Premium Member Guidelines

*Effective September 1, 2023

“Carry each other’s burdens, and in this way you will fulfill the law of Christ.”
- Galatians 6:2

Hope Health Share, a 501(c)(3), is not an insurance company but a religious health care sharing ministry.

Hope Health Share FAQs

Share Request Processing

Cornerstone Preferred Resources is Hope Health Share's Share Request Processor, which is a neutral third-party for eligible Share requests to be shared after a Member received medical care. Cornerstone Preferred Resources shares eligible needs according to the Hope Health Share Member Guidelines. Present Providers your Hope Health Share ID card at the time of service. The Provider's office is directed to submit medical bills for sharing to: Cornerstone Preferred Resources. Attn: Share Request Processing Dept. P.O. Box 680468 Houston, TX 77268-0468 Payor ID CB695

Am I required to use a specific list of Providers for healthcare?

As a Hope Health Share Member, you have access to the First Health® Network. Providers participating in the First Health® Network have negotiated discounts that can reduce your medical costs and may result in significant savings for you. Using an Out-of-Network Provider or Facility is still your choice. The Out-of-Network services can result in higher Member responsibility and the Out-of- Network Maximum Reasonable Allowed Charge will apply.

What should I do if I need to receive care?

Present your Hope Health Share ID card to the Provider or Facility at the time of service. The Membership card directs the Provider's office or Facility to submit medical bills to the Share Request Processor to be shared. Providers and Facilities are encouraged to call for clarification as to whether you are a participant in good standing and how your need would potentially be shared. Hope Health Share programs are designed to pay the Provider or Facility directly after Visit Fee is paid to the Provider or Facility by the Member.

What should I do if the Provider scheduling or billing does not recognize my Membership?

Always present your ID card at every visit or service and ask your Provider to review the Provider Support information shown on the ID card. The Provider should collect any Visit Fee at the time of service, then submit a sharing request through the Share Request Processor listed on the back of your ID card. If the Provider still has questions, have them call (844) 972-HOPE (4673) 8am-4:30pm CST, Monday-Friday.

What should I do if my physician's office requests payment up front?

Most of the time, the Provider will submit bills to the Share Request Processor for eligible needs to be shared. In most cases, when your treatment/ visit is eligible under the Member Guidelines, you should not be asked for more than your Visit Fee unless the Provider does not accept the amount as payment in full or does not recognize your Membership. Please refer the Provider to call:
(844) 972-HOPE (4673) 8am-4:30pm CST, Monday-Friday.

How will I know that my Share Request has been shared?

After any submitted Share Request, you will receive an Explanation of Sharing (EOS) in the mail from Hope Health Share's Share Request Processor. The statement will show a breakdown of what medical treatments were billed and what needs were shared, along with indicating what you, the Member is responsible for. After the eligible need is shared according to your Member Guidelines, there could be a balance remaining due to the Provider.

What happens when I have a balance bill?

Our Member Advocacy Team will collaborate with your Provider directly regarding the balance bill to negotiate on your behalf. You will be updated along the way. The goal is to reduce or eliminate the balance bill completely; however, if this is not possible, you will be responsible for any remaining balance. Members can call (844) 972-HOPE (4673) 8am- 4:30pm CST, Monday-Friday.

Who should I call for questions about my Health Share Membership?

Call Hope Health Share Member Support. This is a dedicated Support Team that is ready to assist you with any questions regarding your Membership Program.
(844) 972-HOPE (4673) 8am-4:30pm CST, Monday-Friday.

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Chapter 1: About Hope Health Share

Who We Are & Our Mission

Hope Health Share is a healthcare sharing ministry, a subsidiary of Endtime Ministries, Inc., based on a biblical model. As America's trusted voice on Bible prophecy, we are called to teach the principles of the Kingdom of God, help disciple every person on Earth, share the love of Christ, and explain current events through the lens of Bible prophecy. Using common-sense instruction and empowerment, we provide hope, peace and understanding to everyone in every walk of life. Endtime is built on faith, integrity, and committed supporters who share this call. Endtime is a not-for-profit corporation that is recognized as a tax exempt under Internal Revenue Code 501 (c) (3).

Hope Health Share provides community, an avenue to share in God's blessings, and hope to every Believer in every walk of life.

For centuries, Believers all over the world have shared their lives, resources, and blessings as outlined in the book of Acts 2 and 4 and Galatians 6:2. Hope Health Share Members make a fixed non-refundable monthly contribution to the health sharing community according to the sharing program elected. Eligible medical bills are shared with the funds of all Members who faithfully share. The Guidelines, which follow, explain the program requirements and how Hope Health Share facilitates medical bill sharing. Hope Health Share has engaged with The Galilee Group for administrative services of day-to-day operations and Member Sharing facilitation for Joppa Health Share.

Health Sharing is Not a Substitute for Insurance Required by Law

You have elected to enroll in a Health Care Sharing Ministry. Hope Health Share Programs are not insurance and Hope Health Share is not an insurance company. Health Care Sharing Ministry Members, under 26 USC § 5000A(d)(2)(B)(ii), are exempt from the ACA individual mandate. Members must not certify that Hope Health Share is insurance to avoid purchasing insurance required by law, rule, or regulation (e.g., worker's compensation insurance or sports activity insurance).

Assumed Liability and Responsibility

Hope Health Share is not an insurance company. Each Hope Health Share Member is always solely responsible for the payment of his or her own medical bills. Neither Hope Health Share nor Members of Hope Health Share (a.) guarantees payment of a Member's medical bill, or (b.) assumes liability for the payment of a Member's medical bill.

Voluntary Membership

Enrollment in Hope Health Share is not a contract for insurance and Member participation is voluntary, and the sharing of monetary contributions, as defined by the program selected by the Member, is voluntary. Members can cancel their Membership at any time. Hope Health Share requests that the voluntary sharing contribution be made for each month you are enrolled, to facilitate the sharing of requests submitted on behalf of other Members.

Impartiality

Hope Health Share serves Members who share in the burdens of fellow Believers. Hope Health Share does not gain financially by determining medical bills are ineligible for sharing among Members. Hope Health Share has no owners, stockholders, or investors. Endtime Ministries has engaged with The Galilee Group for administrative services of day-to-day operations and Member Sharing facilitation for Hope Health Share.

Hope Health Shares Statement of Faith

1. The Word of God
We believe the Bible to be inspired of God, the infallible Word of God. (II Timothy 3:16)

2. The One True God and Son of God
We believe in the one ever-living, eternal God: infinite in power, holy in nature, attributes and purpose; and possessing absolute, indivisible deity. This one true God has revealed Himself as Father; through His Son, in redemption; and as the Holy Spirit, by emanation. (I Corinthians 8:6; Ephesians 4:6; II Corinthians 5:19; Joel 2:28). The one true God, the Jehovah of the Old Testament, took upon Himself the form of man, and as the Son of man, was born of the virgin Mary. As Paul says, "And without controversy great is the mystery of godliness: God was manifest in the flesh, justified in the Spirit, seen of angels, preached unto the Gentiles, believed on in the world, received up into glory." (I Timothy 3:16)

3. Man's Sinful Nature, Atonement, and Repentance
We believe pardon and forgiveness of sins is obtained by genuine repentance, a confessing and forsaking of sins. We are justified by faith in the Lord Jesus Christ. (Romans 5:1) John the Baptist preached repentance, Jesus proclaimed it, and the apostles emphasized it to both Jews and Gentiles. (Acts 2:38, 11:18, 17:30)

4. Water Baptism
We believe the scriptural mode of baptism is immersion and is only for those who have fully repented, having turned from their sins and a love of the world. It should be administered in obedience to the Word of God, and in the name of our Lord Jesus Christ, according to the Acts of the Apostles 2:38, 8:16, 10:48, 19:5; thus obeying and fulfilling Matthew 28:19

5. The Resurrection
We believe the time is drawing near when our Lord shall appear; then the dead in Christ shall arise, and we who are alive and remain shall be caught up with them to meet our Lord in the air. (I Thessalonians 4:13-17; I Corinthians 15:51-54; Philippians 3:20-21)

6. Marriage
We believe that marriage is exclusively the union of one genetic male and one genetic female and is God's plan for human sexuality is to be expressed only within the context of marriage. (Genesis 2:24; Matthew 19:5-6; Mark 10:6-9; Romans 1:26-27; I Corinthians 6:9)

7. Prayer
We believe we must dedicate ourselves to prayer, to the service of our Lord, to His authority over our lives, and to the ministry of evangelism. (Matthew 9:35-38; 22:37-39, and 28:18-20; Acts 1:8; Romans 10:9-15 and 12:20-21; Galatians 6:10; Colossians 2:6-10; I Peter 3:15)

8. Human Life
We believe human life is sacred from conception to its natural end; and that we must have concern for the physical and spiritual needs of our fellow humans. (Psalm 139:13; Isaiah 49:1; Jeremiah 1:5; Matthew 22:37-39; Romans 12:20-21; Galatians 6:10)

9. Living a Biblical Lifestyle
We believe in leading a biblical lifestyle and following biblical principles, attending worship regularly as health permits, (Hebrews 10:25) and actively following the teachings of the New Testament in its entirety. This means abstaining from activities harmful to the human body including use of any tobacco, nicotine, smoking device, or substitutionary smoking device, illegal use of drugs, abuse of alcohol, and sexual immorality as defined in the Scriptures.

Chapter 3: Membership Qualifications

HOPE Health Share

The qualification requirements for Membership in Hope Health Share are simple, our Membership is open to Believers who agree with our Statement of Faith and have agreed to share the costs of one another's eligible health care expenses. Additionally each Member of our Membership Community agree to:

- Live a biblical lifestyle consistent with our Statements of Beliefs.
- Attend worship regularly as health permits. (Hebrews 10:25)
- Actively follow the teachings of the New Testament in its entirety.

Lifestyle

Hope Health Share Members must follow the biblical lifestyle and abide with the Statement of Faith. Hope Health Share members must abstain from the following activities:

- Use of any tobacco, nicotine, smoking device, or substitutionary smoking device (including but not limited to cigarettes, cigars, pipes, herbal cigarettes, e-cigarettes, vape pens, etc.);
- Illegal use of drugs; and sexual immorality (as defined in the Scriptures and expressed in our Statements of Beliefs);
- Additionally, members must follow biblical principles with respect to the use of alcohol.

Share Requests resulting from these activities will be deemed ineligible for sharing by the Hope Health Share Membership Guidelines.

Monthly Contributions

Members are responsible for the timely remittance of their Monthly Contributions. The Monthly Contribution is determined by the age of the oldest Family Member at the time of enrollment and will change at the billing cycle following the date the Member attains the next age bracket.

Eligible Primary Members
- Primary Member must be minimum age 18.
- Non-US Citizens who are age 18 and live full-time in the US or Puerto Rico.
- Applicants who are 65 or older are ineligible for Hope Health Share.

Eligible Dependents of Primary Members
The following family members may be included or added to the Membership:
- **Spouse:** The Member's Spouse as defined by a Biblical Marriage.
- **Dependent Children:** The unmarried child or children of the Member or the Member's spouse who are under 26 years of age; and the unmarried handicapped dependent child of the Member whoas attained age 26, provided such child is mentally handicapped or physically incapable of earning his or her own living. Proof of incapacity must be furnished to Hope Health Share but not more than once in any 12-month period. Dependent Children includes a stepchild, foster child, legally adopted child, child for whom the Insured is a party to a suit for adoption, child who has been placed in the Insured's home for adoption and child under the Insured's legal guardianship, if such child depends primarily on the Insured for support. Dependent will also include a child for whom the Insured is legally required to support due to court order or divorce decree.

Family Status Changes (adding/deleting or ending Membership)
Marriage/Divorce of a Member
- **Marriage:** A spouse can be added as a Dependent by completing Add/Delete a Dependent form, found in the Member Portal, the spouse's Effective Date will be the start of the next billing cycle/membership cycle.
- **Divorce:** Members who are experiencing a divorce or whose marriage has ended in divorce should contact Member Services for information regarding making changes to their Membership.

Marriage/Divorce of a Member:
Membership will terminate for Members who reach age 65, at the end of the billing cycle in which the Member attained 65. Memberships that include dependents may continue if the dependents continue to meet the eligibility rules. Any required change in Monthly contributions as a result, will occur at the next billing cycle/membership cycle.

Adult Children:
- Children are eligible to participate on the Member's program up to their 26th birthday.
- Children can elect to apply for his or her own Membership after their 18th birthday.
- Biblical Marriage of a Dependent Child.
  - A dependent Child Member may no longer participate under the Member Household of the parent(s) as of the billing cycle/membership cycle following the Marriage and must apply for their own Membership.

Adding Dependent Children:
- A child may be added to an existing Membership by submitting the Add/Delete a Dependent form found in the Member Portal.
- A newborn may be a Member from birth when the form is submitted up to 30 days before the due date or 30 days after birth. If the form is not submitted within 30 days of birth, the newborn's Effective Date will be the start of the next billing cycle/membership cycle and Pre-Existing Limitations may apply. If a Member has adopted a child or otherwise has obtained legal custody with legal responsibility for a child's medical care, that child can be added to the Membership by submitting the Add/Delete Dependent form with forms of proof listed below:
  - Valid, signed court order of adoption
  - Valid pre-adoption placement order issued by a licensed child placement agency
  - Adoption certification
  - Adoption placement and petition for adoption

Program Changes
Primary Members can request to make changes to their Program once a year upon the anniversary of the Primary Member's Program Year. Primary Members must complete the Program Change Form found in the Member Portal and submit the request to Hope Health Share for approval. We recommend that Members submit their Program Change form request 30 days prior to the anniversary of the Program Year. Hope Health Share has the sole authority to approve any program changes based upon information provided in the completed Program Change Form. The new Program and Monthly Contributions will be effective at the next billing cycle/membership cycle following Hope Health Share's approval. The new Program Guidelines, limitations and frequencies will be in effect on that date. Family Status Changes are not considered a Program Change and Members can be added to the Primary Member's Membership as described.

HOPE Health Share

Cancelling Membership

If Members wish to cancel their Membership, a written notice via email or mail is required 15 days prior to the end of the current billing cycle/membership cycle.

Cancellation Due to Non-Payment of Monthly Contributions

Hope Health Share Membership will be suspended if a Member is more than 30 days behind in making their monthly contributions. Only eligible medical expenses incurred on or before the last day of the monthly Membership period in which the Member's last contribution amount was paid through will be considered for sharing. Membership will be cancelled if a Member does not submit their Monthly Contributions within 60 days. The cancellation date will be the date of last billing cycle/membership cycle paid in full.

Re-Application after Cancellation

Members who cancel their Membership are welcome to reapply. All medical conditions arising before the date of reapplication will be subject to the Pre-Existing Condition Limitation. This includes the medical conditions that arose during the prior Hope Health Share Membership. The one time, non-refundable application fee will be due upon reapplication.

Membership Cancellation, for any reason, does not meet the requirements for a Qualifying Life Event (QLE) under the Special Enrollment eligibility for the Affordable Care Act

HOPE Health Share

Member Guidelines and Acknowledgement

It is the Member's responsibility to review the Member Guidelines and updates when notified, and to abide by the terms of their Membership. The Member Guidelines that are in effect as of the date of service govern the Program, not the Member Guidelines in effect when a Member joined. The current version of the Member Guidelines are available in the Member Portal.

As a Member of Hope Health Share, you acknowledge:

- The information provided at the time of enrollment is true and accurate. If medical records show that you have provided inaccurate information regarding age, tobacco use or any medical condition, we reserve the right to cancel the Membership.
- You agree to commit to abide by the Healthy Lifestyles and affirm the Statement of Religious and Ethical Beliefs.
- That the Hope Health Share Program is not health insurance or a substitute for health insurance and that any shared Medical expenses do not come from an insurance plan, but are voluntary contributions from Hope Health Share Members.
- That the Member Guidelines may be adjusted at any time.

Maintain an Active Membership

It is the Member's responsibility to meet their Membership financial commitments. The Member is responsible for a one time nonrefundable application fee and the first month's contribution at time of enrollment. Recurring Monthly contributions must be made at the beginning of each billing cycle.

Monthly Contribution Change Based on Attained Age:

Your Membership Monthly Contribution will increase at the billing cycle following the date the oldest member attains the next age bracket.

Sharing Guidelines

The Hope Health Share Program provides defined sharing amounts for eligible Share Requests submitted by Members and is not intended to share in all medical expenses. Members are responsible for their medical expenses. Our Member Advocacy Team will work with the Member's directly regarding any balance bill to negotiate on the Member's behalf with the goal to reduce the balance bill; however, if this is not possible, Members are responsible for any remaining balance.

Using the Preferred Provider Organization (PPO)-First Health®

Whenever possible, Members should use a participating PPO Provider. Using this Network may offer significant savings, both for the Member, in the form of lower medical expenses and Member responsibility, and for the entire Membership.

To Locate a First Health® Network Provider

- Visit **https://providerlocator.firsthealth.com/fhhspn**
- Click the "Start now" button
- Follow the "Search Criteria" steps

Members should only use the link to search for Providers. It is the Member's responsibility to confirm the Providers continued participation in the Network. Members should always provide the information on their Member ID card at the time of scheduling an appointment.

Out-of-Network Providers

Members are not required to use a First Health® Provider for their healthcare needs. Using an Out-of-Network Provider or Facility is the Member's choice. The Out-of- Network services can result in higher Member Out-of- Pocket responsibility. Out-of-Network eligible medical expenses are subject to the Maximum Reasonable Allowed Charges. Out-of-Network sharing is based on the lesser of the Out-of-Network actual billed amount or the Maximum Reasonable Allowed charges for the eligible services provided. After the Program's sharing amount, the Member is responsible for the remaining balance.

Visit Fees

It is the Member's responsibility to pay the applicable Visit Fee at time of service or upon being billed by the Provider when the Share Request is processed. The Visit Fee is an initial payment applied toward the total eligible Share Request.

Balance Billing

After the Share Request has been processed in accordance with the Member Guidelines, Members are responsible for the Visit Fees and the remaining amount of billed medical expenses. The balance bill is the difference between the total billed amount and the sharing amount that the Member Guidelines allow. Our Member Advocacy Team will collaborate with the Member's Provider or the Facility directly regarding the balance bill to negotiate on the Member's behalf. Members will be updated along the way. The goal is to reduce or eliminate the balance bill completely; however, if this is not possible, Members are responsible for any remaining balance.

Chapter 7: Pre-Notification

HOPE Health Share

Members are recommended to Pre-Notify Hope Health Share for certain needs to be considered eligible for sharing. Providers or the Member should call Hope Health Share Member Support (844) 972-HOPE (4673) 8am-4:30pm CST, Monday-Friday to pre-notify Hope Health Share in advance of any of the following:

A. Inpatient Hospitalization
(unless admitted through Emergency Room)
B. Non-Emergency In/Outpatient Surgeries
C. Advanced Diagnostic Imaging
D. Elective Cardiac Procedures
E. Cancer Diagnosis and Treatment
F. Pregnancy
G. Organ Transplant Services
H. Outpatient Therapy
I. Home Health Care
J. Prosthesis

Members are recommended to notify Hope Health Share as soon as it is medically reasonable after Emergency Services are received (Emergency Room Visits/Ambulance).

The Member Support team is available to provide personalized assistance to Hope Health Share Members, providing an exceptional experience as they navigate through their health care journey. The Member Support team is equipped to guide Members toward high-quality and high-value provider options and encourage Members to use all the tools and discounts available under the Additional Member Services included with their Membership.

Pre-Notification of medical bills does not guarantee eligibility or sharing. Upon receipt of the Member's Share Request, final determination will be made based on considerations such as Membership status, Pre-Existing Conditions, Program limitations and frequencies.

Chapter 8: Determining Eligibility for Sharing

The eligibility of a medical bill for sharing is determined after medical services are rendered and a Share Request is submitted. Medical and lifestyle information help determine eligibility. Medical records from 24 months prior to Membership may also be needed. The requirement for medical records is determined by the nature of the Illness or the circumstances of the Injury. If access to requested medical records is refused, the medical bill(s) will not be shared.

Lifestyle

Members must follow the Christian lifestyle and agree to the Statement of Religious and Ethical Beliefs. This is essential for Eligible Medical Bills to be shared. Examples of behavior that can lead to non-sharing and/or cancellation of Membership include, but are not limited to:

- Use of Illegal Drugs.
- Abuse of drugs including legal drugs, such as alcohol, prescription, over the counter medications, and recreational Marijuana use.
- Sexual Relations outside of Biblical Christian Marriage.
- Participation in Activities that represent a willful disregard for personal safety and/or gross negligence.

Pre-Existing Conditions

Pre-Existing Condition means any illness or injury for which a Member received medical treatment, advice, care or services including diagnostic measures, took prescribed drugs or showed signs and symptoms, whether treated or not, within 24-Months or 60-Months for any Cancer, immediately prior to the Member's Effective Date. After 24, 36 or 60-Months of continuous Membership, medical expenses for the listed Pre-Existing Conditions are eligible for sharing subject to the Membership Guidelines.

Medical expenses submitted for these needs are subject to Pre-Existing Condition Review, including but not limited to, request for medical notes/records, hospital records, surgical records, and other relevant medical history information.

The Pre-Existing Limitation does not apply to Primary Care Physician, Specialist, and Urgent Care Facility Visits.

Waiting Periods

Unless stated otherwise there is a 90-Day Waiting Period from each Member's Effective Date for any medical expenses other than for Accidents, Injuries, and Acute Illnesses. Share Requests submitted for services received prior to completion of the Waiting Periods are not eligible for Sharing.

There is a 10-Month Maternity Waiting Period from each Married Member's Effective Date for Maternity Labor Delivery and Mother's Inpatient Hospitalization or Birthing Center expenses.

There is a 12-Month Waiting Period from each Member's Effective Date for a Preventive Screening Colonoscopy.

There is a 12-Month Waiting Period from each Member's Effective Date for Organ Transplant services.

Cancer: There is a 12-Month Waiting Period for Cancer sharing for Members who have never been diagnosed or treated for Cancer. For Members who have been diagnosed with or treated for Cancer within 60-Months of the Member Effective Date, the Member must be Cancer free for 60-Months after the Member Effective date for newly diagnosed Cancer to be eligible for sharing. A Metastasized or Recurring Cancer is never eligible for sharing. For Members who were previously diagnosed with or treated for Cancer, but Cancer free during the 60-Months prior to the Member Effective Date, the 12-Month Waiting Period for Cancer Sharing applies and supporting documentation that the Member was Cancer free within 60 Months of the Member Effective Date may be required. A Metastasized or Recurring Cancer is never eligible for sharing.

Chapter 9: Pre-Existing Conditions and Limitations

Pre-Existing Condition means any Illness or Injury for which a Member received medical treatment, advice, care or services including diagnostic measures, took prescribed drugs or showed signs and symptoms, whether treated or not, within 24-Months or 60-Months for any Cancer, immediately prior to the Member's Effective Date. After 24, or 36 -Months of continuous Membership, medical expenses for the listed Pre-Existing conditions as determined by the 24 -Month look back period are eligible for sharing subject to the Membership Guidelines. Sharing for Cancer for Member's diagnosed or treated during the 60 -Months prior to the Member's Effective Date is eligible for sharing after the Member has been Cancer free for 60-Months after the Member's Effective Date. Recurring Cancer is never eligible for sharing.

Pre-Existing Condition with a 24-Month Waiting Period for Sharing Eligibility

- Addison's Disease
- Angina Pectoris (stable or unstable)
- Asthma
- Benign Prostate Hyperplasia
- Calcium Deficiency
- Calculus of Kidney (Kidney Stones)
- Cardiac Dysrhythmias
- Carpal Tunnel Syndrome
- Cataract
- Chronic Kidney Disease
- Coronary Artery Disease
- Cushing's Disease
- Endometriosis
- Epilepsy
- Gallstones
- Glaucoma
- Grave's Disease
- Hashimoto's Disease
- Hemorrhoids
- Hyperglycemia
- Hyperlipidemia
- Hypertension
- Hyperthyroidism
- Iodine Deficiency
- Malaria
- Migraines
- MRSA
- Ovarian Cysts
- Pelvic Inflammatory Disease
- Polycystic Ovary Syndrome
- Prolapsed Bladder
- Pulmonary Hypertension
- Radiculopathy
- Rectal Prolapse
- Rheumatoid Arthritis
- Scoliosis
- Shingles
- Sleep Apnea
- Spinal Stenosis
- Spondylosis Tendinitis
- Tuberculosis
- Type II diabetes
- Uterine Fibroids
- Uterine Prolapse
- Vitamin A ,B12 and/or D Deficiency

Pre-Existing Conditions with a 36-Month Waiting Period for Sharing Eligibility

- Barrett's Esophagus
- Bell's Palsy
- Cerebral Ataxia
- Celiac Disease
- Crohn's Disease
- Cirrhosis
- Congestive Heart Failure (CHF)
- Chronic Obstructive Pulmonary Disease (COPD)
- Deep Vein Thrombosis (DVT)
- Degenerative Disc Disease
- Diverticulitis and Diverticulosis Dysphagia
- Ectasia
- Embolism
- GERD (Gastroesophageal Reflux Disease)
- Heart Murmur
- Heart Palpitations
- Heart Valve Disease
- IBS (Inflammatory Bowel Disease)
- Marfan's Syndrome
- Meningitis
- Mitral Valve Prolapse
- Pancreatitis
- Peripheral Vascular Disease (PVD)

Pre-Existing Conditions with a 36-Month Waiting Period and a Limited Sharing Eligibility

After 36 months of continuous Membership, medical expenses for the listed Pre-Existing Conditions as determined by look back period are eligible for sharing subject to the Membership Guidelines and a $25,000 Lifetime Sharing Maximum.

- ALS
- Alzheimer's Disease
- Aneurysm
- Cerebral Palsy
- Cystic Fibrosis
- Dementia
- Diabetes Type I
- Down's Syndrome
- Emphysema
- Fragile X Syndrome
- Fibromyalgia
- Hepatitis (Chronic Viral B & C) HIV/AIDS
- Lupus
- Lyme's Disease
- Macular Degeneration (wet or dry)
- Morbid Obesity
- Multiple Sclerosis
- Muscular Dystrophy
- Osteoarthritis
- Osteoporosis
- Parkinson's Disease
- Sickle-Cell Disease
- Spina Bifida
- Typhoid

Pre-Existing Cancer

If a Member was diagnosed, or treatment was received, for Cancer within 60-Months of the Member's Effective Date, the Member must be Cancer free for 60-Months after the Member Effective Date for newly diagnosed Cancer to be eligible for sharing. Recurring Cancer is never eligible for sharing. For members who were previously diagnosed with or treated for Cancer, but Cancer free during the 60-Months prior to the Member Effective Date, the 12-Month Waiting Period for Cancer Sharing applies, and supporting documentation that the Member was Cancer free within 60-Months of the Member Effective Date may be required. A Metastasized or Recurring Cancer is never eligible for sharing.

HOPE Health Share

Overview of Eligible Sharing Services Per Member[1]	
Personal Responsibility (PR)	Available Options: $5,000 l $7,500 l $10,000
Maternity Labor Delivery and Hospitalization PR	$1,000
Visit Fees	PCP: $35 Visit Fee l Specialist: $75 Visit Fee l Urgent Care Facility $100 Visit Fee Emergency Room (ER) Visit Fee: In-Network: $200 Visit Fee Out-of-Network: $500 Visit Fee Outpatient Occupational, Physical & Speech Therapy Visit Fee - $50 Visit Fee
In/Out-of-Network Co-Sharing Percentages	Unless stated otherwise: After the Member's PR is met, eligible expenses are shared subject to In/Out-of-Network Sharing expenses. **In-Network:** Hope Health Share shares 80% l Member Shares 20% **Out-of-Network**: Hope Health Shares 70% l Member Shares 30%
Maximum Reasonable Allowed Charges	Out-of-Network eligible medical expenses are subject to the Maximum Reasonable Allowed Charges.
Maximum Limit per Diagnosed Medical Condition and all related treatment or Incident	Unless stated otherwise: $200,000
Lifetime Sharing Maximum	$1,000,000
Provider Network	First Health® Network

Eligible Sharing Services	In-Network	Out-of-Network
Preventive and Routine Care **Primary Care Physician (PCP) Visits** **Specialist Visits** **Urgent Care Facility Visits**	6 Visits per Member per Program Year PCP: $35 Visit Fee I Specialist: $75 Visit Fee I Urgent Care Facility $100 Visit Fee After the Member's Visit Fee eligible expenses are shared up to the per Visit Maximum Sharing Limit: PCP: $500 I Specialist: $500 I Urgent Care Facility $750 PR and In/Out-of-Network Co Sharing Percentages are Waived Pre-Existing Condition Limitation does not Apply Out-of-Network Services are subject to the Maximum Reasonable Allowed Charge	
Diagnostic/X-Ray/Labs	After the Member's PR is met Hope Health Share shares 80% Member Shares 20%	After the Member's PR is met Hope Health Share shares 70% Member Shares 30%
Emergency Room	In-Network: $200 Visit Fee After the Member's PR is met Hope Health Share shares 80% Member Shares 20%	Out-of-Network: $500 Visit Fee After the Member's PR is met Hope Health Share shares 70% Member Shares 30%
	Limit: 2 Emergency Room Visits per Program Year	
Inpatient Hospitalization	After the PR is met Hope Health Share shares 80% Member shares 20%	After the PR is met Hope Health Share shares 70% Member shares 30%
Inpatient/Outpatient Surgery	After the PR is met Hope Health Share shares 80% Member shares 20%	After the PR is met Hope Health Share shares 70% Member shares 30%
	Limit: 2 Per Program Year	
Other Limited Eligible Services	Non-Hospital Admission I Cardiac Rehab I Home Health Care I Prosthetics I Outpatient Physical, Occupational and Speech Therapy Emergency Room Visits per Program Year	

[1]Unless stated otherwise, there is a 90-day Waiting Period for any medical expenses, other than Accidents, Injuries, and Acute Illnesses. Specific eligible services and medical diagnosis or incidents have additional Waiting Periods, Frequency and Sharing Maximum Limits.
Unless stated other wise the Pre-Existing Conditions Limitations apply to Sharing Services .
Out-of-Network Services Share Requests are subject to the Maximum Allowable Charge.
Review the Program Guidelines for full explanation of Waiting Periods, Pre-Existing Condition Limitations, and eligible sharing guidelines, frequencies and limitations. The Member's Personal Responsibility (PR) apply to each Member and resets at each Program Year Anniversary.

General Guidelines

Medically necessary expenses that occur after each Member's Effective Date. These are medical services from a health care Provider which are eligible for sharing in accordance with the Membership Guidelines. Sharing for medical services will not be available when the condition is shown to be the result of medical non-compliance with the Physician's recommended care, treatment, or advice.

Unless stated otherwise Pre-Existing Condition Limitations and the Pre-Existing Condition Waiting Periods from the Member's Effective Date will apply.

Unless stated otherwise there is a 90-day Waiting Period from each Member's Effective Date for any medical expenses other than for accidents, injuries, and acute illnesses. Share Requests submitted for services received prior to the completion of the Waiting Periods are not eligible for Sharing.

There is a 10-Month Maternity Waiting Period from each Married Member's Effective Date for Maternity Labor, Delivery and Mother's Inpatient Hospitalization or Birthing Center Share Requests.

There is a 12-Month Waiting Period from each Member's Effective Date for a Preventive Screening Colonoscopy.

There is a 12-Month Waiting Period from each Member's Effective Date for Organ Transplant services.

Cancer: There is a 12-Month Waiting Period for Cancer sharing for Members who have never been diagnosed or treated for Cancer. For Members who have been diagnosed with or treated for Cancer within 60-Months of the Member effective date, the Member must be Cancer free for 5 years after the Member Effective date for newly diagnosed Cancer to be eligible for sharing. A Metastasized or Recurring Cancer is never eligible for sharing. For members who were previously diagnosed with or treated for Cancer, but Cancer free during the 60-Months prior to the Member Effective Date, the 12- Month Waiting Period for Cancer Sharing applies, and supporting documentation that the Member was Cancer free within 60 Months of the Member Effective Date may be required. A Metastasized or Recurring Cancer is never eligible for sharing.

Eligible Share Requests are subject to the Member's PR, and In/Out of Network Co-Sharing Percentages shown below for the Program selected unless stated otherwise:

In-Network	Out-of-Network
Hope Health Share shares 80%	Hope Health Share shares 70%
Member Shares 20%	Member Shares 30%

After the Program Year PR is met, the Program shares 80% for In-Network eligible expenses | 70% for Out-of-Network eligible Expenses for remainder of the Program Year, up to any stated Maximum Limits.

Members have access to one of the largest PPO Networks in the nation. First Health® has negotiated discounted rates with participating health care Providers and Facilities. Using the Network Providers and Facilities may offer significant savings, both for the Member, in the form of lower medical expenses, and for the entire Membership. Using an Out-of-Network Provider is the Member's choice. These Provider services can result in higher medical bills and Out-of-Network Providers may bill Members for the difference between the billed charges and the Program's allowed amount. Out-of-Network Member sharing reimbursement is based on the lesser of the Out-of-Network Provider actual billed amount or the Program's Maximum Reasonable Allowed Charges. Amounts over the Maximum Reasonable Allowed Charges are the Member's responsibility and do not apply to the Program Year Co-Sharing Out-of-Pocket Maximum.

Maximum Reasonable Allowed Charges: Out-of-Network eligible medical expenses are subject to the Maximum Reasonable Allowed Charges. Out-of-Network sharing is based on the lesser of the Out-of-Network actual billed amount or Reasonable and Customary charges for the eligible services provided. Amounts exceeding the charges allowed by the Program are the Member's responsibility and do not apply towards the Member's PR or Program Year Co-Sharing Out-of-Pocket Maximum.

Maximum Limit per Diagnosed Medical Condition or Incident: Unless stated otherwise $200,000

All medical bills of any nature relating to the same diagnosis are part of the same Medical Condition or Incident. Medical expenses eligible for sharing include, but are not limited to, Physician and Hospital services, Emergency Medical Care, Medical Testing, X-Rays, Emergency Medical Transportation and Prescription Medications provided by a Hospital during an admission, unless otherwise limited or defined as not eligible by these Guidelines. Once a Member has reached the Maximum Limit per Diagnosed Medical Condition or Incident, the sharing for the Diagnosed Medical Condition or Incident is exhausted.

Lifetime Sharing Maximum: $1,000,000

Once a Member has reached the Lifetime Maximum Sharing Limit, the sharing is exhausted. The Member is no longer eligible to submit Share Requests for sharing.

Preventive and Routine Outpatient Services

In-Office Visits	
Routine Services Primary Care Physician (PCP) Visits Specialist Visits Urgent Care Facility Visits	**In-Network I Out-Of-Network** 6 Visits per Member per Program Year PCP: $35 Visit Fee I Specialist: $75 Visit Fee I Urgent Care Facility: $100 Visit Fee After the Member's Visit Fee eligible expenses are shared up to the per Visit Maximum Sharing Limit: PCP: $500 I Specialist: $500 I Urgent Care Facility $750

The 90-Day Waiting Period is waived for Injury/Acute Illnesses, occurring on or after the Member's Effective Date. The 90-Day Waiting Period applies to any Preventive or scheduled medical services. The Pre-Existing Condition Limit does not apply to Primary Care, Specialists or Urgent Care Facility Visits, except for Advanced Diagnostic Imaging Services or Lab pathologies. Pre-Existing Condition Limitations apply to Advanced Diagnostic Imaging Services.

Medical Services provided by an In/Out-of-Network Primary Care, Specialists and Urgent Care Physicians are eligible for sharing. The Member is responsible for the Visit Fee for each Primary Care, Specialty Care and Urgent Care Visit at the time of the Visit or if not collected, applied to the Share Request. After the Member has met the PCP, Specialist, or Urgent Care Facility Visit Fee, eligible expenses are shared up to the per Visit Maximum Sharing Limit of:

PCP Visits: $500 per Visit
Specialist Visits: $500 per Visit
Urgent Care Facility Visits: $750 per Visit

Members are responsible for any remaining amount exceeding the per Visit Maximum Sharing Limit. The Member's Visit Fee and any amount exceeding the per Visit Maximum Sharing Limit do not apply to the Member's PR or Co-Sharing Out-of- Pocket Maximum and the Visit Fee continues to apply after the Program Year PR is met.

The Office Visit Fee only applies if the CPT (Current Procedural Terminology) code associated with an Office Visit is applied with an E/M (Evaluation and Management) or Preventive Services code. If an office visit CPT code is not documented, charges will be applied PR and In/Out-of-Network Co-Sharing Percentages and Program limitations will apply.

Telemedicine provided by a Member's PCP, Specialist or Urgent Care Facility, in lieu of an In-Office Visit, is eligible for sharing subject to the PCP, Specialist or Urgent Care Facility Guidelines. Members are responsible for the $35 Visit Fee for the PCP Telemedicine Consult/$75 for a Specialist /$100 Urgent Care Facility Telemedicine Consult, and medical expenses are eligible for sharing up to the per Visit Maximum Sharing Limit. The Telemedicine Consult provided by the Member's PCP, Specialist, or Urgent Care Facility will apply to the number of Visits per Program Year and reduce the remaining Program Year Visits. Consults provided through Lyric powered by MyTelemedicine Virtual Care do not reduce the number of PCP, Specialist or Urgent Care Facility Visits.

Advanced Diagnostic Imaging Services such as MRA, MRI, Cat Scan, Fluoroscopy, Pet Scan or Lab pathologies performed in the Primary Care Physician, Specialist Office and Urgent Care Facility are not eligible for the Day-to Day-Care sharing guidelines and the Member's PR and Co-Sharing Percentages will separately apply to the Share Requests. The Pre-Existing Condition Limitations apply to Advanced Diagnostic Imaging Share Requests.

Adult Preventive Services and a Wellness Exam are eligible for sharing, as delivered in a PCP or Specialist Office Visit after the 90- Day waiting period from the Member's Effective Date. Member's may use their allotted PCP or Specialist Visits, subject to the $35 Primary Care Visit Fee or $75 Specialist Visit Fee for their Annual Wellness medical needs. Preventive Services provided by an Urgent Care Facility Visit are not eligible for sharing. The Visits for Preventive Services and Wellness Exams are applied to and reduces the number of Primary Care Physician or Specialist Visits available. The following Preventive Screenings, as directed by a Physician are eligible for sharing after the Visit Fee, up to the per Visit Maximum Sharing Limit.

- Screening Pap Smears - Once per Program Year.
- Members Age 45 and above PSA tests, and Non-Invasive Colorectal Cancer Screening - Once per Program Year.
- Members Age 45 and Older Sigmoidoscopy- Once every 5 Program Years.
- Members Age 45 and Older Preventive 2D or 3D Imaging Mammogram is eligible for sharing. This includes the mammogram, exam, appointment, and evaluation of the imaging. Member's with a family history of Breast Cancer may be eligible for Preventive Mammogram prior to age 45, if prescribed by a Physician. - Once per Program Year.
- Members Aged 45 or Older: Ultrasound/MRI/Thermogram screening conducted in lieu of a Preventive Screening Mammogram if Physician recommended.
- After a 12-Month Waiting Period Members Age 50 or older: Preventive Screening Colonoscopy - once every 10 Program Years

Members are responsible for any remaining amount exceeding the per Visit Maximum Sharing Limit. The Member's Visit Fee and any amount exceeding the per Visit Maximum Sharing Limit do not apply to the member's and the Visit Fee continues to apply after the Program Year PR is met.

Well Child Visits and Youth Immunizations are eligible for sharing, as delivered during a PCP Visit, after the 90-Day waiting period from the Member's Effective Date. Newborns of Member's whose Mother's Share Requests are eligible for the Maternity Delivery and Labor, Inpatient Hospital and Birthing Center sharing are immediately eligible for the Well Child Visits and the 90-Day waiting period is waived. After the Member has met the $35 Visit Fee, expenses are eligible for sharing up to the $500 per Visit Maximum Sharing Limit. Standard Guidelines follow, but for Children and Adolescents who start late or are more than 1 month behind, catch- up Immunizations may be eligible for sharing.

Visits	HepB	RV	DTaP	Hib	PCV	IPV	MMR	VAR	HepA	Tdap	HPV	Meningococcal
Birth	x											
1 Month	Well Child Visit											
2 Months	x	x	x	x	x	x						
4 Months		x	x	x	x	x						
6 Months	x	x	x	x	x	x						
9 Months	Well Child Visit											
12 Months				x	x		x	x	x			
15 Months	Well Child Visit											
18 Months			x			x	x	x				
24 Months	Well Child Visit											
30 Months	Well Child Visit											
3 Years	Well Child Visit											
4-6 Years			x			x	x	x				
7-10 Years	Well Child Visit											
11-12 Years										x	x	x
13-15 Years	Annual PCP Visit											
16 Years												x
17-18 Years	Annual PCP Visit											

Members are responsible for any remaining amount exceeding the per Visit Maximum Sharing Limit. The Member's Visit Fee and any amount exceeding the per Visit Maximum Sharing Limit do not apply to the Member's PR and the Visit Fee continues to apply after the Program Year PR is met.

Routine Care Outpatient Services Not Eligible For Sharing:

Office visits, physical examinations, immunizations, and tests when required solely for the following:

Including but not limited to:

- Sports
- Camp
- School Admissions
- Employment
- Travel
- Insurance
- Marriage
- Legal Proceedings

Emergency Services

Sharing Explanations and Limits

Ambulance: Land/Air/Water transport for medically necessary emergency services to the nearest medical Facility or between Facilities are eligible for sharing after the Member's PR is met and subject to In/Out-of-Network Co-Sharing Percentages.

Maximum Limit per Medical Emergency: Up to $5,000 for Ground Ambulancel Up to $10,000 Air/Water Ambulance
Share Requests for Ambulance that are not related to an Emergency that is life-threatening or that could result in irreparable damage are not eligible for sharing.

Emergency Room Visits: Share Requests for services provided on an Outpatient basis at a Hospital Emergency Room or Free-standing Emergency Facility for the stabilization or initiation of treatment for an Emergency situation that is life-threatening or could result in irreparable damage are eligible for sharing. Share Requests for Emergency Room services that are not related to conditions that are life-threatening injuries or conditions that could result in irreparable damage are not eligible for sharing.

Emergency Room medical expenses for an eligible Injury must be incurred within 96 hours (4 days of the Injury.

In-Network Emergency Room Visits: Members are responsible for the In-Network Visit Fee of $150. Emergency Room services for a life-threatening condition or a condition that could result in irreparable damage provided on an Outpatient basis at a Hospital Emergency Room or Free-standing Emergency Room are eligible for sharing. After the Member's Emergency Room Visit Fee is met, the remaining medical expenses are subject to the Member's PR and the In-Network Co-Sharing Percentages. The Emergency Room Fee does not apply to the Member's PR.

Out-of-Network Emergency Room Visits: Members are responsible for the Out-of-Network Visit Fee of $300 Emergency Room services for a life-threatening condition or a condition that could result in irreparable damage provided on an Outpatient basis at a Hospital Emergency Room or Free-standing Emergency Room are eligible for sharing. After the Member's Emergency Room Visit Fee is met, the remaining medical expenses are subject to the Member's PR and the Out-of-Network Co-Sharing Percentages. The Emergency Room Fee does not apply to the Member's PR and the Program Year Co-Sharing Out-of-Pocket Maximum. Maximum Reasonable Allowed Charges apply to Out-of-Network Expenses.

If a Member remains in the Emergency Room or Observation Unit for 24 Hours or more, Emergency Room Visit will be considered Inpatient Hospitalization and the In/Out-of-Network Visit Fee will apply to the Member's PR and the eligible medical expenses are subject to the In/Out-of-Network Co-Sharing Percentages after PR is met.

Emergency Medical Conditions Eligible for Emergency Room Sharing Include:

- When a member has stopped breathing
- Choking
- Severe burn
- Head or neck injury
- Deep cut or wound
- Broken bones
- Chest pain or heart palpitations
- Difficulty breathing
- Severe stomach or belly pain
- Severe headache
- Vision loss or eye injury
- Sudden weakness, paralysis, or slurred speech
- Smoke inhalation or poison exposure
- Seizures or loss of consciousness

Limit: 2 Visits per Program Year Per Member

Inpatient Hospitalization/Surgery and Outpatient Surgery

Sharing Explanations and Limits

Inpatient Hospitalization: After the 90-day Waiting Period from each Member's Effective Date Inpatient Hospitalization Share Requests are eligible for Sharing, if the Member is confined in a Hospital due to an eligible Injury or Illness at the direction of a Physician, after the Member's PR is met and subject to the In/ Out-of-Network Co-Sharing Percentages. Acute Illness, Accident or an eligible emergency that is life-threatening or could result in irreparable damage are immediately eligible for sharing, subject the Program Guidelines and Limits. Maximum Reasonable Allowed Charges apply to Out-of-Network Expenses.

Inpatient Hospitalization, if admitted on a Friday or Saturday, is not eligible for sharing, unless for an emergency or for medically necessary surgery scheduled for the next day.

Inpatient Surgery: After the 90-day Waiting Period from each Member's Effective Date Inpatient Surgery Share Requests are eligible for sharing, if a Member is confined in a Hospital due to an Eligible Injury or Illness and at the direction of a Physician, or after the Member's PR is met, subject to In/ Out-of-Network Co-Sharing Percentages. Acute Illness, Accident or an eligible emergency that is life-threatening or could result in irreparable damage are immediately eligible for sharing, subject the Program Guidelines and Limits. Maximum Reasonable Allowed Charges apply to Out-of-Network Expenses.

Assistant Surgeon Eligibility: After the Member's PR is met and subject to the In/Out-of-Network Co-Sharing Percentages, Share Requests for medical expenses submitted for an Assistant Surgeon are eligible for sharing up to 50% of the Surgeon's charges. Any amount exceeding 50% of the Surgeon's charges are not eligible for sharing.

Standby Physician Eligibility: Physician attendance without direct face-to-face client contact and which does not involve provision of care or services. Share Requests submitted for a Standby Physician are not eligible for sharing.

If admitted as an Inpatient on a Friday or Saturday, is not eligible for sharing, unless for an emergency or for medically necessary surgery scheduled for the next day.

Outpatient Surgery: After the 90-day Waiting Period from each Member's Effective Date Outpatient Surgery Share Requests, as directed by a Physician, due to an eligible Injury or Illness must be performed in a Hospital as an Outpatient or performed in a free-standing Outpatient Surgery Center are eligible for sharing after the Member's PR is met, subject to In/Out-of-Network Co- Sharing Percentages. Acute Illness, Accident or an eligible emergency that is life-threatening or could result in irreparable damage are immediately eligible for sharing, subject to the Program Guidelines and Limits. Maximum Reasonable Allowed Charges apply to Out-of-Network Expenses.

Assistant Surgeon Eligibility: After the Member's PR is met and subject to the In/Out-of-Network Co-Sharing Percentages, Share Requests for medical expenses submitted for an Assistant Surgeon are eligible for sharing up to 50% of the Surgeon's charges. Any amount exceeding 50% of the Surgeon's charges are not eligible for sharing.

Standby Physician Eligibility: Physician attendance without direct face-to-face client contact and which does not involve provision of care or services. Share Requests submitted for a Standby Physician are not eligible for sharing.

Share Requests submitted for Outpatient Surgery performed during PCP, Specialist, or Urgent Care Facility Visit are eligible for sharing as the Day-to-Day Care In-Office Visit. The Member is responsible for the Visit Fee for the PCP, Specialist or Urgent Care Visit. After the Member has met the Visit Fee, expenses are eligible for sharing by the Program up to the Visit Maximum Sharing Limit. Maximum Reasonable Allowed Charges applies to Out-of-Network Share Requests. The Member's Visit Fee does not apply to the PR, and the Visit Fee continues to apply after the Program Year Co-Sharing Out-of-Pocket Maximum. The Outpatient Surgery procedures performed within the PCP, Specialist or Urgent Care Facility are not subject to the Pre-Existing Condition Limitation.

Non-Hospital Admissions

Sharing Explanations and Limits

Following an eligible Inpatient Hospitalization , Inpatient admission to a Skilled Nursing Facility or Rehabilitation Facility is eligible for sharing if ordered by the Member's Provider within 3 days of the Member's discharge from the Hospital, in order to provide care that would otherwise need to be provided in an acute care setting.

After the Member's PR is met, eligible Share Requests are shared subject to In/Out-of-Network Co- Sharing Percentages. Maximum Reasonable Allowed Charges apply to Out-of-Network Expenses.

Limit: Up to 10 days per Program Year.

Outpatient Services

Sharing Explanations and Limits

Cardiac Rehabilitation

After the Member's PR is met, and subject to In/Out-of-Network Co-Sharing Percentages, Cardiac Rehabilitation is eligible for sharing following an eligible Inpatient Hospitalization for a cardiac condition or procedure. The Rehabilitation must be ordered by a Physician and must begin within 6 months of the hospitalization for the cardiac procedure. Maximum Reasonable Allowed Charges apply to Out-of-Network expenses.

Limit: 12 visits per Cardiac Incident.

Home Health Care

After the Member's PR is met and subject to In/Out-of-Network Co-Sharing Percentages, Home Health Care Services following an eligible Inpatient Hospitalization are eligible for sharing. Home Care is limited to 30 calendar days from the discharge date of the Member's Inpatient Hospital stay, up to a maximum $5,000 per Incident. Maximum Reasonable Allowed Charges apply to Out-of- Network Expenses.

Eligible Home Health Care services include an intermittent skilled nursing care, physical therapy, occupational therapy, speech- language therapy. Home Health Care services which are not eligible include: food services or meals other than dietary counseling; services related to well-baby care or post maternity care; durable medical equipment; services provided by volunteers; and services provided by a family member. Maximum Reasonable Allowed Charges apply to Out-of-Network Expenses.

Outpatient Diagnostic Advanced Imaging/Labs/X-Rays

Share Requests submitted for Medical Services within the first 90 Days from the Member's Effective Date are not eligible for sharing, unless the services were performed during an eligible Emergency Room Visit for an Accidental Injury, life-threatening condition, or a condition resulting in irreparable damage occurring after the Member's Effective Date.

After the Member has met the 90-Day Waiting Period, Diagnostic Advanced Imaging/Labs/X-Rays provided at any facility, are eligible for sharing after the Member's PR is met and subject to In/Out-of-Network Co-Sharing Percentage. Maximum Reasonable Allowed Charges apply to Out-of-Network services.

Advanced Diagnostic Imaging Services such as PR, MRI, Cat Scans, Pet Scans, Fluoroscopy, or Lab pathologies performed in the Primary Care Physician, Specialist Office and Urgent Care Facility are not eligible for the Day-to-Day Care In-Office sharing guidelines. The Member's PR and Co-Sharing Percentages will separately apply to the Share Request and Pre-existing Condition Limitations apply to the Share Requests.

The Day-to-Day Care Primary Physician, Specialist and Urgent Care Sharing Guidelines may apply in lieu of the Member's PR, for Diagnostic testing, such as general diagnostic laboratory and X-rays, performed in a Primary Care Physician Specialist or Urgent Care Facility but only if the service is one that is routinely performed and completed in that office or facility. Pre-Existing Condition Limitations do not apply to the routinely performed diagnostic services.

Hope Health Share offers Members additional Member services through key Partner Relationships that provide Members with discounts and other money-saving solutions. Members can better their financial lives and be good stewards of their resources by accessing the full suite of discounted services for medically necessary services.

Outpatient Therapy: Physical Therapy | Occupational Therapy | Speech Therapy

After the Member's PR is met and subject to In/Out-of-Network Co-Sharing Percentages, Outpatient Physical Therapy and Occupational Therapy, Outpatient Therapy are eligible for sharing after an eligible Inpatient Hospitalization or Outpatient Surgery. This includes the services that are performed at a Non-Hospital Facility or Physician Office, by a Licensed Therapist or Assistant. Out- of-Network Maximum Reasonable Allowed Charges apply to Out-of-Network services.

Speech Therapy is eligible for sharing following an eligible Stroke, after the Member's PR is met and subject to In/Out-of-Network Co-Sharing Percentages. Out-of-Network Maximum Reasonable Allowed Charges apply to Out-of-Network services Developmental Speech Therapy is not eligible for sharing.

Limit: 15 Visits Combined per Program Year. The number of Visits available will be reduced by any Physical Therapy or Occupational Therapy or Speech Therapy Share Requests shared under the Home Health Care Guidelines.

A single Visit to an outpatient therapist will be counted as one therapy session, even if multiple types of therapies are provided during that Visit. The services provided in a Physician Office, do not apply to the number of Physician Office Visits available under the Day-to-Day Care In-Office Visits and the PR and In/Out-of-Network Co-Sharing Percentages apply to the eligible Share Requests.

Prosthetics

Share Requests, for a new Prosthetic, are eligible for sharing following an eligible Inpatient Hospitalization or Outpatient Surgery, after the Member's PR is met and subject to the In/Out-of-Network Co-Sharing Percentages. Maximum Reasonable Allowed Charges apply to Out-of-Network expenses.

Prosthesis includes a device, either external or implanted, that substitutes for or assists a missing or defective part of the body.

External prosthetic devices include: Artificial limbs; Externally worn breast prostheses following mastectomy.

Implanted prosthetic devices include: Artificial joints; Artificial heart valves, Artificial eyes/lenses, Surgically implanted breast implants following mastectomy.

Limit: up to $1,500 Maximum, per Diagnosis.

Replacement, repair, and maintenance of prosthesis are not eligible for sharing.

Prosthesis does not include:

1. Dental aids (including false teeth)
2. Eyeglasses
3. Cosmetic prosthesis such as hair wigs
4. Other types of prosthesis devices that are permanently implanted such as artificial hip or tooth
5. Any experimental prosthesis
6. Any auditory prosthesis (a device that substitutes for or enhances ability to hear)

Medical Diagnoses with Special Sharing Limitations

Cancer Eligible Expenses and Limits:
Waiting Period: 12-Months of Continuous Membership

Members who have never been diagnosed or received treatment for any type of Cancer, sharing is eligible after a 12-Month Waiting Period from the Member's Effective Date. If a Member is diagnosed with Cancer within the 12 -Month Waiting Period, the diagnosis and treatment Share Requests related to that specific Cancer, Recurrence or Metastasis of that Cancer are not eligible for sharing. After the 12-Month Waiting Period any newly diagnosed Cancers are eligible for sharing, after the Member's per Inpatient Hospitalization/Surgery, Outpatient Surgery PR and subject to the In/Out-of-Network Co-Sharing Percentages. Maximum Reasonable Allowed Charges apply to Out-of-Network expenses. Following an eligible Inpatient Hospitalization/Surgery, Outpatient Surgery and Emergency Room services follow up Outpatient Care is eligible for sharing, after the Outpatient Program Year PR is met, subject to the In/Out-0f-Network Co-Sharing Percentages and Program Guidelines.

If a Member was diagnosed, or treatment was received, for Cancer within 60-Months of the Member's Effective Date, the Member must be cancer free for 60- Months after the Member's Effective Date. The Member must provide Medical reports which indicate there was no ongoing treatment for Cancer and no future treatment was prescribed, recommended, or planned. Medical records must show the Member has followed the guidelines for preventive screening of Cancer and followed guidelines for a healthy lifestyle as recommended by attending physician. Recurring or Metastasized Cancer is not eligible for sharing.

If a Member was diagnosed, or treatment was received, for Cancer more than 60-Months prior to the Member Effective Date, the Member must have been cancer free during the 60-Months prior to the Member Effective Date, the 12- Month Waiting Period for newly diagnosed Cancer Sharing applies. Metastasized or Recurring Cancer is never eligible for sharing. The Member must provide Medical reports which indicate there was no ongoing treatment for Cancer and no future treatment was prescribed, recommended, or planned. Medical reports must show the Member has followed the guidelines for preventive screening of Cancer and followed guidelines for a healthy lifestyle as recommended by attending physician. After the 12-Month Waiting Period any newly diagnosed Cancers are eligible for sharing, after the Member's per Inpatient Hospitalization/Surgery, Outpatient Surgery PR and Outpatient Program Year PR is met and subject to the In/Out-of-Network Co-Sharing Percentages. Maximum Reasonable Allowed Charges apply to Out-of-Network expenses.

Lifetime Maximum Limit for all Cancer: $200,000
For Member's age 50 and older, who were Tobacco (Nicotine) users, (in any form) there is a $50,000 Lifetime Limit on all Cancer Sharing.

Maternity
Prenatal Care Eligible Expenses and Limits:

Prenatal care is important for both our Member's health and their baby's health. Hope Health Share encourages all Members to use their Day-to-Day Care Specialist Visits for their Prenatal Care. These Share Requests are not subject to the Maternity Labor, Delivery and Mother's Hospital or Birthing Center Waiting Period or the Pre-Existing Condition Limitation.

Eligible OB-GYN Maternity Visits which include the Member's checkups and prenatal testing are considered Specialist Visits and include:

- Weeks 4 to 32: 1 Prenatal Visit a month
- Weeks 32 to 36: 1 Prenatal Visit every 2 weeks
- Weeks 36 to Delivery: 1 Prenatal Visit every week

The Member is responsible for a $75 In/Out-of-Network Specialist Visit Fee per Visit. Expenses are shared up to $500 per Visit.
The OB-GYN Specialist will reduce the number of Primary Care Physician, Specialists and Urgent Care Visits remaining during the Program Year. The scheduled Eligible OB-GYN Specialist Visits continue to be eligible for sharing after the Program Year Day-to-Day Primary Care, Specialists or Urgent Care Visits have been exhausted.

For Members who conceived outside of the Marriage or Married Members who have not met the 10-Month Maternity Labor, Delivery, Mother's Hospitalization Waiting Period, the following Share Requests are not eligible for sharing:

- Complications of Maternity
- Complications of Pregnancy
- Labor and delivery facility charges—includes hospital facilities, birthing centers, and home births.
- Delivery Complications for Mother and Baby
- Mother's Inpatient Hospitalization
- Newborn Initial Care and Routine Inpatient Hospitalization.
- Post Natal OB-GYN

For Members, not eligible for the Labor, Delivery and Mother's Hospitalization, who submit a Global Bill for their Maternity expenses, only the Prenatal services of the Share Request are eligible for sharing.

Labor Delivery and Inpatient Hospitalization or Birthing Center Needs
Waiting Period 10-Months of continuous Membership

For a Married Member who has been a Sharing Member continuously for 10-Months, Share Requests for Labor, Delivery, and Mother's Hospital or Birthing Center related charges are eligible for sharing, after the Maternity $1,000 PR is met and subject to the In/Out-of-Network Sharing Percentages up to the sharing limits:

- Up to $5,000 per Pregnancy (whether for a single or multiple birth) limit for the Maternity ending in a normal delivery or a cesarean section that is not medically necessary including but not limited to charges and expenses arising from physician care, hospital or birthing center admissions, attendance by midwives, or home deliveries accompanied by a Midwife or Physician.

- Up to $8,000 per Pregnancy (whether for a single or multiple birth) for Maternity ending in a delivery by cesarean section that is medically necessary because of complications that arise at the time of delivery including but not limited to charges and expenses arising from physician care, hospital admissions.

- Up to $50,000 per Pregnancy (whether for a single or multiple birth) for Maternity ending in a natural delivery or cesarean section, for combined expenses for the Member and Newborn arising from complications at the time of delivery that threaten the life of the Member or Newborn and requiring care or services not normally rendered at the time of delivery.

Maximum Reasonable Allowed Charges apply to Out-of-Network expenses.

Newborn Eligible Expenses and Limits

Newborn Born Under the Program: Enrolled within 30 days of birth: If the Newborn is added to the Primary Member's Program within 30 days of birth and the Mother's Labor, Delivery and Hospitalization Share Requests are eligible for sharing, expenses for the Newborn's initial care and Routine Inpatient Hospital expenses are eligible for sharing after the Newborn's PR is met, subject to In/Out-of- Network Co-Sharing Percentages. The 90-Day Waiting Period for Wellness and Child Immunization under the Day-to-Day PCP Office Visits is waived.

Newborn Initial Care and Routine Inpatient Hospitalization are not eligible for sharing if the Mother's Labor, Delivery and Hospitalization Share Requests are not eligible for sharing. The 90-Day Waiting Period for Wellness and Child Immunizations under the Day-to-Day PCP Office Visits is waived if the Primary Member has been a Sharing Member continuously for 90 Days prior to the Newborn's birth. If the Primary Member has not met the 90-Day Waiting Period, then the 90 Day Waiting Period, from the Newborn's Effective Date applies.

Newborn: Born Under the Program Enrolled after 30 days of birth: If the Newborn is not added to the Primary Member's Program within 30 days of birth the Newborn's Effective Date will coincide with the Member's next billing cycle following the enrollment date. Any medical expenses prior to the Newborn's Effective Date are not eligible for sharing and the Pre-Existing Condition Limitations will apply. The 90-Day Waiting Period for Wellness and Child Immunizations under the Day-to-Day PCP Office Visits will apply from the Newborn's Effective Date.

Organ Transplant Eligible Expenses and Limits
Waiting Period: 12-Months of Continuous Membership

Members are recommended to Pre-Notify Hope Health Share and review the eligibility and costs of the non-experimental organ transplant.

Eligible Transplants include: Heart transplants; Lung transplants; Heart/Lung transplants; Kidney transplants; Liver transplants After the Member's PR is met, eligible expenses are shared, subject to In/Out-of-Network Co-Sharing Percentages. Maximum Reasonable Allowed Charges apply to Out-of-Network expenses.

Medical expenses of a Member donating an organ are only shareable if the recipient of the organ is a Hope Health Share [TBD] Member.

Lifetime Maximum Limit for all Organ Transplant Needs: $100,000

Organ Transplant Share Requests not eligible for sharing include:

- Search and testing in order to locate a suitable donor
- A prophylactic bone marrow harvest and peripheral blood stem cell collection
- Animal-to- human transplants
- Artificial or mechanical device designed to replace a human organ temporarily or permanently
- Procurement or transportation of the organ or tissue
- Keeping a donor alive for the transplant operation
- Any experimental transplant or transplant under study in Phase I or II clinical trials
- Share Requests for Member's donating an organ

Recreational Vehicles

Accidents while using motor vehicles, such as, but not limited to; aircraft, ATVs, boats, go-karts, jet skis, motorcycles, motorized self- balancing vehicle, snowmobiles whether as an operator or passenger may be eligible for limited sharing subject to the guidelines outlined: Medical Expenses must first be submitted to any responsible or liable party before they will be considered for sharing. Usage: If a recreational vehicle accident occurs, whether as an operator or passenger, there are additional requirements for sharing eligibility. Diagnosis and treatment of injuries will not be eligible for sharing if any of the following applies:

- There was abuse of alcohol or legal drugs, or the use of Illegal Drugs.
- The vehicle was used recklessly
- The vehicle was used in a race, in a competition, to perform a stunt, or practice for such events.
- The minimum operator age recommended by the manufacturer or required by law was not followed.
- Helmets and seatbelts when they are legally required/other safety features as recommended by the manufacturer were not in use

Eligible Share Requests including Ambulance, Emergency Room, Inpatient Hospitalization, In/Outpatient Surgery, follow Up Physician Office Visits, and Outpatient Therapy for the diagnosis and treatment of accidental injuries and incurred during the 12- month period from the date of the accident are eligible after the Inpatient Hospitalization/Surgery and Outpatient Surgery PR and Outpatient per Program Year PR are met, subject to the In/Out-of-Network Co-Sharing Percentages and the Program Guidelines up to the Lifetime Maximum.

Lifetime Maximum Limit per Incident: $50,000

Tobacco Use Limitations

Any health-related issues will be treated as a Pre-Existing Condition and any Share Request submitted will be subject to the Pre- Existing Condition Limitation.

For Members over the age 50, after the Pre-Existing Condition waiting period is met, Share Requests are limited to $50,000 for each of the following four medical diagnoses:

- Stroke
- Cancer
- Heart Conditions
- Chronic Obstructive Pulmonary Disease (COPD)

Lifetime Maximum Limit per Incident: $50,000

Pre-Existing Conditions with Lifetime Sharing Maximums

After 36 months of continuous Membership, Share Requests for the listed Pre-Existing Conditions as determined by the look back period are eligible for sharing subject to the Membership Guidelines and a $25,000 Lifetime Sharing Maximum.

- ALS
- Alzheimer's Disease
- Aneurysm
- Cerebral Palsy
- Cystic Fibrosis
- Dementia
- Diabetes Type I
- Down's Syndrome
- Emphysema
- Fragile X Syndrome
- Fibromyalgia
- Hepatitis (Chronic Viral B & C)
- HIV/AIDS
- Lupus
- Lyme's Disease
- Macular Degeneration (wet or dry)
- Morbid Obesity
- Multiple Sclerosis
- Muscular Dystrophy
- Osteoarthritis
- Osteoporosis
- Parkinson's Disease
- Sickle-Cell Disease
- Spina Bifida
- Typhoid

Lifetime Maximum Limit per Incident: $25,000

Alternative Care

Hope Health Share recognizes that every Member's health care journey is unique, and Members may encounter the need to explore care that may be considered Alternative Care and may be identified as ineligible for sharing in the Member Guidelines.

Alternative Care is non-experimental health care treatment which may deliver care that is more cost effective, less invasive and within generally accepted medical practice.

Members must contact Hope Health Share Member Support to submit the Alternative medical treatment plan for prior approval from Hope Health Share. Members should provide medical and provider records to demonstrate the value and effectiveness of the Alternative care. Hope Health Share, upon review, reserves the right to make exceptions to the Member Guidelines for certain treatment based upon the information provided and the stewardship of the entire Membership.

Alternative medical treatments without prior approval are subject to the Member Guidelines and may not be eligible for sharing.

Chapter 11: Medical Conditions and Services Ineligible for Sharing

HOPE Health Share

Listed below are the treatments, medical conditions, procedures, and services that are ineligible for sharing:

- Abortion.
- Alcohol and drug-related injuries and illnesses, including but not limited to prescription and over the counter medications, recreational use of marijuana (regardless of the legal status where consumed or used).
- Allergy Testing and Immunotherapy Treatment.
- Alternative Care such as:
  - Acupuncture
  - Chiropractic
  - Experimental or investigational treatment
  - Massage Services
- Any medical expenses or services related to a diagnosis, treatment or procedure that is ineligible for sharing or that would not be needed if an ineligible service had not been received.
- Any medical expenses or services as a result of war, an act of war or while on active or reserve military duty.
- Any medical expenses as a result of participation in civil unrest or riot or while committing or attempting to commit an illegal act.
- Any medical expenses or services received prior to the Member's Effective Date or after the Member's cancellation date.
- Any medical expense or services that are not Medically Necessary and/or arise from services and/or supplies that are not Medically Necessary.
- Any medical expense or services that exceeds the Program maximums, frequencies or limits.
- Behavioral/Mental Health* – including, but not limited to treatment/counseling for learning deficiencies or behavioral problems, whether or not associated with a manifest mental disorder or other disturbance (e.g. Attention Deficit Disorders or Autism); psychiatric or psychological care; Special education charges. *Services available through Lyric Virtual Behavioral Health/Therapy & Counseling.
- Billing Irregularities.
- Birth control procedures such as IUDS and/or related supplies.
- Counseling or consultation expenses, except as included in Preventive Services, including, but not limited to:
  - Dietary counseling
  - Diabetic counseling
  - Lactation counseling
  - Genetic counseling
- Custodial Care/Long-term Care.
- Delayed submissions– including, but not limited to:
  - Bills are to be received by Hope Health Share within 12 months from the date of service to be considered for sharing.
  - Additional information requested from the Member and/or Provider needs to be received by Hope Health Share within the 12 months of service or the 90 days from the date requested, whichever is greater.
- Dental and Periodontal services, including, but not limited to:
  - Removal of wisdom teeth
  - Orthodontic/oral surgery
  - Complication or infections related to dental procedure
  - Repair or replacement of bridges, dentures, and appliances
  - Routine Exams
- Diagnostic Testing for Members who have COVID-19 Symptoms
- Elective Cosmetic procedures such as breast augmentation or reduction (unless for post cancer reconstruction if recommended for purposes of symmetry).
- Durable Medical Equipment (DME).
- Educational services and materials, including, but not limited to:
  - Lamaze classes
  - Breast feeding classes
  - Early childhood intervention
- Exercise Programs.
- Experimental, Investigational, Unproven or Unapproved Services-Care and treatment that is either experimental, investigational, or unproven, or that has not been approved by the American Medical Association, FDA, CMS, or other industry recognized authoritative bodies, or that is illegal by U.S. law.
- Extreme Sports and/or Hazardous Activities injuries resulting from activities, perceived as having a high level of danger, often involving speed, height, a high level of physical exertion, and specialized gear are not eligible for sharing. Including, but not limited to bungee jumping, cliff diving, fighting, competitive martial arts, parachuting, hang/paragliding, parkour, free climbing, solo climbing, wingsuit flying.
- Fertility/Infertility-Diagnostic, treatment or services, including, but not limited to:
  - Infertility testing and treatment
  - Sterilization or reversals (vasectomy and tubal ligation)
  - Embryo donation or adoption
  - Medication or treatment for sexual health or dysfunction
  - Surrogacy-Expenses related to a surrogate pregnancy, whether or not the surrogate is a Member.
- Finance Charges.
- Gastric bypass/sleeve or other types of bariatric/weight loss surgery.
- Gross Negligent Acts, Hazardous Activities, Illegal acts, Self-Inflicted Injury-Expenses resulting from an illness or injury where the Member has acted with gross negligence or with reckless disregard to safety, as evidenced by medical records and other documentation reviewed. Care and treatment of an injury or illness that results from engaging in a hazardous activity is not eligible for sharing.
- Hearing Aids.
- Hearing Exams – including but not limited to comprehensive hearing evaluation, tinnitus evaluation and treatment, counseling, and rehabilitation for hearing loss.
- Home Health Care.

- Hospice Care.
- Improper Share Request submissions, including, but not limited to:
    - Improperly coded or submitted bills will not be shared
    - Excessive or unnecessary Provider Charges will not be shared
- Inpatient hospitalization if admitted on a Friday or Saturday, unless for an emergency of for medically necessary surgery that is scheduled for the next day.
- International Care – Any medical expenses or services received outside of the United States or Puerto Rico. Share Requests must include Itemized medical bill details translated into English.
- Medical Non-Compliance.
- Missed Appointment Fees or Charges.
- Motor Vehicle or Aircraft Accidents– If a motor vehicle or aircraft accident occurs, there are additional considerations for sharing eligibility. Diagnosis and treatment of injuries will not be eligible to be shared if any of the following applies:
    - There was abuse of alcohol or legal drugs, or the use of Illegal Drugs.
    - The vehicle or aircraft was used in a race, to perform a stunt, or practice or in the commission of a crime.
    - The minimum operator age recommended by the manufacturer or required by law was not followed.

  These apply regardless of whether the Member was operating the vehicle or was a passenger.
- Non-Emergency Transportation.
- Non-prescription (over the counter) drugs and medical supplies/equipment.
- Over the Counter At Home COVID-19 Tests
- Participation in a Clinical Trial.
- Postage, Shipping, Handling Charges, Etc. – That are for any postage, shipping or handling charges which may occur in the transmittal of information to the Third-Party Administrator, including interest or financing charges.
- Prescription Drugs – Except as administered while an Inpatient at a Hospital or during an Outpatient Surgery or treatment, performed on an Outpatient Basis at a Hospital or other Non-Hospital Facility.
- Preventive Services, not listed as Eligible under the Program.
- Professional (and Semi-Professional) Athletics – Medical expenses in connection with any Injury or Illness arising out of or in the course of compensated activity, including practice.
- Routine and corrective optometric services, exams, or tests, including eyeglasses, contacts, eye refraction, LASIK surgery, cornea replacement, surgery, or other services when done primarily for corrective or cosmetic reasons unrelated to illness or injury.
- Services, supplies, medical care, or treatment, provided by a Member's immediate Family Member or relative of the Member by blood or marriage; or who reside in the household of the Member.
- Services, supplies, medical care, or treatment for which there are no charges made to the Member. This includes medical services which could be provided for at no cost to the Participant through any program or agency, in accordance with the laws or regulations of any government, or where care is provided at government expense, unless there is a legal obligation for the Participant to pay for such treatment or service in the absence of the Hope Health Share Membership.
- Sexual Dysfunction medical expenses.
- Sexual Transformation medical expenses.
- Sexually transmitted diseases.
- Sleep Studies.
- Suicide or intentionally self-inflicted injuries.
- Temporomandibular Joint dysfunction (TMJ)-Medical expenses for the diagnosis, treatment, and appliances.
- Tobacco cessation treatment, programs, procedures, or supplies.
- Treatment for or related to any Congenital Condition, except as it relates to a newborn child, whose delivery date follows 10 Months of Continuous Membership of the Primary Member.
- Veteran Administration care and treatment.
- Vitamins/Supplements.
- Visit Fees.

Hope Health Share Provides Members with additional resources to help better manage and navigate through their health care journey. These valuable services help Members make informed decisions and provide Members with significant savings on their medical, pharmacy, dental, vision needs and more. These services are provided by Hope Health Share's valued partners and are not Sharing services.

Hope Health Rx

Through Hope Health Rx's relationship and buying power with America's Pharmacy Source, Members receive no Cost Generic Prescriptions for Acute, Chronic, Diabetic supplies and medications, and savings on over-the-counter medications delivered to their homes. For more information on how to get set up for home delivery, Members should go to: **www.hopehealthrx.com** and click on the member portal.

First Health® Preferred Provider Network

Members simply search for a participating Provider online, inform the Provider that they are a Member of the First Health® Network, and present their Member ID card.

Virtual Urgent Care provided by Lyric powered by MyTelemedicine

Members have quick easy access to Licensed Physicians 24/7/365. $0 Consult Fee. Download the app at www.getlyric.com to schedule an appointment. Or Members can call 866-223-8831 any time to schedule an appointment.

Lensabl+

Lensabl+ is a leading online vision services platform enabling Members convenient access to vision care anytime, anywhere. Lensabl provides access to frames, lenses, contacts and eye exams at a fraction of the out-of-pocket costs. Members can see ANY eye doctor, rather than being limited to a network (or take the Lensabl online vision test)

Personalized Online Vision Services

Online Eye Exams; Online Designer Eyeglass Frames;
Online Prescription Lenses;
Online Contacts

WellCard Savings

Members have access to value added programs that can save money every time a Member uses pharmacies, dental providers, vision care providers, hearing care specialists, prepaid lab tests, prepaid imaging tests, patient advocacy services and more. Review the discounts and services available on the following pages for more details. It's easy to start saving today... The WellCard Savings discount card is an easy way to help our Members with their prescription drug and health care service needs.

To find a Provider or Pharmacy visit:
www.WellCardSavings.com

Members keep the card in their wallet and present it at their local Provider's office and pharmacy to save. Gain access to value-added programs that can save Members money in more than one way. To view and use all of the WellCard Savings value-added programs, Members should login to WellCardSavings. Videos, frequently asked questions and additional valuable information are all available.

*Additional Membership Services are not owned or operated by Hope Health Share.

Hope Health Rx Prescription Drug

www.HopeHealthrx.com

Through Hope Health Rx's relationship and buying power with America's Pharmacy Source, over 600 of the most prescribed generic medications are available at no cost to members through this program. The Acute and Chronic formularies are described in more detail below. The formulary lists are very well- rounded and include more than 22 therapeutic classes.

Members can send their prescriptions to Hope Health Rx. Member's doctors can escribe, fax, or call in the prescription directly to our home delivery facility. Hope Health Rx staff will receive the script and contact you to verify personal and payment information.

Transferring Prescriptions

If Member's need to transfer a prescription, Hope Health Rx initiates a prescription request from your local pharmacy or physician and have it transferred to My Free Pharmacy. If there are any issues facilitating the receipt or transferring of your prescriptions to our pharmacy, Hope Health Rx will reach out to the Member for their assistance.

Pharmacy Coaching

Through Pharmacy Coaching, Hope Health Rx educates Members on possible medication options and opportunities to save additional money when available. Hope Health Rx will consult with Members and their doctors to inform them of the alternatives and help make the best decision for their Members' personal and financial health. To reach a Pharmacy Coach, call (888)519-8188.

Acute (Immediate Need) Medications at a Retail Pharmacy

For acute medications for illnesses or emergencies (that Members cannot wait 3-5 business days for), Members may fill medications at over 64,000 pharmacies nationwide that accept our Hope Health Rx Member Prescription Card.

Top 125 Most Utilized Therapeutic Classes = Available For No Member Cost!

- Anesthetics (Topical)
- Anti-Burn
- Anti-Diarrhea
- Anti-Fungal
- Anti-Gout Agents
- Anti-Inflammatory
- Anti-Inflammatory (Topical)
- Anti-Nausea
- Anti-Viral
- Antibiotics
- Antibiotics (Topical)
- Antihistamine
- Asthma
- Cough Suppressants
- Gastro-Intestinal
- Migraine
- Muscle Relaxers
- Nasal Spray
- Pain Relievers

**To see the Acute Drug Formulary, visit: www.HopeHealthrx.com*

The most utilized acute medications in our formulary FREE for up to a 21-day supply! If there is an emergency, sickness or injury and you need your medications fast, our membership card will allow you to fill your prescription at any of 64,000 pharmacies nationwide for FREE. Each medication may only be filled (2) times within a 180 day period. Fills after first two will be standard contractual pharmacy rates.

Chronic (Maintenance) Medications with Mail Order

Maintenance drugs are medications prescribed for chronic, long-term conditions and are taken on a regular, recurring basis like hypertension, high cholesterol, depression, and acid reflux to name a few. Hope Health Rx has over 400 drugs that fall into this category.

Hope Health Rx offers Members maintenance medications to be shipped in a 3-month (90 Day) supply. The top most utilized chronic medications in our formulary can be purchased in a 90-Day supply at no Member Cost. These chronic medications can only be ordered from our Akron, Ohio home delivery pharmacy for the no Member cost.

Top 90% Generic Chronic Therapeutic Classes in America
90 Day Supply at No Member Cost!

- Allergy/Antihistamines
- Alzheimer’s/Dementia
- Anitiviral
- Anti-Gout Agent
- Anti-Inflammatory/NSAIDS
- Anti-Psychotics
- Anti-Rejection
- Anticoagulant
- Anticonvulsants
- Antidepressants
- Anxiolytics
- Bronchodilator/Asthma
- Cardiac/Hypertension
- Cholesterol/Triglycerides
- Diabetes
- Estrogen
- Gastrointestinal
- Glaucoma
- Hormone-Based Chemo(Breast Cancer)
- Mens Health
- Oral Contraceptives(sold in 28 count)
- Osteoporosis
- Thyroid

The topmost utilized Chronic medications in the formulary can be purchased in a 90-Day supply for $0 Member Cost! Hope Health Rx purchases medications direct from American Producers and Suppliers cutting out the middle-man and passing the savings on to Members.

These chronic medications can only be ordered from our Akron, Ohio home delivery pharmacy for $0 Member Cost.

**To see the Chronic Drug Formulary, visit: HopeHealthrx.com*

Over-The-Counter Medications

We offer the most used Over-The-Counter medications in America and make them available to Members at some of the lowest prices around. Each time Members place an order for a prescription drug, Hope Health Rx can add a wide variety of OTC medications to the order, it's easy and more cost effective than even buying at the big box stores!

**NOTE: When only ordering OTC with products, there will be a $25.00 minimum order for standard free shipping. OTC orders under $25.00 will have a $5.99 standard shipping fee added. If ordering OTC's with prescription orders, standard shipping is free.*

Diabetic Testing Supplies and Oral Medications: Save On Diabetes Program

With the Hope Health Rx Membership, the Save On Diabetes Program eases the financial burdens of diabetic patients by providing a complimentary glucose meter, testing strips, lancing device, lancets, control solution, medications, and other diabetic products.

If Members are diagnosed with diabetes, with a prescription from their doctor, Members may save significant dollars on testing supplies and medications with the Save On Diabetes Program.

FREE STARTER KIT
• Complimentary Premium Bilingual Voice-Response Glucometer • 1 box of ForA® test strips (50) • 1 lancet device • 1 box of lancets (100) • Control Solution • Free Shipping

Free Medications

These medications will be free with Hope Health Rx Membership and a valid prescription.

Medication	Strength	90-Day Quantity Limit
Glimepiride	4mg	180
Glimepiride	2mg	270
Glipzide	10mg	180
Glipzide	5mg	180
Glipzide ER	5mg	180
Glipzide ER	10mg	180
Glyburide	5mg	360
Glyburide/Metformin	5/500mg	360
Glyburide/Metformin ER	2.5mg/500mg	360
Metformin	500mg	360
Metformin	1000mg	180
Metformin	850mg	270
Pioglitazone	30mg	90
Pioglitazone	15mg	180
Pioglitazone	45mg	90

**$0 Out-of-Pocket on Diabetic Medications require Hope Health Rx Membership and physicians' prescription.*

Home Delivery Service With USPS

Hope Health Rx has partnered with The United States Post Office to make sure your packages arrive safely and securely. All packages that leave our facility are scanned and tracked through USPS' state-of-the- art tracking system so that Members always know where their package is, until it arrives at their door. Shipping only takes 3-5 business days to almost anywhere in the continental U.S. Rest assured your medications are on their way and are handled with the utmost care.

Expedited shipping is available through UPS Next Day, 2 Day or 3 day shipping. Check the Hope Health Rx website for details.

Preferred Provider Network

First Health®, one of largest PPO Networks, has negotiated discounted rates with healthcare Providers and Facilities.

Members simply search for a participating Provider online, inform the Provider that they are a Member of the First Health® Network, and present their Member ID card at their visit to receive the special discounted rate.

Whether in or outside the local area, a First Health® logo on your ID card tells the Provider that a First Health® discount applies.

How to Locate a First Health® Network Provider

- Visit **https://providerlocator.firsthealth.com/fhhspn**
- Click “Start now” button
- Follow the “Search Criteria” steps

Before an appointment

Members should only use the link to search for Providers. It is the Member’s responsibility to confirm the Providers continued participation in the Network. Members should always provide the information on their Member ID card at the time of scheduling an appointment.

If assistance is needed

For help locating an In-Network Provider, Members may call Member Support (844) 972- HOPE (4673) 8am-4:30pm CST, Monday- Friday.

Virtual Urgent Care Services

Virtual Urgent Care, When You NEED It Most! Quick and easy access to Licensed Doctors & Physicians 24-hours a day, 7 days a week!

Use Virtual Urgent Care for these common conditions:

- Allergies
- Flu
- Sore Throats
- Bronchitis
- Headaches/Migraines
- Stomachaches
- Eye Infections
- Rashes
- And More..

Download the app at www.getlyric.com and schedule your doctor appointment today.

1.866.223.8831 | info@getlyric.com | www.getlyric.com

[1]Lyric powered by MyTelemedicine is not Owned or Operated by Hope Health and are not sharing services. This service is not insurance or intended to replace health insurance.

[2]MyTelemedicine, Inc dba Lyric Health. All Rights reserved. Lyric Health does not guarantee that a prescription will be written. Lyric Health does not prescribe DEA controlled substances, lifestyle drugs and certain other drugs which may be harmful because of their potential for abuse. Lyric Health Physicians reserve the right to deny care for potential misuse of services. Lyric Health operates subject to state regulations.

Virtual Urgent Care Visits provided by lyric, do not reduce the number of Office Visits eligible for sharing under the Program.

lensabl+

GOLD LEVEL

Members will receive their welcome email from Lensabl and can log in to their account at **www.lensabl.com/customer/account/login**. After logging in, Members will have instant access to their personal Lensabl+ dashboard and can start using all of your vision benefits immediately.

LENSABL+ Services To be redeemed on Lensabl.com	
Eye Exam or Contact Lens Fitting **- or -** **Online Vision Test for Rx Renewal**	**$60 Lensabl Credit** or other digital rewards* **Included**
New Frames with Lenses Single-Vision/Reading/Plano Polycarbonate lenses Anti-Reflective/Anti-Scratch coating with UV protection. Optional lens enhancements include progressive, sunglass tints, Transitions and more. Choice of Blue-light blocking or clear lenses.	**Included**
Contact Lenses	**$200 allowance****
NON-LENSABL+ ALLOWANCE Reimbursement for purchase not made on Lensabl.com	
Frames and Lenses	up to **$125 reimbursementˆ**
EXTRA DISCOUNTS	
Additional Purchases and Lens Enhancements	up to **30% off**

*i.e. $30 gift card from vendors like Visa, Apple, Amazon, etc.
**Get an additional contact lens allowance in place of “New frame with lenses” benefit: $50.
ˆNon-Lensabl+ reimbursement benefit only available if member elects to waive both their Lensabl+ frame and lens benefit and contact lens allowance

WellCard Savings

WellCard Savings gives Members access to pre-negotiated discounts on prescription drugs and a wide range of health care services.

Medical Network

First Access Network – partnering with MDsave–Your WellCard Savings discount card provides nationwide access to cash medical Providers of every specialty. Save up to 60% on your medical bill by buying procedures upfront through MDsave.

Telehealth

24/7 Doctor—Access to licensed, credentialed physicians 24/7 by phone and video. $45 Visit Fee
24/7 Dentist—Video chat with a dentist! Follow-up visits with brick & mortar dentists can be scheduled, when necessary.
24/7 Vet—Consult with an expert 24/7 with pet related questions and concerns. We are here for those "what-if" scenarios of pet parenting.
Emotional Wellness—Hundreds of self-help videos led by mental health professionals on a variety of wellness topics.

Products

Prescriptions—Save Up to 65%—Accepted at over 59,000 pharmacies nationwide. Use anytime with no annual limit.
Hearing—Members and their families have access to a nationwide network of hearing specialists and providers. WellCard is proud to offer free access to discounts off of MSRP for hearing aids.
Diabetic Care—Save up to 75%—Order a full line of diabetes testing Supplies delivered directly to your home at a discounted rate.
VSP Vision—Save up to 50%—Accepted nationwide. Save up to 50% savings on lenses, frames, and other vision needs.
Vitamins—Save up to 15%—Order a wide range of vitamins and supplements directly to your home.

Services

Medical Market—Save Up to 25%—Over 450,000 physicians and ancillary Providers nationwide provide a full range of specialties and services.
Dental Discount—Savings on average 20% to 50%— Accepted nationwide with no limitation on services or use, covering most dental services and specialties, including orthodontia. Dentemax Dental Service.
Medical Bill Advocate—Experienced, trained professionals address errors and help negotiate lower prices on your medical bills.
MRI & Imaging—Save up to 60%—Receive concierge appointment services on MRI, PET, CT scans, and more at over 2,900 locations nationwide.
Labs—Save up to 15%—Save on over 300 blood tests from nationally accredited labs.

Lifestyle

Rewards & Entertainment—Earn cash back online with 4,000+ retailers. Save on entertainment including Disney® theme parks, movie tickets, hotels, rental cars and more.
Fitness—Exclusive discounts on gym memberships, virtual coaches, wearables, nutrition programs, and much more.
Daily Living Products—Order medical supplies, safety equipment, and health products directly and conveniently to your home.

**This is Not Insurance. It is a discount medical program. It does not replace COBRA or any other medical insurance program nor is it a Medicare Part D prescription drug plan. WellCard Savings does not qualify for essential coverage under the Affordable Care Act (ACA-ObamaCare). Cardholders are responsible for paying the discounted cost at the time of service from participating providers. WellCard Savings has no membership fee nor is participation in any organization or purchase of any good or service required to obtain or use WellCard Savings. WellCard Savings will not share or sell your personal information. The discount medical plan organization is Access One Consumer Health,Inc. (not affiliated with AccessOne Medcard), 84 Villa Road, Greenville, SC, 29615, www.accessonedmpo.com. This program is not available in the following states MT and VT. Other state residents: visit www.WellCardSavings.com for full disclosure statement. This is not a Medicare Part D Prescription Drug Program.*

The Member Portal provides Hope Health Share Members access to all the tools, forms and information needed to manage their Hope Health Share Membership.

In the Member Portal Members can view their ID card, payment history, manage their payment methods, review their Member Agreement and manage their Member Information.

Members can access links to the Additional Member Services, Virtual Care-MyTelemedicine, Lensabl+, Hope Health Rx, WellCard Savings, and search for an In-Network Provider or Facility, from the Resource section on the Dashboard.

The Member Portal houses the current version of the Member Guidelines. It is the Member's responsibility to review the Membership Guidelines and updates when notified, and to abide by the terms of their Membership. The Guidelines that are in effect as of the date of service govern the Program, not the Guidelines in effect when a Member joined.

The Member Portal is secure, and Members can trust that their personal information and privacy is protected.

Chapter 14: Coordination of Sharing

HOPE Health Share

Hope Health Share facilitates the sharing of eligible medical expenses only after any other responsible parties have paid. If another party is responsible or liable for the Member's medical expenses, Hope Health Share may wait to share any medical expenses until that party has paid in full.

- If a Member has an insurance policy, Medicaid, or other government programs, private grants, or by any liable party such as employer liability, workers compensation, auto insurance or homeowners Insurance,in addition to participating in the Hope Health Share, all medical expenses must be first submitted to the other responsible party. Once a decision has been made by the other party, the Member may then submit the expenses for an eligibility determination under their Hope Health Share Program. The Member Share Request will be reduced by the amount that was received from the other party. Proof of decision from the other party will be required when submitting the expense. If proof is not submitted,the Share Request will not be considered. If there is a delayed reimbursement from another responsible party, the amount received must be forwarded to Hope Health Share to help with other Members' needs, and this amount must be up to, or equal to, the amount that was shared by Hope Health Share.
- If a Member participates in more than one Health Care Sharing Ministry, expense sharing may only be requested from one of the ministries at a time. The program where the Member has participated the longest will have first responsibility to review the medical expense for eligibility and make their determination. Should there be any unshared amounts remaining , those can then be submitted to the second ministry for sharing. Proof will be required of the amount shared by the first ministry for consideration under the Hope Health Share.
- Funds raised by crowdfunding for shareable medical expenses must be reported to Hope Health Share and will be applied to reduce the eligible shareable amount.
- If government assistance is available, the Member must (a) accept it, or (b) forfeit sharing eligibility for the portion that the government program would have covered, unless the Member can show that accepting the assistance would violate their Religious and Biblical convictions.

Chapter 15: Stewardship

Hope Health Share facilitates the sharing of Members' eligible medical expenses. Upon receiving the Monthly Member Contributions, Hope Health Share allocates a portion of the Monthly Contributions to eligible Share Requests and a portion of the Monthly Contributions towards the administrative costs of delivering, managing, and administering Hope Health Share on behalf of the Hope Health Share Membership. In addition, the Member Enrollment Fees are utilized by Hope Health Share to offset administrative costs.

Upon receipt of an eligible Share Request submitted from a Member or on their behalf from a Provider, Hope Health Share will assign the Share processing in accordance with the Member Guidelines of the selected Member Program.

If monthly Member Share Requests ever significantly exceed the Membership contributions and the sharing funds available to meet those Share Requests the following steps may be taken:

- A pro-rata sharing of eligible medical expenses may be initiated to evenly share the burden, whereby the Membership shares a percentage of eligible Share Requests within that month and hold back the balance of those expenses to be shared the following month.
- If the need to pro-rate sharing of eligible Share Requests continues for 2 consecutive months, or for 3months within a 6
- month period, Members Monthly Contributions may be adjusted to satisfy the eligible Share Requests. The increased
- amount to the Monthly Contribution will be used solely for Share Funding. The adjustment may be made on a temporary basis or on an ongoing basis.

HOPE Health Share

Hope Health Share is a voluntary Membership of the faithful who come together to share each other's burdens by sharing Member's medical expenses. As a Health Care Sharing Ministry, Hope Health Share facilitates the sharing between Members. Hope Health Share does not contract with Members to provide medical care, it does not offer insurance, it makes no assumptions of risk, and it does not promise or guarantee that medical expenses will be shared among Members. Unpaid medical bills are always the Member's responsibility.

However, when a Member has a concern, or if a Share Request decision has been made with which the Member does not agree, Hope Health Share has a pathway for addressing any unresolved concerns or disputes.

By becoming a Member of Hope Health Share, each Member agrees to use the following process as the exclusive means for resolving concerns or disputes.

Level One: Call Hope Health Share Member Support

Most Member concerns and appeals can be resolved by calling our Member Support Team. Hope Health strives to provide first class Member Support and provide immediate answers to the Member's concern or appeal.

Level Two: Hope Health Share Review Committee

If Member Support is unable to resolve the concern, Members may send a mailed, written request for a 30-day review by a Hope Health Share Review Committee. To ensure that the Hope Health Share Review Committee is working with complete information, Members should include a written summary of appeal, actions taken to resolve the matter, and any relevant documentation supporting their position. Members should include the sections of the Member Guidelines which may be applied to their case. The Hope Health Share Review Committee will review the appeal and respond in a timely manner.

All Level Two appeals must be mailed to:

Hope Health Share
c/o The Galilee Group
Attention: Hope Health Share Review Committee
539 W. Commerce St #4410
Dallas, TX 75208

Level Three: Hope Health Executive Resolution Committee

If the Member is still unsatisfied with the decision of the Health Share Review Committee, the Member can request a final appeal. The appeal will be submitted to the Board of Executives, who will review the matter and constitute the Executive Resolution Committee. Within 60 days the Executive Resolution Committee will complete their review of the appeal and will notify the Member.

Level Four: Arbitration

The final legal option is to submit the appeal to Arbitration in accordance with the Arbitration Agreement which each Member signs upon enrollment. The Member may submit the dispute for arbitration to either the Institute for Christian Conciliation (ICC) or the American Arbitration Association (AAA). The Member will be responsible to bear one-half of the fees of the Member's selected arbitration program (ICC or AAA), and all of the member's own incidental or legal costs. The arbitration shall be held in Dallas, Texas unless the parties otherwise agree. One arbitrator shall preside over the dispute and shall be selected by mutual agreement between the parties. If the parties cannot agree on an arbitrator, the selected arbitration program (ICC or AAA) will appoint the arbitrator. If the Member wishes to invoke this provision, please send a written request to Member Support.

All Level Four appeals must be submitted online at:
https://www.instituteforchristianconciliation.com or
https://www.adr.org

HOPE Health Share

THIRD PARTY ADMINISTRATOR
Cornerstone Preferred Resources
P.O. Box
Houston, TX 77268-0468
EDI PAYOR ID: CB695

Pre-Notification

Members are recommended to Pre-Notify Hope Health Share for certain needs to be considered eligible for sharing under the program guidelines. Failure to follow Pre-Notification Guidelines does not result in a penalty.

When Share Requests Must Be Filed

Post-service health Share Request which must be Clean Share Request, must be filed with the Third-Party Administrator within 365 days of the date charges for the service(s) and/or supplies were incurred. Share Requests processing are based upon the Program's Guidelines at the time the charges were incurred. Share Requests filed later than that date shall be denied.

A Preliminary Pre-Determination Share Request may be filed to determine if recommended treatment or services is in accordance with the Member Guidelines. This is not a precertification or guarantee of payment.

A Post-service Share Request is filed when the following information is received by the Third-Party Administrator, together with the CMS HFCA 1500 and/or a UB-04 form, available from the Provider.

Share Requests and submitted forms must be translated into English:

- The date of service
- The name, address, telephone number and tax identification number of the Provider of the services or supplies
- The place where the services were rendered.
- The diagnosis and procedure codes
- Any applicable pre-negotiated rate
- The name of the Program
- The name of the Primary Member
- The name of the patient
- The date of birth of the patient

Upon receipt of this information, the Share Request will be deemed to be initiated with the Program. The Third-Party Administrator will determine if enough information has been submitted to enable proper consideration of the Share Request, a Clean Share Request. If not, more information may be requested as provided herein. This additional information must be received by the Third-Party Administrator within 45 days from receipt by the Member. Failure to do so may result in claims being declined or reduced.

Share Request Audit

In addition to the Program's Medical Record Review process, Hope Health Share may use its discretionary authority to utilize an independent bill review and/or Share Request audit program or service for a complete Share Request. While every Share Request may not be subject to a bill review or audit, Hope Health Share has the sole discretionary authority for selection of claims subject to review or audit.

The analysis will be employed to identify charges billed in error and/or charges that exceed the Maximum Reasonable Allowed Charge or services that are not Medically Necessary and may include a patient medical billing records review and/or audit of the patient's medical charts and records. Upon completion of an analysis, a report will be submitted to Hope Health Share or its agent to identify the charges deemed in excess of the Maximum Allowable Charge or other applicable sharing guidelines, as outlined in the Member Guidelines.

Acute Illness
Any illness characterized by signs and symptoms of rapid onset and short duration. Signs and symptoms may be routine or severe that require urgent or short term care.

Advanced Diagnostic Imaging
The most common types include: Computed tomography (CT), also known as a computerized axial tomography (CAT) scan, including CT angiography. Fluoroscopy, including upper GI and barium enema. Magnetic resonance imaging (MRI) and magnetic resonance angiography (MRA)."

Biblical Marriage
A marriage which is a union of one man and one woman. (Genesis 2:22-24, Matthew19:5, Ephesians 5:22-32)

Balance Bill
The difference between the amount billed by the Provider and the amount that is eligible for sharing under the Program.

Bill Eligible for Sharing
An Eligible Medical Bill that meets the criteria for sharing in the Guidelines and meets the other conditions for sharing, including pre-existing condition limitations and if other sharing limits have not been exceeded.

Billing Date/Billing Cycle
The date that your Monthly Contribution is due. The Billing Date must be at least five days prior to the Primary Member's Effective Date.

Cancellation Date
The month and day Membership ends for any reason. Any medical expenses incurred after the Cancellation Date are not eligible for sharing.

Confined/Confinement
Means the Member is admitted to a Hospital as a registered bed patient. The Confinement must be Medically Necessary and be ordered by a Physician. Confinement does not include treatment received in a Hospital emergency room, a free-standing Surgical Facility, or the Outpatient department of a Hospital.

Co-Sharing Percentage
After the Member's PR is met, eligible expenses are shared between the Member and Hope Health Share Membership and is based upon whether services are provided by a Network participating Provider/Facility or a non-participating Provider/Facility.

- **In-Network Expenses**
  Hope Health Share shares 80%Member shares 20%.
- **Out-of-Network Expenses**
  Hope Health Share shares 70% |Member shares 30%.

Effective Date
The month and day that a Member is eligible for sharing medical needs under the Program Guidelines. Effective Dates can either be the 1st or the 15th day of the month. The Primary Member Effective Date is also used to determine when the Program Year (12-month period) begins and ends for purposes of Program frequencies and maximum limitations and is applied to all Members included in the Membership. Each individual Member's Effective Date is used for the determination of a Pre-Existing Condition.

Eligible for Sharing
Any testing, treatment, procedure, or service that meets the criteria for sharing as established in the Guidelines, and subject to limitations.

Eligible Medical Bill
An incurred Medical bill that meets the criteria for Sharing as established in the Guidelines. The Eligible Medical Bill will be reduced by any discounts, fees, or other sources of payment.

Emergency
An emergency is defined as treatment that must be provided to the Member immediately for the stabilization or initiation of medical treatment of the sudden onset of an unforeseen illness or injury that, if not treated, would lead to death or cause irreparable damage.

Emergency Room (ER)
The department of a Hospital or a Free-standing Emergency Facility responsible for the provision of medical care to patients arriving in need of immediate care.

Explanation of Sharing (EOS)
A statement provided to Members and Providers that reflects how medical expenses were shared.

Hospital
Hospital means an institution that meets all the following requirements:

- it must be operated according to law;
- it must give 24-hour medical care, diagnosis, and treatment to the sick or injured on an Inpatient basis;
- it must provide diagnostic and surgical facilities supervised by Physicians;
- registered nurses must be on 24-hour call or duty; and
- the care must be given either on the Hospital's premises or in Facilities available to the Hospital on a pre-arranged basis.

Hospital does not mean a convalescent, nursing, skilled nursing, rest or extended care Facility or a Facility operated exclusively for treatment of the aged, drug addict or alcoholic, even though such Facility is operated as a separate institution by a Hospital.

Hospitalization
Means the Member is confined as an Inpatient in a Hospital when eligible services are received.

Illegal Drugs
Drugs which are classified as Schedule 1 in Title 21 United States Code Controlled Substances Act.

Illness
Means a disease or sickness, or more than one disease or sickness resulting from the same or related causes or conditions, including all complications, all related conditions and recurrences resulting in medical expenses shared under the Program or otherwise resulting in a Share Request while the Membership is active. Illness does not include any condition listed in the Medical Conditions And Services Ineligible For Sharing (Section XI).

Incident
The occurrence of an illness or an injury of a Member, requiring a diagnosis of symptoms and treatment of a specific condition.

Injury
Bodily Injury sustained by a Member directly and independently of all other causes, that occurs while the Membership is active. All Injuries sustained by a Member in any one Accident are considered a single Injury.

Inpatient
Means the Member was admitted to the Hospital and confined when covered services are received.

Maximum Reasonable Allowed Charges
Out-of-Network Share Requests are limited to the reasonable and customary charged made for necessary medical services, drugs, procedures, supplies or treatment as generally furnished for cases of comparable severity and nature, in the geographical area where delivered.

Medically Necessary
A service, procedure, or treatment that is necessary to restore or maintain your physical health, as a result of injury or illness, in accordance with the accepted standards of medical practice.

Member
Any Member of Hope Health Share, including a Primary Member and each family Member participating in the Membership.

Member Portal
Member's personal online Membership access where Members can review their Guidelines and manage their Membership.

Membership Cycle
The day of the month that coincides with the day of the month of the Primary Member's Effective Date.

Monthly Contribution
The dollar amount that a Member voluntarily gives each month as his or her contribution to the Membership. The monthly contribution is apportioned to share in the Members' medical needs and for the administration of the Membership program and guidelines as provided by Hope Health Share. The Monthly Contribution is subject to change with 30 day written notice.

Share Request
Medical Expenses submitted to Hope Health Share's Share Request Processor Cornerstone Preferred Resources for needs processing.

Notification of Sharing
The act of notifying the Membership of an Eligible Medical Bill that is approved for sharing.

Pathology
Laboratory and/or other diagnostic testing and studies used to diagnose illness, mostly through analysis of tissue, cell, and body fluid samples.

Personal Responsibility (PR)
The amount that each Member is responsible for before the Program and the Membership begins to share in the Member's eligible medical expenses, per the Program Guidelines. The PR resets each Program Year.

Primary Care Physician (PCP)
A Physician, who is licensed to perform certain medical services issued by a state medical board. The Primary Care Physician provides both the first contact for a person with an undiagnosed health concern as well as continuing care of varied medical conditions, not limited by cause, organ system, or diagnosis. Primary Care Physician (PCP) includes practices such as family medicine, internal medicine, pediatrics and gynecology.

Pre-Existing Condition
Any illness or injury for which a Member received medical treatment, advice, care or services including diagnostic measures, took prescribed drugs or showed signs and symptoms, whether treated or not, within 24-Months or 60-Months for any Cancer, immediately prior to the Member's Effective Date.

Primary Member
The Member who applied and completed the Membership Application and is responsible for the Monthly Contribution.

Program Year
Program Year is defined as twelve (12) months from the Primary Member's Effective Date. Each additional Program Year will begin on the anniversary of the Primary Member's Effective Date.

Sign
An objective observation or finding. An objective observation or finding.

Specialist
A Physician who is qualified by advanced training and certification by a specialty examining board to limit his or her practice. Specialist includes Obstetrics (ob-gyn).

Standard of Care
Treatment that is accepted by medical experts as a proper treatment for a certain type of disease and that is widely used by healthcare professionals.

Symptom
A subjective experience, observation or finding.

Urgent Care Facility
Same-day clinics that can handle a variety of medical problems that need to be treated right away but are not considered true emergencies.

Visit Fee
The Visit Fee is an initial Member payment applied toward the eligible medical expenses submitted for Share Request processing.

Waiting Period
The continuous period of time from each Member's Effective Date that a Member must wait before a Share Request can be considered as eligible for sharing.

Chapter 19: Legal Notices

The following legal notices are required by state regulation and are intended to notify individuals that nonprofit health sharing entities such as Hope Health Share and health care sharing ministry plans are not insurance, and that such entities do not provide any guarantee or promise to pay your medical expenses. Hope Health Share's role is to enable self- pay patients to help fellow ministry members through voluntary financial gifts.

GENERAL LEGAL NOTICE

This organization facilitates the sharing of medical expenses but is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Sharing is available for all eligible medical expenses; however, this program does not guarantee or promise that your medical bills will be paid 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 you or your provider receive any payments for medical expenses and whether or not this program continues to operate, you are always liable for any unpaid bills. This health care sharing ministry is not regulated by the State Insurance Departments. You should review this organization's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs.

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.

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 to be 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.

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 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.

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 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.

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 to be insurance. Whether or not you receive any payments for medical expenses and whether or not this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Indiana Code 27-1-2.1

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 to be insurance. Whether or not you receive any payments for medical expenses and whether or not 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 to be insurance. 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.

Maryland Article 48, Section 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 or not this entity continues to operate, you are always liable for any unpaid bills.

Michigan Section 550.1867
Notice: Hope Health Share 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 this 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 needs.

Mississippi 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 to be 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 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.

Montana Sections 33-1-102 AND 33-1-201, MCA Notice:
Notice: The health care sharing ministry facilitating the sharing of medical expenses is not an insurance company and does not use insurance agents or pay commissions to insurance agents. The health care sharing ministry's guidelines and plan of operation are not an insurance policy. Without health care insurance, there is no guarantee that you, a fellow member, or any other person who is a party to the health care sharing ministry agreement will be protected in the event of illness or emergency. Regardless of whether you receive any payment for medical expenses or whether the health care sharing ministry terminates, withdraws from the faith-based agreement, or continues to operate, you are always personally responsible for the payment of your own medical bills. If your participation in the health care sharing ministry ends, state law may subject you to a waiting period before you are able to apply for health insurance coverage.

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
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 58-49-1
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. 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 to be 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.

Oklahoma
Especially for Oklahoma Residents: This is not an insurance policy. It is a voluntary program that is neither approved, endorsed, or regulated by the Oklahoma Department of Insurance and the program is not guaranteed under the Oklahoma Life and Health Insurance Guaranty Association.

Pennsylvania 40 Penn. Statute Section 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 or not this publication continues to operate, you are always liable for any unpaid 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 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.

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.

Utah Statute Title 31A-1-103(3)(c), as last amended by Laws of Utah, Chapter 274.
Notice: The title of insurance code does not apply to health benefits provided by a health care sharing organization if the organization is described as a 501(c)(3). This is not an insurance policy. It is a voluntary program that is neither approved, endorsed or regulated by the Utah Department of Insurance and the program is not guaranteed under the Utah Life and Health Guaranty Association.

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.

Washington RCW 48.43.009
Notice: Health care sharing ministries re not health carriers as defined in RCW 48.43.005 or insurers as defined in RCW 48.01.050. For purposes of this section, "health care sharing ministry" has the same meaning as in 26 U.S.C. Sec 5000A.

Wisconsin Statute 600.01 (1) (b) (9)
Notice: 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(a)(v)(c)
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 payments of your medical bills regardless of any financial sharing you may receive for the organization for medical expenses. You are also responsible for payment of your medical bills if the organizations ceases to exist or ceases to facilitate the sharing of medical expenses.

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