

SHARE

Health Care
Solved!

SHA Membership Overview

- 100% shareable (no MRA) for preventive care
- \$0 MRA Virtual Primary Care Program– Access to diagnosis and treatment of nearly 1500 conditions
- Low MRAs for PCP, Specialist, X-ray / Lab, Urgent Care, MRI, Testing (**Premier Sharing Level**)
- Low MRA Drug Card on All Plans
- High Cost Maintenance and Specialty Medication Access through SHARx Program at \$0 Access Fee
- Go to any doctor. Choose to use the First Health Network or see any provider.
- Warm-transfer from Alliance for Shared Health to Sedera Customer Service.

Sedera Membership Overview

Sedera is a non-insurance, community sharing approach to managing health care costs. Sedera members are self-pay patients, only submitting bills to Sedera when costs exceed their IUA (Initial Unshareable Amount)* (Ex: illness, injury, pregnancy). There are no networks; members are free to go to the provider of their choice.

Multiple Membership Options:

- \$500 IUA* – \$5,000 IUA*
- Member pays first IUA per need
- Yearly IUA Limits

Needs sharing steps:

1. Members collect and submit bills to Sedera
2. The community shares the cost
3. Payment is sent to the member
4. Member pays the provider

Yearly IUA* Limits: Sedera shares at first dollar after Need* limit is reached.

- Individual – 3 Needs per membership year
- Family – 5 Needs per membership year

Sedera Key Terms

- IUA (Initial Unshareable Amount): The amount a member pays for before a need is eligible for sharing by the community.
- Need: One or more medical expenses caused by a single accident or illness. (Ex: car accident, Cancer, Pneumonia, child birth, etc.) Please refer to your membership guidelines to confirm that a need meets sharing qualifications. <http://sedera.com/membership-guidelines/>

WARNING: SEDERA, INC. IS NOT AN INSURANCE COMPANY AND THE SEDERA MEDICAL COST SHARING MEMBERSHIP IS NOT ISSUED OR OFFERED BY AN INSURANCE COMPANY. WHILE EVERY EFFORT IS MADE TO MEET MEMBER'S MEDICAL NEEDS, SEDERA, INC. AND THE SEDERA MEDICAL COST SHARING COMMUNITY DO NOT GUARANTEE PAYMENT OF ANY MEDICAL EXPENSE.





SHA Preventive

Single	\$119
Single + 1	\$189
Family	\$235

Monthly Contribution*



Preventive Services 100% Sharable



Prescription Sharing



Rx Assistance



Virtual PCP Access

Network – The convenience of a network with the flexibility to see any provider	First Health / RBP
Virtual Primary Care – includes diagnosis and treatment for 1500 Conditions	\$50 MRA
Telemedicine – 1800MD	\$0 MRA
Fair Price Labs - Lab Discount Program	Unlimited Use
Preventive Care Services – (not shared if services are from hospital)	Shared at 100%
Prescription Benefits – No maximum Shareable Limit	
Tier 1 Tier 2 Tier 3 – 30-day supply	\$10 MRA 20% MRA (\$20 min MRA) 40% MRA (1 fill only)
Tier 1 Tier 2 Tier 3 – 60-day supply	\$20 MRA 20% MRA (\$40 min MRA) SHARx
Tier 1 Tier 2 Tier 3 – 90-day supply	\$30 MRA 20% MRA (\$60 min MRA) SHARx
Specialty & Drugs above \$400	SHARx

Tier 1 – Drugs below \$50 per 30-day supply | Tier 2 – Drugs between \$50-\$149 per 30-day supply
 Tier 3 - Drugs between \$150-\$400 per 30-day supply

*Monthly Contribution amounts listed here represent the SHA Preventive membership only. To view pricing for the SHA Preventive membership **plus** Sedera membership, visit www.mysharedhealth.com





SHA Premier


Single \$175
 Single + 1 \$286
 Family \$373


Monthly Contribution*

 Preventive Services 100% Sharable

 Low MRA to access doctors

 Prescription Sharing

 Rx Assistance

 Virtual PCP Access

Network – The convenience of a network with the flexibility to see any provider	First Health / RBP
Virtual Primary Care – includes diagnosis and treatment for 1500 Conditions	\$0 MRA
Telemedicine – 1800MD	\$0 MRA
Preventive Care Services – (not shared if services are from hospital)	Shared at 100%
Primary Care (max 3 visits per year)	\$30 MRA
Specialist (max 3 visits per year)	\$65 MRA
Urgent Care (max 3 visits per year)	\$75 MRA
Diagnostic X-Ray and Lab (In office, max 5 services) – non-hospital only	\$50 MRA
Cat-Scan or MRI (1 per year) – non-hospital only	50% MRA
Fair Price Labs - Lab Discount Program	Unlimited Use
Outpatient Testing (1 per year) – non-hospital only	50% MRA
Prescription Benefits – No maximum Shareable Limit	
Tier 1 Tier 2 Tier 3 – 30-day supply	\$10 MRA 20% MRA (\$20 min MRA) 40% MRA (1 fill only)
Tier 1 Tier 2 Tier 3 – 60-day supply	\$20 MRA 20% MRA (\$40 min MRA) SHARx
Tier 1 Tier 2 Tier 3 – 90-day supply	\$30 MRA 20% MRA (\$60 min MRA) SHARx
Specialty & Drugs above \$400	SHARx

*Monthly Contribution amounts listed here represent the SHA Premier membership only. To view pricing for the SHA Premier membership **plus** Sedera membership, visit www.mysharedhealth.com

*SHA Scripts	
Generic	80% of covered Generics are \$10 or less
Name Brand	SHARx
Specialty	SHARx

*SHA scripts is a sharing level available as part of ASH membership.



The Solution to High Cost Rx Expense

Because of the SHA Prescription design, members have access to expensive brand name and generic maintenance and specialty medications.

*Insulin (all types) * Remicade * Xaralto *Vyvanse *Lyrica,*Cymbalta *Crestor, *Nexium *Spiriva
 *Invokana *Humira *Concerta *Singulair *Synthroid *Enbrel, *Celebrex *Cialis *Toujeo *Xolair
 *Advair Discus *Advair *Dilantin *Microzide *Prozac *Restasis *Effient *Eliquis *Flovent HFA *Welchol
 *Abilify *Janumet *Latuda *Lipitor *Plavix *Januvia *Atripla *Multaq *budesonide *Onfi *Canasa
 *Seroquel *Victoza * Viagra

MANY, MANY More!!

Access Fee
Waived for SHARx
Members!

\$39 – Single
\$43 – Single +1
\$50 - Family
Monthly
Contribution*

Includes a generic
only Rx card to fill
your generic meds at
the pharmacy!

*Monthly Contribution amounts listed here represent the SHA Scripts membership only. To view pricing for the SHA Scripts membership **plus** Sedera membership, visit www.mysharedhealth.com.

Preventive Care Services

The following table represents the type of medical services currently shareable under the ASH sharing levels as well as the permitted interval and any requirements of such medical services. If a medical service does not have a specific interval, the interval for that medical service is once per year.

You may have to pay for services that aren't preventive. Ask your provider if the services you need are preventive. Then check what your plan will pay for. Sharing is limited to 1 visit per plan year and 1 immunization of each type. See Schedule of Preventive Services below.

Benefit	Interval	Description
Abdominal aortic aneurysm screening	1 per lifetime	By ultrasonography in men ages 65-75 years who have ever smoked
Alcohol misuse: screening and counseling	1	Screenings for adults age 18 years or older for alcohol misuse and provide persons engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse
Aspirin: preventive medication	As prescribed	Initiating low-dose aspirin use for the primary prevention of cardiovascular disease and colorectal cancer in adults aged 50 to 59 years who have a 10% or greater 10-year cardiovascular risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years
		Use of low-dose aspirin (81 mg/d) after 12 weeks of gestation in pregnant women who are at high risk for preeclampsia
Bacteriuria screening	1	Screening for asymptomatic bacteriuria with urine culture in pregnant women at 12 to 16 weeks' gestation or at the first prenatal visit, if later.
Blood pressure screening	1	Screening for high blood pressure in adults aged 18 or older
BRCA risk assessment and genetic counseling/testing	1	Screening to women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.
Breast cancer preventive medications	1	Risk-reducing medications, such as tamoxifen or raloxifene for women who are at increased risk for breast cancer and at low risk for adverse medication effects.
Breast cancer screening	every 1 to 2 years	Screening mammography for women over 40 years. Coverage limited to 2D mammograms only.
Breastfeeding interventions	2	Interventions during pregnancy and after birth to support breastfeeding
Cervical cancer screening: with cytology (Pap smear)	1 time every 3 years	Women age 21 to 65 years
Cervical cancer screening: with combination of cytology and human papillomavirus (HPV) testing	1 time every 5 years	Women age 30 to 65 years who want to lengthen the screening interval
Chlamydia screening	1	Sexually active women age 24 and younger and in older women who are at increased risk infection
Colorectal cancer screening	1 time every 5 years	Starting in adults at age 50 years and continuing until age 75 years

Preventive Care Services

Benefit	Interval	Description
Contraceptive methods and counseling	As prescribed	Food and Drug Administration (FDA) approved contraceptive methods (Generic Only), and patient education and counseling for all women with reproductive capacity, not including abortifacient drugs
Dental caries prevention: infants and children up to age 5 years	1	Screening to women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.
Depression screening	1	Screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. Screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.
Diabetes screening	1	Screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.
Falls prevention: exercise or physical therapy	As prescribed	Community-dwelling adults age 65 years and older who are at increased risk for falls
Folic acid supplementation	As purchased	Daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid for all women planning or capable of pregnancy
Gestational diabetes mellitus screening	1	Asymptomatic pregnant women after 24 weeks of gestation
Gonorrhea prophylactic medication	1	Prophylactic ocular topical medication for all newborns for the prevention of gonococcal ophthalmia neonatorum
Gonorrhea screening	1	Sexually active women age 24 years and younger and in older women who are at increased risk for infection
Healthy diet and physical activity counseling to prevent cardiovascular disease	1	Adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention.
Hemoglobinopathies screening	1	Screening for sickle cell disease in newborns

Preventive Care Services

Benefit	Interval	Description
Hepatitis B screening	1	Adolescents and adults at high risk for infection
		Pregnant women at their first prenatal visit
Hepatitis C virus (HCV) infection screening	1	Adolescents and adults at high risk for infection
		Adults born between 1945 and 1965
HIV screening	1	Adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened.
		Pregnant women including those who present in labor who are untested and whose HIV status is unknown
Hypothyroidism screening	1	Screening for congenital hypothyroidism in newborns
Intimate partner violence screening	1	Women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services.
Lung cancer screening	1	With low-dose computed tomography in adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.
Obesity screening and counseling	1	To children and adolescents 6 years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status.
		Screening all adults. Clinicians should offer or refer patients with a body mass index of 30 kg/m ² or higher to intensive, multicomponent behavioral interventions
Osteoporosis screening	1	In Women aged 65 years and older and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors
Phenylketonuria screening	1	Screening for phenylketonuria in newborns
Preeclampsia screening	1	Pregnant women with blood pressure measurements throughout pregnancy
Rh incompatibility screening: first pregnancy visit	1	Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care

Preventive Care Services

Benefit	Interval	Description
Rh incompatibility screening: 24–28 weeks' gestation	1	Repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24 to 28 weeks' gestation, unless the biological father is known to be Rh (D)-negative
Sexually transmitted infections counseling	1	Intensive behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections
Skin cancer behavioral counseling	1	Counseling children, adolescents, and young adults aged 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer
Statin preventive medication	As prescribed	Adults without a history of cardiovascular disease (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke) use a low- to moderate-dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are aged 40 to 75 years; 2) they have 1 or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater. Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults ages 40 to 75 years.
Tobacco use counseling and interventions	2	Ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA) approved pharmacotherapy for cessation to adults who use tobacco
		Ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco
		Interventions, including education or brief counseling, to prevent initiation of tobacco use in school-aged children and adolescents
Tuberculosis screening	2	Adults at increased risk
Syphilis screening	2	In persons who are at increased risk for infection
		All pregnant women
Vision screening	1 time every 2 years	All children aged 3 to 5 years to detect amblyopia or its risk factors
Well-woman visits	1	Adult women to obtain the recommended preventive services that are age and developmentally appropriate, including preconception care and many services necessary for prenatal care.

Preventive Immunizations

Vaccine	Requirement
HepB-1	Newborn
HepB-2	Aged 4 weeks – 2 months
HepB-3	Aged 24 weeks – 18 months
DTaP-1	Aged 6 weeks – 2 months
DTaP-2	Aged 10 weeks – 4 months
DTaP-3	Aged 14 weeks – 6 months
DTaP-4	Aged 12-18 months
DTaP-5	Aged 4-6
Hib-1	Aged 6 weeks – 2 months
Hib-2	Aged 10 weeks – 4 months
Hib-3	Aged 14 weeks – 6 months
Hib-4	Aged 12-15 months
IPV-1	Aged 6 weeks – 2 months
IPV-2	Aged 10 weeks – 4 months
IPV-3	Aged 14 weeks – 18 months
IPV-4	Aged 4-6
PCV-1	Aged 6 weeks – 2 months
PCV-2	Aged 10 weeks – 4 months
PCV-3	Aged 14 weeks – 6 months
PCV-4	Aged 12-15 months
MMR-1	Aged 12-15 months
MMR-2	Aged 13 months – 6
Varicella-1	Aged 12-15 months
Varicella-2	Aged 15 months – 6
HepA-1	Aged 12-23 months
HepA-2	Aged 18 months or older
Influenza, inactivated (flu shot)	Aged 6 months or older
LAIV (intranasal)	Aged 2-49

Preventive Immunizations

Vaccine	Requirement
MCV4-1	Aged 2-12
MCV4-2	Aged 11 years, 8 weeks – 16
MPSV4-1	Aged 2 or older
MPSV4-2	Aged 7 or older
Td	Aged 7-12
Tdap	Aged 7 or older
PPSV-1	Aged 2 or older
PPSV-2	Aged 7 or older
HPV-1	Aged 9-12
HPV-2	Aged 9 years, 4 weeks – 12 years, 2 months
HPV-3	Aged 9 years, 24 weeks – 12 years, 6 months
Rotavirus-1	Aged 6 weeks – 2 months
Rotavirus-2	Aged 10 weeks – 4 months
Rotavirus-3	Aged 14 weeks – 6 months
Herpes Zoster	Aged 60 years or older

Preventive and Wellness Benefits: Exclusions

Some health care services are not covered by the Plan. The following is an example of services that are generally not covered.

1. Any medical service, treatment or procedure not specified as covered under this Plan;
2. Office visits, physical examinations, immunizations, and tests when required solely for the following:
 - Sports
 - Camp
 - Employment
 - Travel
 - Insurance
 - Marriage
 - Legal proceedings
3. Routine foot care for treatment of the following:
 - Flat feet
 - Corns
 - Bunions
 - Calluses
 - Toenails
 - Fallen arches
 - Weak feet
 - Chronic foot strain
4. Rehabilitative therapies
5. Dental procedures
6. Any other expense, bill, charge, or monetary obligation not covered under this Plan, including but not limited to all non-medical service expenses, bills, charges, and monetary obligations. Unless the medical service is explicitly provided by this Schedule of Benefits or otherwise explicitly provided in the Summary Plan Description (SPD), this Plan does not cover the medical service or any related expense, bill, charge, or monetary obligation to the medical service.

A Layered Approach to Healthcare

We strive to get you the care you need as quickly as possible for as little out of pocket expense as possible.

We have built layers of medical access so that you can get the care you need, when you need it.

If you or your dependent find yourself needing care from a doctor.....

1

Telemedicine via 1.800MD

Contact a board certified doctor for any non emergent issues using 1800MD. Available 24 hours a day, seven days a week, 365 days a year. Convenient care anywhere: From your home, office or travels, absolutely anywhere in the United States. **There is no cost to you and 92% of medical issues can be resolved.**

2

Sherpaa – Virtual Primary Care

Virtual Primary care can diagnose and treat around 1,500 conditions, on par with a traditional PCP or urgent care center. When telemedicine cannot help, start an episode of care with Sherpaa, conveniently from your phone or computer. Your Sherpaa doctor will be the same doctor each time you call. They can order labs or x-rays if needed and prescribe medication when necessary. Your Sherpaa doc will see you through your entire episode of care and they can consult with specialists if needed.

Depending on your SHA plan you will pay from \$0-\$99 per episode of care.

3

Primary Care/Specialist/Urgent Care

If you have the SHA Premier plan, you have access to your primary care, specialists, and urgent care at a low member responsibility amount. You are limited in the number of visits, so we encourage members to try steps 1 and 2 first.

If you are experiencing a medical emergency, dial 911.

Telemedicine

Your Shared Health Alliance membership gives you access to doctors 24/7/365 at no cost to you



Members can request a physician consultation by telephone calling **1-800-530-8666** or on-line at www.1800md.com.

Sick kids? Check. Busy work schedule? Check. Looking for care that fits your schedule? 1.800MD offers reliable, quality health care at your fingertips with a remarkable reputation. Whether it is 2 a.m. from your toddler's room or 7 p.m. from your business trip destination, our telehealth solutions save you time and money while providing peace of mind.

1.800MD is a national telehealth company specializing in convenient, quality medical care for individuals, families, employers, groups and others. Available 24 hours a day, seven days a week, 365 days a year, 1.800MD compliments your medical care portfolio and is an accessible and inexpensive alternative for acute conditions. With board-certified physicians in all 50 states*, those in need can obtain diagnosis, treatment and a prescription, when necessary, through the convenience of a telephone and digital communications.

Get Care For These Common Conditions and Many More

Allergies

Arthritic Pain

Flu

Gastroenteritis

Insect Bites

Minor Burns

Respiratory Infections

Sinusitis

Sore Throat

Sprains & Strains

Urinary Tract

Infections

* Subject to state regulations. 1.800MD does not replace the existing primary care physician relationship. 1.800MD is not an insurance product nor a prescription fulfillment warehouse. 1.800MD physicians reserve the right to deny care for potential misuse of services. 1.800MD operates subject to state regulations and may not be available in your state. International consults are advice-only. You must have a U.S. address and U.S.-based phone number for the doctor to call back at the time of the consult. Video is not available for international consults. 1.800MD and the 1.800MD logo are registered trademarks of 1.800MD, Inc. and may not be used without written permission. 1.800MD physicians do not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. 1.800MD does not guarantee that a prescription will be written. 1.800MD operates subject to state regulations. Prescriptions are not available for international consults.





sherpaa

Pioneers of Virtual Primary Care

Know your Virtual Doctor

- SIGNIFICANT upgrade from Telemedicine
- Diagnosis & Treatment of nearly 1500 Conditions (instead of 30 with telemedicine)
- Your Sherpaa doctor will refer you to a doctor if needed.
- Will order labs if needed and prescribe medication
- Easy to begin care process with the Mobile App.
- Continuous Contact throughout each episode:
 - Day(s) for a UTI
 - 3 weeks for a pneumonia
 - 3 months for a cancer scare.
- You will develop a relationship through messaging, sharing photos, and telephone consultations
- Same doctor stays with you through out your illness

Access to Sherpaa is
included in SHA
Preventive and
Premier



**SHARED HEALTH
ALLIANCE**

Never pay full price for labs – Fair Price Labs

- 1 **Go to:**
<https://www.fairpricelabs.com/lab-card>
- 2 **Register your card to activate the additional discounts provided in your membership.**
- 3 **You MUST PAY for your labs online prior to having them completed at a Quest Diagnostic Patient Draw Center. ENTER your member ID in the coupon box at check-out. You will receive an order confirmation by email.**
- 4 **You will receive a 2nd email from Fair Price Labs with your Physician Signed Lab Order. Print and take this order with you to your appointment or scan and take in your phone.**



400%
Average
Savings!



Lab Name	Fair Price Labs	Quest Diagnostics Cash Price	Hospital/Physician Point of Care Pricing
CBC	\$15	\$45.50	\$83
CMP	\$15	\$65.08	\$89
DHEA	\$39	\$128.23	\$240
TSH	\$20	\$130.49	\$175
UA Complete	\$15	\$47.59	\$79
Estradiol	\$49	\$223.85	\$299
PSA Total	\$35	\$148.48	\$295
Testosterone Total	\$30	\$197.97	\$401
Cholesterol Total	\$15	\$39	\$89
A1C	\$19	\$74.25	\$159
Hepatic Function Panel	\$25	\$74.36	\$179
Testosterone Free & Total	\$125	\$283.46	\$1,200
Total Cost	\$402	\$1,458.26	\$3,288
Member cost with Discount	\$361.80	\$1,458.26	\$3,288

Prices vary by Provider/Hospital.

Find a Test Center Here:

<https://appointment.questdiagnostics.com/patient/confirmation>

Email us at: careteam@fairpricemd.com 1-888-845-2283



Shared Health Alliance Rx Program (SHARx)

This member program for high cost drugs is included in all three sharing level options

\$0

Access Fee

- ❖ Many prescriptions are available for FREE!
- ❖ Nearly all other prescriptions are 75% - 90% off retail!
- ❖ Includes Expensive Name Brand Maintenance Medications
- ❖ Includes High Cost Specialty Medications
- ❖ Includes High Cost Generics
- ❖ Save thousands of dollars on prescription expenses

"I'm a single father and was recently diagnosed with leukemia. The medication that was prescribed costs more than \$16,000 per month. Through the program, I was able to get access to the medication for free!"

"I live in an assisted living facility and was paying \$370 month through the pharmacy. I called to see if they could help me and they were able to get my medications for only \$50 a month. This program is such a God-send!"

"I am thrilled that this company exists!! I was taking medicine for my cystic acne. Painful bumps all over my face, back, and chest. I called around to pharmaceutical companies looking for help with the cost of medicine. I finally got referred to this program after 16 other companies rejected me. Thank God for SHARx! I got my medicine that was \$800 a month for \$25. Way better!!! Thank you sooo much, I am spreading the word."





The Sharing Provisions listed below are optional and only apply to your membership if you selected this option during enrollment.

Dental Sharing Provisions	
Dental Sharing Provisions	Member Pays
Calendar Year Member Responsibility Amount (MRA) <small>(Per Person / Per Family) (Applies to Class II, III and IV)</small>	\$50 / \$150
Dental Sharing Provisions	Health Share Pays
Calendar Year Maximum Sharing Amount <small>(Applies to Class I, II and III - Services Combined)</small>	\$1,250
Dental Sharing Eligible Services	Health Share Pays
Class I – Preventive Services	100% - no MRA
Class II – Basic Services (6 month waiting period)	80% - after calendar year MRA
Class III – Major Services (12 month waiting period)	50% - after calendar year MRA
Class IV – Orthodontic Services	N/A
*Eligible sharing based on Usual and Customary at the 90th percentile of the National Dental Advisory Service (NDAS) guidelines.	
Vision Sharing Provisions	
Vision Sharing Eligible Services	Health Share Pays
<ul style="list-style-type: none"> • Vision Exam • Lenses • Frames • Contact Lens • Contact Lens Fitting • Lasik Surgery 	\$250 per year maximum sharing amount (combined maximum for all services)
Monthly Rate Schedule	
Member Only	\$48.00
Member+ 1	\$105.00
Member + Family	\$156.00

This summary provides a condensed explanation of plan benefits. Certain limitations, restrictions and exclusions may apply. Please refer to the Plan Document for complete information on benefits.

In the case of discrepancy between this summary and the language contained in the Plan Document, the latter will take precedence.

Member Disclosure Statements

As an ASH Member, ASH wants you to fully understand the non-profit health share ministry to which you have chosen to join. As such, ASH chooses to further highlight some points to make sure the messaging has been made clear to its members:

Section I

1. Alliance for Shared Health (ASH) does not restrict access by state. If you are resident of the U.S. or U.S.V.I. and attest to the ASH Statement of Beliefs, you can be a member.
2. ASH is a 501(c)3 non-profit entity health sharing ministry. It was set up to help members join a community with a common set of ethical / religious beliefs to share in each other's health care expenses per member guidelines and the sharing level selected.
3. ASH does not represent that participation in ASH meets the ACA mandate for individual coverage, and as such, ASH makes it clear that participating in ASH alone does not meet the ACA requirement.
4. The individual mandate is not currently being enforced at the Federal level. Members should understand the laws in their own state to avoid any penalty for not having ACA required alternatives in place.
5. ASH is NOT a contract for insurance and the member guidelines expressly indicate such.
6. ASH members agree and attest to a common set of ethical belief/ religious beliefs. If one is not willing to attest to these beliefs, they are not able to be a part of ASH.
7. ASH is NOT legally responsible for paying members' medical bills.
8. The monthly contributions made by members are voluntary contributions to the sharing funds of ASH.
9. ASH does not pay agents commission for referring participants into ASH sharing programs.
10. ASH, unlike other health share programs, does not place pre-existing condition stipulations on its programs, with the exception of catastrophic hospital needs sharing. Please make sure you understand these limitations when participating in a sharing level that includes hospital sharing.
11. ASH is not catastrophic health insurance, nor does it seek to represent itself as such.

Section II

1. ASH is health share ministry to which members agree to the following set of ethical/religious guidelines in order to participate:
 - Of supreme importance to ASH members is the need to unite in a spirit of compassion, regardless of race, denomination, age, gender, sexual persuasion, or political affiliation. This compassion is displayed specifically in the area of sharing health care expenses.
 - ASH members are bound by a common passion to use its collective resources to help people struggling with physical needs by sharing in health care needs and expenses.
 - ASH members believe it is our right to direct our own health care, free from government dictates, restraints, or oversight, and want to be a part of a health share community whose mission is to assist members.
 - ASH members understand that the ASH board establishes and approves guidelines and sharing levels, as well contracting with outside vendor consultants for guidance in building a program that is sustainable and operates under its 501(c)3 approved requirements.
 - ASH members understand that their participation is voluntary and does not represent a contract for insurance. Members understand that their medical needs will be shared based upon the sharing level in which they choose to participate.

Section II (continued)

2. As long as prospective members agree to the ASH Statement of Beliefs, they can join.
3. ASH facilitates the distribution of member funds for the sharing of medical needs.
4. Membership cannot be refused based upon health status.
5. Members are allowed to join ASH at different sharing levels based upon their own situation and voluntary contribution level they wish to participate.
6. Sharing of medical needs is limited or excluded if members choose to use illegal drugs, are under the influence of alcohol that causes a medical need, or pregnant when joining ASH.
7. Health Sharing uses non-insurance terminology. Doing so is one way that it is made clear to members that ASH is not a contract for insurance.
8. Member Responsibility Amount (MRA) is terminology that helps describe what an ASH member must pay before ASH shares in their medical needs from the funds.
9. Member contributions go toward the needs sharing fund to help share in member medical needs per the sharing level selected.
10. The ASH needs processor (Administrator) may offer access to national PPO networks as part of its service. If so, a network logo would appear on the ID card. However, ASH does not require use of certain providers in order to share in medical needs.
11. For ASH members, pre-existing condition limitations only apply to hospital needs sharing.
12. Preventive sharing is an important aspect of ASH sharing levels. Preventive services received and billed through a hospital are not shared by ASH.
13. Members' needs are only shared as long as they remain an "active" member. In order to be an active member, one must pay their contributions continuously and without interruption.

Section III

1. ASH programs may be supplemented by other non-insurance health care access programs. Many of these provide incredible solutions to help our members access care at very reasonable costs.
2. ASH is supported by a number of alternate access solutions. These include:
 - a. High cost maintenance and prescription advocacy services through SHARx
 - b. 24 / 7 telemedicine services
 - c. Discount Lab Programs
 - d. Virtual Primary Care Access
3. ASH welcomes interaction with agents on the members' behalf, and in order to be consistent across all State lines, reminds brokers they are not an "agent for" ASH, the non-profit health share ministry.
4. ASH may share in some low-cost medications depending on the sharing program selected, but high cost medications are only accessed through SHARx. SHARx provides members access to high cost maintenance medications, specialty medications, and drugs that treat orphan conditions. This program is not insurance or a discount plan, but a fee-based member advocacy solution.

Section III (continued)

5. While SHARx is not specifically an ASH program, ASH wants members to fully understand what SHARx provides to avoid confusion. SHARx helps members get high cost maintenance and specialty medications through alternate points – oftentimes at little to no cost. Procurement of the medication can take anywhere from one to six weeks depending on the access point utilized. It is important to understand that procurement of medication through SHARx does not happen immediately and is a process that requires member follow up of information requests.
6. ASH utilizes an external enrollment portal to collect the voluntary monthly member contributions and it may also collect costs associated with the additional non-ASH solutions such as SHARx, telemedicine, and virtual primary care.
7. Prospective members are expected to enroll themselves voluntarily through the online enrollment portal.
8. It is important that members read and understand the member guidelines so they can make an informed decision regarding their sharing level and how needs are shared.

LEGAL NOTICES

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

GENERAL LEGAL NOTICE

This organization facilitates the sharing of medical expenses but is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Sharing is available for all eligible medical expenses; however, this program does not guarantee or promise that your medical bills will be paid or assigned to others for payment. Whether anyone chooses to pay your medical bills will be totally voluntary. As such, this program should never be considered as a substitute for an insurance policy. Whether you or your provider receive any payments for medical expenses and whether or not this program continues to operate, you are always liable for any unpaid bills. This health care sharing ministry is not regulated by the State Insurance Departments. You should review this organization's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs.

STATE SPECIFIC NOTICES

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

Alaska Statute 21.03.021(k)

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

Arizona Statute 20-122

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

Arkansas Code 23-60-104.2

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

Florida Statute 624.1265

Alliance for Shared Health is not an insurance company, and membership is not offered through an insurance company. Alliance for Shared Health, LLC. is not subject to the regulatory requirements or consumer protections of the Florida Insurance Code.

Georgia Statute 33-1-20

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

Idaho Statute 41-121

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

Illinois Statute 215-5/4-Class 1-b

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

Indiana Code 27-1-2.1

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

Kentucky Revised Statute 304.1-120 (7)

Notice: Under Kentucky law, the religious organization facilitating the sharing of medical expenses is not an insurance company, and its guidelines, plan of operation, or any other document of the religious organization do not constitute or create an insurance policy. Participation in the religious organization or a subscription to any of its documents shall not be considered insurance. Any assistance you receive with your medical bills will be totally voluntary. Neither the organization nor any participant shall be compelled by law to contribute toward your medical bills. Whether or not you receive any payments for medical expenses, and whether or not this organization continues to operate, you shall be personally responsible for the payment of your medical bills.

Louisiana Revised Statute Title 22-318,319

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

Maine Revised Statute Title 24-A, §704, sub-§3

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

Maryland Article 48, Section 1-202(4)

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

Michigan Section 550.1867

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

Mississippi Title 83-77-1

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

Missouri Section 376.1750

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

Nebraska Revised Statute Chapter 44-311

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

New Hampshire Section 126-V:1

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

North Carolina Statute 58-49-1

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

Oklahoma

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

Pennsylvania 40 Penn. Statute Section 23(b)

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

South Dakota Statute Title 58-1-3.3

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

Texas Code Title 8, K, 1681.001

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

Utah Statute Title 31A-1-103(3)(c), as last amended by Laws of Utah, Chapter 274.

The title of insurance code does not apply to health benefits provided by a health care sharing organization if the organization is described as a 501(c)(3).

Virginia Code 38.2-6300-6301

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

Washington RCW 48.43.009

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

Wisconsin Statute 600.01 (1) (b) (9)

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

Wyoming 26.1.104(a)(v)(c)

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