

SHARED HEALTH
ALLIANCE



PREVENTIVE & PREMIER PROGRAMS

SHAREDHEALTHALLIANCE.COM
(314) 594-0600

Statement of Beliefs

Alliance for Shared Health helps teach members how to take control of their health care, and at the same time, every member of the community embraces the concept of supporting each other when they face unforeseen health care expenses. That is meeting health care needs through community. ASH members share the following set of beliefs:



“ TAKE CONTROL Of Your Health Care

1. 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.
2. We are bound by a common passion to use our collective resources to help people struggling with the financial, physical, and emotional burden of health care expenses.
3. We 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 through their personal health care challenges.
4. ASH members agree to be bound by the established member guidelines and sharing levels, as well committing to monthly contribution levels based upon the sharing level they individually choose.
5. 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.

We are excited you have chosen to be a part of our community. Please review this guide thoroughly. You will find the guidelines by which members share a willingness to help each other with the medical needs. Please make sure you understand the guidelines, understand how your membership works and what your participation means.

Alliance for Shared Health acts as a neutral third party to facilitate the need request payments, and may use vendors, at its discretion, to strengthen and support member benefits. ASH has teamed up with Free Market Administrators (FMA) to service the medical sharing needs of the community, distribute payments to providers and to provide sharing summary statements to participants.



SHARED HEALTH ALLIANCE

PREVENTIVE

MONTHLY CONTRIBUTION

SINGLE	SINGLE +1	FAMILY
\$119	\$189	\$235



Virtual PCP Access



Preventive Services



Rx Assistance



Prescription Sharing

Staying healthy needs a plan and action. Your PREVENTIVE plan includes benefits that can help support you and your family in preventive screenings & wellness. The PREVENTIVE plan also includes Rx Assistance & Virtual Primary Care access.

Network – The convenience of a network with the flexibility to see any provider	PHCS
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*	Shared at 100%

Prescription Sharing – 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

* Maximum sharing limit for mammograms is \$500 * Maximum sharing limit for colonoscopy is \$1,500

Alliance for Shared Health (ASH) is a non-profit 501(c)(3) set up to help share in member medical and prescription expenses. ASH is open to people of all faiths that share a common goal of helping each other access more affordable health care solutions.



SHARED HEALTH ALLIANCE

PREMIER

MONTHLY CONTRIBUTION

SINGLE	SINGLE +1	FAMILY
\$175	\$286	\$373



Virtual PCP Access



Preventive Services



Rx Assistance



Prescription Sharing



Low MRA to access doctors

Network – The convenience of a network with the flexibility to see any provider	PHCS
Virtual Primary Care – includes diagnosis and treatment for 1500 Conditions	\$0 MRA
Telemedicine – 1800MD	\$0 MRA
Preventive Care Services*	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 Sharing – No maximum Shareable Limit

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PREVENTIVE Care Services

The following table represents the type of medical services currently shared under the SHA PREVENTIVE/PREMIER Plan as well as the permitted interval and any requirements of such medical services. If a medical service does not have a specific interval under law or regulation, the interval for that medical service is once per year.

You may have to pay for services that aren't preventive. Preventive sharing is limited to 1 visit per plan year and 1 immunization of each type.

MEDICAL SERVICE	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 person 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.

MEDICAL SERVICE	INTERVAL	DESCRIPTION
Breast cancer screening	every 1 to 2 years	Screening mammography for women over 40 years. Coverage limited to 2D mammograms only. Maximum sharing \$500.
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. Maximum sharing \$1,500.
Contraceptive methods and counseling	As prescribed	Food and Drug Administration (FDA) approved contraceptive methods (GenericOnly), and patient education and counseling for all women with reproductive capacity, not including abortifacient drugs.
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.

MEDICAL SERVICE	INTERVAL	DESCRIPTION
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.
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 child bearing 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.
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

MEDICAL SERVICE	INTERVAL	DESCRIPTION
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	2	Counseling children, adolescents, and young adults aged 10 to 24 years who have fair skin about minimizing their exposure to ultra violet 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	As prescribed	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	As purchased	Adult women to obtain the recommended preventive services that are age and developmentally appropriate, including preconception care and many services necessary for prenatal care.

We are committed to providing excellent Customer Service. If you have any questions or concerns about your PREVENTIVE Care Services, please do not hesitate to call us at 314-594-0600 between the hours of 8:00 am and 5:00 pm (Central).

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
Vericella-1	Aged 12-15 months
Vericella-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
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

VACCINE	REQUIREMENT
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 Sharing: 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
 - Employment
 - Insurance
 - Legal proceedings
 - Camp
 - Travel
 - Marriage
3. Routine foot care for treatment of the following:
 - Flat feet
 - Bunions
 - Toenails
 - Weak feet
 - Corns
 - Calluses
 - Fallen arches
 - Chronic foot strain
4. Rehabilitative therapies
5. Dental procedures
6. Any other expense, bill, charge, or monetary obligation not shareable under this program, including but not limited to all nonmedical service expenses, bills, charges, and monetary obligations. Unless the medical service is explicitly provided by this Schedule of Sharing or otherwise explicitly provided in the Member Guidelines, this program does not share the medical service or any related expense, bill, charge, or monetary obligation to the medical service.

We are committed to providing excellent Customer Service. If you have any questions or concerns about your PREVENTIVE Immunizations, please do not hesitate to call us at 314-594-0600 between the hours of 8:00 am and 5:00 pm (Central).

SHARx Prescription Assistance



A SHARED HEALTH ALLIANCE PRODUCT

Taking a high cost maintenance, brand or specialty medication?

We are here to help!

Congratulations! We are thrilled to bring you a program that gives you a personal prescription advocate!

Shared Health Alliance is proud to work on your behalf to save you money on prescription medicine. We believe that you should be able to receive the medicine you need without creating financial duress. Our programs are designed to give you the most assistance on all of your medications so you can concentrate on living life instead of worrying about money.

- Many clients get their medications for free!
- Others receive their medications at 75% -90% off!
- Expensive name brand maintenance medications
- High cost specialty medications
- High cost generics

Let's Start the Process!

- 1.The process starts with us getting some preliminary information from you.
- 2.Within 48-72 hours (often sooner) after you submit the enrollment form, one of our advocates contact you directly.
- 3.START SAVING

Use the secure link to fill out our prescription analysis, and get started!

sharedhealthalliance.com/sharx

Here Are Sample High Cost Prescription Drugs

Xaralto	Nexium	Singulair	Cialis	Hydrochlorothiazide	Eliquis	Janumet	Victoza
Vyvanse	Spiriva	Synthroid	Advair Discus	Levothyroxine	FloventHFA	Latuda	Viagra
Lyrica	Invokana	Enbrel	Advair, Albuterol	Prozac	Welchol	Lipitor	
Cymbalta	Humira	Suboxene	Dilantin	Restasis	Abilify	Plavix	
Crestor	Concerta	Celebrex		Effient	Atorvastatin	Seroquel	

AND MANY, MANY MORE!!

Fair Price Labs



How to use your Fair Price Labs Member Card

- 1 Go to: fairpricelabs.com/lab-card
- 2 Register your card to activate the additional discounts provided in your membership.
- 3 You MUST PAY for your lab 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.



**That's
400%
Average
Savings!**



LAB NAME	FAIR PRICE LABS	QUEST DIAGNOSTICS CASH PRICE	HOSPICE/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	\$402	\$1,458.26	\$3,288
Member Cost with Discount	\$402	\$1,458.26	\$3,288

To Find a Test Center

appointment.questdiagnostics.com/patient/confirmation

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.....



1800MD

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.**



SHERPAA

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-\$50 per episode of care.



SPECIALIST/URGENT CARE

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

On your effective date you will receive a welcome email with your 1800MD member number. If you do not receive this email, please contact SHA Member Services at 314-594-0600

Members can request a physician consultation by phone or visiting the website.

1-800-530-8666

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.

Virtual Primary Care



Develop a relationship with the same online provider while you are in our program.

To Get Started, Go To

www.sherpaa.com/sha

- Start your conversation “online,” and talk “live” if necessary
- Your Sherpaadoctor will refer you to a doctor if needed.
- Will order labs if needed and prescribe medication
- Can diagnose and treat around 1,500 conditions, on par with a traditional PCP or urgent care center.
- Easy to begin care process with the Mobile App.
- Episode of Care will last
 - days for a UTI
 - 3 weeks for a pneumonia
 - 3 months for a cancer scare.
- You will mostly message back and forth, you can share photos, and jump on the phone when needed
- Your Sherpaa doctor is minutes away –no matter what –as long as it takes to get better

Meet Dr. Gonnella!



Dr. Susan Gonnella
Internal Medicine
Training: New York Medical College
Clinical Experience: 28 years

Every time you use Sherpaa, you’re always going to work with Dr. Gonnella. If you’re wondering how much she can do for you entirely online, she can diagnose and treat ~1,500 everyday health conditions without an office visit—from a UTI to skin infections to pneumonia to scary new lumps and high blood pressure.



SHARED HEALTH ALLIANCE

HEALTHY ESSENTIALS

MONTHLY CONTRIBUTION

SINGLE	SINGLE +1	FAMILY
\$48	\$105	\$156



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

Dental Sharing Provisions

SHARING PROVISION	Calendar Year Member Responsibility Amount (MRA) (Per Person / Per Family; Applies to Class II, III and IV)	MEMBER RESPONSIBILITY AMOUNT	\$50 / \$150
SHARING PROVISION	Calendar Year Maximum Sharing Amount (Applies to Class I, II and III - Services Combined)	SHARABLE AMOUNT	\$1,250

Dental Sharing Services

Sharable Amount

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	Not Sharable

*Sharing based on Usual and Custom~~gr~~ at the 90th percentile of the National Dental Advise~~o~~Service (NDAS) guidelines.

Vision Sharing Services

Sharable Amount

Vision Exam	\$250 per year maximum sharing amount (combined benefit maximum)
Lenses	
Frames	
Contact Lens	
Contact Lens Fitting	
Lasik Surgery	

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Cancellation/Refunds



Cancellation Policy

You may cancel your membership at any time. If your membership is cancelled, you can reinstate your membership by catching up on your giving. However, any medical bills submitted but not yet shared at the time of cancellation—or any medical bills incurred between the time of cancellation and reinstatement—cannot be shared by Alliance for Shared Health. Upon receipt of your cancellation notice, coverage for the services/products listed will be terminated to the last day of the month of your coverage period. There are no retroactive cancellations or refunds.

Written notification may be
sent by email to

memberservices@sharedhealthalliance.com

Refund Policy

You may only receive a refund provided you have submitted a written notice of cancellation to our office. This notice must be received prior to your policy effective date. No refunds are permitted once policy effective date has commenced. No refunds are permitted if any claims have been submitted or filed for any service or product for which you have been enrolled.

Appendix 1: 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 highlight some further 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 an IRS-approved 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 meets all the criteria to qualify as a health care sharing ministry under Section 5000A of the Internal Revenue Code. This means that any individual participating in ASH would qualify for an exemption from the mandate on IRS Form 8965.
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/ 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 though ASH desires to share medical needs based upon the sharing level selected.
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, though paying of agents is allowed in all but two states (Maryland and Pennsylvania).
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.
11. ASH is not catastrophic health insurance, nor does it seek to represent itself as such.

Section II

1. ASH is a 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 contracts 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.
2. As long as a prospective member agrees 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.

Section II (cont.)

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. 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:
 - High cost maintenance and prescription advocacy services through SHARx
 - 24 / 7 telemedicine services
 - Discount Lab Programs
 - 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 meds 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.
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.

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

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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

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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.



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Alliance for Shared Health (ASH) is a non-profit 501(c)(3) set up to help share in member medical and prescription expenses. ASH is open to people of all faiths that share a common goal of helping each other access more affordable health care solutions.