MightyWELL Health Copay Bundle

Simple Copays • Preventive Care • Support for Major Health Events

1. Routine Copay Care

- Primary Care Visit - **$20**
- Specialist Visit - **$50**
- Urgent Care - **$50**
- Telemedicine - **$0**
- Basic Imaging - **$50**

Get the care you need faster with simple, predictable copays - without having to meet a big deductible first.

2. Preventive Care Services

- **Annual wellness exams**
- **Preventive screenings**
- **Preventive medications**
- **Routine preventive services**

This component helps members stay healthy with easy access to preventive care designed to catch issues early, with eligible preventive services covered at 100% per plan guidelines.

3. Major Health Event Support (via ShareWELL Health Share)

Members select an **Unshared Amount** to pay per major event:

- **$1,500**
- **$2,500**
- **$5,000**

No defined annual or lifetime sharing limits once the Unshared Amount is met (subject to ShareWELL guidelines)

No individual component or combination of components is designed to function as comprehensive major medical insurance. This bundle is not insurance.

Health Bundle Structure and Important Considerations

MightyWELL is not a major medical insurance plan. It is a healthcare marketing platform that facilitates access to preventive services, copay-based care, and a health sharing community for larger medical events.

Each component is administered by third parties and operates under its own guidelines. The health sharing component is not insurance, and sharing is subject to member guidelines and eligibility.

Quick Navigation

Use the sections below to quickly access plan details, resources, and supporting documents for the **Copay Bundle.**

Routine Healthcare Copays

Simple copays for routine healthcare services including primary care, specialist visits, urgent care, and telemedicine.

View Copay Details →

Preventive Care

Overview of preventive services available through the preventive care component of the plan.

View Preventive Care →

ShareWELL Health Share

Learn how larger medical events are supported through the ShareWELL sharing community.

View Health Share Details →

Network/Provider Access

Members are not restricted to a single network and may visit the provider of their choice.
For convenience, access is available to the **PHCS / Multiplan** network, which includes over a million providers nationwide.

Members may still receive care even if a provider is not in network. The member simply pays the visit cost and submits the bill for reimbursement less the applicable copay (7-day avg turnaround).

View Network/Provider Access Details →

RX Benefits

Overview of prescription drug plans including copay tiers and preventive medications.

View RX Plan →

Lab & Diagnostic Services

Laboratory work and diagnostic imaging available through routine healthcare benefits.

View Copay Details →

Lyric Care Navigation

Support for basic and routine medical needs from the comfort of your home.

Learn About Lyric →

Concierge Service

Members receive concierge support coordinating care and managing major health events.

Learn About Concierge Services →

ARM TPA

Alternative Risk Management (ARM) is the third-party administrator responsible for administrative services across select bundle components, including claims processing for copay-based care, preventive services, and RX plans.
Learn About ARM →

** The Copay Bundle includes multiple healthcare components provided through third parties.*

Routine Healthcare Copays

Members have access to predictable, fixed copays for many common healthcare services, allowing them to receive care without needing to meet a large deductible first.

Healthcare Service	In-Network Cost	Out-of-Network Cost	Visit Limits
Primary Care Visit	$20	$20	7 per year per member
Specialist Visit	$50	$50	7 per year per member
Urgent Care	$50	$50	7 per year per member
Telemedicine	$0	$0	Unlimited for all members via Lyric
Laboratory Work (Labcorp & Quest)	$10	$10	3 per year per member
Diagnostic X-ray	$50	$50	5 per year per member
Advanced Imaging	$200	$300	2 per year per member

Routine Diagnostic Services

Members have access to simple copays for common laboratory and imaging services when using participating providers.

- Laboratory services available with copay
- Diagnostic imaging available with fixed pricing
- Advanced imaging subject to visit limits

In-Network Care

- Your provider network gives you access to discounted rates with participating doctors and facilities
- The network is not insurance - it is simply a pricing agreement for convenience
- Using in-network providers helps reduce overall healthcare costs

Out-of-Network Care

Members are not limited to a network and may visit any provider.
If a provider is not part of the PHCS / Multiplan or Prime Health networks, the member pays the visit cost and may submit the bill for processing, less applicable member responsibility.

Learn More →

** The Copay Bundle includes multiple healthcare components provided through third parties.*

Preventive Care - Covered at 100%

Routine preventive services are available at no cost to members when received for preventive care.

Preventive services are covered at 100% when received for eligible preventive care in accordance with plan guidelines.

Preventive Services Include

Routine Preventive Care	Cancer Screenings	Testing & Monitoring
Annual wellness exams	Mammograms	Newborn screenings
Preventive checkups	Pap smear tests	Tuberculosis screening
Blood pressure screening	Colonoscopy	Cardiovascular risk assessment
Cholesterol screening	Lung cancer screening	Hepatitis screening
Diabetes screening	Breast cancer screening	Developmental screenings
Depression screening	Colorectal cancer screening	Prenatal screenings

Pediatric Preventive Care	Women's Preventive Care	Immunizations & Vaccines
Well-child visits	Well-woman visits	Flu vaccine
Developmental screenings	Breastfeeding support	HPV vaccine
Behavioral assessments	Prenatal screenings	Tetanus / Diphtheria / Pertussis
Vision screening	Prescribed Contraceptive Methods	Pneumonia vaccine
Hearing screening	Gestational diabetes screening	Measles / Mumps / Rubella
Autism screening	Cervical cancer screening	Hepatitis A and B

Preventive Medications

Eligible preventive medications may be available at no cost when prescribed in accordance with plan guidelines.

Ex: Contraceptives • Aspirin • Statins • Vaccines • HIV prevention medications

* This list highlights common preventive services, but additional preventive screenings, testing, lab work, immunizations, and wellness services may also be included. Preventive services are covered at 100% when received for eligible preventive care in accordance with plan guidelines.

ShareWELL Health Share

Support for Major Health Events (via ShareWELL Health Share)

ShareWELL helps support members during larger medical events — such as surgeries, hospitalizations, and unexpected illnesses — after the member's Unshared Amount (UA) has been met.

How the Health Share Works

1. Select an Unshared Amount

Members choose an Unshared Amount (UA) when enrolling. This amount represents the amount a member is responsible for before eligible medical expenses are shared.

Common UA Options:

$1,500, $2,500, or $5,000

2. Submit Sharing Request

If a major health event occurs, members submit a sharing request. User-friendly app with easy processing available.

Common Sharing Requests:

- **Hospital Care**
- **Surgery**
- **Emergency Treatment**
- **Other major health events**

3. Expenses are Shared

Once the Unshared Amount has been met, additional **eligible medical expenses may be shared through the ShareWELL community.**

There are no annual or lifetime limits on eligible expenses once the UA has been met, subject to member guidelines.

*** Rolling 12-month maximum out of pocket is 2-times chosen Unshared Amount ***

Pre-Existing Conditions - **Applicable Only to Major Health Events*

Medical conditions that existed prior to enrollment are subject to a **phase-in sharing schedule** within the ShareWELL community. A condition is generally considered pre-existing if symptoms, treatment, or medication occurred within the **24 months prior to enrollment** (36 months for cancer).
Sharing eligibility for pre-existing conditions increases over time:

Year 1 — Not eligible for sharing
Year 2 — Up to **$30,000** per need
Year 3 — Up to **$60,000** per need
Year 4 — Up to **$150,000** per need
Year 5+ — **No sharing limit**

Learn More About Pre-Existing Conditions for Major Health Events →

ShareWELL Member Guidelines

For complete details about sharing eligibility and plan guidelines:

View the Full ShareWELL Member Guidelines →

Provider Access & Networks

Members have access to an established national provider network while maintaining the flexibility to visit the provider of their choice.

Nationwide Provider Network

PHCS / Multiplan Network

One of the largest provider networks in the U.S., with hundreds of thousands of physicians and facilities and particularly strong coverage across the **Eastern United States.**

Using Your Member ID Card

When Visiting a Provider

- Present your **member ID card** at check-in
- Reference the **PHCS / Multiplan** network listed on the card
- Providers may call the number on the card to **verify participation and details.**
- **Digital ID cards are also available anytime in the MightyWELL app**

ID Card Example

Visiting an Out-of-Network Provider

1. Pay for the visit	2. Submit the bill	3. Payment Issued

** Bill submission can be completed easily through the MightyWELL app. Payment is typically processed within five business days, less applicable member responsibility*

Find a Provider - Search for participating providers using the network directory below.

Search PHCS / Multiplan Providers →

Prescription Drug Benefits

Members have access to prescription benefits through the Rx Valet pharmacy program, providing access to discounted prescription pricing nationwide.

Medication Tier	Member Copay	Maximum Available Amount
132 Common Acute Medications	$0	N/A
ACA Preventive Medications	$0	N/A
Tier 1 Generics	$15	$200/Mo Retail | $600/Mo Mail
Tier 2 Preferred Brands	$40	$200/Mo Retail | $600/Mo Mail
Tier 3 Non-Preferred Brands	$65	$200/Mo Retail | $600/Mo Mail

*Specialty Medications

Some specialty medications may fall outside standard copay tiers. Members may search pricing through Rx Valet or contact support for additional assistance.

Using Your Pharmacy Savings

- **Visit your preferred retail pharmacy**
- **Present your Rx Valet member card**
- **Pricing follows the applicable medication tier**
- **Mail-order options available for eligible prescriptions**

Rx Valet Tools

Members can search medication prices and locate participating pharmacies using the **Rx Valet website**.

- Search prescription discounts
- Medication price estimator
- Pharmacy locator
- Prescription lookup by pharmacy

Visit myRxValet.com →

RX Support

For assistance with prescription services:

Rx Valet Support
1-855-798-2538
www.myrxvalet.com

* Prescription benefits are administered through participating third parties. Medication pricing, availability, copays, and eligibility are subject to applicable pharmacy program guidelines and participating pharmacy terms.

Telemedicine (Lyric Virtual Urgent Care)

Connect with licensed physicians anytime using Lyric Virtual Urgent Care.
INCLUDED WITH THE PLAN AT NO ADDITIONAL COST!

24/7 Virtual Doctor Access

Members can connect with **licensed, board-certified healthcare providers 24 hours a day, 7 days a week, 365 days a year** using Lyric Virtual Urgent Care for no charge.

Virtual visits can help members receive care quickly without needing to visit an urgent care clinic or emergency room.

Common Conditions Treated

Telemedicine visits may be appropriate for many common health concerns, including:

- Flu symptoms
- Sinus infections
- Ear infections
- Allergies
- Urinary tract infections
- Pink eye
- Rashes
- Sore throat
- Stomach viruses
- Other minor conditions

When to Use Lyric

Telemedicine is ideal when members:

- need care outside normal office hours
- want to avoid urgent care or ER visits
- need quick medical advice
- have minor illnesses or symptoms

Virtual care can help reduce healthcare costs and save time compared to traditional office visits.

How to Access Lyric

Website:
https://www.getlyric.com

Phone:
1-866-223-8831

App:
Download to smart-phone

Care is available **24 / 7 / 365 Call, Tap, or Click Away.**

Please Note:
Members receive an email after enrollment with instructions and access information for the Lyric telemedicine platform via the email provided during enrollment.

Major Health Event Concierge

White-Glove Support When It Matters Most

If something serious happens, you're not on your own. You get one dedicated person who walks you through everything — from finding the right doctor to making sure everything stays covered.

Find the Best Care

Not Just the Closest — the Best

- We find top doctors and specialists for your specific situation
- We look at things like success rates and outcomes to match you with the right provider
- We connect you with experienced, proven medical professionals
- We help schedule your appointments with those providers
- Because we pay fast, our members often get seen sooner

No Surprises

We Keep You on Track With the Program

- We walk you through what's covered step by step
- We steer you away from anything that might not qualify
- We give you clear answers before big decisions
- We help you avoid unexpected out-of-pocket costs
- You'll always know your options before moving forward

One Person, Start to Finish

Your Dedicated Contact for the Whole Thing

- You get assigned one person who handles your case
- Reach them by phone, email, or text
- They handle the paperwork, forms, and coordination
- They check in with you regularly with updates
- They stay with you until everything is wrapped up

What You Get

- Help finding great doctors and hospitals
- Appointment scheduling and coordination
- Guidance through the sharing process
- Help with paperwork and documentation
- Ongoing communication and updates
- Access to AI-powered tools anytime

When You Can Reach Us

Available During Business Hours — AI Tools Available 24/7

- Your concierge is available during normal business hours
- AI-powered tools and resources are available around the clock
- Just call the concierge team when a major health event happens and we take it from there

This isn't a call center. It's a real person in your corner.

When life throws you a curveball, we help you find the best care, avoid surprises, and handle the hard stuff so you can focus on getting better.

** The Copay Bundle includes multiple healthcare components provided through third parties.*

Alternative Risk Management (ARM) – Bundle TPA

Professional plan Administration & Member Support

MightyWELL partners with experienced third-party administrators (TPAs) to support administrative services across select plan components, including claims support, member assistance, and provider coordination.

Alternative Risk Management (ARM) serves as the administrative support team helping members navigate covered services and administrative processes.

This partnership helps facilitate a smooth member experience while supporting efficient plan administration.

What ARM Helps With

ARM assists with the day-to-day administration of select plan components, including:

- Claims processing and support
- Provider billing and service questions
- Copay plan administration
- Prescription plan coordination

Their service team helps ensure the plan runs efficiently and smoothly for members and providers.

Member Support

Members may contact their administrative support team for help with:

- Claims questions or status updates
- Provider billing questions
- General plan support
- Administrative assistance
- Connecting with additional plan resources

Member Support

** Please refer to the member ID card for current administrative support contact information.*

Understanding Major Pre-Existing Condition Limits

Major Health Event Pre-Existing Conditions

This limitation applies only to **major medical events handled through the ShareWELL health sharing community**, such as hospitalizations or surgery.
If symptoms or treatment occurred within:

- **24 months**
- **36 months for cancer**

Sharing for that condition may increase over time:
Year 1 – Not eligible for sharing
Year 2 – Up to $30,000
Year 3 – Up to $60,000
Year 4 – Up to $150,000
Year 5 – No limitation

This limitation applies only to the specified pre-existing condition.

Ongoing & Well-Managed Conditions

Common conditions are not the target of this limitation.
Examples:
- High blood pressure
- High cholesterol
- Type 2 diabetes
- Thyroid conditions
- Routine medications

These are typically managed through copay-based care and prescription plans.

If something new and unexpected happens after your effective date, it may be eligible for sharing from day one, subject to member guidelines.
Questions? Reach out before enrolling.

Pre-existing Conditions

Symptoms or medical treatment received in the last 24 months
*36 months for cancer

ShareWELL

HEALTHSHARE - MAJOR EVENT
Surgery
Hospitalizations
Major Health Events

MAJOR HEALTH EVENT PRE-EXISTING CONDITIONS LIMITS
Year 1 - $0 maximum
Year 2 - $30,000 maximum
Year 3 - $60,000 maximum
Year 4 - $150,000 maximum
Year 5+ - no maximum

*See ShareWELL Member Guidelines for full eligibility and sharing details. →

** The Copay Bundle includes multiple healthcare components provided through third parties.*

ShareWELL Health Share: Member Guidelines

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

At ShareWELL, we're more than just another Health-Sharing community; we're a community built on innovation, compassion, and healthcare freedom. Every member's healthcare journey holds significance to us, and together, we're reshaping the healthcare narrative, one shared bill at a time. The ShareWELL community is designed to provide support for both proactive health and unexpected, larger expenses that may arise.
How do we achieve this? Through a unique approach, which includes defined allowances and deferring certain alternative treatments until the second year. This approach enables the ShareWELL community to maintain fairness among everyone while offering the most supportive Health Share community to those seeking holistic care. ShareWELL has meticulously designed Member Guidelines to ensure transparency and clarity, giving our members well-defined expectations upon joining.

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

Membership Eligibility
1. Adherence to the ShareWELL Principles of Membership
2. Participation in the community by submitting monthly contributions
3. Reside in the United States and states where ShareWELL is available to residents
4. Under age 65

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

If a member does not maintain communication or fails to cooperate with ShareWELL's efforts on their behalf, the amount of funds shared toward their request may be reduced or limited.

Participation Through Contributions
Members must submit the monthly contribution amount associated with their membership level and agree to the membership principles to start their membership with the ShareWELL community.
All member contributions are voluntary, but the monthly contribution must be active and eligible to process Sharing Requests. Monthly contributions must be received 30 days after the billing date. The membership will become inactive if contributions are not received within 30 days of their due date, which is the day the membership becomes effective.
ShareWELL offers different enrollment types for individuals and families. The monthly contribution is determined by selecting the household size, tobacco usage, and Unshared Amount (UA).

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

Aging Out at 65
Membership will be terminated on the 1st of the month following a 65 birthday. Sharing Requests must be submitted within 30 days of the membership termination date.

Determination of Household Membership
Three membership tiers are based on the number of household members participating.
Tier 1- Member Only: An individual member aged 18-64.
Tier 2- Member & children or member & spouse: An individual aged 18-64 and one of the following on the membership: spouse/ domestic partner or child(ren)
Tier 3- Family: A member aged 18-64 with a spouse and child(ren).

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

- I believe that a community of ethical, health-conscious people can most effectively care for one another by directly sharing the costs associated with each other's healthcare expenses.
- I recognize that ShareWELL affiliates and considers itself accountable to a higher power. I welcome members of all faiths.
- I understand that ShareWELL is a benevolent organization, not an insurance entity, and cannot guarantee payment of medical expenses.
- I agree to practice good health measures and strive for a balanced lifestyle. I agree to abstain from the use of any illicit or illegal drugs and refrain from excessive alcohol consumption and acts that are harmful to the body.
- I am obligated to care for my family. I believe that mental, physical, emotional, or other abuse of a family member or any other person is morally wrong. I always commit to treating my family and others with care and respect.
- I agree to work with ShareWELL to find and utilize fair-cost healthcare services when appropriate.
- I agree to submit to mediation and subsequent binding arbitration, if necessary, for any dispute with ShareWELL or its affiliates.

Commitment

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

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

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

Members agree to remain responsive and engaged with ShareWELL throughout this process. Ongoing communication and cooperation make it possible to achieve the best outcomes for the member and the community.

If a member does not maintain communication or fails to cooperate with ShareWELL's efforts on their behalf, the amount of funds shared toward their request may be reduced or limited.

Participation Through Contributions
Members must submit the monthly contribution amount associated with their membership level and agree to the membership principles to start their membership with the ShareWELL community.
All member contributions are voluntary, but the monthly contribution must be active and eligible to process Sharing Requests. Monthly contributions must be received 30 days after the billing date. The membership will become inactive if contributions are not received within 30 days of their due date, which is the day the membership becomes effective.
ShareWELL offers different enrollment types for individuals and families. The monthly contribution is determined by selecting the household size, tobacco usage, and Unshared Amount (UA).

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

Aging Out at 65
Membership will be terminated on the 1st of the month following a 65 birthday. Sharing Requests must be submitted within 30 days of the membership termination date.

Determination of Household Membership
Three membership tiers are based on the number of household members participating.
Tier 1- Member Only: An individual member aged 18-64.
Tier 2- Member & children or member & spouse: An individual aged 18-64 and one of the following on the membership: spouse/ domestic partner or child(ren)
Tier 3- Family: A member aged 18-64 with a spouse and child(ren).

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

Children

An unmarried child under twenty-six (26) years of age may participate under a household membership with the primary member. The primary member is responsible for ensuring that each individual participating in the household membership complies with the Membership Guidelines and Principles of Membership.
When a child turns twenty-six (26) or marries, they can no longer participate under the household membership. To ensure a continuous membership, the child must complete an application form within thirty (30) days after being withdrawn from their previous household membership.

Adoption

ShareWELL regards adopted children the same as biological children regarding membership. An adopted child cannot be added to membership before birth, and the newborn's membership start date can be no sooner than seven days after delivery. Any genetic conditions or complications for newborns not born in connection with an eligible Maternity Sharing Request are considered pre-existing medical conditions and subject to the same limitations as defined in the pre-existing medical conditions section.

Grandchildren

A grandchild (or grandchildren) may be included as a child as part of their grandparents' membership under the following criteria:
1. The grandparent has legal custody of the grandchild.
2. The grandchild lives with their grandparents at least nine months out of the year.
3. No other group, agency, or person is responsible for the grandchild's medical needs.

Tobacco

ShareWELL members, or households with one or more tobacco users, must pay a higher monthly tobacco surcharge to maintain membership. The surcharge is $100 per household. A member, or one or more members within a household, who has used any tobacco product one or more times per month is considered a tobacco user. Tobacco products include, but are not limited to, cigarettes, cigars, chewing tobacco, snuff, pipe tobacco, and inhaled products through vape, hookah, and similar delivery devices.
When the household tobacco user(s) have not used tobacco products for over twelve months, the tobacco surcharge may be removed by providing ShareWELL with supporting documentation from the treating medical provider.

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

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

The Unshared Amount (UA)
The Unshared Amount, or UA, is the amount a member must contribute as their member responsibility before expenses related to a Sharing Request become eligible with the Health Share community. ShareWELL offers two membership options: $2,500 and $5,000. After the member pays the UA, additional eligible medical expenses are shared with the ShareWELL community. There is no annual or lifetime limit on eligible expenses.

Changing Your UA
Members may choose to change their UA once per membership year. If it's decreased, a 60-day waiting period will apply to all Sharing Requests except those resulting from an accident. If a procedure has been recommended prior to the 60-day waiting period, the previous UA amount will apply.

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

- Gathered and arranged prepayment for a scheduled surgery or procedure, resulting in significant savings.
- Demonstrated willingness to work with and, in some instances, change to a fair cost provider.
- Traveled a significant distance to a fair cost provider.
- Applied for or received financial assistance.
- Worked with a ShareWELL legal representative to negotiate or lower medical bills.

** The Copay Bundle includes multiple healthcare components provided through third parties.*

Sharing Request

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

Types Of Sharing Requests

ShareWELL has two types of Sharing Requests that members can submit.

Preventive Care Sharing Requests

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

Sharing Requests subject to the Unshared Amount

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

Fulfillment Of Sharing Requests

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

- In advance: Prepayment for services that still need to be performed.
- Directly with members: Funds are sent directly to a member.
- Directly with providers: Funds are sent directly to a provider.
- Instant debit cards: Funds are sent to a member via an electronic debit card.

Sharing Request Timelines

In an eligible Sharing Request, medical bills must reach the Unshared Amount (UA) amount within six months. Once a Sharing Request is eligible, it can remain open continuously for the life of the request, provided there is no six-month gap in related expenses. Once a six-month gap occurs, the Sharing Request will restart, and a new Sharing Request needs to be submitted.

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

Members must provide documentation to ShareWELL of all payments contributing to the members' UA responsibility. ShareWELL community funds are not provided for medical expenses until documentation that the UA has been met, is received by ShareWELL or approval to waive the Unshared Amount has been approved by ShareWELL.

Submitting Sharing Requests
Sharing Requests should be submitted to ShareWELL as soon as possible. Non-emergency Sharing Requests, such as planmed surgical procedures, should be submitted before the care.
Required documentation for Sharing Requests must contain, but is not limited to the following:
Itemized medical bill(s)
Provider notes
Proof of Unshared Amount payment

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

Sharing Request Allowances
Some aspects of Sharing Requests, such as preventive, alternative treatments, and recovery services, will have a sharing allowance after the Unshared Amount is met. All allowances will be clearly outlined in the Members Guidelines and can be based on membership lifetime or per-Sharing Request. The allowance is toward the costs up to the specified amount for accrued medical expenses.

Maximum Shared Amount
There are no annual or lifetime maximums for Sharing Requests. However, according to these Member Guidelines, certain healthcare expenses may be subject to sharing allowances per Sharing Request or once per lifetime of the membership.

Safeguard Limit for Multiple Sharing Requests
The “safeguard limit” provides a cap to households that experience more than two eligible Sharing Requests in a rolling 12-month period. Each household membership will only be responsible for two (2) UAs in 12 months beginning on the first service date for each Sharing Request. If a household has met two (2) UAs in a rolling 12-month period, ShareWELL will share additional eligible Sharing Requests exceeding $1,500 with no UA responsibility.

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

Scheduled Care Review

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

A review period may last up to 30 days for scheduled, non-emergency procedures.

Failure to notify ShareWELL in advance or in a timely manner may result in reduced sharing eligibility.

Hospital-based procedures may be subject to limited sharing when lower-cost options such as outpatient or surgical centers are available.

Members who work with ShareWELL to find fair-cost providers may qualify for a reduction of their Unshared Amount (UA).

Insurance, Third-Party Administrators, & Government Assistance plans

If a ShareWELL member has additional coverage such as insurance, a third-party administrator, or a government assistance plan, proof of that coverage must be submitted. In that case, the member's insurance, third-party administrator, or government assistance plan shall be primarily responsible for paying the member's medical expenses. Members must submit a Sharing Request to inform ShareWELL of their coverage by insurance, third-party administrator, or government assistance plan, specifying which entity will primarily pay the member's medical expenses. Upon final payment by the primary insurance, third-party administrator, or government assistance plan, ShareWELL will review the remaining costs to determine eligibility for sharing. Failure to disclose coverage with an insurance, third-party administrator, or government assistance plan may result in ineligibility for sharing. Primary paying includes, but is not limited to, any form of coverage through a non-member spouse, family member, employer, or government entity. ShareWELL will be secondary if members have primary insurance coverage, and some expenses not covered by insurance may be eligible. Exceptions for Maternity Sharing Requests may be made; contact ShareWELL before your provider visit.

Appeals

If a member believes that a sharing limitation was incorrectly placed or a determination was made incorrectly, they may submit an appeal. Members may submit an appeal only if their membership remains active throughout the appeals process. All appeals are reviewed by a committee, as well as trained medical professionals. All appeal results are final and may not be appealed again. The appeal request must be submitted within thirty (30) days of the Sharing Request determination by the member, not another party. ShareWELL may request additional information from providers if needed.

Appeals continued… To file an appeal, send the medical evidence, a written explanation, and other supporting documentation to ShareWELL.

Medical Conditions Existing Prior To Membership
ShareWELL members have a waiting period for medical conditions that existed before the membership start date. A pre-existing medical condition limitation is applied based on the first date of active membership.
Any illness or injury for which a person has had any of the following occur:
Been examined
Taken medication
Had symptoms
Received medical treatment

Within 24 months prior to the effective date of the membership is considered pre-existing. **Pre-existing for Cancer**

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

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

Pre-Existing Condition Phase-in Period
Pre-existing conditions have a phase-in period wherein sharing is limited. Members have a one-year waiting period from the initial enrollment date before pre-existing conditions are eligible.
After the first year, pre-existing Sharing Requests are eligible with a sharing limit that increases each membership year.

Eligible amounts for pre-existing conditions:

- Year One: $0 (waiting period)
- Year Two: $30,000 maximum per Sharing Request
- Year Three: $60,000 maximum per Sharing Request
- Year Four: $150,000 maximum per Sharing Request
- Year Five: The sharing maximum is removed for all pre-existing conditions.

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

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

Related Expenses Are Not Eligible for Unshared Amount (UA) Sharing Requests
The listed healthcare services are not eligible to be shared with the ShareWELL community through a Sharing Request subject to the UA. Expenses may be eligible without limitations and apply to a preventive Sharing Request. See your eligible preventive services for details:

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

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

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

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

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

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

Medically stable conditions
An eligible Sharing Request may be considered medically stable when the condition is chronic and further treatment will unlikely improve it. At this point, the Sharing Request is subject to review and may result in the determination of ineligibility for future sharing.

Mental Health
Diagnosis, treatment, and medications related to but not limited to ADHD, ADHS, Anxiety, Panic attacks, Insomnia, Stress, Bipolar, Depression, OCD, PTSD, Schizophrenia, and eating disorders. Emergency room visits for mental health and related expenses are eligible once per membership lifetime up to $10,000.

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

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

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

- Gallbladder-related care – including gallstones, gallbladder removal, or related complications
- Kidney stones – including diagnostic imaging, treatment, or removal procedures
- Cancer – any form of diagnosis, staging, or active treatment
- Tumor- benign or malignant

Treated as Pre-existing for Sharing Requests Related to the Unshared Amount (UA) The following conditions and treatments are eligible after the initial pre-existing waiting period. Expenses may qualify without limitations and are applicable to a preventive Sharing Request. See your eligible preventive services for details:

- Arthritis
- Basal & Squamous Cell Cancer
- Cataracts
- Celiac Disease
- Chronic Fatigue
- Chronic Pain
- Diagnostic Colonoscopy
- Ear Tubes
- GERD/Acid Reflux
- Hashimoto's
- Hormone and Hormone Therapy
- Basal & Squamous Cell Cancer (whether the cell is new or existing)
- Injections & Regenerative procedures from non-acute injury
- Irritable Bowel Syndrome
- Long-Covid
- Lyme Disease
- Mold Toxicity
- Preventive Mastectomy
- Osteoporosis
- Sleep Apnea
- Treatment For Non-Seasonal Allergies
- Varicose Veins

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

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

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

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

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

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

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

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

Specific Sharing Request Allowances
For certain services, ShareWELL offers a sharing allowance. This is the total amount that may be shared by the community for that specific service under a Sharing Request after the Unshared Amount has been met.
If the total cost of services in a Sharing Request exceeds the sharing allowance, and there are no other eligible expenses that can be counted towards it. In that case, the excess can be applied to the Unshared Amount. This means members still get full credit for what they paid, even if part of it exceeds the sharing allowance.
Specific requests will have a maximum sharing allowance per Sharing Request or once per membership lifetime.

How It Affects the Unshared Amount (UA)
If the total cost of services in a Sharing Request exceeds the allowed sharing amount, the excess can still count toward your Unshared Amount. The first amount applied to the Unshared Amount will be from bills not related to sharing allowances.
* See example scenario at the end of this guide for more information.
*Preventive allowances are not included in this section. See your eligible preventive services for details:

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

Alternative Testing to Determine a Diagnosis
Eligible after the initial pre-existing waiting period for a one-time allowance of up to $2,000.

Examples include, but are not limited to, gut health, celiac, fatigue, skin conditions, and hormones.

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

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

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

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

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

Hormone Treatments & Therapy
Eligible with alternative testing and alternative treatment allowances.

Injections & Regenerative Procedures
Eligible for up to a $5,000 per Sharing Request. Injections related to gender transitioning or sex reassignment therapy are not eligible. This includes, but is not limited to, the following:

- Stem Cell injections
- Platelet-rich plasma (PRP) therapies
- Epidural steroid (not related to maternity)
- Nerve blocks
- Trigger point
- Joint Block
- Regenerative

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

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

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

Recovery Therapies & Treatments
Eligible for up to $3,500 per Sharing Request. Services include but are not limited to the following:

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

ShareWELL may approve additional therapy for more serious prescribed conditions. These Sharing Requests will be reviewed and approved on a case-by-case basis. The additional sharing limit is for recovery from the most severe conditions, such as heart attack, stroke, cancer, or other debilitating conditions.

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

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

Additional Information for Certain Sharing Requests
Specific Sharing Requests require additional information due to a limitation or a specifically defined description.

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

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

Alternative Treatments
Sharing Requests for alternative treatments is done on an equitable basis compared to the equivalent traditional treatment. If a member chooses an alternative treatment and returns to conventional care, their sharing will be limited equitably by the expenses shared towards the alternative treatment.
All alternative requests should include
1. Medical notes from the prescribing provider
2. Estimated costs and upfront payment discounts, if available
3. explanation from a medical provider of why the alternative treatment was selected in place of the traditional treatment.

*Treatments that do not have proven conventional treatment will be eligible for a one-time allowance of up to $2,500.

*Some alternative treatments and therapies are included in the “recovery and therapies” section of the guidelines and do not require the above documentation.

- See example scenario at the end of this guide for more information.

Automobile Accidents
In the event of an automobile accident, ShareWELL will only consider sharing in medical expenses after any relevant insurers have processed claims and made final payments. It includes, but is not limited to, automobile insurance, health insurance policies, government assistance plans, workers' compensation, or liability insurance. Failure to disclose coverage with an insurance, third-party administrator, or government assistance plan may result in ineligibility for sharing. This includes, but is not limited to, any form of coverage through a non-member spouse, family member, employer, or government entity. ShareWELL will be the secondary payor if the member has primary insurance coverage, and some expenses not covered by insurance may be eligible for a Sharing Request.

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

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

Cosmetic Surgery
Expenses related to cosmetic surgery are eligible only for disfigurement due to an approved Sharing Request.

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

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

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

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

Medically Stable Conditions
A Sharing Request may be considered medically stable when the condition is chronic, and further treatment is unlikely to result in improvement. The Sharing Request is subject to review and may result in ineligibility for future sharing.

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

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

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

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

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

Excess Sharing Fund
As a non-profit organization, funds may be used to support Sharing Requests that were previously ineligible for sharing due to these Member Guidelines. Approval will be based on the availability of funds and approval from ShareWELL Health's board of directors.

Maternity
As with any other Sharing Request, expectant mothers pay a single Unshared Amount for all eligible expenses related to their Maternity Sharing Request. Eligible expenses may include miscarriage, hospital, homebirth, prenatal care, mother's complications, postnatal care, and delivery. The Maternity Sharing Request must be submitted within 15 days of the date of pregnancy confirmation.
Once the Maternity Sharing Request is opened, original, itemized medical expense(s) bills must be submitted within six months of service, or limitations may be placed. Limitations include interest fees, late penalties, or any reduction of the final bill lost due to the delay in providing the documentation to ShareWELL.

Waiting Periods

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

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

Prenatal & Postnatal Sharing Allowance

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

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

Eligible Delivery Services

No sharing limits on the following services:

- Ob-gyn labor and delivery
- Cesarean
- Premature birth
- Multiple births
- Hospital labor and delivery
- Anesthesiologist
- Home births
- One in-hospital pediatrician visit includes routine
- The charges related to the unexpected complication to the mother
- Maternal-fetal medical specialist consultations are performed when ordered by the medical provider managing the pregnancy.
- Immunizations, lab work, and hearing tests.

Reduction of UA plan for maternity

Members with costs not exceeding $10,000 for delivery, post-natal, and prenatal expenses. ShareWELL will reduce the Unshared Amount responsibility by $1,000.

Additional Service Provided

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

Miscarriage

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

Separate Sharing Requests

Any newborn complication occurring after birth, whether the complication existed before or after birth (including congenital conditions), is separate from the mother's Maternity Sharing Request and will require its own Sharing Request and UA (in the event of multiple births, complications, each newborn will require its own Sharing Request and UA).
Expenses for any pregnancy or birth-related complications of the mother are eligible for sharing as part of the Maternity Sharing Request.
Any unrelated medical care requires a separate Sharing Request. Unrelated expenses include those not considered routine, such as prenatal, delivery, or postnatal services listed in this maternity section.

Newborns

Newborns whose birth is related to an eligible Maternity Sharing Request must be added to the household membership by the parent within 30 days of birth. In the case of a membership tier change, the monthly contribution amount will automatically be adjusted for the following contribution. If the parent does not sign up their newborn within 30 days, any conditions present at birth or before the child's membership start date will be considered pre-membership medical conditions.

If a parent wishes to add a newborn not born in connection with an eligible Maternity Sharing Request, the parent must submit a membership application form for the baby. The newborn's membership start date can be no sooner than seven days after delivery. Any genetic conditions or complications for newborns not born in connection with an eligible Maternity Sharing Request are considered pre-existing medical conditions and subject to the same limitations as defined in the "Medical Conditions Existing Prior To Membership" section.

Newborn Congenital Conditions

For children born from an eligible Maternity Sharing Request, sharing is limited to $125,000 for medical bills related to congenital conditions after the initial hospital discharge.

NICU (Neonatal Intensive Care Unit)

For NICU admission, the time limit for sharing is 35 days after birth.
ShareWELL is NOT insurance, and these Guidelines are not an insurance contract. The Guidelines do, however, outline how voluntary sharing of healthcare expenses occurs among members. By becoming a ShareWEL member, members agree to these Guidelines and that ShareWELL has the legal right to facilitate sharing under these Guidelines for your benefit and the benefit of all members at your reasonable discretion. ShareWELL is not liable for payment of a member's medical bill. If sharing occurs, the shared medical bills are paid by the member who incurred the bill from other members' share contributions only, not from ShareWELL itself.

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

Example Scenarios
Sharing Allowances: How it affects the Unshared Amount

Example:
An $800 urgent care visit and $5,000 in recovery therapy expenses. The member's Unshared Amount (UA) is $1,500.

Step-by-step breakdown:

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

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

OR

Example Scenario: Jane visits an urgent care facility after experiencing sudden illness. Her visit costs $800. Shortly afterward, Jane requires recovery therapy totaling $5,000. When Jane first enrolled with ShareWELL, she selected a $1,500 Unshared Amount (UA).

Step-by-step breakdown:

- **Total costs:** $800 (urgent care) + $5,000 (recovery therapies) = **$5,800**
- Jane's Unshared Amount: **$1,500**

Here's how Jane's UA is applied:
- **$800 urgent care visit:** The entire $800 is applied directly toward her UA. Remaining UA: $1,500 - $800 = **$700**
- $5,000 recovery therapy expenses: First, $700 is applied toward the remaining UA. Jane's total UA of $1,500 is now fully met.
- Next, ShareWELL's maximum allowance for recovery therapy is $3,500. This amount is eligible for community sharing.
- The final $800 exceeds the sharing allowance and is not eligible for sharing.

In this previously mentioned scenario with Jane:

- Jane pays a total of **$2,300** ($1,500 UA + $800 beyond the sharing allowance).
- The ShareWELL community shares **$3,500** of her total expenses.

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

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

Here's how the sharing calculations work out clearly:

- **Total costs:** $2,800 (testing) + $3,300 (treatment) = **$6,100**
- Jill's chosen Unshared Amount (UA): **$2,500** Remaining eligible amount: $6,100 - $2,500 = **$3,600**
- ShareWELL's Allowances: Alternative Testing allowance: **$2,000**
    - Alternative Treatments allowance: **$2,500** Total allowances: $2,000 + $2,500 = **$4,500**

    - After applying both allowances ($4,500), Jill still has a remaining balance of **$100** not eligible for sharing.

In total, Jill pays **$2,600** ($2,500 UA + $100 remaining), while the ShareWELL community shares **$3,500** of her $6,100 healthcare expenses.

** The Copay Bundle includes multiple healthcare components provided through third parties.*

Important Bundle Information/Disclaimers

Bundle Structure & Important Considerations

MightyWELL is a for-profit healthcare marketing platform that facilitates access to multiple healthcare plans. It is not a major medical insurance plan and does not provide comprehensive insurance coverage.

This guide provides a summary of how the MightyWELL Copay Gold plan works and should be read together with applicable plan documents, fee schedules, and ShareWELL Member Guidelines.

1. Preventive Services

Preventive services are made available through participating plan components and may vary based on provider recommendations and plan guidelines.

2. Employer and Individual Use

This plan may be offered in both employer and individual settings. Plan structure and availability may vary based on the offering and applicable guidelines.

3. ShareWELL Health Sharing

The ShareWELL component is a voluntary health sharing plan designed for eligible major health events. It is not insurance, and sharing is subject to member guidelines, eligibility requirements, and plan terms.

4. Copay, RX, and Support Services

Copay-based care, prescription plans, provider support, advocacy, telemedicine, and related services are made available through participating third-party administrators and service providers. Service availability and pricing may vary based on provider participation and plan terms.

5. Provider Access & Networks

Access to providers is available through established national networks and participating providers. Members are not restricted to a network and may choose their provider. Provider participation and availability may vary.

6. Payments and Processing

Payment amounts, timing, and eligibility are subject to applicable plan terms and guidelines at the time services are received. All requests are reviewed based on plan rules.

7. No Guarantee of Service or Outcome

Plan components are designed to support access to care and help manage healthcare costs. Services, pricing, and availability may vary by provider, location, and individual circumstances.

8. Questions Before Care

Members should review applicable plan materials and contact MightyWELL Member Support with any questions prior to receiving non-emergency care whenever possible.

***No individual component or combination of components is designed to function as comprehensive major medical insurance. This plan is not insurance.**