



# eBenefits

## Minimum Essential Coverage (MEC) 100% Coverage for Preventive Care Services

Plus Small copays for Primary Care, Specialist, Urgent Care,

Lab, X-ray, Prescription Drugs

A benefit package that can help you stay well – or get well

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ENROLLMENT GUIDE



# TABLE OF CONTENTS

The Purpose of the Plan	3
Schedule of Benefits	4
Virtual Primary Care	5
<b>lyric Health App</b>	6
Access Your Service Providers	9
Customer Service Information	9
Sample ID Card	9

## THE PURPOSE OF THE PLAN

# Access to Primary Care



- ✓ Virtual Primary Care: \$0 Copay, unlimited use
- ✓ Behavioral Health: \$0 Copay Consults
- ✓ Preventive Care: 100%, \$0 Copay
- ✓ Primary Care: \$20 Copay
- ✓ Specialist: \$50 Copay
- ✓ Urgent Care: \$50 Copay
- ✓ Lab and Imaging: \$50 Copay by Date-of-Service
- ✓ Prescription Drugs: BestChoiceRX
- ✓ MRI/CT Scan: \$200 Copay

### VIRTUAL PRIMARY CARE



### PHYSICIAN NETWORK



### PHARMACY BENEFITS



PLAN ADMINISTERED BY  
Member services: 800-392-1770  
[www.altrisk.com](http://www.altrisk.com)  
Claims: ARM Ltd, P O Box 21873, Eagan, MN. 55121

# SCHEDULE OF BENEFITS

**Preventive Benefits:** 1 Visit per calendar year, \$0 Copay. Plan covers 100% of the cost for certain preventive health services delivered by your doctor or provider in your plans network. Services include but are not limited to:

- For Adults: Screening for blood pressure, cholesterol, colon cancer and immunizations
- For Women: Screenings for breast cancer, cervical cancer and osteoporosis
- For Children: Immunizations, screenings for child development, vision and hearing

For a full list of covered preventive health services, visit: <https://www.healthcare.gov>



VIRTUAL PRIMARY CARE		\$0 COPAY, UNLIMITED
PPO NETWORK SERVICES		
Primary Care Office Visit	\$20 Copay. Unlimited Visits	
Specialist Office Visits	\$50 Copay. Unlimited Visits	
Urgent Care	\$50 Copay. Max 3 visits per calendar year	
Lab and X-ray	\$10 Copay for for each lab up to \$100 per lab benefit after copay	
Major Imaging	\$200 Max 2 services per calendar year and maximum benefit up to \$800 after copay	



PRESCRIPTION DRUG BENEFITS	
132 acute meds & ACA preventive meds	\$0 copay
Tier 1: Generic	\$15 in-store or \$30 mail order 90-day supply
Tier 2: Preferred	\$40 in-store or \$80 mail order 90-day supply
Tier 3: Non-Preferred	\$65 in-store or \$130 mail order 90-day supply
Brand Specialty	Member pays discounted price
Monthly maximum allowance	\$200 in-store and \$600 mail order



## VIRTUAL PRIMARY CARE

### \$0 COPAY / UNLIMITED USE

Messaging, Chat, Video & Call enabled

eBenefits is pleased to introduce VPC as an important addition to your plan. Seamless care for the whole person. Our integrated team of top primary care and behavioral health physicians to provide unbiased, confidential care through message-based and video interactions.

#### ✓ **CONVENIENT**

Contact a primary care or behavioral health physician and answer a few questions. Our doctors will get to the bottom of the issue.

#### ✓ **PERSONALIZED**

Treatment plans based on the unique needs of every patient. Interactions with physicians include followup questions free of charge.

#### ✓ **COMPREHENSIVE**

We provide health screenings and assessments to determine potential risk factors in order to manage specific issues and conditions.



- **Health Risk Assessments**
- **Triage for ER & Urgent Care**
- **Referrals to Specialists**
- **Lab Orders & Reviews**
- **Fever & Flu Symptoms**
- **Asthma & COPD**
- **Behavioral Health**
- **Preventative Care**
- **Acute Illness Treatment**
- **Gastrointestinal Issues**
- **Diet & Exercise Education and more!**



# lyric

## Virtual Urgent Care How to Use



### 24/7/365 access to care. Fast, Convenient & Affordable.

Doctors can be hard to reach, illness can occur in the middle of the night, and sometimes you just have a question. In all of those circumstances – and many more – Lyric Health is a convenient and affordable solution.

## Simple as 1, 2, 3

### 1 Call | Tap | or Click

Call 1.866.223.8831, download the **Lyric Health App**, or visit [www.getlyric.com](http://www.getlyric.com) to log into your member portal to schedule a consultation with state licensed physician.

### 2 Triage

Member speaks to a Care Coordinator who will triage and update the patient's Electronic Health Record (EHR).

### 3 Consult

Member consults with Physician who recommends a treatment plan, and if medication(s) is prescribed, it's sent electronically.

## When to use

Our goal is to provide you with convenient, affordable healthcare, when you need it most – 24/7/365.

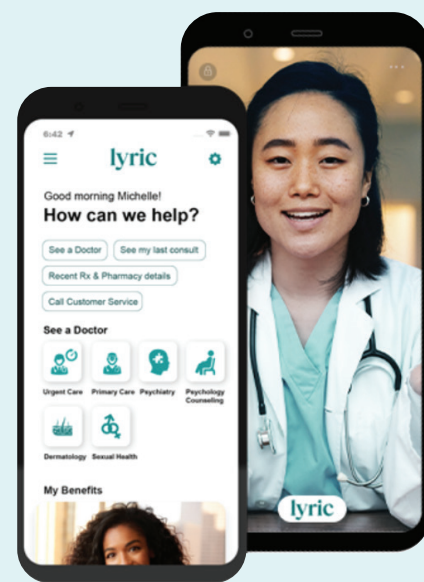
- When you need care now
- If you have a health related questions, and just need professional guidance
- If you're considering the ER or urgent care center for a non-emergency issue
- On vacation, a business trip, or away from home

**1.866.223.8831**

Licensed healthcare providers provide clinical services through medical practices affiliated with Lyric and other network providers. Additional or different telehealth requirements may be applicable in certain states; see [www.getlyric.com](http://www.getlyric.com) for full terms and conditions.



Scan to download the  
Lyric Health App



**70%** of low acuity illness  
can be taken care of  
**virtually**

### Common Conditions:

- Cold & Flu Symptoms
- Sinus Problems
- Ear Infection
- Allergies
- Urinary Tract Infection
- Nausea
- Pink Eye
- Stomach Viruses
- Infections
- Rashes
- Sore Throat
- Acne
- Recommendations
- Second Opinions and more



# Virtual Behavioral Health

Therapy from the privacy of your home or office

Whether it's stress, anxiety, depression, or sudden loss, we can help. Speak with a licensed therapist anytime from anywhere.



## Our suite of mental health services includes

**Virtual Counseling:** Consult with a Master-level Therapist/ Counselor. The amount of counseling sessions will be clinically appropriate based on the issue.

- Substance Abuse
- Depression
- Death of a Loved One
- Relationship Issues
- Stress and Anxiety
- Parenting Issues

**Virtual Psychologist:** Speak with a licensed Psychologist for one-to-one session(s) to assess your symptoms and evaluate your medical, psychological, and family history to determine a productive treatment plan.

- Depression
- Addiction
- Stress Management
- Life Changes
- Grief and Loss
- Relationship

**Virtual Psychiatrist:** Connect with a U.S. based, board-certified Psychiatrist who can diagnose, treat and prescribe medications for a range of mental health disorders, as necessary.

- Anxiety
- Depression
- Trauma & PTSD
- Panic Disorders
- Bipolar Disorder
- Addictive Behaviors

“Only 57% of employees who report moderate depression and 40% of those who report severe depression receive treatment to control depression symptoms.”

- ✓ **The Right CARE at the Right Time**  
For the cost of lunch, an employer can provide an employee and their family access to a suite of mental health services
- ✓ **Boost Productivity:** Lower working parents' stress and free up their time
- ✓ **Improve Retention:** Give your employees support for their top priority, their kids
- ✓ **We Make it Easy For You:** Implement seamlessly into your vendor ecosystem

Licensed healthcare providers provide clinical services through medical practices affiliated with Lyric and other network providers. Additional or different telehealth requirements may be applicable in certain states; see [www.getlyric.com](https://www.getlyric.com) for full terms and conditions.

# lyric **HEALTH** APP

## VIEW ALL ASPECTS OF YOUR PLAN WITH THE lyric HEALTH APP

### **Benefits Delivery**

Display ID Cards, Plan Summaries

### **Virtual Primary Care**

Dedicated Primary Care and multidisciplinary care team, preventive care & wellness, chronic care management. You choose your physician, male, female, language and stay with them as you would a Primary Care Physician

### **Acute Care Telemedicine**

\$0 Copay Medical, Unlimited Access, family coverage

### **Advocacy**

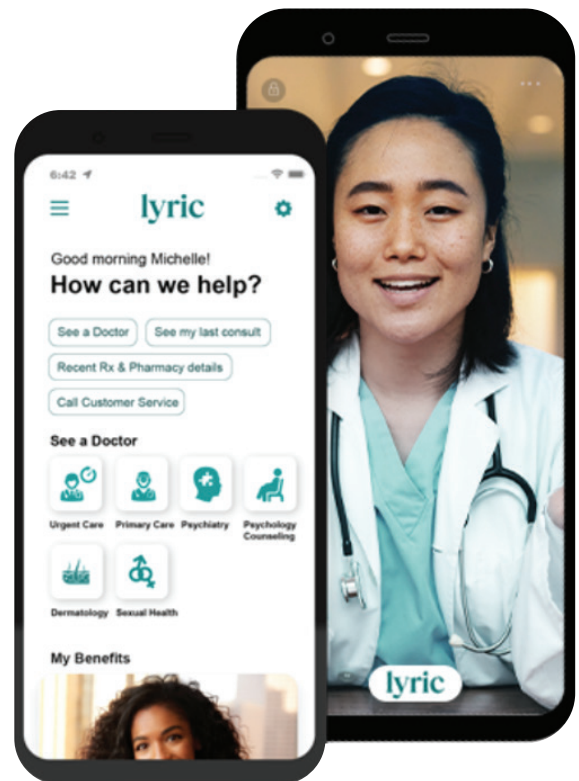
- Personal Advocate providing care coordination, supported by physicians
- Bill Negotiation: Specialized approach at reducing member out of pocket expenses using fee benchmarking
- Healthcare Navigation: Claims assistance, fee negotiation, coverage or benefits review, Rx Assistance, physician locator, and centers of excellence

### **Behavioral Health Benefits**

- \$0 consult, family coverage
- In-the-moment Clinical Support
- Comprehensive Diagnostic assessment
- Short-Term Mental Health Counseling
- Mental Health Advocacy
- Financial and Legal Consultations
- 5 Face-to-face visits, \$0 Consult

### **Virtual Health Options**

All in one Employee Communication App





# ACCESS YOUR **SERVICE PROVIDERS**



PHCS is a comprehensive network of more than 900,000 in-network providers around the U.S.

To find a provider visit: <https://multiplan.com/phcspracanc>



1. Click "OK" at the bottom right corner
2. Enter type of provider in the search box (Urgent Care, Primary Care, Specialist, etc.)
3. Enter Zip Code and click on the search icon



You will then be enabled to view and/or print a provider directory.  
For additional information or to verify a provider please contact

**1-877-952-7427**

## FRONT

PPO Plan Commercial Limited Benefit Plan	
Primary Member	Sample Client
Member ID	SW0011223344
Group	10543
Effective	11/01/2025
<b>Copays</b> Preventive Care: 100% Office Visit: \$20 Specialist: \$50 Urgent Care: \$50 Labs & Imaging: \$10-\$200 Deductible: \$0	
Eligibility: 904-373-6872 For claim status, register at <a href="http://Altrisk.com">Altrisk.com</a>	

## BACK

PPO Plan Commercial Limited Benefit Plan	
Limited Benefit Plan does not have surgical or emergency room benefits.	
<b>RX Information</b> BIN: 026539 PCN: RXV1 GRP: SWXTRA ID: SW7949633  Prescription Questions: 855-798-2538  <b>Find a PHCS Provider:</b> <a href="http://providersearch.multiplan.com">providersearch.multiplan.com</a> Select "PHCS Practitioner & Ancillary"	<b>Claims</b> Submit claims to: Alt Risk PO Box 21873 Eagan, MN 55121 Payer ID: 63240   Telemedicine  Administered by 

## OUT-OF-NETWORK COVERAGE

**What if my physician or provider is not in network?**

1. Physicians and Providers can be nominated to participate
2. When a PHCS Pracanc Network provider is not available within a 50-mile radius, eligible expenses as defined in the Plan Benefits Document will be covered utilizing a Non-Network provider subject to the following limitation: The Maximum Allowable Charge for services rendered by a Non-Network Provider will be limited to **125%** of the equivalent Medicare Allowed Amount.

This does not apply to services that are in-eligible benefits as defined in the Benefits Plan Document.

## CUSTOMER SERVICE CONTACT INFORMATION

**Questions regarding Benefits, Claims, Eligibility: 800-392-1770**

To register your account with ARM, Ltd: [www.altrisk.com](http://www.altrisk.com), click on, "Click here to access you account", then "First Time User" Register box. Once registered you can request a copy of your ID Card, view EOBs, email member services, etc.

Changes in Bank Account, adding or deleting dependents, change of address: **877-934-2410**





ShareWELL

## Member Guidelines



# Medical Bill Sharing

ShareWELL is administered on behalf of its members by ShareWELL Partners, LLC. Although ShareWELL is not subject to state and federal insurance regulations, certain states require the publication of the following disclosure to meet exemption qualifications:

We encourage you to seek the advice of a health insurance professional to further explain the difference between state-regulated health insurance and mutual sharing ministries such as ShareWELL.

As a Member of ShareWELL, we often refer to you as a Member of ShareWELL Partners, LLC. Under Texas statutes, membership does not entitle you to any rights as a member of a corporation, a non-profit or otherwise.

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

*There is no risk transfer from a member to ShareWELL or from a member to other members, and there is no contract of indemnity between ShareWELL and any member or between the members themselves.*

**ShareWELLHealth.org**





## Membership Eligibility

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

## Principles Of Membership

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

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



## Commitment

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

Members understand that active participation in the Sharing Request process is essential. This cooperation helps ensure that requests are processed quickly, medical costs are managed fairly, and the community can function effectively. When a Sharing Request is submitted, ShareWELL may ask members to provide medical records, sign HIPAA authorizations, assist in provider negotiations, or take other steps necessary to reduce medical bills as self-pay patients. Members agree to remain responsive and engaged with ShareWELL throughout this process. Ongoing communication and cooperation make it possible to achieve the best outcomes for the member and the community. If a member does not maintain communication or fails to cooperate with ShareWELL's efforts on their behalf, the amount of funds shared toward their request may be reduced or limited.

## Participation Through Contributions

Members must submit the monthly contribution amount associated with their membership level and agree to the membership principles to start their membership with the ShareWELL community.

All member contributions are voluntary, but the monthly contribution must be active and eligible to process Sharing Requests. Monthly contributions must be received by 30 days after the billing date. The membership will become inactive if contributions are not received within 30 days of their due date, which is the day of the month that the membership becomes effective.

ShareWELL offers different enrollment types for individuals and families. The monthly contribution is determined by selecting the household size, tobacco usage, and Unshared Amount (UA).



## Residency Statement

ShareWELL members must reside within the United States and notify ShareWELL within 15 days of moving outside the United States.

## Aging Out at 65

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

## Determination of Household Membership

Three membership tiers are based on the number of household members participating.

Tier 1: Member Only: An individual member aged 18-64.

Tier 2: Member & children or member & spouse: An individual aged 18-64 and one of the following on the membership: spouse/ domestic partner or child(ren)

Tier 3: Family: A member aged 18-64 with a spouse and child(ren).

## Spouse/Domestic Partner

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

## Children

An unmarried child under twenty-six (26) years of age may participate under a household membership with the Primary Member. The Primary Member is responsible for ensuring that each individual participating in the household membership complies with the Member Guidelines and Principles of Membership.

When a child turns twenty-six (26) or marries, they can no longer participate under the household membership. To ensure a continuous membership, the child must complete an application form within thirty (30) days after being withdrawn from their previous household membership.



## **Adoption**

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

## **Grandchildren**

A grandchild (or grandchildren) may be included as a child as part of their grandparent's membership under the following criteria:

1. The grandparent has legal custody of the grandchild.
2. The grandchild lives with their grandparents at least nine months out of the year.
3. No other group, agency, or person is responsible for the grandchild's medical needs.

## **Tobacco**

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

## **Membership Cancellation Request**

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





## Active Membership

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

## The Unshared Amount (UA)

The Unshared Amount, or UA, is the amount a member must contribute as their member responsibility before expenses related to a Sharing Request become eligible with the Health Share community. ShareWELL offers three membership options: \$1,500, \$3,000, and \$6,000. After the member pays the UA, additional eligible medical expenses are shared with the ShareWELL community. There is no annual or lifetime limit on eligible expenses.

## Changing Your UA

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

## Reduction Of the Unshared Amount Program

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

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



***The UA Reduction Program is designed to incentivize members to contribute to the greater good of the ShareWELL community. By actively working to decrease your medical bills through this program, you help prevent future rate increases and enhance the sharing power for all members. The ShareWELL team is dedicated to supporting you every step of the way, ensuring inflated medical bills are reduced effectively. Together, we can create a healthier, more financially sustainable community for everyone.***

## **Sharing Requests**

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

### **Types Of Sharing Requests**

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

#### ***Preventive Care Sharing Requests***

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

#### ***Sharing Requests subject to the Unshared Amount***

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

### **Fulfillment Of Sharing Requests**

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

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



## Sharing Request Timelines

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

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

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

## Submitting Sharing Requests

Sharing Requests should be submitted to ShareWELL as soon as possible. Non-emergency Sharing Requests, such as surgical procedures, should be submitted before the care.

Required documentation for Sharing Requests must contain, but is not limited to, the following:

- Itemized medical bill(s)
- Provider notes
- Proof of Unshared Amount payment





## **Determination of A Sharing Request**

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

## **Sharing Request Allowances**

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

## **Maximum Shared Amount**

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

## **Safeguard Limit For Multiple Sharing Requests**

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







## **Insurance, Third-Party Administrators, & Government Assistance Plans**

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

### **Appeals**

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



## Medical Conditions Existing Prior To Membership

ShareWELL members have a waiting period for medical conditions that existed before the membership start date. A pre-existing medical condition limitation is applied based on the first date of active membership.

Any illness or injury for which a person has had any of the following occur:

- Been examined
- Taken medication
- Had symptoms
- Received medical treatment

Within 24 months prior to the effective date of the membership is considered a pre-existing condition.

### Pre-existing For Cancer

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

### Exceptions That Are Not Considered Pre-existing

High blood pressure, high cholesterol, hyperthyroidism, hypothyroidism, and type 2 diabetes will not be considered preexisting conditions as long as the member has not been hospitalized for the condition in the 12 months before enrollment.



## Pre-Existing Condition Phase-in Period

Pre-existing conditions have a phase-in period wherein sharing is limited. Members have a one-year waiting period from the initial enrollment date before pre-existing conditions are eligible.

After the first year, pre-existing Sharing Requests are eligible with a sharing limit that increases each membership year.

*Eligible amounts for pre-existing conditions:*

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

## Medical Record Addendums

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

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





## **Related Expenses Are Not Eligible for Unshared Amount (UA) Sharing Requests**

The listed healthcare services are not eligible to be shared with the ShareWELL community through a Sharing Request subject to the UA. Expenses may be eligible without limitations and applicable to a preventive Sharing Request. See your eligible preventive services for details:

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

## **GLP-1 & Semaglutide**

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

## **Contraception**

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

## **Dental**

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

## **Genetic Screening And Testing**

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



## **Medical Non-Compliance**

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

## **Medically stable conditions**

An eligible Sharing Request may be considered medically stable when the condition is chronic and further treatment will not likely improve it. At this point, the Sharing Request is subject to review and may result in the determination of ineligibility for future sharing.

## **Mental Health**

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

## **Sterilization**

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

## **Vision**

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

## **Initial 90-Day Ineligibility for Certain Conditions**

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



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

## **Treated as Pre-existing for Sharing Requests Related to the Unshared Amount (UA)**

The following conditions and treatments are eligible after the initial pre-existing waiting period. Expenses may be eligible without limitations and applicable to a preventive Sharing Request. See your eligible preventive services for details:

- Arthritis
- Basal & Squamous Cell Cancer
- Cataracts
- Celiac Disease
- Chronic Fatigue
- Chronic Pain
- Diagnostic Colonoscopy
- Ear Tubes
- GERD/Acid Reflux
- Hashimoto's
- Hormone & Hormone Therapy
- Injections & Regenerative Procedures from non-acute injury
- Irritable Bowel Syndrome
- Long-Covid
- Lyme Disease
- Mold Toxicity
- Preventive Mastectomy
- Osteoporosis
- Sleep Apnea
- Treatment for non-seasonal Allergies
- Varicose Veins

## **Basal & Squamous Cell Cancer**

Whether the cell is new or existing.

## **Congenital Disorder**

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

## **Fusion Therapies And Treatments**

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



## **Joint Replacements**

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

## **Parasites**

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

## **Surgical Repairs & Revisions**

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

## **TMJ Disorders**

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

## **Tonsil Removal**

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

## **Specific Sharing Request Allowances**

For certain services, ShareWELL offers a sharing allowance. This is the total amount that may be shared by the community for that specific service under a Sharing Request after the Unshared Amount has been met.

If the total cost of services in a Sharing Request exceeds the sharing allowance, and there are no other eligible expenses that can be counted towards it. In that case, the excess can be applied to the Unshared Amount. This means members still get full credit for what they paid, even if part of it exceeds the sharing allowance. Specific requests will have a maximum sharing allowance per Sharing Request or once per membership lifetime.





## How It Affects the Unshared Amount (UA)

If the total cost of services in a Sharing Request exceeds the allowed sharing amount, the excess can still count toward your Unshared Amount. The first amount applied to the Unshared Amount will be from bills not related to sharing allowances.

\*Preventive allowances are not included in this section. See your eligible preventive services for details:

*Sharing Allowances are designed to empower members by providing greater sharing power and flexibility in healthcare areas typically restricted by conventional plans and other health sharing organizations. ShareWELL is committed to offering a clear outline and a supportive path forward for members with these specific healthcare needs, ensuring you have the resources and guidance to navigate your healthcare journey confidently.*

### Allergy Treatment

*Eligible after the initial pre-existing waiting period for a one-time allowance of up to \$2,000.*

### Alternative Testing To Determine A Diagnosis

*Eligible after the initial pre-existing waiting period for a one-time allowance of up to \$2,000.*

*Examples of non-acute include but are not limited to gut health, celiac, fatigue, skin conditions, and hormones.*

### Ambulance (Non-Emergency use)

*Eligible for up to \$1,000 per Sharing Request.*

### Breast Reduction Surgery

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



## **Diagnostic Colonoscopy**

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

## **Emergency Room (Non-Emergency use)**

Eligible for up to \$10,000 per Sharing Request.

## **Home Healthcare**

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

## **Hormone Treatments & Therapy**

Eligible with alternative testing and alternative treatment allowances.

## **Injections & Regenerative Procedures**

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

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

## **Medical Supplies & DME**

Related to the treatment or recovery are eligible for up to 180 days from the treatment start date for up to \$3,000 per Sharing Request. Medical supply costs must be over \$50 per item. The medical supply is eligible for up to 150% of the amount for a similar item found on [discountmedicalsupsupplies.com](https://discountmedicalsupsupplies.com) or other online resources available to ShareWELL members.



## **Mental Health Emergency**

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

## **Orthotics**

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

## **Recovery Therapies & Treatments**

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

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

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

## **Sleep Apnea**

Expenses related to sleep apnea are eligible after the initial pre-existing waiting period with a one-time allowance of \$2,000

## **Suicide and Attempted Suicide**

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





## **Additional Information For Certain Sharing Requests**

Specific Sharing Requests require additional information due to a limitation or a specifically defined description.

### **Acute Allergic Reactions**

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

### **Alternative Medicine**

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

*By clearly defining alternative care in ShareWELL's Member Guidelines, we empower our members with more sharing power and set clear expectations. This clarity enables our members to confidently choose their preferred path for alternative care, offering greater sharing power than any other available options. ShareWELL is committed to supporting your healthcare choices with transparency and enhanced sharing power.*





## Alternative Treatments

Sharing Requests for alternative treatments is done on an equitable basis compared to the equivalent traditional treatment. If a member chooses an alternative treatment and returns to conventional care, their sharing will be limited equitably by the expenses shared towards the alternative treatment.

All alternative requests should include

1. Medical notes from the prescribing provider
2. Estimated costs and upfront payment discounts, if available
3. Explanation from a medical provider of why the alternative treatment was selected in place of the traditional treatment.

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

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

## Automobile Accidents

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

## Asthma

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



## **Basal & Squamous Cell Cancer**

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

## **Cosmetic Surgery**

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

## **Durable Medical Equipment**

Sharing is limited to 180 days per medical need. The eligible sharing amount for medical equipment is based on pricing found on [discountmedicalsupplies.com](https://www.discountmedicalsupplies.com). It can be up to 150% of the price for similar equipment on [discountmedicalsupplies.com](https://www.discountmedicalsupplies.com).

## **Genetic Testing**

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

## **Hospice Care**

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

## **International Medical**

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



## **Long-Term Care & Skilled Nursing**

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

## **Prescriptions**

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

## **Second Opinions**

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

## **Sports**

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

## **Suicide and Attempted Suicide**

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



## End-of-Life Assistance

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

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

## Excess Sharing Fund

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





## Maternity

As with any other Sharing Request, expectant mothers pay a single Unshared Amount for all eligible expenses related to their Maternity Sharing Request. Eligible expenses may include miscarriage, hospital, homebirth, prenatal care, mother's complications, postnatal care, and delivery. The Maternity Sharing Request must be submitted within 15 days of the date of pregnancy confirmation.

Once the Maternity Sharing Request is opened, original, itemized medical expense(s) bills must be submitted within six months of service, or limitations may be placed. Limitations include interest fees, late penalties, or any reduction of the final bill lost due to the delay in providing the documentation to ShareWELL.

### Prenatal & Postnatal Sharing Allowance

The following services are available with a \$6,000 sharing limit. We recommend collecting a prenatal and postnatal prepayment package from your clinician.

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



## Eligible delivery services

There is no sharing allowance or limit for delivery services.

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

## Reduction of UA Maternity Program

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

***We offer the Maternity Reduction of UA to provide expecting moms with financial relief during this special time. By lowering the UA for maternity care, ShareWELL helps lighten the financial load, making it easier for mothers-to-be to focus on their health and well-being. This initiative also rewards members who are fiscally responsible and considerate of the community, demonstrating our commitment to supporting families and fostering a healthier, more connected community.***

## Additional Service Provided

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

## Miscarriage

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



## Waiting Period

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

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

## Separate Sharing Requests

Any newborn complication occurring after birth, whether the complication existed before or after birth (including congenital conditions), is separate from the mother's Maternity Sharing Request and will require its own Sharing Request and UA (in the event of multiple births, complications, each newborn will require its own Sharing Request and UA). Expenses for any pregnancy or birth-related complications of the mother are eligible for sharing as part of the Maternity Sharing Request.

Any unrelated medical care requires a separate Sharing Request. Unrelated expenses include those not considered routine, such as prenatal, delivery, or postnatal services listed in this maternity section.





## Newborns

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

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

## Newborn Congenital Conditions

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

## NICU (Neonatal Intensive Care Unit)

For NICU admission, the time limit for sharing is 35 days after birth.

