

CONCIERGE MEMBERSHIP BUNDLE GUIDE

MightyWELL Health Concierge Membership Bundle

Simple Copays • Preventive Care • Support for Major Health Events

THREE COMPONENTS, ONE MEMBERSHIP



01 Routine Copay Care

Get the care you need faster with simple, predictable copays — without having to meet a big deductible first.

Primary Care Visit	\$20
Specialist Visit	\$50
Urgent Care	\$50
Telemedicine	\$0
Basic Imaging	\$50



02 Preventive Care Services

Helps members stay healthy with easy access to preventive care designed to catch issues early, covered up to a **\$2,500 annual preventive benefit limit per member**.

- Annual wellness exams
- Preventive screenings
- Preventive medications
- Routine preventive services



03 Major Health Event Support via ShareWELL Health Share

Members select an Unshared Amount to pay per major event

\$2,500

\$5,000

No defined annual or lifetime sharing limits

once the Unshared Amount is met (subject to ShareWELL guidelines).

BUNDLE STRUCTURE & IMPORTANT CONSIDERATIONS

MightyWELL is not a major medical insurance plan. It is a healthcare marketing platform that facilitates access to preventive services, copay-based care, and a health sharing community for larger medical events. Each component is administered by third parties and operates under its own guidelines. The health sharing component is not insurance, and sharing is subject to member guidelines and eligibility.

*No individual component or combination of components is designed to function as comprehensive major medical insurance. This bundle is not insurance. *The Concierge Membership Bundle includes multiple healthcare components provided through third parties.

— WHERE TO FIND THINGS

Quick Navigation

02

Use the sections below to quickly access plan details, resources, and supporting documents for the Concierge Membership Bundle.

 **PAGE 03**

Routine Healthcare Copays

Simple copays for routine healthcare services including primary care, specialist visits, urgent care, and telemedicine.

VIEW COPAY DETAILS →

 **PAGE 04**

Preventive Care

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

VIEW PREVENTIVE CARE →

 **PAGE 05**

ShareWELL Health Share

Learn how larger medical events are supported through the ShareWELL sharing community.

VIEW HEALTH SHARE →

 **PAGE 07 →**

RX Benefits

Prescription drug plans, copay tiers, and preventive medications.

 **PAGE 08 →**

Lab & Imaging

Preferred pricing for laboratory testing and imaging services.

 **PAGE 09 →**

Lyric Care Navigation

Support for basic and routine medical needs from home.

 **PAGE 10 →**

Concierge Service

Support coordinating care and managing major health events.

 **Network / Provider Access** **DETAILS → PAGE 06**

Members are not restricted to a single network and may visit the provider of their choice. Access is available to the PHCS MultiPlan Practitioner & Ancillary and Prime Health networks, which include hundreds of thousands of providers nationwide.

Members may still receive care even if a provider is not in network. The member pays the visit cost and submits the bill for reimbursement less the applicable copay (**7-day average turnaround**).

 **Tall Tree TPA** **LEARN MORE → PAGE 11**

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

— COMPONENT 01

Routine Healthcare Copays

03

Predictable, fixed copays for many common healthcare services — so members can receive care without needing to meet a large deductible first.

HEALTHCARE SERVICE	IN-NETWORK	OUT-OF-NETWORK	VISIT LIMITS
Primary Care Visit	\$20	\$20	6 per year per member
Specialist Visit	\$50	\$50	4 per year per member
Urgent Care	\$50	\$50	4 per year per member
Telemedicine	\$0	\$0	Unlimited for all members via Lyric
Chiropractic	\$35	\$35	12 visits per year · \$85 maximum per visit
Diagnostic X-ray	\$50	\$50	6 per year per member
Advanced Imaging	\$200	\$300	2 / yr in network, 1 / yr out-of-network · \$600 max per test



In-Network Care

- Your provider network gives you access to discounted rates with participating doctors and facilities
- The network is not insurance — it is simply a pricing agreement for convenience
- Using in-network providers helps reduce overall healthcare costs



Out-of-Network Care

Members are not limited to a network and may visit any provider. If a provider is not part of the PHCS MultiPlan Practitioner & Ancillary or Prime Health networks, the member pays the visit cost and may submit the bill for processing, less applicable member responsibility.

LEARN MORE → PAGE 06

LABS & IMAGING PLAN

Preferred pricing through Affordable Labs & Imaging

\$0

Lab services

\$150

Imaging services

Easy help to stay below imaging limits.

Not available for members in NY, NJ, and RI.

LEARN MORE → PAGE 08

— COMPONENT 02

Preventive Care, Covered at 100%

Routine preventive services are available at no cost to members when received for preventive care.

ANNUAL BENEFIT LIMIT

\$2,500

per household member, per year — covered at 100% for preventive care

PREVENTIVE SERVICES INCLUDE



Routine Preventive Care

- Annual wellness exams
- Preventive checkups
- Blood pressure screening
- Cholesterol screening
- Diabetes screening
- Depression screening



Cancer Screenings

- Mammograms
- Pap smear tests
- Colonoscopy
- Lung cancer screening
- Breast cancer screening
- Colorectal cancer screening



Testing & Monitoring

- Newborn screenings
- Tuberculosis screening
- Cardiovascular risk assessment
- Hepatitis screening
- Developmental screenings
- Prenatal screenings



Pediatric Preventive Care

- Well-child visits
- Developmental screenings
- Behavioral assessments
- Vision screening
- Hearing screening
- Autism screening



Women's Preventive Care

- Well-woman visits
- Breastfeeding support
- Prenatal screenings
- Contraceptive counseling
- Gestational diabetes screening
- Cervical cancer screening



Immunizations & Vaccines

- Flu vaccine
- HPV vaccine
- Tetanus / Diphtheria / Pertussis
- Pneumonia vaccine
- Measles / Mumps / Rubella
- Hepatitis A and B



Preventive Medications

Available at no cost when prescribed by a provider.

Contraceptives

Aspirin

Statins

Vaccines

HIV prevention medications

*This list highlights common preventive services; many additional preventive screenings, tests, and wellness services are also included, such as routine lab work, preventive medications, prenatal care, and other age-appropriate preventive care. Members may receive preventive services from in-network or out-of-network providers, covered at 100% up to a \$2,500 annual preventive benefit limit per member. *The Concierge Membership Bundle includes multiple healthcare components provided through third parties.

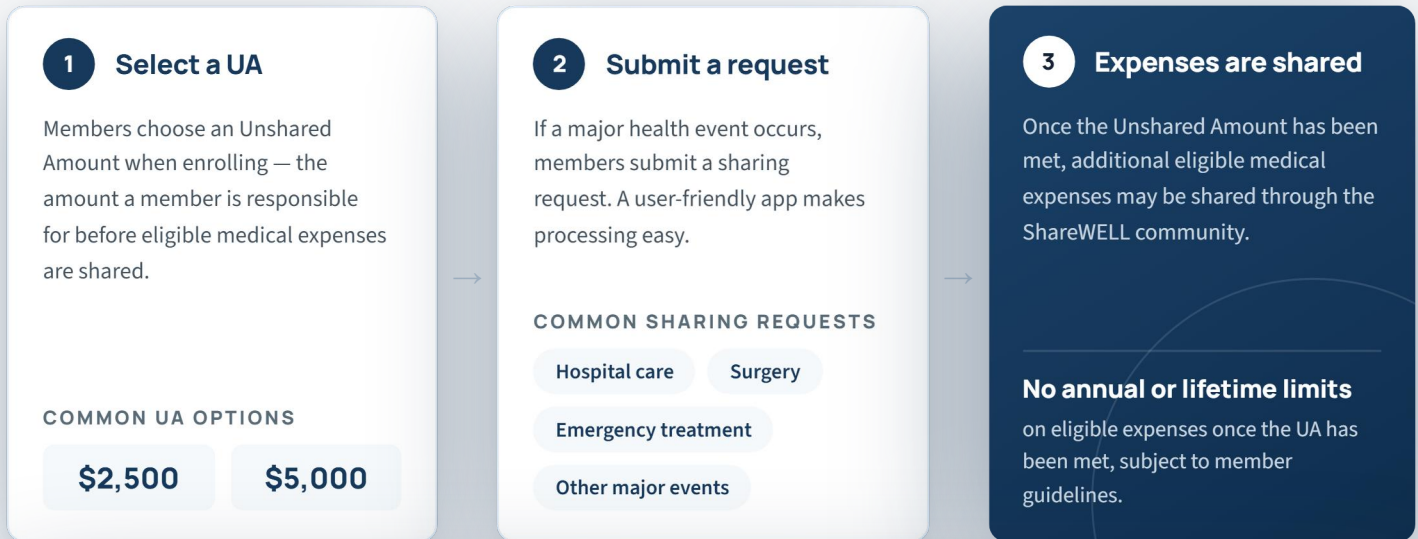
— COMPONENT 03

Support for Major Health Events

05

ShareWELL helps support members during larger medical events — such as surgeries, hospitalizations, and unexpected illnesses — after the member's Unshared Amount (UA) has been met.

HOW THE HEALTH SHARE WORKS



ShareWELL Member Guidelines

For complete details about sharing eligibility, [view the full guidelines beginning on Page 13](#) →

Rolling 12-month maximum

Out of pocket is 2× the chosen Unshared Amount.

— PROVIDER ACCESS

Nationwide Provider Networks

06

Members have access to established national provider networks while maintaining the flexibility to visit the provider of their choice.



STRONG IN THE EAST

PHCS MultiPlan Practitioner & Ancillary Network

One of the largest provider networks in the U.S., with hundreds of thousands of physicians and facilities and particularly strong coverage across the Eastern United States.

SEARCH PHCS MULTIPLAN PRACTITIONER & ANCILLARY PROVIDERS →



STRONG IN THE WEST

Prime Health Network

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

SEARCH PRIME HEALTH PROVIDERS →

USING YOUR MEMBER ID CARD

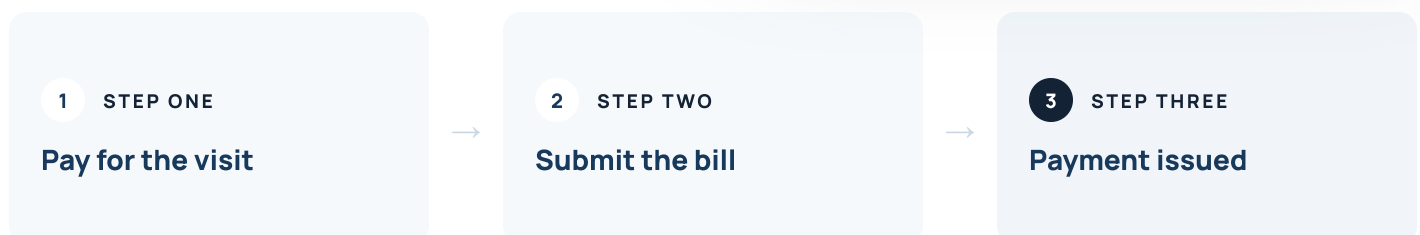
When visiting a provider

- Present your member ID card at check-in
- Reference the PHCS MultiPlan Practitioner & Ancillary or Prime Health network listed on the card
- Providers may call the number on the card to verify participation and details
- Digital ID cards are also available anytime in the MightyWELL app



— Digital card available in the MightyWELL app

VISITING AN OUT-OF-NETWORK PROVIDER



*Bill submission can be completed easily through the MightyWELL app. Payment is typically processed within five business days, less applicable member responsibility.

— RX BENEFITS

Prescription Drug Benefits

Members have access to prescription savings through the Valuscript pharmacy plan — with discounted pricing at retail pharmacies nationwide.

65,000+

RETAIL PHARMACIES
participating nationwide

MEDICATION TIER	MEMBER COPAY	MAXIMUM AVAILABLE AMOUNT
ACA Preventative Medications	\$0	N/A
Tier 1 Generics (Top 200)	\$0	N/A
Tier 1 Generics (All other)	\$15	Up to \$100 per prescription
Tier 2 Preferred Brands	\$40	Up to \$100 per prescription
Tier 3 Non-Preferred Brands	\$65	Up to \$125 per prescription

***Specialty medications** — Some specialty medications may fall outside the standard copay tiers. Members can search pricing through Valuscript or contact Valuscript or Tall Tree Administrators for assistance and additional pricing options.



Using Your Pharmacy Savings

- Visit your preferred retail pharmacy
- Present your Valuscript member card with a valid prescription
- Pricing is applied based on the RX tier structure
- Participating pharmacies are available nationwide



Valuscript RX Tools

Search medication prices and locate participating pharmacies on the Valuscript website.

- Prescription discounts
- Price estimator
- Pharmacy locator
- Lookup by pharmacy

VISIT [VALUSCRIPT.COM](https://www.valuscript.com) →

RX SUPPORT

For assistance with
prescription services

VALUSCRIPT SUPPORT

800-314-2069

info@valuscript.com

TALL TREE ADMINISTRATORS

800-219-6823

*MightyWELL-specific line

— LAB & IMAGING

Affordable Labs & Imaging

08

The AL&I plan helps members access lab work and imaging at predictable, discounted pricing through a nationwide concierge network — and stay below plan imaging limits.

AVAILABILITY NOTICE



Advanced Labs & Imaging (AL&I) services are **not available** for members located in **New York (NY), New Jersey (NJ), and Rhode Island (RI)**.



\$0

Lab Services — unlimited

Members have access to an unlimited number of lab services for \$0 when using the AL&I plan. Common tests include:

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



\$150

Imaging — per image or body part

Many common imaging services are available for \$150 when coordinated through the AL&I concierge plan:

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

Helps members access \$0 labs, avoid high hospital imaging costs, and stay within plan imaging benefit limits.

How to Use the Plan

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

Example Savings

NATIONAL AVERAGE → AL&I

MRI \$1,050 → **\$150**

CT Scan \$594 → **\$150**

CBC Lab \$26 → **\$0**

Pricing through AL&I concierge coordination.

AL&I CONCIERGE

469-930-4540

orders@affordablelabsplus.com

Members may be identified using their personal information, member ID, or plan name (MightyWELL). For additional help coordinating imaging services and pricing, contact support@mightywellhealth.com.

— TELEMEDICINE

Lyric Virtual Urgent Care

Connect with licensed physicians anytime, from anywhere.

Included with the plan at no additional cost

\$0 COPAY · UNLIMITED VISITS



24/7/365

VIRTUAL DOCTOR ACCESS

Members can connect with licensed, board-certified healthcare providers 24 hours a day, 7 days a week, 365 days a year using Lyric Virtual Urgent Care for no charge. Virtual visits can help members receive care quickly without needing to visit an urgent care clinic or emergency room.

Common Conditions Treated

Telemedicine visits may be appropriate for many common health concerns, including:

Flu symptoms Sinus infections Ear infections
Allergies Urinary tract infections Pink eye
Rashes Sore throat Stomach viruses
Other minor conditions

When to Use Lyric

- You need care outside normal office hours
- You want to avoid urgent care or ER visits
- You need quick medical advice
- You have minor illnesses or symptoms

Virtual care can help reduce healthcare costs and save time compared to traditional office visits.

HOW TO ACCESS LYRIC – CALL, TAP, OR CLICK AWAY



WEBSITE
getlyric.com



PHONE
1-866-223-8831



APP
Download to
smartphone

PLEASE NOTE

Members receive an email after enrollment with instructions and access information for the Lyric telemedicine platform, sent to the email provided during enrollment.

— WHITE-GLOVE SUPPORT WHEN IT MATTERS MOST

Major Health Event Concierge

10

If something serious happens, you're not on your own. You get one dedicated person who walks you through everything — from finding the right doctor to making sure everything stays covered.



Find the Best Care

Not just the closest — the best

- We find top doctors and specialists for your specific situation
- We look at things like success rates and outcomes to match you with the right provider
- We connect you with experienced, proven medical professionals
- We help schedule your appointments with those providers
- Because we pay fast, our members often get seen sooner



No Surprises

We keep you on track with the program

- We walk you through what's covered step by step
- We steer you away from anything that might not qualify
- We give you clear answers before big decisions
- We help you avoid unexpected out-of-pocket costs
- You'll always know your options before moving forward



One Person, Start to Finish

Your dedicated contact for the whole thing

- You get assigned one person who handles your case
- Reach them by phone, email, or text
- They handle the paperwork, forms, and coordination
- They check in with you regularly with updates
- They stay with you until everything is wrapped up

What You Get

- Help finding great doctors and hospitals
- Appointment scheduling and coordination
- Guidance through the sharing process
- Help with paperwork and documentation
- Ongoing communication and updates
- Access to AI-powered tools anytime

When You Can Reach Us

Business hours — AI tools available 24/7

- Your concierge is available during normal business hours
- AI-powered tools and resources are available around the clock
- Just call the concierge team when a major health event happens and we take it from there

This isn't a call center. It's a real person in your corner.

When life throws you a curveball, we help you find the best care, avoid surprises, and handle the hard stuff so you can focus on getting better.



— PROFESSIONAL PLAN ADMINISTRATION

Tall Tree Administrators

11

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

Tall Tree Administrators serves as the administrative service team that helps process claims and support members as they use the plan components — allowing MightyWELL to facilitate a smooth, professional healthcare experience for members and providers.

What Tall Tree Helps With

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

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

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

MightyWELL Plan Support

Tall Tree's customer service team is available to help members with questions about their plan. Members can contact Tall Tree for help with:

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

Member services administered by Tall Tree Administrators.

ADVOCACY SUPPORT

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

800-219-6823

MIGHTYWELL PLAN SUPPORT

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

800-269-1451

— UNDERSTANDING MAJOR PRE-EXISTING LIMITS

Pre-Existing Conditions, Explained

12

This limitation applies only to major medical events handled through the ShareWELL health sharing community, such as hospitalizations or surgery.

Major Health Event Pre-Existing Conditions

A condition may be treated as pre-existing if symptoms or treatment occurred within:

24 months

Most conditions

36 months

For cancer

SHARING MAY INCREASE OVER TIME

YEAR 1		Not eligible
YEAR 2		Up to \$30,000
YEAR 3		Up to \$60,000
YEAR 4		Up to \$150,000
YEAR 5		No limitation

This limitation applies only to the specified pre-existing condition.

Ongoing & Well-Managed Conditions

Common conditions are not the target of this limitation. Examples:

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

These are typically managed through copay-based care and prescription plans.

Something new and unexpected?

If something new and unexpected happens after your effective date, it may be eligible for sharing from day one, subject to member guidelines.

Questions? Reach out before enrolling.

*See ShareWELL Member Guidelines for full eligibility and sharing details — [Page 13](#) →

ShareWELL Health Share: Member Guidelines

VERSION 3 | REVISED 2026

This guide is here to help you understand your membership, your responsibilities, how the sharing process works, and what benefits are available. As part of the ShareWELL community, you're taking a proactive step in managing your health costs through a shared, supportive model. Please read through the sections below to get the most out of your membership.

At ShareWELL, we're more than just another health-sharing community; we're a community built on innovation, compassion, and healthcare freedom. Every member's healthcare journey holds significance to us, and together, we're reshaping the healthcare narrative, one shared bill at a time. The ShareWELL community is designed to provide support for both proactive health and unexpected, larger expenses that may arise.

How do we achieve this? Through a unique approach, which includes defined allowances and deferring certain alternative treatments until the second year. This approach enables the ShareWELL community to maintain fairness among everyone while offering the most supportive health share community to those seeking holistic care.

ShareWELL has meticulously designed Member Guidelines to ensure transparency and clarity, giving our members well-defined expectations upon joining.

ShareWELL recognizes the vital importance of having financial support from a community to address health issues. Simply put, we want to ensure our members are getting the most out of every healthcare dollar. So, if you're seeking a healthcare approach that empowers members, look no further than ShareWELL. Join us on this journey towards a healthier, happier tomorrow.

WHAT'S INSIDE

Membership Eligibility & Principles of Membership	14	Expenses Not Eligible for UA Sharing Requests	24
Commitment & Financial Assistance	15	Conditions Treated as Pre-existing	26
Contributions, Household Tiers & Tobacco	16	Specific Sharing Request Allowances	27
Membership Status & the Unshared Amount	18	Additional Information for Certain Requests	29
Sharing Requests, Timelines & Determinations	19	Maternity, Newborns & End-of-Life Assistance	31
Care Review, Coordination & Appeals	21	Example Scenarios	35
Medical Conditions Existing Prior to Membership	23	Important Bundle Information & Disclaimers	37

ShareWELL is not insurance. These Guidelines are not an insurance contract. They outline how voluntary sharing of healthcare expenses occurs among members of the ShareWELL community.

Membership Eligibility

1 Adherence to the ShareWELL Principles of Membership

2 Participation in the community by submitting monthly contributions

3 Reside in the United States and states where ShareWELL is available to residents

4 Under age 65

Principles of Membership

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

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

Commitment

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

Members understand that active participation in the Sharing Request process is essential. This cooperation helps ensure that requests are processed quickly, medical costs are managed fairly, and the community can function effectively.

When a Sharing Request is submitted, ShareWELL may ask members to provide medical records, sign HIPAA authorizations, assist in provider negotiations, or take other steps necessary to reduce medical bills as self-pay patients. Members agree to remain responsive and engaged with ShareWELL throughout this process. Ongoing communication and cooperation make it possible to achieve the best outcomes for the member and the community.

If a member does not maintain communication or fails to cooperate with ShareWELL's efforts on their behalf, **the amount of funds shared toward their request may be reduced or limited.**

Financial Assistance and Charity Care

For most Sharing Requests, applying for financial assistance (also called charity care) is a **required step, not an optional one**. Members must apply when care is received at a hospital or health system that offers such a program, and must submit the resulting determination — approval or denial — to ShareWELL.

WHY THIS MATTERS

The majority of hospitals and health systems in the United States are nonprofit organizations recognized under Section 501(c)(3) of the Internal Revenue Code. A 501(c)(3) is a tax-exempt charitable organization — it pays no federal income tax and, in most cases, no state or local property tax. In exchange for that status, federal law requires these hospitals to maintain a written Financial Assistance Policy and to provide reduced-cost or no-cost care to patients who qualify, usually based on household income. These funds already exist for exactly this purpose.

Because these resources are available, ShareWELL asks members to pursue them first. Applying often reduces or eliminates a bill before it ever reaches the community, which keeps sharing sustainable for everyone.

Declining to apply affects sharing

A Sharing Request may be placed on hold, reduced, or limited if a member declines to apply for available financial assistance or does not provide the determination when requested.

Participation Through Contributions

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

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

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

Residency Statement

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

Aging Out at 65

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

Determination of Household Membership

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

TIER 1

Member Only

An individual member aged 18–64.

TIER 2

Member & Children or Spouse

An individual aged 18–64 and one of the following on the membership:
spouse / domestic partner
or child(ren).

TIER 3

Family

A member aged 18–64 with a spouse and child(ren).

Spouse / Domestic Partner

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

Children

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

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

Adoption

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

Grandchildren

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

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

Tobacco

ShareWELL members, or households with one or more tobacco users, must pay a higher monthly tobacco surcharge to maintain membership. A member, or one or more members within a household, who has used any tobacco product one or more times per month is considered a tobacco user. Tobacco products include, but are not limited to, cigarettes, cigars, chewing tobacco, snuff, pipe tobacco, and inhaled products through vape, hookah, and similar delivery devices.

When the household tobacco user(s) have not used tobacco products for over twelve months, the tobacco surcharge may be removed by providing ShareWELL with supporting documentation from the treating medical provider.

\$100

TOBACCO SURCHARGE
per household, per month

Membership Cancellation Request

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

Active Membership

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

The Unshared Amount (UA)

The Unshared Amount, or UA, is the amount a member must contribute as their member responsibility before ShareWELL can participate in sharing any expense related to a Sharing Request. The UA is paid by the member before community sharing begins. ShareWELL does not share in any expense until the member has met the UA and provided documentation showing it was paid — or until ShareWELL has approved a waiver or reduction of the UA.

SHAREWELL OFFERS THREE MEMBERSHIP OPTIONS

\$1,500

UA option

\$2,500

UA option

\$5,000

UA option

No annual or lifetime limit

Once the UA is met, additional eligible medical expenses are shared with the ShareWELL community according to these Guidelines and any applicable sharing allowances. There is no annual or lifetime limit on eligible expenses.

Changing Your UA

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

Reduction of the Unshared Amount Program

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

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

I Sharing Request

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

I Types of Sharing Requests

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

Preventive Care Sharing Requests

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

Requests Subject to the Unshared Amount

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

I Fulfillment of Sharing Requests

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

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

I Sharing Request Timelines

In an eligible Sharing Request, medical bills must reach the Unshared Amount (UA) within six months. Once a Sharing Request is approved, related expenses for that same incident, injury, or condition are eligible for sharing for six months from the date of approval. After six months, the Sharing Request closes. Any further care related to the same incident, injury, or condition requires a new Sharing Request, and a new Unshared Amount must be met. (Maternity Sharing Requests follow the separate timeframes described in the Maternity section.)

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

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

Submitting Sharing Requests

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

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

01

Itemized medical bill(s)

02

Provider notes

03

Proof of Unshared Amount payment

Determination of a Sharing Request

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

Diagnosis required for processing. A Sharing Request cannot be reviewed or processed until a diagnosis has been established and documented by a licensed medical provider. Sharing Requests submitted without a diagnosis will be placed on hold until the required documentation is received.

Sharing Request Allowances

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

Maximum Shared Amount

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

Safeguard Limit for Multiple Sharing Requests

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

Requesting Self-Pay Discounts

Members can submit Sharing Requests before or after receiving medical services. For all purposes, members should present as self-pay patients and communicate costs and discounts to ShareWELL as soon as possible. Members are responsible for requesting self-pay discounts and providing documentation for Sharing Requests.

Present as a self-pay patient

ShareWELL is not insurance, and as a member you are a self-pay patient. When you seek emergency care, are in need of a procedure, etc., present yourself as self-pay and ask for the self-pay, cash-pay, or prompt-pay rate — these are often significantly lower than billed charges. You have no insurance to report, and you are not required to volunteer that you participate in a health share.

Scheduled Care Review

Certain non-emergency procedures may be placed under review to protect the community from inflated costs and allow time for negotiation with providers. Members are required to notify ShareWELL as soon as a procedure is recommended or scheduled. This ensures there is sufficient time to review costs, confirm eligibility, and arrange fair pricing before care takes place. **Emergency procedures are never delayed or subject to this review.**

- A review period may last up to 30 days for scheduled, non-emergency procedures.
- Hospital-based procedures may be subject to limited sharing when lower-cost options such as outpatient or surgical centers are available.
- Failure to notify ShareWELL in advance or in a timely manner may result in reduced sharing eligibility.
- Members who work with ShareWELL to find fair-cost providers may qualify for a reduction of their Unshared Amount (UA).

Procedures Scheduled Without Notice to ShareWELL

Members are required to notify ShareWELL before undergoing any non-emergency surgery or scheduled procedure, and must provide a minimum of two weeks' notice to the Patient Care team. If a member has a surgery or procedure performed on their own without notifying ShareWELL in advance, or provides less than two weeks' notice, the associated expenses may be reduced or ineligible for sharing. These situations are reviewed on a case-by-case basis, and the member may be responsible for the full cost of the procedure.

Advance notice is what allows ShareWELL to confirm eligibility, review costs, and negotiate fair pricing before care takes place — none of which is possible once the procedure is complete.

2 weeks'

MINIMUM NOTICE

Emergency and urgent procedures are never subject to this requirement. If care cannot safely wait, members should receive treatment first and notify ShareWELL as soon as reasonably possible afterward.

Insurance, Third-Party Administrators & Government Assistance Plans

If a ShareWELL member has additional coverage such as insurance, a third-party administrator, or a government assistance plan, proof of that coverage must be submitted. In that case, the member's insurance, third-party administrator, or government assistance plan shall be primarily responsible for paying the member's medical expenses. Members must submit a Sharing Request to inform ShareWELL of their coverage, specifying which entity will primarily pay the member's medical expenses.

Upon final payment by the primary insurance, third-party administrator, or government assistance plan, ShareWELL will review the remaining costs to determine eligibility for sharing. Primary paying includes, but is not limited to, any form of coverage through a non-member spouse, family member, employer, or government entity. ShareWELL will be secondary if members have primary insurance coverage, and some expenses not covered by insurance may be eligible.

ORDER OF PAYMENT

PRIMARY

Insurance, TPA, or government plan



SECONDARY

ShareWELL reviews remaining costs

Disclosure is required

Failure to disclose coverage with an insurance, third-party administrator, or government assistance plan may result in ineligibility for sharing.

Exceptions for Maternity Sharing Requests may be made; contact ShareWELL before your provider visit.

Appeals

If a member believes that a sharing limitation was incorrectly placed or a determination was made incorrectly, they may submit an appeal. Members may submit an appeal only if their membership remains active throughout the appeals process. ShareWELL may request additional information from providers if needed. To file an appeal, send the medical evidence, a written explanation, and other supporting documentation to ShareWELL.

30 days

The appeal request must be submitted within thirty (30) days of the Sharing Request determination by the member, not another party.

Committee review

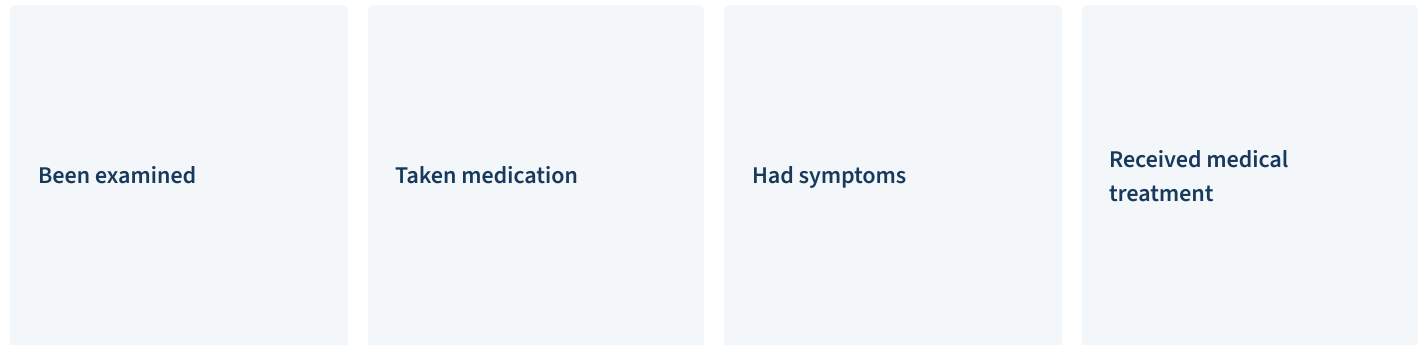
All appeals are reviewed by a committee, as well as trained medical professionals.

Final result

All appeal results are final and may not be appealed again.

Medical Conditions Existing Prior to Membership

ShareWELL members have a waiting period for medical conditions that existed before the membership start date. A pre-existing medical condition limitation is applied based on the first date of active membership. Any illness or injury for which a person has had any of the following occur within **24 months prior to the effective date** of the membership is considered pre-existing:



Pre-existing for Cancer

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

Exceptions Not Considered Pre-existing

High blood pressure, high cholesterol, hyperthyroidism, hypothyroidism, and type 2 diabetes will not be considered pre-existing conditions if controlled, and the member has not been hospitalized for the condition 12 months before enrollment.

Pre-Existing Condition Phase-in Period

Pre-existing conditions have a phase-in period wherein sharing is limited. Members have a one-year waiting period from the initial enrollment date before pre-existing conditions are eligible. After the first year, pre-existing Sharing Requests are eligible with a sharing limit that increases each membership year.

Year One sharing. During the first membership year, sharing is limited to new, acute, and catastrophic medical events. Chronic conditions are not eligible for sharing during Year One and phase in beginning in Year Two on the schedule below. This limitation applies based on the clinical nature of the condition as chronic, not the date on which it was diagnosed — a chronic condition first identified after enrollment is still subject to the Year Two phase-in.



Medical Record Addendums

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

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

Expenses Not Eligible for Unshared Amount Sharing Requests

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

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

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

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

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

Not Eligible, Continued

Genetic Screening & Testing	Eligible only if it is required to treat an approved Sharing Request, such as breast cancer.
Medical Non-Compliance	Failure or refusal to comply with a physician's treatment plan or leaving a facility against medical advice (AMA) may result in the Sharing Request being ineligible, along with any complications that arise.
Medically Stable Conditions	An eligible Sharing Request may be considered medically stable when the condition is chronic and further treatment will unlikely improve it. At this point, the Sharing Request is subject to review and may result in the determination of ineligibility for future sharing.
Mental Health	Diagnosis, treatment, and medications related to, but not limited to, ADHD, ADHS, Anxiety, Panic attacks, Insomnia, Stress, Bipolar, Depression, OCD, PTSD, Schizophrenia, and eating disorders. Emergency room visits for mental health and related expenses are eligible once per membership lifetime up to \$10,000.
Sterilization	Elective sterilization, such as tubal ligation, vasectomy, and preventive hysterectomy, is not eligible.
Vision	Vision-related hardware expenses, such as glasses and contacts, are not eligible for sharing. Expenses to correct refraction, including but not limited to Lasik, PRK, lens implants, and/or other surgical or non-surgical visual acuity procedures and treatments unrelated to cataract surgery, are also ineligible for sharing.

Initial 90-Day Ineligibility for Certain Conditions

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

- **Gallbladder-related care** — including gallstones, gallbladder removal, or related complications
- **Kidney stones** — including diagnostic imaging, treatment, or removal procedures
- **Cancer** — any form of diagnosis, staging, or active treatment
- **Tumor** — benign or malignant
- **Female reproductive organ conditions** — including but not limited to uterine fibroids, endometriosis, ovarian cysts (including rupture or torsion), ovarian or uterine masses/tumors, pelvic inflammatory disease (PID), pelvic organ prolapse, abnormal or heavy uterine bleeding, and any condition requiring hysterectomy, myomectomy, or other reproductive organ surgery

Note: This is separate from the Maternity section — pregnancy-related complications continue to follow the Maternity guidelines, not this 90-day rule.

I Treated as Pre-existing for Requests Related to the Unshared Amount

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

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

Basal & Squamous Cell Cancer

Whether the cell is new or existing.

Congenital Disorder

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

Fusion Therapies and Treatments

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

Joint Replacements

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

NICU

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

Parasites

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

Surgical Repairs & Revisions

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

TMJ Disorders

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

Tonsil Removal

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

Specific Sharing Request Allowances

For certain services, ShareWELL offers a sharing allowance. This is the total amount that may be shared by the community for that specific service under a Sharing Request after the Unshared Amount has been met. If the total cost of services in a Sharing Request exceeds the sharing allowance, and there are no other eligible expenses that can be counted towards it, the excess can be applied to the Unshared Amount. This means members still get full credit for what they paid, even if part of it exceeds the sharing allowance. Specific requests will have a maximum sharing allowance per Sharing Request or once per membership lifetime.

How it affects the Unshared Amount

If the total cost of services in a Sharing Request exceeds the allowed sharing amount, the excess can still count toward your Unshared Amount. The first amount applied to the Unshared Amount will be from bills not related to sharing allowances. [See the example scenarios on Page 35 →](#)

Preventive allowances

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

ALLOWANCES BY SERVICE

Allergy Treatment or Reversal

Eligible after the initial pre-existing waiting period for a one-time allowance.

Up to \$2,000

ONE-TIME

Alternative Testing to Determine a Diagnosis

Eligible after the initial pre-existing waiting period. Examples include, but are not limited to, gut health, celiac, fatigue, skin conditions, and hormones.

Up to \$2,000

ONE-TIME

Ambulance (non-emergency use)

Up to \$1,000

PER REQUEST

Breast Reduction Surgery

Eligible after the initial pre-existing waiting period.

Up to \$8,000

ONE-TIME

Diagnostic Colonoscopy

Eligible after the initial pre-existing waiting period.

Up to \$2,000

PER REQUEST

Emergency Room (non-emergency use)

Up to \$10,000

PER REQUEST

Home Healthcare

Up to \$3,000

PER REQUEST

Hormone Treatments & Therapy

Eligible with alternative testing and alternative treatment allowances.

See allowances

Injections & Regenerative Procedures

Up to \$5,000 per request

Injections related to gender transitioning or sex reassignment therapy are not eligible. Eligible procedures include, but are not limited to, the following:

Stem cell injections

Platelet-rich plasma (PRP) therapies

Epidural steroid (not related to maternity)

Nerve blocks

Trigger point

Joint block

Regenerative

Medical Supplies & DME

Up to \$3,000

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

Mental Health Emergency

Up to \$10,000

Emergency room visits for mental health and related expenses for the first 24 hours of hospitalization are eligible for a one-time allowance.

Orthotics

Up to \$1,000

Eligible for a one-time allowance.

Recovery Therapies & Treatments

Up to \$3,500 per request

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

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

Sleep Apnea

Up to \$2,000

Eligible after the initial pre-existing waiting period for a one-time allowance. Sleep studies used to diagnose sleep apnea are not eligible for sharing.

Suicide and Attempted Suicide

\$25,000

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

Additional Information for Certain Sharing Requests

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

Acute Allergic Reactions

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

Alternative Medicine

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

Alternative Treatments

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

ALL ALTERNATIVE REQUESTS SHOULD INCLUDE

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

Up to \$2,500 one-time allowance

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

Some alternative treatments and therapies are included in the “recovery and therapies” section of the guidelines and do not require the above documentation. **See the example scenario on Page 36 →**

Automobile Accidents

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

Additional Information, Continued

Asthma	The treatment and medications related to asthma are not eligible for sharing. An acute asthma attack resulting in an emergency room visit and associated expenses is an eligible Sharing Request without a pre-existing limitation, and each attack resulting in an emergency room visit is a new Sharing Request.
Basal & Squamous Cell Cancer	Each location of squamous cell or basal cell cancer requires a separate Sharing Request. Expenses related to treatment or removal are eligible after the initial pre-existing waiting period.
Cosmetic Surgery	Expenses related to cosmetic surgery are eligible only for disfigurement due to an approved Sharing Request.
Genetic Testing	Genetic testing is considered for sharing if it is required to treat an approved Sharing Request, such as breast cancer.
Hospice Care	Hospice care is eligible for 60-day periods, provided certification of terminal illness is obtained, and the care is ordered by and administered under the supervision of a licensed medical professional.
International Medical	Medical expenses for emergency and acute care outside the United States or Puerto Rico are eligible for sharing. Traveling internationally for a procedure is permitted if it is at a lower cost than in the US and is medically necessary in the US.
Long-Term Care & Skilled Nursing	Long-term care and skilled nursing are eligible when prescribed by a licensed medical provider for recovery from an eligible injury or illness. Sharing for these services is limited to 90 days per Sharing Request.
Medically Stable Conditions	A Sharing Request may be considered medically stable when the condition is chronic, and further treatment is unlikely to result in improvement. The Sharing Request is subject to review and may result in ineligibility for future sharing.
Prescriptions	Prescriptions are considered eligible when related to the treatment of an approved Sharing Request that does not have a pre-existing limitation and is ordered by a licensed provider. Sharing in all prescription costs is limited to whichever comes first: 12 months, or up to \$100,000 per Sharing Request.
Second Opinions	A second opinion of a diagnosis or recommended procedure is an eligible expense.
Sports	ShareWELL may share medical expenses related to sporting activities. Injuries or illnesses resulting from participation in professional sports are not eligible. Injuries or illnesses resulting from recreational karate, jujitsu, taekwondo, or other combat sports are eligible when the member has not been paid to compete.

End-of-Life Assistance

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

\$10,000

upon the death of a primary member

\$10,000

upon the death of a dependent spouse

\$5,000

upon the death of a dependent child

Excess Sharing Fund

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

Maternity

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

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

Pregnancy-Related Complications

Complications caused directly by the pregnancy are eligible for sharing from pregnancy through six months after delivery. These include, but are not limited to, gestational diabetes, preeclampsia and eclampsia, pregnancy-induced hypertension, HELLP syndrome, hyperemesis gravidarum, placenta previa, placental abruption, placenta accreta, postpartum hemorrhage, and pregnancy-related blood clots such as deep vein thrombosis.

This provision covers only conditions directly caused by the pregnancy. It does not include routine care or routine visits for the baby, or routine postpartum care for the mother, both of which are addressed elsewhere in this Maternity section.

Waiting Periods

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

| Prenatal & Postnatal Sharing Allowance

Up to \$6,000 per maternity request

The following are eligible for up to \$6,000 per Maternity Request. ShareWELL recommends collecting a prenatal and postnatal prepayment package from your clinician.

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

| Eligible Delivery Services

No sharing limits

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

Reduction of UA Program for Maternity

For members with costs not exceeding \$10,000 for delivery, post-natal, and prenatal expenses, ShareWELL will reduce the Unshared Amount responsibility by \$1,000.

EXAMPLE

Jane selects a \$1,500 UA and opens a Maternity Sharing Request. Her Prenatal & Post Natal Global Package is \$4,000 and her delivery is \$5,500. Because her costs qualify, the UA Reduction Program reduces her responsibility by \$1,000.

JANE PAYS

\$500

\$1,500 UA less the \$1,000 maternity UA reduction.

Additional Service Provided

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

Miscarriage

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

Separate Sharing Requests

Any newborn complication occurring after birth, whether the complication existed before or after birth (including congenital conditions), is separate from the mother's Maternity Sharing Request and will require its own Sharing Request and UA. In the event of multiple births with complications, each newborn will require its own Sharing Request and UA.

Expenses for any pregnancy or birth-related complications of the mother are eligible for sharing as part of the Maternity Sharing Request.

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

Newborns

There are two paths for adding a newborn to a ShareWELL membership, depending on whether the birth is connected to an approved Maternity Sharing Request.

PATH 1

Baby was born from an approved Maternity Sharing Request

This applies when the pregnancy was submitted and approved as a Maternity Sharing Request, and the baby is the result of that pregnancy.

- Parents have **thirty (30) days after birth** to add the baby to the household membership. In the case of a membership tier change, the monthly contribution amount will automatically be adjusted for the following contribution.
- If added within 30 days: any congenital condition (a condition present at birth) is eligible for sharing up to \$125,000 for medical bills related to the congenital condition after the initial hospital discharge, and NICU admission is eligible for up to 35 days after birth.
- If the parent does not add the newborn within 30 days: the baby is treated as a new applicant with a medical history. Any condition present at birth or before the child's membership start date will be considered a pre-existing medical condition.

PATH 2

Baby was not connected to an approved Maternity Sharing Request

This applies when no Maternity Sharing Request was filed for the pregnancy, or in adoption or surrogacy situations.

- The parent must submit a separate membership application form for the baby — this is not automatic.
- The newborn's membership start date can be no sooner than seven (7) days after delivery.
- Any genetic condition or complication the baby has is automatically considered a pre-existing medical condition, subject to the same limitations as defined in the “Medical Conditions Existing Prior to Membership” section, regardless of when the baby is added to membership.

Applies to both paths

Even under Path 1, completed on time, with congenital conditions covered up to \$125,000: any complication that arises after birth is never combined with the mother's Maternity Sharing Request. The baby's care always requires its own separate Sharing Request and its own Unshared Amount (UA), completely apart from the mother's. In the case of twins or multiples, each baby who has a complication requires their own separate Sharing Request and UA — these cannot be combined.

Newborn Congenital Conditions

For children born from an eligible Maternity Sharing Request, sharing is limited to \$125,000 for medical bills related to congenital conditions after the initial hospital discharge, provided the baby was added to membership within the 30-day window described above under Path 1.

NICU

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

ShareWELL Is Not Insurance

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

There is no risk transferring from a member to ShareWELL or from a member to other members, and no contract of indemnity exists between ShareWELL and any member or between members themselves.

Example Scenario – Sharing Allowances and the Unshared Amount

An \$800 urgent care visit and \$5,000 in recovery therapy expenses. The member's Unshared Amount (UA) is \$1,500.

STEP-BY-STEP BREAKDOWN

- 1 The entire \$800 urgent care charge is applied toward the UA.
- 2 Of the \$5,000 in recovery services, \$700 is applied toward the remaining UA, bringing the total UA met to \$1,500.
- 3 The next \$3,500 in recovery services is eligible for sharing — this is the maximum allowance for recovery therapies.
- 4 The final \$800 in recovery costs exceeds the sharing allowance and is not eligible for community sharing.

COMMUNITY SHARES

\$3,500

This example illustrates how costs that exceed a category allowance can still help fulfill the member's UA, even if they're not shared beyond that allowance.

Example Scenario: Jane

Jane visits an urgent care facility after experiencing sudden illness. Her visit costs \$800. Shortly afterward, Jane requires recovery therapy totaling \$5,000. When Jane first enrolled with ShareWELL, she selected a \$1,500 Unshared Amount (UA). Total costs: \$800 + \$5,000 = **\$5,800**.

HOW JANE'S UA IS APPLIED

- **\$800 urgent care visit:** the entire \$800 is applied directly toward her UA. Remaining UA: \$1,500 – \$800 = \$700.
- **\$5,000 recovery therapy:** first, \$700 is applied toward the remaining UA. Jane's total UA of \$1,500 is now fully met.
- Next, ShareWELL's maximum allowance for recovery therapy is \$3,500. This amount is eligible for community sharing.
- The final \$800 exceeds the sharing allowance and is not eligible for sharing.

JANE PAYS

\$2,300

\$1,500 UA + \$800 beyond the sharing allowance

COMMUNITY SHARES

\$3,500

of her total expenses

Example Scenario: Jill – Alternative Treatments & Testing

Jill has been a ShareWELL member for over one year and is dealing with ongoing chronic fatigue and digestive issues. Her provider recommends alternative diagnostic testing, including gut health and hormone analysis, totaling \$2,800. Because Jill is past her initial waiting period, she qualifies for the one-time Alternative Testing allowance of up to \$2,000. After reviewing the results, her provider suggests alternative treatments totaling \$3,300; Jill submits the required medical notes, estimated costs, and provider explanation, and ShareWELL approves these under the Alternative Treatments allowance of up to \$2,500.

HOW THE SHARING CALCULATION WORKS

Total costs: \$2,800 testing + \$3,300 treatment	\$6,100
Jill's chosen Unshared Amount	\$1,500
Remaining eligible amount	\$4,600
Allowances: \$2,000 testing + \$2,500 treatment	\$4,500

JILL PAYS

\$1,600

\$1,500 UA + \$100 remaining balance not eligible for sharing

COMMUNITY SHARES

\$4,500

of her \$6,100 healthcare expenses

BUNDLE STRUCTURE & IMPORTANT CONSIDERATIONS

Important Information & Disclaimers

MightyWELL is a for-profit healthcare marketing platform that facilitates access to multiple healthcare plans. It is not a major medical insurance plan and does not provide comprehensive insurance coverage. This guide provides a summary of how the plan works and should be read together with applicable plan documents, fee schedules, and ShareWELL Member Guidelines.

01 Preventive Services

Preventive services are made available through participating plan components and may vary based on provider recommendations and plan guidelines.

02 Employer and Individual Use

This plan may be offered in both employer and individual settings. Plan structure and availability may vary based on the offering and applicable guidelines.

03 ShareWELL Health Sharing

The ShareWELL component is a voluntary health sharing plan designed for eligible major health events. It is not insurance, and sharing is subject to member guidelines, eligibility requirements, and plan terms.

04 Copay, RX, and Support Services

Copay-based care, prescription plans, provider support, advocacy, telemedicine, and related services are made available through participating third-party administrators and service providers. Service availability and pricing may vary based on provider participation and plan terms.

05 Provider Access & Networks

Access to providers is available through established national networks and participating providers. Members are not restricted to a network and may choose their provider. Provider participation and availability may vary.

06 Payments and Processing

Payment amounts, timing, and eligibility are subject to applicable plan terms and guidelines at the time services are received. All requests are reviewed based on plan rules.

07 No Guarantee of Service or Outcome

Plan components are designed to support access to care and help manage healthcare costs. Services, pricing, and availability may vary by provider, location, and individual circumstances.

08 Questions Before Care

Members should review applicable plan materials and contact MightyWELL Member Support with any questions prior to receiving non-emergency care whenever possible.

*No individual component or combination of components is designed to function as comprehensive major medical insurance. This plan is not insurance. *The Concierge Membership Bundle includes multiple healthcare components provided through third parties.

Questions? We're here before, during, and after care.

Reach out any time for help understanding your bundle, finding a provider, or coordinating a major health event.

MIGHTYWELL PLAN SUPPORT

800-269-1451

Administered by Tall Tree Administrators

ADVOCACY SUPPORT

800-219-6823

Care, pricing, scheduling, and bills

MEMBER SUPPORT

**support@mightywellhealth
.com**

Concierge and general questions

MightyWELL is not a major medical insurance plan. The Concierge Membership Bundle includes multiple healthcare components provided through third parties. The ShareWELL health sharing component is not insurance, and sharing is subject to member guidelines and eligibility.