

Preventive HSA-Compatible Health Bundle

Preventive Care • HSA Eligible Design • Support for Major Health Events

1. ACA-Qualified Preventive Care (Minimum Essential Coverage)

- Annual Wellness Exams
- ACA Preventive Services
- Preventive Medications
- Required Preventive Care

This component provides preventive care services in accordance with the Affordable Care Act (ACA), qualifying this employer group health plan/bundle as Minimum Essential Coverage (MEC).

2. Health Savings Account (HSA Compatible)

This plan qualifies members to pair their coverage with a **Health Savings Account (HSA)**.

Members can use **tax-advantaged HSA funds** to pay for everyday healthcare expenses.

3. Major Health Event Coverage

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

\$2,500

\$5,000

No annual or lifetime caps on coverage once Unshared Amount is met.

Health Bundle Structure and Important Considerations

MightyWELL is not a major medical insurance plan. It is a for-profit healthcare marketing platform that facilitates access to preventive services 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.

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

Quick Navigation

Use the sections below to quickly access plan details, resources, and supporting documents for the **Preventive Bundle (HSA Eligible)**.

Using Your HSA

Use pre-tax HSA dollars to pay for everyday healthcare expenses or larger out-of-pocket costs.

[Learn How to Use Your HSA →](#)

Preventive Services (MEC)

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

[View Preventive Services →](#)

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 and Prime Health** networks, which include hundreds of thousands of 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 & Imaging

Members have access to preferred pricing plans for laboratory testing and imaging services.

[View Lab & Imaging Plan →](#)

Lyric Care Navigation

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

[Learn About Lyric →](#)

Advocacy

Members get help navigating care, scheduling services, and negotiating medical bills.

[Learn About Advocacy Services →](#)

Tall Tree TPA

Tall Tree is the third-party administrator responsible for administrative services across select plan components, including claims processing for copay-based care, preventive services, and RX plans.

[Learn About Tall Tree →](#)

Using Your Health Savings Account (HSA)

Members use Health Savings Account (HSA) funds to pay for everyday healthcare expenses while preventive care remains covered under the plan.

Healthcare Service	How It Is Paid	Notes
Preventive Care	Covered by the plan	\$0 cost when provided by eligible providers
Telemedicine	\$0 through Lyric	Unlimited access
Primary Care Visit	Paid using HSA funds	Members may visit any provider
Specialist Visit	Paid using HSA funds	HSA funds can be used tax-free
Urgent Care	Paid using HSA funds	Members may visit any provider
Lab Work	Paid using HSA funds	Preferred pricing available
Imaging	Paid using HSA funds	Use Affordable Labs & Imaging for lower costs

Labs & Imaging Plan

Members receive preferred pricing through **Affordable Labs & Imaging**.

- Easy help to stay below imaging limits.
- Ex: \$0 Labs and \$150 imaging services.

[Learn More →](#)

Healthcare Advocacy

Speak with an **Advantage PHC advocate** to compare provider pricing, resolve billing issues, and help reduce healthcare costs.

- Easy help to avoid surprise costs.

[Learn More →](#)

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 →](#)

ACA-Qualified Preventive Care - Covered at 100%

Routine preventive services are provided in accordance with the Affordable Care Act (ACA), qualifying the employer group health plan as Minimum Essential Coverage (MEC).

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	Contraceptive counseling	Pneumonia vaccine
Hearing screening	Gestational diabetes screening	Measles / Mumps / Rubella
Autism screening	Cervical cancer screening	Hepatitis A and B

Preventive Medications

Many preventive medications and supplements are available at no cost to members when prescribed by a healthcare provider and obtained through participating plans. Examples may include contraceptives, aspirin, statins, vaccines, HIV prevention medications, and tobacco cessation treatments.

Learn More → <https://www.healthcare.gov/coverage/preventive-care-benefits/>

Preventive Service Resources

For a complete list of preventive services that qualify as Minimum Essential Coverage (MEC) under the Affordable Care Act (ACA), please refer to the Healthcare.gov resource below. The services listed above are examples and are not all-inclusive.

Learn More → <https://www.healthcare.gov/coverage/preventive-care-benefits/>

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:

- \$2,500
- \$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 established national provider networks while maintaining the flexibility to visit the provider of their choice.

Nationwide Provider Networks

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**.

Prime Health Network

A large national provider network with extensive physician and hospital access nationwide and particularly strong coverage in **many Western regions**.

Using Your Member ID Card

When Visiting a Provider

- Present your **member ID card** at check-in
- Reference the **PHCS / Multiplan** or **Prime Health** 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 →

To verify eligibility, benefits or claims status call: 800.219.6823 Call 877-952-7427 or visit www.multiplan.com/TTAPracAnc to find a PHCS provider.	Submit Claims to: Tall Tree Administrators P.O. Box 1810 Draper, UT 84020 Emdeon payor ID#: 88067
This Plan provides benefits for the distinctive preventive services as listed in the Affordable Care Act ACA.	
Pharmacy Help Desk: 877-643-2067 RxBIN: RxPCN: RxGRP:	TELEMEDICINE: Call 866-223-8831 https://portal.getlyric.com

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 directories below.

[Search PHCS / Multiplan Providers →](#)

[Search Prime Health Providers →](#)

Prescription Drug Resources

Members receive prescription drug savings through the ValuScript pharmacy plan, providing discounted pricing at over 65,000 retail pharmacies nationwide.

Preventive medications included on the **ACA preventive drug list** may be available at **\$0 cost** when prescribed by an eligible provider.

Pay for prescriptions using tax-free HSA dollars

Members enrolled in the **Preventive HSA Plan** may use funds from their **Health Savings Account (HSA)** to pay for eligible prescription medications.

This allows members to purchase medications using **pre-tax dollars**, helping reduce overall healthcare costs.

*Specialty Medications

Some specialty medications may fall outside standard pricing plans.

Members can search pricing through **ValuScript** or contact **ValuScript** or **Tall Tree Administrators** for assistance locating the lowest available cost.

Using Your Pharmacy Benefits

- Visit your preferred retail pharmacy
- Present your **ValuScript member card** with a valid prescription
- The pharmacy will apply available discounted pricing.
- Participating pharmacies are available nationwide

ValuScript RX Tools

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

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

[Visit ValuScript.com →](https://www.valuscript.com)

RX Support

For assistance with prescription benefits:

ValuScript Support
800-314-2069
Email: info@valuscript.com

Tall Tree Administrators
**MightyWELL-specific line*
800-219-6823

Affordable Labs & Imaging

Designed to help members stay below imaging benefits limits.

Why This Plan Exists

Using this plan helps members:

- Access \$0 lab services
- Receive \$150 imaging services for common scans
- Avoid high hospital imaging costs
- Stay within plan imaging benefit limits

The **Affordable Labs & Imaging (AL&I)** plan helps members access lab work and imaging services at **predictable, discounted pricing** through a nationwide concierge network.

\$0 Lab Services

Members have access to an **unlimited number of lab services for \$0** when using the Affordable Labs & Imaging plan.

Examples of common lab tests include:

- CBC labs
- Lipid panels
- Comprehensive metabolic panel (CMP)
- Thyroid stimulating hormone (TSH) test
- Routine blood testing
- Other diagnostic lab services

\$150 Imaging Services

Many common imaging services are available for **\$150 per image or body part** when coordinated through the AL&I concierge plan.

Included imaging services may include:

- X-rays
- CT scans
- MRIs
- Ultrasounds
- Mammograms

How to Use the Plan

1. Obtain a copy of your doctor's order
2. Send the order to the AL&I concierge team
3. Select the preferred location and confirm pricing
4. Schedule your appointment and complete service

Example Savings

MRI: \$1,050 national average	→ \$150 through AL&I
CT Scan: \$594 national average	→ \$150 through AL&I
CBC Lab: \$26 national average	→ \$0 through AL&I

Contact Information

Affordable Labs & Imaging Concierge

Phone: 844-889-5674

Email: concierge@affordablelabsimaging.com

Members may be identified using their personal information, member ID, or plan name (MightyWELL).

If you need additional assistance coordinating imaging services and pricing, please contact support: support@mightywellhealth.com

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 smartphone

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.

Healthcare Advocacy & Navigation

Expert Help Navigating Healthcare

Members have access to the Advantage PHC Advocacy Team, a dedicated healthcare concierge that helps simplify the healthcare experience and reduce unnecessary medical costs.

Think of this as having a personal healthcare advocate working to help you find care, reduce costs, and resolve billing issues.

Healthcare Navigation

Find the Right Care at the Right Price

Advocacy specialists help members confidently navigate the healthcare system by identifying providers and services that deliver quality care at the best possible cost.

Advocates can assist with:

- Finding doctors, hospitals, surgery centers, and pharmacies
- Comparing estimated costs for medical procedures
- Coordinating medical record transfers between providers
- Scheduling appointments on behalf of members

This guidance helps members **avoid unnecessary expenses and make informed healthcare decisions.**

Medical Bill Review & Negotiation

Help Reducing Unexpected Medical Bills

Medical billing errors and inflated charges are more common than most people realize. The advocacy team works directly with healthcare providers and billing departments to review and negotiate eligible medical bills.

When members receive a medical bill with **more than \$500 in out-of-pocket expenses**, advocates may assist by:

- Reviewing bills for potential errors or discrepancies
- Negotiating balances with healthcare providers
- Communicating directly with provider billing departments
- Keeping members informed throughout the process

Their goal is simple - **help reduce unnecessary medical costs whenever possible.**

Advocacy Support

Need help **finding care, comparing prices, scheduling services, or negotiating a medical bill?**

Call for Advocacy Support

 **800-219-6823**

Tall Tree Administrators (TPA)

Professional Plan Administration & Member Support

MightyWELL is a for-profit healthcare marketing platform that partners with experienced third-party administrators (TPAs) to support administrative services, including claims processing, member support, and provider assistance.

Tall Tree Administrators serves as the administrative service team that helps process claims and support members as they use the plan components.

This partnership allows MightyWELL to facilitate a smooth, professional healthcare experience for members and providers.

What Tall Tree Helps With

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

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

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

MightyWELL Plan Support

Tall Tree's customer service team is available to help members with questions about their plan.

Members can contact Tall Tree for help with:

- Claims questions or claim status
- Provider billing questions
- General plan support
- Connecting with additional plan resources when needed

MightyWELL Plan Support

For assistance with claims or plan questions, members may contact:

 **800-269-1451**

Member services administered by Tall Tree Administrators

Understanding Major Pre-Existing Condition Limits

ShareWELL Only

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
- 37 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.

These conditions may continue to be managed through routine care, preventive services, and prescription plans, subject to applicable plan guidelines.

Examples may include:

- High blood pressure
- High cholesterol
- Type 2 diabetes
- Routine medications

These conditions are **not impacted by the major condition waiting period described to the left.**

This limitation applies only to specific major medical conditions as defined under the separate ShareWELL health sharing plan.

Pre-existing Conditions

Symptoms or medical treatment received in the last 24 months

*36 months for cancer



PREVENTATIVE CARE

Routine Checkups
 Preventative Screenings
 Annual Physicals
 Lab Work

ROUTINE CARE

Pull from your HSA funds to cover routine care where average cost is \$275 per visit.



ShareWELL

HEALTHSHARE – MAJOR EVENT

Surgery
 Hospitalizations
 Major Health Events

MAJOR HEALTH EVENT PRE-EXISTING CONDITIONS LIMITS

Year 1 – \$0 maximum	Year 4 – \$150,000 maximum
Year 2 – \$30,000 maximum	Year 5+ – no maximum
Year 3 – \$60,000 maximum	

[*See ShareWELL Member Guidelines for full eligibility and sharing details. →](#)

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 65th 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 65th 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 three membership options: \$1,500, \$3,000, and \$6,000. 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.

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 planned 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 37 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 | • Infertility |
| • Adult Immunizations | • Light Therapies |
| • Alcohol and Drug abuse treatment | • Organ Donation |
| • Birth Control | • Prophylactics |
| • Breast Implant Removal | • Seasonal Allergies |
| • Diabetic Medication & Supplies | • Sleep Studies |
| • Elective Procedures | • Surrogacy |
| • IVF & Fertility | • TMJ Therapeutics |
| • Hearing Aids | • 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, ADD, 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 \$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 discountmedicalsups.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 37 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 ShareWELL 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): **\$1,500** Remaining eligible amount: \$6,100 - \$1,500 = **\$4,600**
- 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 **\$1,600** (\$1,500 UA + \$100 remaining), while the ShareWELL community shares **\$4,500** of her \$6,100 healthcare expenses.

Important bundle Information/Disclaimers

Bundle Structure & Important Considerations

MightyWELL is a for-profit healthcare marketing platform that facilitates access to multiple healthcare programs and services administered by independent third-party organizations. This plan is not insurance and does not provide comprehensive major medical coverage.

This guide provides a summary of how the **MightyWELL Preventive Bundle (HSA-Eligible)** operates and should be read together with all applicable plan documents, fee schedules, and **ShareWELL** Member Guidelines.

The preventive care component included in this bundle provides services in accordance with the Affordable Care Act (ACA) and allows the employer group health plan to meet **Minimum Essential Coverage (MEC)** requirements.

This plan is designed to align with **High Deductible Health Plan (HDHP)** requirements as defined by the Internal Revenue Service (IRS), allowing eligible members to establish and contribute to a **Health Savings Account (HSA)** in accordance with applicable federal guidelines.

1. ACA-Qualified Minimum Essential Coverage (MEC) Preventive Services

(HSA-Compatible Design)

ACA-qualified preventive services are covered at **100% when received for preventive care** and are provided in accordance with the Affordable Care Act (ACA).

These services are intended to support preventive health and allow the employer group health plan to satisfy federal **Minimum Essential Coverage (MEC)** requirements.

This bundle is structured to support **HSA eligibility** by limiting coverage to eligible preventive services prior to the satisfaction of any applicable deductible requirements, consistent with IRS guidance for High Deductible Health Plans (HDHPs).

Only eligible preventive services may be available prior to meeting any applicable deductible requirements. Eligibility for Health Savings Account (HSA) contributions is determined by the member's individual circumstances and applicable IRS rules.

2. Enrollment & Employer or Individual Use

This plan may be offered in employer group or individual settings, depending on the sponsoring organization and plan design. Plan structure, eligibility, and availability may vary based on the selected offering and applicable program guidelines.

3. ShareWELL Health Sharing (Separate Program)

ShareWELL is a voluntary healthcare sharing program designed to support eligible major medical needs. It is not insurance and is not part of the HSA-eligible preventive bundle.

Participation in ShareWELL is optional and subject to separate member guidelines, eligibility requirements, and program terms. ShareWELL does not guarantee payment of medical expenses.

4. Plan Components

Preventive services, provider access support, telemedicine (where applicable), advocacy services, and related healthcare resources are made available through participating third-party administrators and service providers.

Service availability, provider participation, and pricing may vary by provider, location, and program participation.

5. Provider Access & Networks

Access to healthcare providers is available through established national networks and participating providers. Members are not restricted to a single network and may choose their provider, subject to participating provider availability and applicable program guidelines.

Provider participation and availability may change at any time.

6. Payments & Processing

Plan fees, timing, eligibility determinations, and service processing are subject to applicable program terms and administrative guidelines at the time services are received.

All requests and transactions are reviewed in accordance with program rules and supporting documentation requirements.

7. No Guarantee of Service or Outcome

Program components are designed to support access to preventive healthcare services and help manage healthcare costs. Services, pricing, eligibility, and availability may vary by provider, location, clinical circumstances, and individual member needs.

No guarantee is made regarding the outcome of medical treatment, service availability, or cost savings.

8. Questions Before Care

Members should review all applicable plan materials and consult a qualified tax or financial professional regarding **Health Savings Account (HSA)** eligibility, contributions, and usage.

Members are encouraged to contact **MightyWELL Member Support** with any questions prior to receiving non-preventive care whenever possible.

Important Notice

This preventive bundle provides ACA-qualified preventive services that allow the employer group health plan to meet Minimum Essential Coverage (MEC) requirements while supporting Health Savings Account (HSA) eligibility under applicable IRS guidelines.

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