to $2,000.

Alternative Testing to Determine a Diagnosis. Eligible after the initial pre-existing waiting period for a one-time allowance of up to $2,000. Examples include, but are not limited to, gut health, celiac, fatigue, skin conditions, and hormones.

Ambulance (Non-Emergency Use). Eligible for up to $1,000 per Sharing Request.

Breast Reduction Surgery. Eligible after the initial pre-existing waiting period for a one-time allowance of up to $8,000.

Diagnostic Colonoscopy. Eligible after the initial pre-existing waiting period for up to $2,000 per Sharing Request.

Emergency Room (Non-Emergency Use). Eligible for up to $10,000 per Sharing Request.

Home Healthcare. Eligible for up to $3,000 per Sharing Request.

Hormone Treatments & Therapy. Eligible under the alternative testing and alternative treatment allowances.

Injections & Regenerative Procedures. Eligible for up to $5,000 per Sharing Request. Injections related to gender transitioning or sex reassignment therapy are not eligible. Eligible injections include, but are not limited to: stem cell injections, platelet-rich plasma (PRP) therapies, epidural steroid injections (not related to maternity), nerve blocks, trigger point injections, joint blocks, and regenerative injections.

Medical Supplies & DME. Supplies related to treatment or recovery are eligible for up to 180 days from the treatment start date, for up to $3,000 per Sharing Request. Medical supply costs must be over $50 per item. Each item is eligible for up to 150% of the price of a similar item found on discountmedicalsupplies.com or other online resources available to ShareWELL members.

Mental Health Emergency. Emergency room visits for mental health and related expenses for the first 24 hours of hospitalization are eligible for a one-time allowance of up to $10,000.

Orthotics. Eligible for a one-time allowance of up to $1,000.

Recovery Therapies & Treatments

Recovery therapies are eligible for sharing only as part of recovery from a separate, medically necessary event, injury, or condition that already has its own approved Sharing Request. **These therapies do not share on their own.**

- **Eligible:** Physical therapy after an approved knee replacement. The therapy attaches to the approved Sharing Request for the knee replacement.
- **Not eligible:** Physical therapy, chiropractic care, or any other therapy sought on its own, with no approved Sharing Request for the underlying condition, no matter how medically helpful the therapy may be.

> When attached to an approved Sharing Request, recovery therapies are eligible for up to **$1,000 per approved Sharing Request**.

Eligible services include, but are not limited to:

- Acupuncture
- Chiropractic
- Craniosacral
- Dry Needling
- Hyperbaric Chamber
- Infusion Therapy
- Massage Therapy
- Occupational Therapy
- Ozone Treatment
- Physical Therapy
- Prolotherapy
- Speech Therapy

For recovery from the most severe conditions, such as heart attack, stroke, cancer, or other debilitating conditions, ShareWELL may approve additional therapy beyond this allowance. These requests are reviewed on a case-by-case basis and still require an underlying approved Sharing Request.

Additional Allowances

Sleep Apnea. Eligible after the initial pre-existing waiting period for a one-time allowance of up to $2,000. Sleep studies used to diagnose sleep apnea are not eligible for sharing.

Suicide and Attempted Suicide. ShareWELL will share expenses related to the suicide or attempted suicide of an adolescent up to age 18 after an initial one-year waiting period, with a one-time allowance of $25,000.

Additional Information for Certain Sharing Requests

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

Acute Allergic Reactions. Each reaction requires a separate Sharing Request and separate UA. As a result, acute allergies such as food allergies and reactions are not considered pre-existing.

Alternative Medicine. Sharing Requests involving nontraditional providers, such as those not licensed as MD, DO, NP, RN, DC, APRN, optometrist, or DPM, require written approval from ShareWELL in advance. Preventive services with an alternative provider may not require prior approval; see your preventive services guide for details.

Alternative Treatments. Sharing for alternative treatments is done on an equitable basis compared to the equivalent traditional treatment. If a member chooses an alternative treatment and later returns to conventional care, sharing will be limited equitably by the expenses already shared toward the alternative treatment. All alternative requests should include:

- Medical notes from the prescribing provider
- Estimated costs and upfront payment discounts, if available
- An explanation from a medical provider of why the alternative treatment was selected in place of traditional treatment

Treatments that do not have a proven conventional treatment are eligible for a one-time allowance of up to $2,500. Some alternative treatments and therapies are included in the Recovery Therapies & Treatments section and do not require the documentation above. See the Example Scenarios at the end of this guide.

Automobile Accidents. In the event of an automobile accident, ShareWELL will only consider sharing in medical expenses after all relevant insurers have processed claims and made final payments. This includes, but is not limited to, automobile insurance, health insurance, government assistance plans, workers' compensation, and liability insurance. Failure to disclose other coverage may result in ineligibility for sharing. ShareWELL will be secondary if the member has primary coverage, and some expenses not covered by insurance may be eligible for a Sharing Request.

Asthma. Treatment and medications related to asthma are not eligible for sharing. An acute asthma attack resulting in an emergency room visit, and associated expenses, is an eligible Sharing Request without a pre-existing limitation. Each attack resulting in an emergency room visit is a new Sharing Request.

Basal & Squamous Cell Cancer. Each location of squamous cell or basal cell cancer requires a separate Sharing Request. Expenses related to treatment or removal are eligible after the initial pre-existing waiting period.

Cosmetic & Reconstructive Surgery. Cosmetic and reconstructive surgery are not eligible for sharing. The only exception is autologous flap reconstruction (using the member's own tissue) after an eligible mastectomy. Breast implants, tissue expanders, implant exchange, acellular dermal matrix (such as AlloDerm), fat grafting, and revisions or enhancements of a prior reconstruction are not eligible.

Genetic Testing. Genetic testing is considered for sharing if it is required to treat an approved Sharing Request, such as breast cancer.

Hospice Care. Hospice care is eligible in 60-day periods, provided certification of terminal illness is obtained and the care is ordered by and administered under the supervision of a licensed medical professional.

International Medical. Medical expenses for emergency and acute care outside the United States or Puerto Rico are eligible for sharing. Traveling internationally for a procedure is permitted if it is lower in cost than in the U.S. and the procedure is medically necessary.

Long-Term Care & Skilled Nursing. Eligible when prescribed by a licensed medical provider for recovery from an eligible injury or illness. Sharing for these services is limited to 90 days per Sharing Request.

Prescriptions. Prescriptions are eligible when related to the treatment of an approved Sharing Request that does not have a pre-existing limitation and are ordered by a licensed provider. Sharing for all prescription costs is limited to 12 months or $100,000 per Sharing Request, whichever comes first.

Second Opinions. A second opinion on a diagnosis or recommended procedure is an eligible expense.

Sports. ShareWELL may share medical expenses related to sporting activities. Injuries or illnesses resulting from participation in professional sports are not eligible. Injuries or illnesses resulting from recreational karate, jujitsu, taekwondo, or other combat sports are eligible when the member has not been paid to compete.

End-of-Life Assistance. If a member or the member's dependent dies after one year of active membership, the ShareWELL community will assist upon receipt of a copy of the death certificate. The ShareWELL community will provide support to the surviving family as follows:

Event	Support
Death of a primary member	$10,000
Death of a dependent spouse	$10,000
Death of a dependent child	$5,000

Excess Sharing Fund. As a nonprofit organization, ShareWELL may use available funds to support Sharing Requests that were previously ineligible under these Member Guidelines. Approval is based on the availability of funds and approval from the ShareWELL Health board of directors.

Maternity

As with any other Sharing Request, expectant mothers pay a single UA for all eligible expenses related to their Maternity Sharing Request. Eligible expenses may include miscarriage, hospital, home birth, prenatal care, the mother's complications, postnatal care, and delivery. The Maternity Sharing Request must be submitted within 15 days of the date of pregnancy confirmation.

Once the Maternity Sharing Request is opened, original, itemized medical bills must be submitted within six months of service, or limitations may be placed. Limitations include interest fees, late penalties, or any reduction of the final bill lost due to delays in providing documentation to ShareWELL.

Pregnancy-Related Complications

Complications caused directly by the pregnancy are eligible for sharing from pregnancy through six months after delivery. These include, but are not limited to, gestational diabetes, preeclampsia and eclampsia, pregnancy-induced hypertension, HELLP syndrome, hyperemesis gravidarum, placenta previa, placental abruption, placenta accreta, postpartum hemorrhage, and pregnancy-related blood clots such as deep vein thrombosis.

This provision covers only conditions directly caused by the pregnancy. It does not include routine care or routine visits for the baby, or routine postpartum care for the mother, both of which are addressed elsewhere in this Maternity section.

Waiting Periods

Conception occurring within 30 days of the membership start date is ineligible for sharing. A 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.

Prenatal & Postnatal Sharing Allowance

The following are eligible for up to $6,000 per Maternity Sharing Request. ShareWELL recommends obtaining a prenatal and postnatal prepayment package from your clinician.

- Doulas
- Doula tub
- Prenatal vitamins
- Midwives
- Immunizations for the mother
- Pelvic floor services
- Routine office visits
- Routine lab work
- Fetal non-stress test (after 36 weeks)
- 2D, 3D, or 4D ultrasounds
- STD/STI screenings prescribed as part of routine prenatal care
- Gestational diabetes care and medications
- Breast pumps
- Lactation consultant
- Postpartum counseling
- Acupuncture
- Chiropractic care
- Six-week postpartum check-up with Pap test
- Two-week cesarean post-op appointment

Eligible Delivery Services

There are no sharing limits on the following services:

- OB-GYN labor and delivery
- Cesarean
- Premature birth
- Multiple births
- Hospital labor and delivery
- Anesthesiologist
- Home births
- Charges related to an unexpected complication to the mother
- Maternal-fetal medicine specialist consultations, when ordered by the provider managing the pregnancy
- One in-hospital pediatrician visit, including routine immunizations, lab work, and hearing tests

Reduction of UA Program for Maternity

For members whose combined delivery, prenatal, and postnatal expenses do not exceed $10,000, ShareWELL will reduce the UA responsibility by $1,000.

> **Example:** Jane selects a $1,500 UA and opens a Maternity Sharing Request. Her prenatal and postnatal global package is $4,000, and her delivery is $5,500. Because her costs qualify, the UA Reduction Program reduces her responsibility by $1,000. Jane pays $500.

Additional Service Provided

ShareWELL will order a six-month supply of disposable diapers after delivery.

Miscarriage

Expenses related to a miscarriage associated with an approved Maternity Sharing Request are eligible if the costs exceed the UA. Expenses related to a miscarriage not associated with an eligible Maternity Sharing Request are ineligible for sharing.

Separate Sharing Requests

Any newborn complication occurring after birth, whether the complication existed before or after birth (including congenital conditions), is separate from the mother's Maternity Sharing Request and requires its own Sharing Request and UA. In the event of multiple births with complications, each newborn requires its own Sharing Request and UA. Expenses for any pregnancy- or birth-related complications of the mother are eligible for sharing as part of the Maternity Sharing Request.

Any unrelated medical care requires a separate Sharing Request. Unrelated expenses include those that are not routine prenatal, delivery, or postnatal services listed in this Maternity section.

Newborns

There are two paths for adding a newborn to a ShareWELL membership, depending on whether the birth is connected to an approved Maternity Sharing Request.

Path 1: Baby Born From an Approved Maternity Sharing Request

This applies when the pregnancy was submitted and approved as a Maternity Sharing Request, and the baby is the result of that pregnancy.

- Parents have 30 days after birth to add the baby to the household membership. If the membership tier changes, the monthly contribution will automatically be adjusted for the following contribution.
- If the baby is added within 30 days, any congenital condition (a condition present at birth) is eligible for sharing up to $125,000 for medical bills related to the congenital condition after the initial hospital discharge, and NICU admission is eligible for up to 35 days after birth.
- If the parent does not add the newborn within 30 days, the baby is treated as a new applicant with a medical history. Any condition present at birth or before the child's membership start date will be considered a pre-existing medical condition, subject to the limitations in the Pre-Existing Medical Conditions section.

Path 2: Baby Not Connected to an Approved Maternity Sharing Request

This applies when no Maternity Sharing Request was filed for the pregnancy, or in adoption or surrogacy situations.

- The parent must submit a separate membership application for the baby; this is not automatic.
- The newborn's membership start date can be no sooner than seven days after delivery.
- Any genetic condition or complication the baby has is automatically considered a pre-existing medical condition, subject to the limitations in the Pre-Existing Medical Conditions section, regardless of when the baby is added to membership.

Applies to Both Paths

Even under Path 1, completed on time, with congenital conditions eligible up to $125,000, any complication that arises after birth is never combined with the mother's Maternity Sharing Request. The baby's care always requires its own separate Sharing Request and its own UA. In the case of twins or multiples, each baby who has a complication requires their own separate Sharing Request and UA; these

cannot be combined.

Newborn Congenital Conditions. For children born from an eligible Maternity Sharing Request, sharing is limited to $125,000 for medical bills related to congenital conditions after the initial hospital discharge, provided the baby was added to membership within the 30-day window described under Path 1.

NICU (Neonatal Intensive Care Unit). For NICU admission, the time limit for sharing is 35 days after birth.

Important Notice

ShareWELL is NOT insurance, and these Guidelines are not an insurance contract. The Guidelines outline how voluntary sharing of healthcare expenses occurs among members. By becoming a ShareWELL member, members agree to these Guidelines and that ShareWELL has the legal right to facilitate sharing under these Guidelines for the member's benefit and the benefit of all members at its reasonable discretion. ShareWELL is not liable for payment of a member's medical bills. If sharing occurs, the shared medical bills are paid by the member who incurred the bill, from other members' share contributions only, not from ShareWELL itself.

There is no risk transferred from a member to ShareWELL or from a member to other members, and no contract of indemnity exists between ShareWELL and any member or between members themselves.

Example Scenarios

Sharing Allowances: How They Affect the Unshared Amount

A member has an $800 urgent care visit and $5,000 in recovery therapy expenses related to an approved Sharing Request. The member's UA is $1,500.

- The entire $800 urgent care charge is applied toward the UA.
- Of the $5,000 in recovery therapy expenses, $700 is applied toward the remaining UA, bringing the total UA met to $1,500.
- The next $1,000 in recovery therapy expenses is eligible for sharing (the maximum allowance for recovery therapies).
- The final $3,300 exceeds the sharing allowance and is not eligible for community sharing.

This example illustrates how costs that exceed a category allowance can still help fulfill the member's UA, even if they are not shared beyond that allowance.

Example Scenario: Jane

Jane visits an urgent care facility after experiencing a sudden illness. Her visit costs $800. Shortly afterward, Jane requires recovery therapy totaling $5,000, attached to her approved Sharing Request. When Jane enrolled with ShareWELL, she selected a $1,500 UA.

Step	Amount	Result
Urgent care visit applied to UA	$800	Remaining UA: $700
Recovery therapy applied to remaining UA	$700	UA fully met ($1,500)
Recovery therapy shared (allowance)	$1,000	Shared by the community
Recovery therapy beyond allowance	$3,300	Not eligible for sharing

Jane pays a total of $4,800 ($1,500 UA plus $3,300 beyond the sharing allowance). The ShareWELL community shares $1,000 of her total $5,800 in expenses.

Example Scenario: Jill (Alternative Treatments & Testing)

Jill has been a ShareWELL member for over one year and is dealing with ongoing chronic fatigue and digestive issues. Her provider recommends alternative diagnostic testing, including gut health and hormone analysis, totaling $2,800. Because Jill is past her initial waiting period, she qualifies for the one-time Alternative Testing to Determine a Diagnosis allowance of up to $2,000.

After reviewing the results, Jill's provider recommends alternative treatments, such as holistic hormone therapy and nutritional IV therapy, totaling $3,300. Jill submits the required medical notes, estimated costs, and an explanation from her provider justifying the choice of alternative treatment over conventional care. ShareWELL approves these treatments under the Alternative Treatments allowance, up to $2,500.

Item	Amount
Total costs ($2,800 testing + $3,300 treatment)	$6,100
Jill's UA	$1,500
Remaining eligible amount	$4,600
Allowances ($2,000 testing + $2,500 treatment)	$4,500
Remaining balance not eligible for sharing	$100

In total, Jill pays $1,600 ($1,500 UA plus $100 remaining), while the ShareWELL community shares $4,500 of her $6,100 in healthcare expenses.