



Universal HealthShare

Senior 65 Guidelines

If you have questions about the Senior 65 Program or these Guidelines, please call or contact UHF Member Support at 888-308-0024 or customerservice@universalhealthfellowship.org. Our representatives are available Monday through Friday from 8:30 a.m. to 8:00 p.m. ET.

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I. Ministry & Sharing Overview

NOTE: Where a capitalized term is used in these Guidelines and not otherwise specifically defined, the term has the meaning set forth in Section XIV. Definitions. For convenience, the definitions of certain capitalized terms may be included within other Sections of these Guidelines as well as in Section XIV. The terms “**We**” and “**Us**” or “**Our(s)**” are sometimes used to refer to the Universal HealthShare cost sharing ministry or a party or parties acting on behalf of Universal HealthShare, and the terms “**you**” and “**your(s)**” are sometimes used to refer to a prospective or participating Member of Universal HealthShare who is reading or subject to these Guidelines.

i. The Unitarian Universalist Tradition.

Universal HealthShare is the name of the healthcare cost sharing ministry program maintained by Universal Health Fellowship, Inc., a non-profit organization that coordinates voluntary contributions for the sharing of eligible health care costs among program members united by their faith in the ethical, moral and spiritual beliefs and traditions of the Unitarian Universalist (“UU”) Church. This faith-based program is built on shared ethical, spiritual, and religious beliefs, and traditions of communal aid, neighborly assistance, and the sharing of burdens. The program does not share expenses resulting from certain behaviors and lifestyle choices that are commonly recognized to be detrimental to personal health, and it has been specifically designed for individuals who appreciate and respect the blessing of good health and are committed to helping themselves and others stay healthy. Members share one another’s qualifying medical needs, and Universal HealthShare simply serves to facilitate and coordinate this sharing, directing members’ contributions to others in the program with eligible needs.

The UU movement and faith was built on a belief in the interconnectedness of all things and an overarching goal of religious inclusion and community-building rather than exclusion and an isolationist brand of individualism. These beliefs and goals have known no international boundaries, but it can’t be denied that many aspects of the UU religion have been uniquely influenced by its growth and development in the United States. And, it is far from surprising that the UU faith and traditions have been more readily embraced in the U.S. than anywhere else in the world, including by many of the greatest American academic, artistic, scientific, inventive and political minds of the past 250 years. Among so many others, the following great Americans are just some of the famous and historically significant men and women whose lives were shaped by their faith in the core tenets of the UU ethos:

<p><u>Five U.S. Presidents:</u></p> <ul style="list-style-type: none"> • John Adams; • Thomas Jefferson; • John Quincy Adams; • Millard Fillmore; and • William Howard Taft. 	<p><u>Five U.S. Supreme Court Justices:</u></p> <ul style="list-style-type: none"> • Harold Hitz Burton; • William Cushing; • Oliver Wendell Holmes, Jr.; • Samuel Freeman Miller; and • Joseph Story.
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<p><u>Ten U.S. Senators:</u></p> <ul style="list-style-type: none"> • John C. Calhoun (South Carolina); • Joseph S. Clark (Pennsylvania); • William Cohen (Maine); • Kent Conrad (North Dakota); • Paul Douglas (Illinois); • Mike Gravel (Alaska); • Roman Hruska (Nebraska); • Maurine Neuberger (Oregon); • Bob Packwood (Oregon); and • Leverett Saltonstall (Massachusetts). 	<p><u>Seven Nobel Laureates:</u></p> <ul style="list-style-type: none"> • Emily Greene Balch (Peace); • John Bardeen (Physics); • Clara Barton (organizer of American Red Cross); • David Hubel (Medicine); • Robert Millikan (Physics); • Linus Pauling (Peace and Physics); • Herbert A. Simon (Economics); and • George Wald (Medicine).
<p><u>Countless Authors, Musicians, Inventors and Visionaries:</u> Susan B. Anthony (Social Reformer and Women’s Rights Activist); Phineas Taylor Barnum (Showman and Entrepreneur); Tim Berners-Lee (Inventor of the World Wide Web); Ray Bradbury (Author); E. E. Cummings (Poet); Ralph Waldo Emerson (Philosopher, Author and Poet); Buckminster Fuller (Inventor/Engineer); Herman Melville (Author); Paul Newman (Actor/Director); Sylvia Plath (Poet); Christopher Reeve (Actor); Paul Revere (Silversmith and American Revolutionary); Pete Seeger (Singer-Songwriter); Rod Serling (Television Producer and Writer); Kurt Vonnegut (Author); Daniel Webster (Politician and Publisher); Frank Lloyd Wright (Architect, Designer and Author); N.C. Wyeth (Painter); and Joanne Woodward (Actor).</p>	

ii. The Seven Principles of the UU Covenant.

Members of Universal HealthShare are united as a community by their shared faith, values, and a broad and inclusive approach to others, as expressed in the following Seven Principles that embody the covenant of Unitarian Universalists:

1st Principle: THE INHERENT WORTH AND DIGNITY OF EVERY PERSON.

“... We believe that all the dimensions of our being carry the potential to do good. ... We cherish our bodies as well as our souls. We can use our gifts ... to heal injury, ... for ourselves and others.” — quoted from Reflections on the 1st Principle by Rev. Dr. Rebecca Ann Parker, minister, theologian, and author.

2nd Principle: JUSTICE, EQUITY AND COMPASSION IN HUMAN RELATIONS.

“Justice, equity, and compassion in human relations points us toward something beyond inherent worth and dignity. It points us to the larger community. It gets at collective responsibility. It reminds us that treating people as human beings is not simply something we do one-on-one, but something that has systemic implications and can inform our entire cultural way of being.” — quoted from Reflections on the 2nd Principle by Rev. Emily Gage, Unity Temple, Chicago, IL

3rd Principle: ACCEPTANCE OF ONE ANOTHER AND ENCOURAGEMENT TO SPIRITUAL GROWTH IN OUR CONGREGATIONS.

“... We need souls that can take in the world in all its complexity and diversity, yet still maintain our integrity. And we need souls that can love and be in relationship with all of this complexity. Instead of fight or flight, we need a spiritual posture of embrace.” — quoted from Reflections on the 3rd Principle by Rev. Rob Hardies, All Souls Church Unitarian, Washington, DC

4th Principle: A FREE AND RESPONSIBLE SEARCH FOR TRUTH AND MEANING.

“As responsible religious seekers, we recognize that we are privileged to be free, to have resources to pursue life beyond mere survival, to continually search for truth and meaning, to exist beyond bonds of dogma and oppression, and to wrestle freely with truth and meaning as they evolve. This privilege calls us not to be isolated and self-centered, believing that our single perspective trumps all others, but rather to be

humble, to be open to the great mysteries of truth and meaning that life offers. And those mysteries may speak to us through our own intuition and experience—but also through tradition, community... and relationships. As a faith tradition, Unitarian Universalism makes sacred the right and responsibility to engage in this free and responsible quest as an act of religious devotion.” — quoted from Reflections on the 4th Principle by Rev. Paige Getty, UU Congregation of Columbia, Maryland

5th Principle: THE RIGHT OF CONSCIENCE AND THE USE OF THE DEMOCRATIC PROCESS WITHIN OUR CONGREGATIONS AND IN SOCIETY AT LARGE.

“In our religious lives, the democratic process requires trust in the development of each individual conscience—a belief that such development is possible for each of us, as well as a commitment to cultivate our own conscience. We could call it a commitment to the value of each person. In the words of Theodore Parker, ‘Democracy means not “I am as good as you are,” but “You are as good as I am.” “My connection with the sacred is only as precious as my willingness to acknowledge the same connection in others.” — quoted from Reflections on the 5th Principle by Rev. Parisa Parsa, executive director of the Public Conversations Project

6th Principle: THE GOAL OF WORLD COMMUNITY WITH PEACE, LIBERTY, AND JUSTICE FOR ALL.

“The sixth Principle seems extravagant in its hopefulness and improbable in its prospects. ... As naïve or impossible as the sixth Principle may seem, I’m not willing to give up on it. ... I want us to believe—and to live as if we believe—that a world community with peace, liberty, and justice for all is possible. There is no guarantee that we will succeed, but I can assure you that we will improve ourselves and improve the world by trying.” — quoted from Reflections on the 6th Principle by Rev. Sean Parker Dennison, Tree of Life Congregation, McHenry, IL

7th Principle: RESPECT FOR THE INTERDEPENDENT WEB OF ALL EXISTENCE OF WHICH WE ARE A PART.

“Our seventh Principle, respect for the interdependent web of all existence, is a glorious statement. ... It is our response to the great dangers of both individualism and oppression. It is our solution to the seeming conflict between the individual and the group. Our seventh Principle may be our Unitarian Universalist way of coming to fully embrace something greater than ourselves. The interdependent web—expressed as the spirit of life, the ground of all being, the oneness of all existence, the community-forming power, the process of life, the creative force, even God—can help us develop that social understanding of ourselves that we and our culture so desperately need. It is a source of meaning to which we can dedicate our lives.” — quoted from Reflections on the 7th Principle by Rev. Forrest Gilmore, Executive Director of Shalom Community Center, Bloomington, IN

Of the six primary categories of sources that UU congregations affirm and promote, one in particular is the most relevant to the beliefs that unite and drive the Universal HealthShare community: The **“Jewish and Christian teachings which call us to respond to God’s love by loving our neighbors as ourselves.”** Second only to the commandment to “love the Lord your God,” the greatest commandment according to both Jewish and Christian teachings is clearly the Golden Rule, which has been stated and referred to in different ways:

- **Leviticus 19:16** - “Do not stand idly by the blood of your neighbor.”
- **Leviticus 19:18** - “Love your neighbor as yourself.”
- **Matthew 7:12** - “Do for others what you would want them to do for you. This is the meaning of the Law of Moses and the teaching of the prophets.”
- **Matthew 10:8** - “Heal the sick... freely ye have received, freely give.”
- **Matthew 22:37-40** - Answering the question of the Pharisees “What is the greatest commandment in the Law?”, Jesus said: “You shall love the Lord your God with all your heart and with all your soul and with all your mind. This is the great and first commandment. And a second is like it: You shall

love your neighbor as yourself. On these two commandments depend all the Law and the Prophets.”

- **Luke 10:30-37** – In reference to the commandment to “*love your neighbor as yourself,*” an expert in religious law asked Jesus “*And who is my Neighbor?*” Jesus, after telling the story of the Samaritan who stopped to help a man who was robbed, stripped, beaten and left for dead, after two other travelers had just passed him by, asked the expert “*Of these three men, who do you think was a neighbor to the man who was [injured]?*” When the expert said, “*The one who was kind enough to help him.*” Jesus told him, “*Go and imitate his example!*”
- **Romans 15:1** - “*We then that are strong ought to bear the infirmities of the weak, and not to please ourselves.*”
- **1 Corinthians 10:24** – “*No one should seek his own welfare, but rather his neighbor’s.*”
- **Galatians 6:2** – “*Bear one another’s burdens...*”
- **Galatians 6:10** – “*So then, while we have opportunity, let us do good to all people, and especially to those who are of the household of the faith.*”
- **Philippians 2:4** – “*Do not merely look out for your own personal interests, but also for the interests of others.*”
- **Tractate Shabbos 31a** -- A story from the Talmud tells of a gentile who came to Rabi Hillel and said he would convert to Judaism if the Rabi could teach him the entire Torah (the Hebrew Bible or “Old Testament”) while standing on one foot, to which Hillel responded by quoting the Golden Rule and saying “*This is the entire Torah, the rest is commentary. Go learn.*”

In whatever form it happens to be expressed, the Golden Rule is, at its root, all about an ethic of both interdependence and reciprocity. There is no more pure expression of that ethic than found in the Universal HealthShare program, a faith-based community of like-minded individuals collectively sharing responsibility for one another’s health and medical needs as if they were their own. The goal is to keep the body fit, as much as possible, not just for our own individual benefit, but so that we can best be able to benefit others.

iii. Purpose of these Guidelines.

These Guidelines are used by Universal HealthShare in directing monthly contributions between members in the Senior 65 Program. The Guidelines describe the types of medical expenses the members have agreed to share among themselves. Because Universal HealthShare is not an insurance company, but a not-for-profit health care sharing ministry that enables members to assist each other with their medical needs without the use of insurance, some of the terms and procedures used in these Guidelines are different than what you are probably accustomed to seeing. The Guidelines are modified from time to time. The Guidelines current at the time you receive medical care will always govern sharing for that care, not the Guidelines in effect when you became a Member. The most current version of the Guidelines is always available on the UHF Member Portal. The published Guidelines will always govern, regardless of any conflicting verbal statement made by any person regarding the UHS Senior 65 Program.

iv. Voluntary Nature of Ministry and Sharing Program Participation.

The choice to become a Universal HealthShare member and to share in other member’s medical expenses is completely voluntary. Similarly, your monthly contributions are voluntary, non-refundable contributions made to help another Universal HealthShare member with their eligible health care expenses and to help cover the operational and administrative costs of Universal Health Fellowship, Inc.

This is very different from health insurance, which is a contract where an insurer becomes legally responsible for and accepts someone’s risk of loss (i.e., their medical bills), in exchange for the payment of premiums. In a healthcare cost sharing ministry program, members share each other’s medical expenses purely because they choose to, not because of a contract or legal obligation. Importantly, making such sharing contributions does not create a contract or other legally enforceable right to receive funds to pay your own healthcare expenses. All members take it as a matter of faith, not law, that others will voluntarily

make contributions to help with their own medical costs. Whether or not they expect to receive assistance from other members for medical expenses, members are “self-pay” patients who are always individually liable for their own medical expenses and retain the ultimate responsibility to their healthcare providers for paying their own medical bills.

Because Universal HealthShare is not an insurance company and does not engage in the business of insurance, the Ministry is not licensed or registered by departments of insurance. Also, since there is no insurance policy or “policy term” involved, there is no defined time period for joining. Members can join whenever they wish, and their membership continues for as long as they continue to make the recommended sharing contributions and satisfy their commitments to the Ministry and their fellow Members.

Due to the voluntary nature of the sharing ministry, no matter how large our sharing program membership grows, we will remain subject to limits on the resources available for sharing at any point in time. This is why we may decline membership or limit sharing participation for individuals with pre-existing medical conditions and active or ongoing medical needs related to such conditions. If we did not decline membership or sharing in such situations, it would dramatically increase the possibility of immediate expenses exceeding our sharing capacity.

II. Types of Membership and Participation

Participation in Universal HealthShare can take three different forms:

i. Sharing Membership.

Sharing Members are those who wish to regularly participate each month by contributing at least the suggested Monthly Share Contribution to share in another member’s medical expenses. Sharing Members, when they experience medical expenses, may submit those needs for sharing among other members according to the Guidelines.

ii. Conditional Membership.

If a prospective Member has a health condition that may be improved or eliminated by a change in behavior, Universal HealthShare may exercise its discretion to accept such applicant on a provisional basis, as a Conditional Member, subject to an increase in the Monthly Share Contribution amount and additional Membership requirements related to modifying certain behavior and taking reasonable steps to improve or eliminate the health condition at issue. Similarly, if an existing Sharing Member develops a health condition that may be improved or eliminated by a change in behavior, Universal HealthShare may exercise its discretion to change such a member’s status to that of a Conditional Member, subject to an increase in the Monthly Share Contribution amount and additional Membership requirements related to modifying certain behavior and taking reasonable steps to improve or eliminate the health condition at issue. In either case, the terms and conditions of Conditional Membership will be explained, and the prospective or existing Member will have the opportunity to either accept such additional requirements or withdraw their application for membership or terminate their existing membership, as applicable. Any person accepted for Membership who is a Smoker/Nicotine User or suffers from Obesity will automatically be treated as a Conditional Member.

iii. Philanthropic Membership.

Philanthropic Members contribute to the Ministry’s Charitable Assistance Fund, at times and in amounts of their own choosing, only to assist other members with their medical expenses, without any intention to submit medical expenses of their own for sharing. The frequency and amounts of such contributions are left to the unfettered discretion of the Philanthropic Member. The use of such contributions is subject to



review and recommendation by the Charitable Assistance Committee comprised of Philanthropic Members appointed by the Board of Directors of Universal Health Fellowship, Inc., or its most senior executive officer. In exceptional circumstances, when needs are ineligible or fall outside of the limitations established under these Guidelines, or exceed available resources, Universal HealthShare may decide to submit such needs for consideration by the Charitable Assistance Committee. If we submit a Charitable Assistance Request that the Charitable Assistance Fund is not sufficient to address or that is not approved by the Charitable Sharing Committee, Universal HealthShare may elect to ask Sharing Members to give above their standard Monthly Share Amount to assist with the needs in question.

iv. Eleven States and Five US Territories are Excluded.

At this time, if you are a resident of the following eleven states and five US Territories, you cannot join Universal HealthShare for medical cost sharing. States: Alaska, Connecticut, Hawaii, Illinois, Iowa, Maine, Maryland, New Hampshire, Pennsylvania, Vermont, and Washington State. US Territories: American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and US Virgin Islands. These states and territories have passed regulations that restrict or compromise sharing programs for their residents or are not within the Continental USA.

v. Important to Understand – State Tax Mandates.

Universal Health Fellowship, Inc. is a health care sharing ministry (and “HCSM”) that provides the Universal HealthShare Programs (“UHF Sharing Programs”) for its members. It is important to understand that UHF Sharing Programs are NOT INSURANCE and that there are significant differences between HCSM programs and traditional health insurance plans. These differences are explained in detail elsewhere in the Guidelines.

HCSM's may legally offer sharing programs in every state. However, a few states have enacted an individual mandate requiring residents to have minimum essential health insurance coverage (an “Individual Mandate”) and a financial penalty for individuals who do not either have qualified health insurance coverage or qualify for an exemption (a “State Tax Penalty”). Examples include California, Massachusetts, New Jersey, Rhode Island, Vermont and the District of Columbia. In most states with an Individual Mandate, there is an exemption from the State Tax Penalty that applies for members of HCSM's that meet specific requirements established by the state (a “State Exemption”).

It is each individual's responsibility to determine: (1) if their state of residence has an Individual Mandate; (2) if they are or could be subject to a State Tax Penalty; and (3) whether or not they will qualify for a State Exemption if they are a member of a particular HCSM sharing program. Please understand that neither Universal Health Fellowship, Inc. nor any of its affiliates or representatives can guarantee, represent or warrant that participation in any UHF Sharing Program will satisfy the requirements under the laws of any particular state to qualify for a State Exemption from that state's Individual Mandate and avoid any State Tax Penalty that might be imposed if a State Exemption does not apply.

III. Membership Qualifications and Requirements

To become and remain a Sharing or Conditional Member of Universal HealthShare (sometimes hereinafter collectively referred to as “Active Members” or “Members”), you must satisfy certain criteria and requirements, and meet certain expectations, as described below:

i. Shared Faith and Beliefs.



Universal HealthShare members share each other's medical bills based on their common faith and beliefs that inform how they live and motivate them to lend assistance and support to their neighbors in times of crisis and need. **Unlike insurance, which involves a transfer of risk and contractual obligations, health care cost sharing is built on faith and communal values. Our members share each other's burdens by choice, because they believe it is the right and good thing to do and out of a sense of obligation of a religious, moral or ethical nature, not a legal nature.** In the same way we feel this sense of obligation to help our fellow man when in need, we also feel compelled to maintain our own health to be better able to help others and so as not to place unnecessary strain on Universal HealthShare resources by incurring medical expenses that are avoidable. Finally, we believe our health care decisions and meeting our health care needs are personal and should not revolve around governmental dictates or commercial, for-profit enterprise. Our Statement of Shared Faith and Beliefs is as follows:

- 1. We believe in the inherent worth and dignity of every person, and that an individual's happiness, spiritual growth and potential to do good for themselves and others is inextricably tied to their physical health, and that each person has a fundamental right to make their own health care decisions, in consultation with their family, physicians and other chosen advisors, free from government interference.*
- 2. We believe in peace, liberty, justice, equity and compassion in human relations, and that we improve ourselves and the world around us whenever we strive to reach that goal, whether or not we ultimately achieve it, and that those things require not just individual, but collective effort and the fostering of a true sense of community that extends beyond familial boundaries.*
- 3. We believe in the importance of respecting the interdependent web of all existence of which we are a part, and that recognizing that interdependence on a universal level first requires moving beyond individualism and experiencing interdependence on a community level.*
- 4. We believe in the importance of being open to life's great mysteries, and that it is a sacred right and responsibility to search for the truth and meaning behind those mysteries, and that the success of such searching requires that we not be isolated and self-centered, but rather that we develop relationships and connect with other people and remain open to their viewpoints.*
- 5. We believe that the most effective way to encourage spiritual growth, respect for the interdependence of all existence, and the search for the truth and meaning is to participate in a community built on shared traditions that promotes acceptance and support by and among its members.*
- 6. We believe that we have a spiritual and ethical duty to our family and other members of our community to make responsible and healthy life choices, such as avoiding foods, activities and behaviors that cause or exacerbate illness, disease or injury.*
- 7. We believe it is our sacred duty to assist those in need when we have the ability to do so.*

These beliefs form the spiritual, moral, and ethical foundation of our community. Each member is required to subscribe to this Statement of Shared Faith and Beliefs, which shall be evidenced by signing and submitting a Membership Application.

ii. Maintenance of a Healthy Lifestyle.

Members recognize the interconnectedness of the Universal HealthShare community and the moral, ethical and spiritual obligation each Member has to respect and care for their physical wellbeing and make responsible and healthy life choices to avoid placing unnecessary strain on Universal HealthShare resources that are shared by and among all Members.



To qualify as an Active Member, you must provide a completed Membership Application, including a detailed medical history, and comply with the lifestyle requirements set forth in these Guidelines including, without limitation, the following:

1. Refrain from the use of tobacco or nicotine, in any form, smoking of any kind (e.g., cigarettes, cigars, pipes, water pipes, hookahs, etc.) and any tobacco or smoking substitutes (e.g., herbal cigarettes, e-cigarettes, atomizers and vaping devices of any kind, etc.). *In order to be eligible to become a Sharing Member, applicants must attest that they have abstained from the use of tobacco, nicotine, smoking and substitutes for at least the 12 months preceding the date of their application. **Anyone who is a Smoker/Nicotine User will not be eligible to participate in the Senior 65 Program, even if they have been a Member of another UHS program.***
2. Refrain from excessive use or abuse of alcohol. *In order to be eligible for membership, applicants must attest that they have not abused or used alcohol to excess at any point during the 12 months preceding the date of their application.*
3. Avoid misuse and abuse of prescription drugs (i.e., using or consuming prescription medications, other than as specifically intended by the prescriber, in any manner that could reasonably be expected to result in bodily harm, dependency or disfunction) and over-the-counter medications (i.e., using or consuming over-the-counter medications, other than as specifically intended by the manufacturer in accordance with the directions for use, in any manner that could reasonably be expected to result in bodily harm, dependency or disfunction). *To become a Member, applicants must attest that they have not misused or abused legal drugs, such as prescriptions or over-the-counter medication, at any point during the 12 months preceding the date of their application.*
4. Abstain from the use of Illegal Drugs including, without limitation, natural or synthetic opiates, hallucinogens, barbiturates, amphetamines, cocaine, other narcotics. *To be eligible for membership, applicants must attest that they have not used any illegal drugs at any point during the 12 months preceding the date of their application.*
5. Exercise regularly and eat healthy foods that do not harm the body.
6. Refrain from engaging in hazardous activities and behaviors that evidence a willful disregard for personal health and safety.

No matter how large the ministry grows, Universal HealthShare will always be constrained by finite resources. Any opportunity to conserve those resources benefits all Members. Your detailed medical history, and the existing medical conditions disclosed on your Membership Application can help us make recommendations about lifestyle changes that could directly improve your health and indirectly, by conserving resources, benefit all Members. If, at any time, it is determined that the medical history submitted by a Sharing Member on the Membership Application or an attached medical history questionnaire is incomplete, inaccurate or materially misleading, additional sharing limitations or a membership declination may be issued retroactive to his/her effective date, without a refund of any of the Dues or Fees previously paid by or on behalf of the Member. A Member who is subject to any additional sharing limitation(s) may apply to have such limitation(s) removed if they present credible medical evidence that Universal HealthShare, in its unfettered discretion, determines to support and justify such removal; provided, however, that any such removal shall be strictly proactive, not retroactive.

iii. Membership Application.

Any person wishing to participate in the Senior 65 Program as a Sharing Member must be age 65 or older, and must be enrolled in Medicare Part A and B. To become a Senior 65 Program Member, you must first submit a completed Membership Application and pay a non-refundable \$75 application fee. The \$75 application fee will be waived if you are an existing UHS member as of the day prior to your Senior 65 Program Effective Date and you have been a Sharing Member continuously for at least the prior 6 months.



The application fee is not refundable, even if you are not accepted for Membership, regardless of the reason.

iv. UHF Membership Dues.

Universal HealthShare membership Dues of \$15 per Member per month (or such other amounts as may subsequently be established from time to time by Universal HealthShare), the first month which must be paid at the time of submission of the Membership Application, and then each month thereafter along with the Monthly Share Contribution.

v. Monthly Sharing Contributions.

To remain an Active Member, in addition to paying annual or monthly Dues, you must make a Monthly Share Contribution in an amount equal to or greater than the amount recommended by Universal HealthShare.

(a) Monthly Share Contribution Amount Determination and Modifications.

The Monthly Share Contribution, which is separate from Annual or Monthly Dues and any other Fees, is the amount voluntarily donated by you each month to help pay Approved Medical Expenses for another Member and offset the costs of administering the Program; provided, however, that Monthly Share Contributions made for the first two months following your Effective Date and for each subsequent Anniversary Month will be subject to different treatment and used as explained below.

The Monthly Share Contribution amount recommended by Universal HealthShare is determined for each Program by majority vote of the Board of Directors and is based upon the historical and current amount of the Medical Expense Needs submitted for sharing, the projected amount of the Medical Expense Needs expected to be submitted for sharing in the future, the costs of managing and administering the Program, and the number of Active Members participating in the Program. An annual advisory vote of the Members will be taken to assess Program changes that may be under consideration, and the will of the Members regarding the same. The Monthly Share Contribution may be revised upward or downward as determined by majority vote of the Board of Directors in response to the advisory vote or when we otherwise deem an adjustment to be necessary. You will be given notice of any such adjustment in a timely manner.

(b) Assigned Needs and Direction of Contributions.

Each month you will be assigned one or more specific Approved Medical Expenses of another Member or Members in which to share ("Assigned Needs"). By submission of the suggested Monthly Share Contribution, you instruct Universal HealthShare to direct your contribution to such other Member or Members, as prescribed in these Guidelines that set forth the conditions upon which Eligible Medical Expenses will be shared. By participating in a Program, you accept those conditions as enforceable and binding for purposes of assigning your Monthly Share Contributions, and you recognize and acknowledge Universal HealthShare as the final authority for the interpretation of these Guidelines.

During the first two months of membership, the full amount of your Monthly Share Contributions will be deposited directly into an operating account maintained by or for the benefit of the Ministry, to be used at the discretion of Universal HealthShare for any Ministry-related purpose. After that, Universal HealthShare facilitates the means for you to give the appropriate portion of your suggested Monthly Share Contribution directly to another Member in need. We will automatically charge you for each month's Suggested Monthly Share Contribution and Membership Dues five days before your Paid-through Date. **Paid-through Date** means the last day of the current month for which the Monthly Share Contribution has been made for a Member. If your Monthly Share Contribution is not made by the end of the month, your Membership will be inactivated, effective as of your Paid-through Date. See Section III.viii., below, for details about how to



reactivate a Membership that has been inactivated based on a failure to make a Monthly Share Contribution by the end of the month.

Members practice the teaching, “Give and it shall be given to you.” Sharing Members who participate regularly by sending their suggested Monthly Share Contribution and directing its payment to another Member for their Assigned Need will have their Approved Medical Expenses (if and/or when they occur) assigned to active Members for sharing in accordance with these Guidelines.

(c) Allocations for Administrative Costs.

Beginning with the third month of membership and each month thereafter other than your Anniversary Month, an administrative fee from your Monthly Share Contribution will be allocated to be used to help pay or offset the costs of managing and administering the Program. Similarly, your Annual Dues and the full amount of your Monthly Share Contribution for each Anniversary Month will also be used by Universal HealthShare to help pay or offset operational and administrative costs and expenses of the Ministry. Administrative overhead fluctuates, and the portion of each Monthly Share Contribution allocated to administrative costs may be revised as needed at any time by majority vote of the Board of Directors of Universal HealthShare. You will be given notice of any such change in a timely manner.

(d) If available Monthly Share Contributions are less than Approved Medical Expenses.

At any given point in time, the total available amount of Monthly Share Contributions made by Members may or may not equal or exceed the total amount of the outstanding Approved Medical Expenses of all Members. If the total Approved Medical Expenses exceed the Monthly Share Contributions available to meet those needs, the following actions may be taken:

1. A pro-rata sharing of Eligible Medical Expenses may be initiated whereby the Members share a percentage of the outstanding Eligible Medical Expenses that month and we will hold back the balance of those Eligible Medical Expenses to be approved and shared in subsequent month(s).
2. If total Monthly Share Contributions are not adequate to meet outstanding Eligible Medical Expenses for three months out of any four-month period, then suggested Monthly Share Contribution amounts may be increased by the Board in sufficient proportion to satisfy the level of Eligible Medical Expenses being submitted. Such an increase may be undertaken on a temporary or an ongoing basis.

vi. The Effective Date of Your Sharing Program Membership.

The “Effective Date” is the starting date for your sharing eligibility. It is the first day Universal HealthShare members may begin helping you with your medical expenses. You may request a specific Effective Date in your application, but it is not automatically granted as certain requirements must be met first. You will be notified by Universal HealthShare in writing once your Effective Date has been determined. The requirements for determining your Effective Date may include:

- The date you requested for sharing eligibility in your application.
- Timely receipt of your Application Fee, Monthly Sharing Contribution, and any other required Dues.
- Being age 65 or older and enrolled in Medicare Part A and B.

Also note that some medical needs may be subject to waiting periods before they become eligible for sharing. These Guidelines include full details on waiting periods.

Your Effective Date will also become your sharing program Anniversary Date. If any changes are made to your sharing program, such as changes in contribution amounts, they will typically become effective on your next Anniversary Date.

vii. Notice of Intent to Terminate Membership.

As a help to other Sharing Members, if you desire to terminate your participation in a Program, you must send us written notice via email or letter, including the reason for such discontinuation. In order to avoid additional charges, we need to receive this notice at least five days prior to the billing date for the month in which you wish to stop contributing. If your Membership is inactivated for less than 60 days, it may be reactivated on the anniversary day of the month after you contribute the Monthly Share Contribution amount and the monthly membership Dues for the new month. Needs incurred after a Sharing Member's inactivation date and before the reactivation date are not eligible for sharing, even after membership is reactivated. If your Membership has been inactive for more than 60 days and you wish to again become active within the Program, you must reapply as a new applicant to be evaluated for Membership. Reactivating membership gives Sharing Members a new Effective Date (i.e., it does not retroactively move the previous Effective Date forward).

IV. Member Rights and Responsibilities

i. Sharing Member Rights.

- a) Receive considerate, courteous service from all employees and representatives of Universal HealthShare;
- b) Receive or have electronic access to accurate information regarding program Guidelines and eligibility of needs in both member literature and when in contact with Universal HealthShare;
- c) Have Medical Expense Needs processed accurately once all necessary documentation has been received by UHS;
- d) Have all medical records and personal information handled in a confidential manner and in compliance with Privacy Standards;
- e) Be informed about health care practitioners and providers giving discounted services to Sharing Members, when applicable and available;
- f) File a dispute when you have one, without fear of prejudice or reprisal; and
- g) Make recommendations regarding Program Guidelines as part of the annual advisory process.

ii. Member Responsibilities.

- a) Read all Universal HealthShare materials carefully as soon as you receive them or have internet access to them and ask questions when necessary;
- b) Regularly check for and review all amendments of and information relating to the Guidelines that may be posted on the Universal HealthShare website from time to time and ask questions when necessary.
- c) Take personal charge of your medical care, and make informed and knowledgeable health care choices;
- d) Learn how to promote and protect your own health and wellness, eat properly, exercise, and eliminate harmful habits, stressors, and risk factors within your control.
- e) Seek medical advice when appropriate, take the necessary steps to understand the medical advice you receive and any diagnosis you are given, follow the medical advice you receive and obtain needed care in a timely manner.
- f) Take the necessary steps to learn about the effects on your body of any medical condition with which you are diagnosed or afflicted and how you can help manage and control the condition.



- g) Inquire about costs prior to obtaining care, when possible, make cost comparisons between providers, and make cost efficient choices about the care you obtain.
- h) Be informed about the policies and practices of Universal HealthShare and follow them for the benefit of all Sharing Members.
- i) Be honest about your health conditions, and provide all pertinent information to your doctor, family members, and Universal HealthShare when needed.
- j) Fill out a required Health Questionnaire to determine any pre-existing conditions that may be excluded for sharing or be subject to different sharing levels.

V. General Sharing Requirements, Restrictions, Limitations & Maximums

Eligible needs for sharing among Senior 65 Program Members are limited as set forth in this section or elsewhere in these Guidelines, and as may be indicated in writing to the individual Sharing Member from time-to-time.

i. Medical Networks.

The Senior 65 Program does not use medical networks, so you can use any providers, facilities, and hospitals that will accept Medicare. **CHARGES FROM PROVIDERS, FACILITIES, AND HOSPITALS THAT HAVE ELECTED TO OPT OUT OF MEDICARE WILL NOT BE ELIGIBLE FOR SHARING.**

ii. Waiting Period Prior to Sharing Eligibility.

Pre-existing conditions will be waived and will be eligible for sharing if the Member enrolls in the Senior 65 Program inside of their 6-month Medigap Open Enrollment Period* or without Guaranteed Issue Rights. If you are an existing UHS member as of the day prior to your Senior 65 Program Effective Date and have been a Sharing Member continuously for at least the prior six months, then no waiting period will apply to any Pre-existing Conditions in relation to your Senior 65 Program. Otherwise, when you become a Senior 65 Program member, then a 6-month waiting period will apply to any Pre-existing Conditions you may have that are otherwise eligible for sharing.

**The Medigap Open Enrollment Period is the 6-month period that starts the month a senior 65 or older enrolls in Medicare Part B.*

iii. Annual Non-Sharable Amounts for Medical Expenses.

There is an Annual Non-Sharable Amount (“NSA”) for the Senior 65 Program. Your medical expenses can only be shared after you have paid for your own Eligible Medical Expenses in a cumulative amount equal to \$500*. In order for the payment of a medical expense to count towards your Annual NSA, the expense must be one that would be eligible for sharing under the Guidelines if you had already satisfied your Annual NSA requirement in full. The NSA resets every year on your Anniversary Date and the amount you have paid towards your Annual NSA will always be calculated based on the twelve-month period preceding your next Anniversary Date.

This is the NSA in effect as of 06/17/2024. The Annual Non-Sharable Amount is subject to adjustment from time to time, so always remember to check the UHF Member Portal for the most current version of the Guidelines, which may reflect changes that have been made since the date of the last copy you received or reviewed.



iv. Medicare Processing and Payment.

All sharing in the Senior 65 Program is secondary to Medicare. Except as otherwise specifically stated in these Guidelines, no medical expenses will be shared unless and until a claim has already been processed and approved by Medicare. After you pay your NSA, except as otherwise provided in these Guidelines, the portion of medical expenses approved but not paid by Medicare (i.e, the difference between the Medicare allowable amount and the amount actually paid by Medicare) can be eligible for sharing, including Medicare Part A and Part B deductibles, coinsurance, and copays. Each Member is responsible for knowing what Medicare covers. For more information on what conditions and services Medicare covers, see www.medicare.gov or call 1 800-MEDICARE (1 800-633-4227).

Members, submit needs requests (request for payment of the need) to: 4555 Mansell Rd, Ste 300, Alpharetta, GA 30022. Please submit with a copy of your Medicare Explanation of Benefits (EOB) for Medicare Part A, Medicare Part B, or both (Medicare Parts A and B) from the corresponding date of service(s).

v. Maximum Sharable Charges for Covered/Approved Treatment.

Notwithstanding anything to the contrary stated or implied in these Guidelines or elsewhere, including anything you may be told by any person representing or connected with UHF, all sharing in the Senior 65 Program is secondary to Medicare and will always be restricted to only the portion of medical expenses approved but not paid by Medicare (i.e, the difference between the Medicare Allowable Amount and the amount actually paid by Medicare). Senior 65 Program sharing is never based on a Provider's gross billed charges. To the extent sharing of an expense for Services is approved, regardless of what was billed by the Provider, that sharing will be based on an amount no greater than the Medicare Allowable Amount for the Services. Each Member is responsible for knowing what Medicare covers. For more information on what conditions and services Medicare covers, see www.medicare.gov or call 1 800 MEDICARE (800-633-4227).

vi. No Aggregate Annual or Lifetime Sharing Limit.

There is not an annual or lifetime cap on the total amount of Medicare Part A and Part B deductibles, coinsurance, and copays that may be shared for any individual Member in the Senior 65 Program.

vii. Sharing Percentages.

Once any applicable waiting period has passed and you have satisfied your Annual Non-Sharable Amount payment responsibility, 100% of Eligible Medical Expenses are generally sharable, subject to all exclusions, restrictions and limitations set forth in these Guidelines.

VI. Medical Expense Sharing

Medical costs are shared on a per person per Medical Incident basis for illnesses or injuries incurring medical expenses after your Effective Date that were medically necessary and provided by or under the direction of licensed Physicians, Hospitals or other licensed medical Facilities, or approved Practitioners. A Medical Incident means a medically diagnosed condition and all medical treatment(s) received and medical expenses incurred relating to such diagnosis. All medical bills of any nature relating to the same diagnosis are part of the same Medical Incident. Medical expenses eligible for sharing include, but are not limited to, physician and hospital services, emergency medical care, medical testing, x-rays, emergency medical transportation and prescription medications provided by a Hospital during an admission, unless otherwise limited or excluded by these Guidelines. Total bills incurred for medical costs must exceed the Annual Non-Sharable Amount established for your Senior 65 Program to be eligible for sharing. Medical expenses must



be submitted for sharing in the manner and form specified by Universal HealthShare, and medical records may be required as requested by Universal HealthShare.

The following Sections are designed to allow you to quickly check, based on type of health care facility, provider, service, product, treatment or physical/medical condition, to confirm whether a particular medical expense is generally sharable. Members share costs as addressed below, subject to both your prior payment of the applicable Annual Non-Sharable Medical Amount and all exclusions, restrictions and limitations set forth in these Guidelines. Any services not referenced herein as either eligible or ineligible for sharing must be submitted to Universal HealthShare in advance for consideration and receive prior confirmation of general shareability to be eligible for sharing.

i. Sharing for Physical Conditions; Illnesses and Injuries.

Expenses for most types of physical conditions resulting from Illness or Injury are generally sharable, subject to all applicable conditions and limitations set forth elsewhere in these Guidelines, but a Confirmation of No Prior Existence of Condition statement may be required during the first 6 months of membership for certain conditions including:

- | | |
|---|--|
| (a) Asthma. | (b) Back Problems. |
| (c) Bunions. | (d) Cancer. |
| (e) Carpal Tunnel Syndrome. | (f) Diabetes. |
| (g) Foot Disorders. | (h) Heart Conditions. |
| (i) Hemorrhoids. | (j) Hereditary Diseases. |
| (k) Hernia. | (l) High Blood Pressure. |
| (m) Organ Transplants. | (n) Prostate Conditions. |
| (o) Psychiatric Medication Management. | (p) Sexually Transmitted Diseases (STDs). |
| (q) Sleep Apnea. | |

ii. Medical Expenses Sharable Under Limited Circumstances.

(a) Injuries Caused by Motor Vehicle Accidents.

Most needs for motor vehicle related injuries are generally shared, but there are exceptions that are described below. For purposes of these Guidelines, any vehicle with a motor or engine that is used for transportation, work, or recreation is a "Motor Vehicle," any person driving, riding or otherwise controlling a Motor Vehicle is the "Operator," and any person other than the Operator riding in, on or being pulled by a Motor Vehicle is a "Passenger." Before any medical expenses for Motor Vehicle related injuries will be considered for sharing, they must first be submitted to any party that is responsible for the accident or liable for damages resulting from the accident.

(b) Accidents where you are not an Operator or Passenger.

Needs for injuries caused by or incurred in a Motor Vehicle accident where you were not an operator or passenger (e.g., you were a bystander, pedestrian, bicyclist, etc., when injured) are sharable, but only to the extent the costs at issue are not the responsibility of any insurance carrier or liable party.

(c) Accidents where you are an Operator or Passenger.

Needs for injuries caused by or incurred in a Motor Vehicle accident in which you were an operator or passenger of an on-road or off-road Motor Vehicles (including cars, trucks, motorcycles, tractors, farm implements, construction equipment, go-karts, four-wheel or six-wheel ATVs, golf carts, personal moving devices, and all types of motorized watercraft and aircraft) will be sharable, to the extent the costs at issue



are not the responsibility of any insurance carrier or liable party, but only if: (a) the Operator(s)/rider(s) were driving, riding or operating the vehicle off-road or on a public roadway that permits Motor Vehicles of the type involved in the accident; (b) the Operator and Motor Vehicle were validly insured as required by law; (c) the Operator(s)/rider(s) and Motor Vehicle were not engaged in racing or stunt competition and were not operating the Motor Vehicle recklessly; and (d) the Operator(s)/rider(s) were not operating the Motor Vehicle under the influence of alcohol, any recreational drug, any prescription drugs that bear a warning against operating a Motor Vehicle or heavy machinery, or any illegal substance as defined by applicable law.

(d) Accidents involving three-wheel vehicles or snowmobiles where you are an Operator or Passenger.

Expenses from injuries related to accidents involving three-wheel vehicles or snowmobiles in which you were an operator or passenger are not sharable, whether off-road or on-road, even if local law allows three-wheel vehicles or snowmobiles to travel on public roads.

(e) Occupational or Work-Related Injuries.

Expenses arising from the care and treatment of an Illness or Injury that is occupational, or that arises from work for wage or profit, including self-employment, are generally not eligible for sharing. However, provided such Illness or Injury results from legal employment, they will be considered for sharing if:

- a) The State in which the injuries occurred has no Worker's Compensation laws or insurance requirements; or
- b) The State laws proscribing participation in the Worker's Compensation system of that State do not allow or exempt the business owner and/or enterprise from participating in Workers Compensation. Documentation of such an exemption may be required.

VII. UHF / Curam Wellness Center™

The Senior 65 Program includes unlimited access to the UHF / Curam Wellness Center™ ("UHF Curam"). UHF Curam is designed to assist members throughout their health and wellness journey.

- Through a variety of care assistance programs, the goal of UHF Curam is to meet you where you are in your health journey and be there for you at your point of need.
- Through UHF Curam, you will receive access to CuramLife Concierge Services, which will allow you to connect with a live representative that can help you navigate the challenges of the health care system and support your use of UHF health programs. UHF Curam aspires to provide convenience and clarity and seeks to connect you to the resources you need and that are provided within your Senior 65 Program.
- UHF Curam can connect you with a growing list of health and wellness programs including nutritional programs and caregiver support as well as to help you with understanding hospital financial assistance policies and completing applications for free or reduced cost care.
- UHF Curam connects you to the resources needed to support the best you.

VIII. Telemedicine

Unlimited 24-hour telemedicine access with \$0 consultation fees is available for Members in the Senior 65 Program. Offered through our partnership with FlexCare, telemedicine gives you immediate access to board-certified doctors for medical conditions. Medical services provided include:

- Common cold
- Allergies
- Constipation
- Cough
- Diarrhea
- Ear Problems



- Fever
- Flu
- Headache
- Insect Bites
- Nausea
- Vomiting
- Pink Eye
- Rash
- Respiratory Problems
- Sore throat
- UTI (for adult females, 18+)
- and more

You can speak to your telemedicine professional via a phone call, through a mobile app, or online video. It's the fastest, most convenient, and often the lowest cost way for you to access medical care. If you have never tried telemedicine before, we encourage you to explore this option. It can help you keep your health care costs low – and that's a great thing for you and your fellow sharing program members.

If you are experiencing a medical emergency, do not access telemedicine. Instead, go immediately to an urgent care center, hospital emergency room, or dial 911 and ask for medical emergency services, depending on the severity of your emergency.

IX. Health Tools

UHS Health Tools is included for all Members in the Senior 65 Program. UHS Health Tools includes telephonic health advocacy, as well as access to dental and vision discount networks. The discount plan organization providing the dental and vision discount plans is New Benefits, PO Box 803475, Dallas, TX 75380-3475, 800-800-7616, and those plans are delivered through FlexCare Digital Health, 3340 Peachtree Road, NE, Suite 1525, Atlanta, GA 30326, 866-697-8212. Providers and locations may be removed from the counseling, dental and vision networks at any time. The UHS Health Tools components may be cancelled or modified at any time. You will receive notice of any cancellation or material modification. The discount plans are referral plans and make no warranties concerning the quality of care received. Providers are responsible for the professional advice and treatment provided to Members.

(a) **UHS Health Tool: FlexCare Virtual Health Advocate (EAP).**

Behavioral Health counseling for short-term problem resolution, referral, and crisis intervention services is provided through FlexCare. Programs may vary in some states. Members receive 24x7 confidential free counseling via telephone, secure video or mobile app and problem-solving services with a qualified counselor with a minimum of a master's degree and five years of postgraduate experience. Services with counselors include depression, anxiety, stress, relationship issues (e.g., divorce), job and work stress/conflicts, family and parenting problems, loss, anger, grief, addiction, eating disorders, mental illness, and others. Services with work/life specialist include childcare services, legal services, financial services, and eldercare services. When needed, members are referred to local licensed counselors or community resources for long-term help. Call 866-697-8212 for more information or to speak with an EAP counselor.

(b) **UHS Health Tool: Aetna Dental Access® network.**

The dental discount plan provides access to the Aetna Dental Access® network. This network is administered by Aetna Life Insurance Company (ALIC). Neither ALIC nor any of its affiliates is an affiliate, agent, representative or employee of the discount program. Dental providers are independent contractors and not employees or agents of ALIC or its affiliates. ALIC does not provide dental care or treatment and is not responsible for outcomes.

The Aetna dental network provides members with discounts of 15%-50% on dental procedures at over 238,000 available dental practice locations nationwide. Members must present their card bearing the Aetna Dental Access® along with payment in full of the discounted fee for immediate savings at the time services are rendered. The range of discounts will vary depending on the dental provider selected and the type of dental service rendered. This service does not make payments directly to the providers of dental services.



The member is obligated to pay for all dental care services but will receive a discount from those providers that have contracted with the service. Call 855-647-6764 for more information or to locate a dental network provider.

(c) UHS Health Tool: Coast-to-Coast Vision (CTC).

The vision discount plan provides access to Coast-to-Coast Vision™ (CTC) provider network. The CTC provider network includes over 20,000 eyecare locations that include ophthalmologists, optometrists, independent optical centers and national chains such as Pearle Vision, JCPenney Optical, Sears Optical, Target Optical, LensCrafters, EyeMasters and QualSight LASIK. Discounts vary by service from 10%-60%. Prescription glasses and contact lenses are discounted 20% to 60% in most cases. Eye exams and surgery are discounted 10% to 30% where available. Call 855-647-6764 for more information or to locate a vision network provider.

X Pre-Existing Conditions & Other Ineligible Expenses

i. Pre-Existing Conditions.

Conditions that exist at the time of enrollment that have evidenced symptoms and/or received treatment and/or medication within the 6 months prior to enrollment are not eligible for sharing except where specifically noted within these Guidelines. After the first 6 months of continuous monthly membership, some medical expenses for a pre-existing condition may become eligible for sharing. Pre-existing conditions are not eligible for sharing if the Member joined the Senior 65 Program outside of their 6-month Medigap Open Enrollment Period* or without Guaranteed Issue Rights. Pre-existing conditions will be waived and will be eligible for sharing if the Member enrolls in the Senior 65 Program inside of their 6-month Medigap Open Enrollment Period* or without Guaranteed Issue Rights.

**The Medigap Open Enrollment Period is the 6-month period that starts the month a senior 65 or older enrolls in Medicare Part B.*

(a) Exceptions for Type 2 Diabetes, High Blood Pressure and Cholesterol Level.

(i) Type 2 Diabetes

Type 2 Diabetes, also known as “non-insulin dependent diabetes,” will not be considered a condition existing prior to membership if you have gone 6 months symptom free, and you have not been treated at a medical facility or a practitioners office (other than diagnostic testing) for Type 2 Diabetes or associated complications in the past 6 months, and the condition is controlled through diet, lifestyle adjustments, or medication (excluding insulin) while maintaining your Hemoglobin A1C test level at seven percent or lower throughout this period. In the event there are any needs requests in support of the Type 2 Diabetes condition, documentation of these test results must be provided to the office.

(ii) High Blood Pressure.

High blood pressure will not be considered a “condition existing prior to membership” even if you have not gone 6 months symptom free, as long as you have not been treated at a hospital for high blood pressure in the past four years, and you are able to control the condition through medication or diet. Medication for treatment for a chronic condition will not be shared.

(iii) Arteriosclerosis.

Elevated cholesterol is not by itself considered a pre-existing condition, nor is it the mere fact that a person is taking a prescribed statin drug. However, if the prescription is for diagnosed arteriosclerosis for a particular location (e.g., heart, carotid artery), that condition would be pre-existing as to that location.

ii. Medical Expenses NOT Eligible for Sharing.

Medical expenses of the following types or arising from any one of the following illnesses or injuries are not eligible for sharing among Members, except as may be specifically noted below:

(a) Alcohol/Drug-Related Problems.

Services, supplies, care or treatment to a Sharing Member for an Injury and/or disease and/or bodily malfunction which occurred as a result of that Sharing Member's abuse and/or use of alcohol or drugs/pharmaceuticals, including Drug and/or Alcohol Rehabilitation Treatment.

(b) Alternative Medicine and Non-Conventional Treatments.

An "alternative medical treatment" or "non-conventional treatment" is a treatment proposed by a member for a condition lawfully diagnosed by a licensed medical professional, but which treatment was not prescribed by the member's Physician. While expenses of Alternative Treatment are generally not sharable, in very rare circumstances eligibility for sharing of such expenses may be considered on a case by case basis after submission of a written request and explanation that includes the details of the proposed treatment with citations to the source(s) of the information, the length of time it is anticipated the treatment will continue, and why the proposed treatment is not being prescribed by their Physician. After review of such a request and explanation Universal HealthShare may, in its sole discretion, approve sharing based on factors such as the less invasive nature of the proposed treatment compared to conventional treatment, demonstration that such treatment will prevent or eliminate the need for more costly conventional treatments, the degree of consistency of the proposed treatment with conventional treatment and current medical knowledge. If any such sharing is approved, it may be subject to preconditions for sharing the expenses that the Member will have to accept and satisfy.

(c) Armed Conflict/Civil Disobedience/Protests/Riots.

Injuries or illness resulting from or occurring during a member's participation as a combatant in an armed conflict (but not including actions taken as a civilian or private citizen purely in self-defense or in defense of an immediate family member), or participation in an act of civil disobedience, insurrection, demonstrating, protesting, or rioting.

(d) Charges before or after Active Membership.

Medical care, treatment or supplies for which a charge was incurred before a person was a Sharing Member in the Senior 65 Program or after membership ceased or became inactive.

(e) Charges that do not follow proper coding guidelines.

Medical care, treatment or supplies for which a charge was incurred, but as to which proper coding guidelines are not followed.

(f) Charges that have already been paid by Medicare.

Charges which Medicare has paid.

(g) Complications of non-eligible treatments.

Care, services, or treatment required as a result of complications from a treatment that itself is not eligible for sharing.

(h) Custodial care.

Services or supplies provided mainly as a rest cure, maintenance, custodial care, or other care that does not treat an Illness or Injury.

(i) Dental Care.

Dental prostheses and care or treatment of the person's teeth above or below the gums, except for the repair of sound natural teeth damaged due to an injury that occurs while the person is a Sharing Member; provided, however, that damage to natural teeth that occurs while eating (e.g., breaking a tooth on a



popcorn kernel or olive pit) will not be considered to have occurred due to injury, and related expenses will not be sharable.

(j) Diabetes (Type 1).

Needs resulting from Type 1 diabetes (a condition where the pancreas does not make insulin, also known as “juvenile onset” diabetes), will not be shared, regardless of how long you have gone or may later go without symptoms, treatment, or medication.

(k) Durable Medical Equipment.

Charges that exceed the Medicare allowed physician fee schedule amount for reusable or durable medical equipment, devices, prosthetics, orthotics, and supplies (“DMEPOS”) that are purchased or rented from a supplier rather than from a Physician. Examples of DMEPOS include, without limitation: alternating pressure pads and mattresses (also known as support surfaces); blood glucose monitors or meters; canes; commodes; continuous positive airway pressure (CPAP) devices; crutches; hearing aids; hospital beds (for home use); infusion pumps; intermittent positive pressure breathing machines; negative pressure wound therapy; orthotics; oxygen equipment; traction equipment; tubing; vaporizers; ventilators; walkers; and wheelchairs.

(l) Excess Charges.

The portion of any expense for care and treatment of an injury or illness that exceeds the lesser of the Medicare allowed amount or the Usual, Customary and Reasonable Fees for such care or treatment. Universal HealthShare has the discretion to decide, based on techniques, criteria and standards established or adopted by Universal HealthShare, whether a charge is Usual, Customary and Reasonable.

(m) Experimental, Investigational, Unproven or Unapproved Services.

Care and treatment that is either Experimental, Investigational or Unproven, or that has not been approved by the American Medical Association, FDA, or other industry recognized authoritative bodies, or that is illegal by U.S. law.

(n) Euthanasia/Assisted Suicide.

Expenses for intentionally terminating or assisting with the termination of a human life are not sharable.

(o) Failure to Follow Medical Advice.

Expenses for care and treatment of an injury or illness, the need for which was the result of a failure to follow medical advice or an unreasonable delay in following medical advice.

(p) Goods and Services Purchased from Relatives.

Purchases of Services from a relative of the Member.

(q) Hearing Aids and Exams.

Charges for services or supplies in connection with routine hearing exams, hearing aids, or exams for their fitting.

(r) Hazardous Hobbies.

Care and treatment of an injury or illness that results from engaging in a hazardous hobby. A hobby is hazardous if it is an activity which is characterized by a constant or recurring threat of danger or risk of bodily harm. Examples of hazardous hobbies include, but are not limited to, rock/cliff climbing, spelunking, scuba diving, skydiving, bungee jumping, hang gliding, kite surfing, paragliding, base jumping and all other extreme sports.

(s) Hemophilia.

Charges for the care or treatment of any form of Hemophilia.

(t) Home Health Care.

Skilled care services at home are generally not sharable, provided, however, that sharing may be approved for up to 30 days of care by a Home Health Care Agency for each related Medical Incident provided Universal HealthShare determines, in its sole discretion, that such home care reduces the expected medical expense and replaces hospital or nursing home services.

(u) Homeopathic.

Homeopathic treatment and medication, regardless of whether or not it is prescribed by a Physician.

(v) Hospital Employee Services.

Professional services billed by a Physician or nurse who is an employee of a Hospital or Skilled Nursing Facility and is paid by the Hospital or Skilled Nursing Facility for the services.

(w) Illegal Acts.

Charges for services received as a result of Injury or illness caused by engaging in an illegal act or occupation; by committing or attempting to commit any crime, criminal act, assault or other felonious behavior; including but not limited to illegal drug activity, crimes against persons, crimes against property and gun offenses.

(x) Interest/Late Charges/Penalties.

Costs incurred for interest charges, late charges or penalties from any Provider, and interest or finance charges from a credit card or lending institution that a Member borrows from to pay medical bills.

(y) Late Sharing Requests.

Regardless of the nature of the charges, bills submitted for sharing that are not received by Universal HealthShare within 180 days from the date of the Medicare EOB for will not be eligible for sharing.

(z) Nursing Home and Long-Term Care.

Nursing home and other long-term care (but not including Skilled Nursing Facility care); provided, however, that separately charged, non-routine medical services while in a nursing home or long-term care facility may be sharable, subject to all applicable Program limitations and conditions set forth in these Guidelines.

(aa) Naturopathic Care.

Naturopathic adjustments, manipulations, and other treatments.

(bb) Negligent Acts.

Expenses resulting from an Illness or Injury as to which the Sharing Member has acted with negligence or with reckless disregard to safety, as evidenced by medical records and as determined by Universal HealthShare.

(cc) Non-Emergency Hospital Admissions on Fridays or Saturdays.

Care and treatment billed by a Hospital for Non-Emergency Admissions on a Friday or a Saturday; provided, however, that this limitation may not apply if surgery is performed within 24 hours of Admission.

(dd) Non-Emergency Transportation.

Expenses resulting from transportation by ambulance for conditions that will not seriously jeopardize the Sharing Member's health or life, or any additional expense for transportation to a facility that is not the nearest facility capable of providing medically necessary care.

(ee) Non-Medical Expenses.

Expenses not directly related to provided medical services are not sharable (e.g., phone charges, cots and/or meals for visitors, etc.).

(ff) No Obligation to Pay.

Charges incurred for which the Sharing Member has no legal obligation to pay.

(gg) Nutritional Supplements.

Nutritional products, supplements, consultations, education, and educational materials.

(hh) Nutritionist.

Services of nutritionists and dietary consultants unless they are licensed or certified to provide the service and the service is prescribed by a Physician. (Note: This does not apply to services provided through the UHF / Curam Wellness Center.)

(ii) Prescription Drugs and Other Medications.

Prescription drugs and other medications, except for prescription drugs provided by a Hospital as part of inpatient treatment or provided by a Facility during an outpatient surgical procedure.

(jj) Pre-Employment and Pre-School/Athletic Physicals.

Pre-Employment and Pre-School/Athletic Physicals if outside a normal schedule of wellness and preventive care provided by the patient's regular primary care Physician.

(kk) Organ/Tissue Donation.

Expenses related to organ or tissue donation.

(ll) Personal comfort items.

Personal comfort items or other equipment, such as, but not limited to, air conditioners, air-purification units, humidifiers, electric heating units, orthopedic mattresses, blood pressure instruments, scales, elastic bandages or stockings, non-prescription drugs and medicines, and first-aid supplies and non-hospital adjustable beds. This includes, but is not limited to, outpatient prescribed or non-prescribed medical supplies, over-the-counter drugs, and treatments, tubings, masks, ostomy supplies, ace bandages, gauze, syringes, diabetic test strips and similar supplies.

(mm) Professional Racing or Competitive Events.

Charges for treatment of injuries or illness while racing or competing as a professional. Professional racing means that such activity is one's primary vocation and means of financial support. Professional racing and competitive events include, but are not limited to, automobile, motorcycle, watercraft, ski or rodeo races or competitions.

(nn) Relatives Providing Services.

Professional services performed by a person who ordinarily resides in the Member's home or is related to the Member as a Spouse, parent, Child, brother or sister, whether the relationship is by blood or exists in law.

(oo) Self-Inflicted Injuries.

Any medical expense due to injuries that are self-inflicted or otherwise intentionally caused to oneself by a Member over the age of 12, while sane or insane.

(pp) Services not approved by Medicare Part A or B.

Medical bills or charges related to any condition or service that have not been first processed and approved by Medicare Part A or Part B.

(qq) Sex Changes.

Care, services or treatment for non-congenital transsexualism, gender dysphoria or sexual reassignment or change. This includes medications, implants, hormone therapy, surgery, or medical or psychiatric treatment.

(rr) Sexually Transmitted Diseases.

Expenses related to sexually transmitted diseases contracted other than as a result of rape.

(ss) Skilled Nursing Facility care from the 101st day and beyond.

Any care received in a Skilled Nursing Facility beyond the 100th day.

(tt) Sports-related safety/performance devices and programs.

Devices used specifically as safety items or to affect performance primarily in sports-related activities, and membership, registration or participation costs related to physical conditioning programs, such as athletic training, bodybuilding, exercise, fitness flexibility and diversion or general motivation.

(uu) Travel or accommodations.

Charges for travel or accommodations, whether recommended or not recommended by or incurred based on the advice of a Physician.

(vv) Violations of Statement of Shared Faith and Beliefs.

Needs arising from conduct inconsistent with the UHF Statement of Shared Faith and Beliefs or other Membership requirements or occurring when a member is not meeting the Membership requirements.

(ww) War.

Any cost incurred that is due to any declared or undeclared act of war, act of terrorism or military activity.

XI. Miscellaneous

i. Other Sources of Medical Expense Payment.



In order to conserve the giving of the Sharing Members, it is the obligation of the member to pursue payment from any other responsible payer for medical expenses that are submitted to Universal HealthShare for sharing. Needs do not qualify for sharing to the extent that they are discountable by the health care provider or payable by any other source, whether private, governmental, or institutional. If a governmental, insurance, religious, liable third party, fraternal organization or any other financial assistance source will pay any portion of the qualifying medical bill, that amount will offset any unshared and/or shared amounts applied to the member's needs up to the total amount of the need. If the Sharing Member refuses to accept such assistance, then that portion of the medical need also becomes ineligible for sharing.

ii. Payment of Eligible Share Amounts After Death.

If a Sharing Member, at the time of his or her death, has outstanding Eligible Medical Expenses that have not been shared at the time of death, the following provisions apply:

1. Eligible Medical Expenses submitted by the provider in the normal course of business shall be shared in the same manner as if the member had not died.
2. Eligible Medical Expenses not submitted by the provider, but paid or payable directly by or on behalf of the member and submitted for sharing within a reasonable time of the billing or payment, shall be shared, and payment shall be directed to the deceased Sharing Member's estate, or pursuant to an order of the applicable Court with probate jurisdiction.

XII. Sharing Decision Appeals & Dispute Resolution

Universal HealthShare is a voluntary association of like-minded people who come together to assist each other by sharing medical expenses. Such a sharing and caring association does not lend itself well to the mentality of legally enforceable rights. However, it is recognized that differences of opinion will occur, and that a methodology for resolving disputes must be available. Therefore, by becoming a Sharing Member of Universal HealthShare, you agree that any dispute you have with or against Universal HealthShare, its associates or employees, will be settled using the following steps of action, and only as a course of last resort.

If a determination is made with which the Sharing Member disagrees and believes there is a logically defensible reason why the initial determination is wrong, then the Sharing Member may file an appeal.

i. Appeals.

Most differences of opinion can be resolved simply by calling Universal HealthShare. A Member Services Representative will try to resolve the matter within 10 working days. If you have any questions about how to process appeals, please call or contact UHF Member Support at 888-308-0024 or customerservice@universalhealthfellowship.org.

(a) 1st Level Appeal.

If the Sharing Member is unsatisfied with the determination of the Member Services Representative, then the Sharing Member may request a review by the Needs Processing Manager. The appeal must be in writing, stating the elements of the dispute and the relevant facts. Importantly, the appeal should address all the following:

- What information does Universal HealthShare have that is either incomplete or incorrect?
- How do you believe Universal HealthShare has misinterpreted the information already on hand?
- What provision in the Universal HealthShare Guidelines do you believe Universal HealthShare applied incorrectly?



Within thirty (30) days, the Needs Processing Manager will render a written decision.

(b) 2nd Level Appeal.

Should the matter still stay unresolved due to challenges to medical necessity, then the aggrieved party may ask that the dispute be submitted to an external, independent third party, MedWatch, who was not involved in the original determination. MedWatch will review contested matters and shall render their opinion in writing within thirty (30) days.

(c) Final Level Appeal.

If the Sharing Member is unsatisfied with the appeal determination, then the Sharing Member may request a review by the Universal Health Fellowship Board of Directors. The appeal must be in writing, stating the elements of the dispute and the relevant facts. Within thirty (30) days, the Universal Health Fellowship Board of Directors will render a decision which will be communicated to the Sharing Member in writing.

ii. Mediation and Arbitration.

If the aggrieved Sharing Member disagrees with the conclusion of the Final Appeal, then the matter shall be settled by mediation and, if necessary, legally binding arbitration in accordance with the rules of the American Arbitration Association. Judgment upon an arbitration decision may be entered in any court otherwise having jurisdiction. Sharing Members agree and understand that these methods shall be the sole remedy for any controversy or claim arising out of the Guidelines and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision. Any such arbitration shall be held in Atlanta, Georgia, subject to the laws of the State of Georgia. Universal HealthShare shall pay the fees of the arbitrator in full and all other expenses of the arbitration; provided, however, that each party shall pay for and bear the cost of its own transportation, accommodations, experts, evidence and legal counsel, and provided further that the aggrieved Sharing Member shall reimburse the full cost of Arbitration should the Arbitrator determine in favor of Universal HealthShare and not the aggrieved Sharing Member. The aggrieved Sharing Member agrees to be legally bound by the Arbitrator's decision. The rules of procedure for the American Arbitration Association will be the sole and exclusive procedure for resolving any dispute between individual members and Universal HealthShare when disputes cannot be otherwise settled.

XIII. Amendment of Sharing Guidelines

i. Enacting Changes.

These Guidelines may be amended from time to time as circumstances require and as determined to be appropriate by a majority vote of the Universal HealthShare Board of Directors. The Board of Directors has the option, at its discretion, of first taking an advisory vote of the Sharing Members prior to making any such amendments.

ii. Effective Date of Amendments.

Amendments to the Guidelines will take effect as soon as is administratively practical or as otherwise designated by the Board of Directors. Medical expenses submitted for sharing will be subject to the edition of the Guidelines in effect on the relevant Dates of Service, regardless of when the medical expenses are submitted or recorded as received by Universal HealthShare, and such edition of the Guidelines shall supersede all other editions of the Guidelines and any other communication, written or verbal.

iii. Notification of Changes.



Sharing Members will be notified of changes to the Guidelines in the normal course of communication with members, but in no case any later than the Member's next Anniversary Month. Notice of material changes to the Guidelines will be given within ninety (90) days or as soon thereafter as reasonably practical.

XIV. Definitions

Commonly used terms used throughout the Guidelines and Enrollment Application are defined as follows:

Ambulatory Surgical Center refers to any public or private State licensed and approved (whenever required by law) establishment with an organized medical staff of Physicians, with permanent facilities that are equipped and operated primarily for the purpose of performing surgical procedures, with continuous Physician services and registered professional nursing service whenever a patient is in the facility, and which does not provide service or other accommodations for patients to stay overnight.

Anniversary Date or **Effective Date** means the date on which a Member's participation in the Senior 65 Program began.

Anniversary Month means the first calendar month of any accepted applicant's Membership.

Annual Non-Sharable Amount(s) is the amount of otherwise eligible medical expenses that must be paid by the Member before any need may qualify for sharing.

Applicant means an adult Sharing Member participating by himself or herself.

Application Date means the date Universal HealthShare receives the Membership Enrollment Application with the appropriate dates included.

Approved Medical Expense means an Eligible Medical Expense or portion thereof that has been specifically approved by Universal HealthShare for sharing in accordance with the terms of the Guidelines, subject to satisfaction of the Annual Non-Sharable Amount requirement and all other conditions and limitations of the Program, including any fees or costs incurred by Universal HealthShare to reduce the amount of the relevant Medical Expense Need.

Assigned Needs means the specific Medical Expense Needs of another Member or Members that Universal HealthShare assigns to an Active Member for sharing.

Assignment of Sharing refers to an arrangement whereby the Program Member assigns their receipt of voluntary Member Shares for Eligible Expenses, if any, in strict accordance with the terms of the Guidelines, to a Provider. If a provider accepts said arrangement, Providers' rights to receive payment from the self-pay Member for services rendered are equal to those Member Share amounts received by the Member from other Program Members, and are limited by the terms of the Guidelines. A Provider that accepts this arrangement in lieu of billing the Program Member directly indicates acceptance of the Assignment of Sharing as consideration in full for services, supplies, and/or treatment rendered, acknowledges the adequacy of such consideration, and waives its right to balance-bill the Program Member for any amount greater than the Eligible Shared Amount. If any Provider accepting an Assignment of Sharing thereafter does not treat the Assignment of Sharing as consideration in full for services, supplies, and/or treatment rendered, Universal HealthShare may disregard the Assignment of Sharing at its discretion and continue to treat the Program Member as the proper recipient of any voluntary Member Shares for Eligible Expenses. Any Provider who has accepted Assignment of Sharing and payment of Member Shares and then pursues recovery from the Sharing Member, on any legal or equitable theory, of any amount of in excess of the Eligible Shared Amount shall be acting in violation of the Guidelines and shall be required to immediately



repay to UHS, for the benefit of the Sharing Member, all Member Share amounts paid to such Provider in connection with the medical expenses in question.

Bill Review means independent auditing and review of a Provider's billed medical expenses and/or medical records to identify any Invalid Charges, calculate Fair and Reasonable Consideration for the services and supplies provided, establish whether or not such expenses are Usual, Customary and Reasonable, and determine if the billed medical expenses or some portion thereof otherwise meet, satisfy and conform to the applicable criteria, standards and requirements of the Guidelines.

Charitable Assistance Committee means the committee comprised of Philanthropic Members, appointed by the Board of Directors of Universal Health Fellowship Inc. or its Chief Executive Officer, that is responsible for reviewing and approving or declining, in full or in part, Charitable Assistance Requests submitted for consideration by the Ministry.

Charitable Assistance Fund means the fund maintained by the Ministry of contributions made by Philanthropic Members and non-Member donors for use in exceptional circumstances to help meet needs that are ineligible or fall outside of the limitations established under these Guidelines or exceed available resources.

Charitable Assistance Request means a request for charitable assistance submitted by the Ministry for consideration by the Charitable Assistance Committee.

CMS means the Centers for Medicare and Medicaid Services.

CMS Cost Ratio means the ratio of facility costs to charged amounts as utilized by CMS in determining facility reimbursement or as reflected in a Hospital's most recent available departmental cost ratio report to CMS and published as the "Medicare Cost Report" in the American Hospital Directory.

Conditional Member means a person (i) with a health condition that may be improved or eliminated by a change in behavior who Universal HealthShare has accepted as a Member on a provisional basis, subject to additional requirements related to modifying certain behavior and taking reasonable steps to improve or eliminate the health condition at issue; and (ii) who qualifies to participate monthly by contributing the suggested Monthly Share Contribution for the Medical Expense Needs of others and who qualifies to receive contributions from fellow Members for Medical Expense Needs they may submit for sharing. If an existing Sharing Member develops a health condition that may be improved or eliminated by a change in behavior, Universal HealthShare may exercise its discretion to change such members status to that of a Conditional Member, subject to additional Membership requirements related to modifying certain behavior and taking reasonable steps to improve or eliminate the health condition at issue.

Cost(s) means:(a) as to Hospital and Facility Services, the costs determined from review and analysis of a facility's applicable CMS Cost Ratios, or otherwise in accordance with any relevant CMS Cost Ratios, or based on any other cost information, sources, lists or comparative data published or publicly available (free, for purchase or by subscription), or any combination thereof that are deemed sufficient, in the opinion of Universal HealthShare or its Medical Expense Auditor; (c) as to medical and surgical supplies, implants and devices, the costs to the Provider of such items, which may be established by a Provider invoice or a certified statement from a representative of the Provider or, in the absence of such an invoice or statement, through other sources of cost information or comparative data, such as comparable invoices, receipts, cost lists or other documentation or resources published or publicly available (free, for purchase or by subscription), or any combination thereof, that are deemed sufficient, in the opinion of Universal HealthShare or its Medical Expense Auditor; (d) as to pharmaceuticals provided by a Hospital or Facility, acquisition cost determined by reference to the National Average Drug Acquisition Cost calculated by CMS,



the Average Acquisition Cost (AAC) for the state in which the facility resides, the Predictive Acquisition Cost calculated by Glass Box Analytics, or other comparable and recognized data source; and (e) as to medical and surgical supplies, implants and devices provided by a Hospital or Facility, acquisition cost determined by reference to an invoice submitted by a Hospital or Facility or, in the absence of such an invoice, a written statement from the Hospital or Facility specifying its actual acquisition cost or, in the absence of such an invoice or written statement, through other documentation or sources of cost data such as, but not limited to, comparable invoices, receipts, cost lists or other commonly recognized data source, or other documentation or sources of cost information deemed appropriate by Universal HealthShare or its Medical Expense Auditor.

Domestic Partnership means the spiritual and legal union of two persons united as partners in a consensual and contractual relationship recognized by the civil union or domestic partnership laws and regulations of the state in which such union was formed.

Eligible Medical Expense means a Medical Expense Need of a Member or portion thereof that could qualify for sharing in accordance with the terms of the Guidelines if it were assumed that all applicable Annual Non-Sharable Amounts had already been paid the Member. All sharing in the Senior 65 Program is secondary to Medicare. Only the portion of medical expenses approved but not paid by Medicare (i.e., the difference between the Medicare allowable amount and the amount actually paid by Medicare) can be eligible for sharing, including copayments, coinsurance, deductibles, and “excess charges or fees”, (as defined by Medicare).

Emergency or **Emergent Situation** means a medical condition with symptoms of sufficient severity that the absence of immediate medical attention would reasonably be expected to result in death or serious jeopardy to the health of the individual (or, with respect to a pregnant woman, the woman’s unborn child) involving serious impairment to bodily functions or serious dysfunction of any bodily organ or part.

Errors means any billing mistakes or improprieties including, but not limited to, up-coding, duplicate charges, charges for care, supplies, treatment, and/or services not actually rendered or performed, or charges otherwise determined to be invalid, impermissible or improper based on any applicable law, regulation, rule or professional standard.

Facility refers to any facility that provides medical services on an Outpatient basis.

Fair and Reasonable Consideration refers to an amount that would constitute fair and reasonable payment to a Provider for Services provided, under the facts and circumstances surrounding the provision thereof. The Medicare reimbursement rates for Services shall be deemed for all purposes to constitute Fair and Reasonable Consideration. Regardless of typical practices of any Provider or other providers of comparable services, Fair and Reasonable Consideration shall not include amounts for any Invalid Charges.

Gross Negligence is a conscious and voluntary indifference to, and a blatant violation of, a legal duty. It is also a reckless disregard to safety.

Guidelines or **Sharing Guidelines** means the documentation that describes the types of medical expenses shared by members and how Universal HealthShare functions to facilitate that sharing.

Hobby means an activity done regularly in one’s leisure time for enjoyment, pleasure, or recreation.

Hospital refers to an institution that meets all the following requirements:

- It provides medical and surgical facilities for the treatment and care of Injured or Sick persons on an Inpatient basis;
- It is under the supervision of a staff of Physicians;
- It provides 24 hour a day nursing service by Registered Nurses;
- It is duly licensed as a Hospital;
- It is not, other than incidentally, a place for rest, a place for the aged, a nursing home or a custodial or training type Institution, or an Institution which is supported in whole or in part by a Federal government fund; and
- It is accredited by the Joint Commission on Accreditation of Hospitals sponsored by the AMA and the AHA.

The requirement of surgical facilities shall not apply to a Hospital specializing in the care and treatment of mentally ill patients, provided such institution is accredited as such a facility by the Joint Commission on Accreditation of Hospitals sponsored by the AMA and the AHA. Hospital” shall also have the same meaning, where appropriate in context, set forth in the definition of “Ambulatory Surgical Center.”

Hospital Charges means charges from a Hospital for Medical Services, but only when such Medical Services cannot be provided or performed on an outpatient basis or in a non-hospital, ambulatory facility.

Illegal Drugs mean drugs or other substances which are classified under Schedule 1 in Title 21 United States Code Controlled Substances Act.

Illness or Injury means an illness, disease, injury, or medical condition that is formally defined and widely recognized and accepted in the medical community.

Invalid Charges means:(a) charges that are found to be based on “Errors,” “Unbundling,” “Misidentification” or “Unclear Description” (as such terms are defined in the “Claim Review and Validation Program” section of the Guidelines); (b) charges for fees or services determined not to have been Medically Necessary, Usual and Customary, and Reasonable; or (c) charges that are otherwise determined by the Medical Expense Auditor or Universal HealthShare to be invalid or impermissible based on any applicable law, regulation, rule or professional standard..

License or Licensed or Licensure means, as to a person performing medical services, the applicable and current licensure, certification, or registration required to legally entitle that person to perform such services in the state or jurisdiction where the services are rendered.

Marriage means the spiritual and legal union of two persons united under the covenant of matrimony as spouses in a consensual and contractual relationship recognized by the laws and regulations of the state in which such union was formed.

Maximum Eligible Amount or Maximum Amount or Maximum Eligible Charge shall mean the eligible amount to be shared for a specific item or charged expense under the terms of the Guidelines. Maximum Eligible Charge(s) may be the lesser of:

- Usual, Customary and Reasonable Fees;
- Fair and Reasonable Consideration;
- the Medicare Allowed Amount;
- the allowable charge otherwise specified under the terms of the Guidelines;
- a negotiated rate established in a direct or indirect contractual arrangement with a Provider, or
- the actual charge billed for the item or expense.



The Program has the discretionary authority to decide if a charge is Usual and Customary and for a Medically Necessary and Reasonable service. The Maximum Eligible Charge will not include any Invalid Charges including, but not limited to, identifiable billing errors, up-coding, duplicate charges, misidentified or unclearly described items and charges for services not performed.

Medical Expense Auditor is the party designated by Universal HealthShare to provide for, evaluate and make determinations based on Bill Review regarding a submitted Medical Expense Need.

Medical Expense or **Medical Expense Need** means an expense for a medical Service or Alternative Treatment obtained from a Provider to treat the Illness or Injury of a Sharing Member which expense is submitted to Universal HealthShare, together with any fees or costs incurred by Universal HealthShare to reduce the amount of such expense.

Medical Incident means, as to any particular instance, a medically diagnosed condition and all medical treatment(s) received and medical expenses incurred relating to that particular diagnosis of such condition (i.e., all medical bills of any nature relating to the same diagnosis are part of the same Medical Incident).

Medical Professionals (see "Professionals").

Medicare Allowable Amount means the amount that would be paid by Medicare as reimbursement for the referenced Services if Medicare were paying for those services without reduction for any deductible, copayment, or coinsurance portion.

Member (see "Sharing Member").

Membership Year means a twelve-month period following a Member's Anniversary Date.

Misidentification means that it is determined by Universal HealthShare or its delegate that any Service or type or quantity of a drug or other Supply shown on a bill is not supported in the billing and medical records, and that some different Service or type or quantity of a drug or other Supply was actually provided.

Monthly Share Contribution is the monetary contribution, not including the membership dues or monthly administrative costs, voluntarily given to share in another member's Medical Expense Need as assigned by Universal HealthShare according to the Guidelines.

Obese or **Obesity** means a person (i) having a Body Mass Index of 30 or higher, or (ii) weighing 20 percent (20%) or more over their ideal weight, taking into account the person's height, age, sex, and build, or (iii) meeting any other currently accepted standard or definition of obesity.

Outpatient means a patient who receives Services at a Hospital but is not admitted as a registered overnight bed patient; this must be for a period of less than twenty-four (24) hours. This term can also be applicable to services rendered in a Facility.

Paid-through Date means the last day of the most recent monthly period for which a Monthly Sharing Contribution has been made for a Member.

Physician means a person who is Licensed to perform certain medical services and holds one of the following degrees and/or titles: Medical Doctor or Surgeon (M.D.); Doctor of Osteopathy (D.O.); Doctor of Optometry (O.D.); Doctor of Podiatric Medicine (D.P.M.); Doctor of Dental Surgery (D.D.S.); Doctor of Dental Medicine (D.M.D.); or Doctor of Chiropractic (D.C.).

Physicians' Fee Reference means the current Physicians' Fee Reference book or database published by Wasserman Medical Publishers, LTD or its successor.



Practitioners means Physicians and Medical Professionals.

Professionals or **Medical Professionals** means a person other than a Physician who is legally entitled to perform certain medical services who holds one of the licenses, degrees and/or titles listed below, and who is acting within the scope of his or her Licensure when performing such services:

- Advanced Practice Nurse (A.P.N.) or Advanced Practice Registered Nurse (A.P.R.N.)
- Audiologist
- Certified Diabetic Educator and Dietician
- Certified Nurse Midwife (C.N.M.)
- Certified Nurse Practitioner (C.N.P.)
- Certified Operating Room Technician (C.O.R.T.)
- Certified Psychiatric/Mental Health Clinical Nurse
- Certified Registered Nurse Anesthetist (C.R.N.A.)
- Certified Surgical Technician (C.S.T.)
- Licensed Acupuncturist (L.AC.)
- Licensed Clinical Social Worker (L.C.S.W.)
- Licensed Mental Health Counselor (LMHC)
- Licensed Occupational Therapist
- Licensed or Registered Physical Therapist or Physiotherapist
- Licensed Practical Nurse (L.P.N.)
- Licensed Professional Counselor (L.P.C.)
- Licensed Speech Language Pathologist
- Licensed Speech Therapist
- Licensed Surgical Assistant (L.S.A.)
- Licensed Vocational Nurse (L.V.N.)
- Master of Social Work or Social Welfare (M.S.W.)
- Physician Assistant (P.A.)
- Psychologist (Ph.D., Ed.D., Psy.D.)
- Registered Nurse (R.N.)
- Registered Nurse First Assistant (R.N.F.A.)
- Registered Nurse Practitioner (R.N.-N.P.)
- Registered Respiratory Therapist (R.R.T.)
- Registered Speech Therapist (R.S.T.) or other Licensed Speech Therapist
- Speech Language Pathologist

Pre-Existing Condition is a condition (i) for which medical advice, diagnosis, care, or treatment (which includes receiving services and supplies, consultations, diagnostic tests or prescribed medicine) was recommended or received from a Physician or other Provider or Practitioner at any time during the 6 months immediately preceding a person's Effective Date, or (ii) that had manifested itself in such a manner that would have caused an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment within the 6 months immediately preceding a person's Effective Date.

Professionals refers to Physicians and Practitioners.

Program(s) refers generally to any of the medical cost-sharing program(s) administered by Universal HealthShare.

Providers refers to Hospitals, Facilities, Physicians and Practitioners.



Reasonable means, in the discretion of Universal HealthShare, services or supplies, or fees for services or supplies which are necessary for the care and treatment of Illness or Injury not caused by the treating Provider. Determination that fee(s) or services are Reasonable will be made by Universal HealthShare or its delegate, taking into consideration unusual circumstances or complications requiring additional time, skill and experience in connection with a particular service or supply; industry standards and practices as they relate to similar scenarios; and the cause of Injury or Illness necessitating the service(s) and/or charge(s). Universal HealthShare retains discretionary authority to determine whether service(s) and/or fee(s) are Reasonable based upon information presented to Universal HealthShare. This determination will consider, but will not be limited to, the findings and assessments of the following entities: (a) The National Medical Associations, Societies, and organizations; and (b) The Food and Drug Administration. To be Reasonable, service(s) and/or fee(s) must comply with generally accepted billing practices for unbundling or multiple procedures.

Services, supplies, care and/or treatment and charge(s) therefor are not considered to be Reasonable, and as such are not eligible for payment (exceed the Maximum Allowable Charge), when they result directly or indirectly from errors in medical care that are clearly identifiable, preventable, and negative in their consequences for patients and/or Facility-acquired conditions deemed “reasonably preventable” in accordance with evidence-based guidelines such as, but not limited to, CMS guidelines. By way of clarification, and without limitation, charges are not considered Reasonable if they are care, supplies, treatment, and/or services required or intended to treat Injuries sustained or Illnesses contracted while the Program Member was under and due to the care of a Provider, including infections and complications, when such injury, illness, infection or complication would not reasonably be expected to occur under the circumstances of a course of treatment and can be attributed to an error by the Provider, in the opinion of the Medical Expense Auditor, in light of the medical records of the treatment. A finding of Provider negligence and/or malpractice is not required for service(s) and/or fee(s) to be considered not Reasonable.

Universal HealthShare reserves for itself and parties acting on its behalf the right to review charges submitted to, processed and/or shared by Universal HealthShare members, to identify charge(s) and/or service(s) that are not Reasonable and, therefore, not eligible for member sharing by Universal HealthShare. Regarding Contracted Services, charges at negotiated rates or fees specifically established under any contract for Directly Contracted Provider Services or any Physician Network Contract shall be presumed to be Reasonable, but only to the extent that such charges do not include otherwise Invalid Charges.

Second Opinion means, as to a particular Illness or Injury, the review and assessment by an appropriately qualified independent doctor, selected or approved by UHF, of a patient and/or the patient’s relevant medical records, as indicated under the circumstances, done to confirm, add to, or revise the diagnoses and proposed treatments of the doctor who originally diagnosed and proposed treatment for the Illness or Injury at issue.

Service(s) means services, procedures, treatment, care, goods and supplies the provision of use of which is meant to improve the condition or health of a Program Member. A reference to Services regarding a procedure, treatment or care, unless otherwise indicated, shall be deemed to refer also to the goods and supplies provided or used in such procedure, treatment or care.

Sharing Member or **Member** means a person who qualifies to participate monthly by contributing the suggested Monthly Share Contribution for the Medical Expense Needs of others and who qualifies to receive contributions from fellow Sharing Members for Medical Expense Needs they may submit for sharing.



Smoker/Nicotine User means a person who, within the prior 12 months, has smoked, used tobacco or nicotine, in any form, or used any kind of tobacco or smoking substitute(s), including, without limitation, herbal cigarettes, e-cigarettes, atomizers and vaping devices of any kind, nicotine patches, gum or lozenges, etc.

Specialist means physicians and practitioners in a specialized field. Some examples include, but are not limited to: Cardiology, urology, dermatology, neurologists, orthopedics, etc.

Spouse means a person's partner by Marriage or a person's partner in legally recognized and documented civil union or domestic partnership.

Surgical Facilities means Hospitals and Ambulatory Surgical Centers.

Unbundling means charges for any items billed separately that are customarily included in a global billing procedure code in accordance with the American Medical Association's CPT® (Current Procedural Terminology) and/or the Healthcare Common Procedure Coding System (HCPCS) codes used by CMS.

Unclear Description means, as to any amounts included in any Hospital or Facility Claim, a description from which the Medical Expense Auditor cannot clearly identify or understand the Service or Supply being billed.

Usual and Customary means eligible expenses identified by the Medical Expense Auditor or Universal HealthShare to be usual and customary for the service or supply in question, taking into consideration the fee(s) which the Provider most frequently charges and/or accepts as payment for the service or supply from the majority of its patients, the cost to the Provider for providing the services, the prevailing range of fees charged and/or accepted for the service or supply by Providers of similar training and experience in the same geographic locale or area, and the Medicare reimbursement rates for the service or supply. The term(s) "same geographic locale" and/or "area" mean a metropolitan area, county, or such greater area as is necessary to obtain a representative cross-section of Providers, persons or organizations rendering such treatment, services, or supplies for which a specific charge is made or for which a reimbursement is accepted. To be Usual and Customary, fee(s) must comply with generally accepted billing practices for unbundling or multiple procedures.

The term "Usual" refers to the amount of a charge made or accepted for medical services, care, or supplies, to the extent that the charge or reimbursement does not exceed the common level of charges made or reimbursements accepted by other medical professionals with similar credentials, or health care Facilities, pharmacies, or equipment suppliers of similar standing, which are located in the same geographic locale in which the charge was incurred.

The term "Customary" refers to the form and substance of a service, supply, or treatment provided in accordance with generally accepted standards of medical practice to one individual, which is appropriate for the care or treatment of an individual of the same sex, comparable age and who has received such services or supplies within the same geographic locale.

Usual and Customary charges and/or reimbursements may, at the Medical Expense Auditor's or Universal HealthShare's discretion, alternatively be determined and established using normative data such as, but not limited to, CMS Cost Ratios, average wholesale price (AWP) for prescriptions and/or manufacturer's retail pricing (MRP) for supplies and devices.

For determinations of eligible shared expense made pursuant to Bill Review by a Medical Expense Auditor, the Usual and Customary fee will be the amount determined by the Medical Expense Auditor to constitute Fair and Reasonable Consideration.



Usual, Customary and Reasonable (UCR) or Usual, Customary and Reasonable Fees means actual fees for Reasonable services or supplies, but only the amount of those fees that constitute a Reasonable charge for such services or supplies and that does not exceed the Usual and Customary amount charged for such services or supplies. Universal HealthShare has the discretion to decide whether a charge is Usual, Customary and Reasonable.

XV. Legal Notices

The following legal notices are the result of discussions by Universal HealthShare or other health care sharing ministries with several state regulators and are part of an effort to ensure that Sharing Members understand that Universal HealthShare is not an insurance company and that it does not guarantee payment of medical costs. Our role is to enable self-pay patients to help fellow Americans through voluntary financial contributions.

i. General Legal Notice.

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

ii. NOTICE REGARDING INDIVIDUAL TAX CONSIDERATIONS.

Your sharing contributions are not deductible as charitable donations or as medical or insurance expenses for federal income tax purposes. Although Universal Health Fellowship is a not-for-profit ministry, sharing contributions are not considered charitable donations because those funds are used for sharing medical expenses of other contributing Members and because of the likelihood that your medical expenses will get shared by other contributing Members. While your own medical expenses can be tax deductible, subject to a threshold based on a percentage of your adjusted gross income, your sharing contributions are not deductible as medical expenses because the funds are used only to help pay other Members' medical bills. Under current law, your sharing contributions are not tax deductible as an insurance expense because healthcare cost sharing programs are not insurance.

iii. NOTICE REGARDING FEDERAL AND STATE INDIVIDUAL HEALTH COVERAGE MANDATES.

The Affordable Care Act ("ACA") required most individuals to have qualifying health insurance coverage (an "Individual Mandate") or make a shared responsibility payment ("Tax Penalty") when filing their federal income tax return, unless they qualified for one of the available exemptions from the Individual Mandate (an "Exemption"). The ACA provided an Exemption for members of a "Health Care Sharing Ministry" ("HCSM") as defined in the statute. Originally, sharing plans would be reviewed by the Centers for Medicare & Medicaid Services ("CMS") for purposes of determining if they met the definition of an HCSM for purposes of the provision of certificates of Exemption to members of the sharing program ("Certification"). However, the tax bill signed by President Donald Trump on Dec. 22, 2017 effectively repealed the ACA's Tax Penalty, and CMS subsequently stopped conducting Certification reviews and approving member Exemptions for HCSM's because the elimination of the Tax Penalty eliminated the need for an Exemption, which made the review unnecessary.



Although the ACA Tax Penalty has been eliminated, a number of states (including, as of January 2020, California, Massachusetts, New Jersey, Rhode Island and Vermont, as well as the District of Columbia) have adopted their own Individual Mandate laws, some of which impose a state Tax Penalty on certain residents who do not either have the requisite health insurance coverage or qualify for an Exemption from the state Individual Mandate. In most such states, there is an Exemption for persons who are members of a sharing program that meets the state's definition of an HCSM. Many such states define an HCSM, in whole or in part, by referring to the ACA's definition.

It is each individual's responsibility to determine: (1) if their state of residence has an Individual Mandate; (2) if they are or could be subject to a state Tax Penalty; and (3) whether or not they will qualify for an Exemption. As noted above, certain state Individual Mandates refer to the ACA definition or federal Certification of HCSM's, but CMS no longer reviews or provides Certification for HCSM's. Please understand that neither Universal Health Fellowship, Inc. nor any of its affiliates or representatives can guarantee or represent or warrant that participation in any Universal HealthShare Program will satisfy the requirements under the laws and regulations of any particular state for purposes of obtaining an Exemption from a state Individual Mandate or avoiding any Tax Penalty that might be imposed in the absence of an HCSM Exemption.

iv. State-Specific Notices.

Alabama Code Title 22-6A-2

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

Alaska Statutes Section 21.03.021

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

Arizona Statutes Section 20-122

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

Arkansas Code Section 23-60-104.2

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

Florida Statutes Section 624.1265

Universal HealthShare is not an insurance company, and membership is not offered through an insurance company. Universal HealthShare is not subject to the regulatory requirements or consumer protections of the Florida Insurance Code.

Georgia Statutes Section 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 Statutes Section 41-121

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

Illinois Statutes Section 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 Section 27-1-2.1

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

Kentucky Revised Statutes Section 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 Statutes 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 Statutes 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 Code 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 Statutes Title 550.1867

Notice: The not-for profit corporation that operates this health care sharing ministry, Universal Health Fellowship Inc., 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 the 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 or medical needs.

Mississippi Statutes 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 Revised Statutes 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.

Montana Code Section 50-4-111

NOTICE: The health care sharing ministry facilitating the sharing of medical expenses is not an insurance company and does not use insurance agents or pay commissions to insurance agents. The health care sharing ministry's guidelines and plan of operation are not an insurance policy. Without health care insurance, there is no guarantee that you, a fellow member, or any other person who is a party to the health care sharing ministry agreement will be protected in the event of illness or emergency. Regardless of whether you receive any payment for medical expenses or whether the health care sharing ministry terminates, withdraws from the faith-based agreement, or continues to operate, you are always personally responsible for the payment of your own medical bills. If your participation in the health care sharing ministry ends, state law may subject you to a waiting period before you are able to apply for health insurance coverage.

Nebraska Revised Statutes 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 Statutes 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 Statutes Section 58-49-12

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.

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 Statutes 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.

Virginia Code Section 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.

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 Statutes Section 26-1-104

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 payment of your medical bills regardless of any financial sharing you may receive from 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.