

Frequently Asked Questions Guide

"Carry each other's burdens, and in this way, you will fulfill the law of Christ."

Galatians 6:2 (NIV)

TABLE OF CONTENTS

HealthShare Industry Knowledge 2

About Health Care Sharing Ministries 2

OneShare Health in the Market 2

OneShare Health Knowledge 3

About OneShare Health 3

How Sharing Works 4

Ideal Members and Marketing 4

OneShare Health Members 4

Marketing 4

Member Enrollment 5

Enrollment Process 5

Monthly Contributions 5

Program Changes 6

Cancellations and Refunds 6

Quick References 7

First Health Network 8

HEALTHSHARE INDUSTRY KNOWLEDGE

ABOUT HEALTH CARE SHARING MINISTRIES

What is a Health Care Sharing Ministry?

A Health Care Sharing Ministry (HCSM) is a nonprofit religious organization that facilitates the sharing of medical expenses among its members in accordance with and as an expression of their commonly held religious beliefs. An HCSM is a 501(c)3 nonprofit and ACA-Exempt.

What does ACA-Exempt mean?

Our members are exempt from the individual mandate requirement of the U.S. Patient Protection and Affordable Care Act. In other words, members of Health Care Sharing Ministries are not required to have insurance as outlined in the individual mandate and will not be penalized for enrolling in OneShare Health.

Why are Health Care Sharing Ministries a desired option?

Health Care Sharing Ministry Programs are more affordable than traditional insurance. HCSMs offer individuals flexible healthcare options that closely align with their beliefs. They do not have an expiration date like Short Term Medical and are often more comprehensive than Fixed Indemnity and MEC plans.

ONESHARE HEALTH IN THE MARKET

What makes OneShare Health different than Affordable Care Act (ACA)?

During Open Enrollment, for those who do not qualify for a subsidy, OneShare Health is up to 50% less than traditional health insurance. Keep in mind, outside of Open Enrollment (10 ½ months) up to 85% of consumers cannot get ACA; that is when OneShare Health is a great solution.

How is OneShare Health different from a Short-Term Medical Plan (STM)?

- STM has an expiration date, whereas OneShare programs do not expire. The membership stays active as long as the member wants.
- STM is not available in CA, CO, NY, NJ, CT, DC, ME, RI, MN, and HI but OneShare is!!
- OneShare accepts those with Pre-Existing Conditions (24-Month Waiting Period), whereas STM does not.
- The only knockout questions are Tobacco Usage, Substance Abuse, and Statements of Belief whereas STM is more restrictive.
- We offer comprehensive services such as preventive, maternity, Urgent Care, ER and specialist visits (Classic program) unlike most STM plans.

How is OneShare Health different than other HCSMs in the market?

- Choose from over 982,000 First Health Network providers.
- Enrollment is 365 days a year with Next-Day Active Dates available.
- Unlike many HCSMs, Doctors can submit bills directly to OneShare for processing.
- OneShare Health's application process is simple and only takes 5 minutes to enroll a member.
- First dollar features such as doctor visits, preventive care, urgent care, and ER on the Classic Program.

ONESHARE HEALTH KNOWLEDGE

ABOUT ONESHARE HEALTH

Who is OneShare Health?

Our Mission is helping Christians share each other's medical expenses by providing affordable sharing programs which align with their beliefs. With origins in the Anabaptist faith, a Chaplain on Staff, OneShare Health is a 501(c)(3) non-profit that is always searching for new ways to give back to our Faith Community. We are a Health Care Sharing Ministry that welcomes and unites those who agree with our core biblical principles on how we live life, take care of our health, and support others.

As an ACA-exempt path to health care, OneShare Health offers affordable and flexible sharing programs. With industry-leading features and an unparalleled member experience, OneShare Health continues to grow our health care sharing memberships in many markets across the country.

Is OneShare Health regulated by the Department of Insurance?

Although we are not directly regulated by the Department of Insurance, we work with state insurance regulators to ensure we are in compliance with state laws exempting HCSMs from insurance regulations. We are also responsive to any Member complaints that come through a DOI. We are, however, regulated by three entities:

- The IRS regarding our financials, governance, and nonprofit compliance
- State Attorneys General on consumer affairs
- CMS as a legal, certified HCSM

Are OneShare Health Programs considered Minimum Essential Coverage (MEC)?

OneShare Health Programs are not MEC plans but a comprehensive core product. HCSMs cannot say that they meet the minimum essential coverage requirements because they are not insurance and not governed by the Department of Insurance. Programs provide sharing eligibility for first-dollar services, including Preventive Services and doctor visits, to hospitalization and surgery for catastrophic events.

In some states, like Massachusetts and California, HCSMs are included in the list of products meeting the minimum essential coverage requirements of the state.

Are OneShare Health Programs underwritten?

No, OneShare Programs are not underwritten.

Do OneShare Health Members have to be Christian?

OneShare Health is a Christian ministry. Our application does not ask Members about their religion or denomination, for documentation of church Membership, or pastoral approval. Our focus is on our shared Statement of Beliefs, to which all Members must attest.

Where can I market OneShare Health Programs?

Only a valid resident insurance license is required to market nationwide, excluding the states we are not available in. OneShare Health is available nationwide excluding the residents of MA, MD, MT, NM, PA, WA, WI, and VT. Please check www.onesharehealth.com/legal-notices for the most up to date state availability listing.

HOW SHARING WORKS

Do Members have to pay everything upfront?

No, the Member will provide their ID Card which contains the information the Provider needs to submit bills for processing. If a Provider sends the Member a bill for the balance remaining after the bill was shared, Members should first contact OneShare Health. Members are encouraged to email the balance bill to Correspondence@OneShareHealth.com.

How are medical bills paid?

Members voluntarily help pay each other's medical expenses through OneShare Health's sharing programs.

1. A portion of the Monthly Contributions are designated for sharing requests.
2. Member selects a First Health Network provider.
3. Member presents ID Card at time of service.
4. Sharing request is received by OneShare Health.
5. Eligibility and price are determined.
6. Sharing request is fulfilled, and the Explanation of Sharing (EOS) is sent to the Member and Provider.

IDEAL MEMBERS AND MARKETING

ONESHARE HEALTH MEMBERS

Member Features:

- Up to 50% less than traditional healthcare plans
- Ease of access - new enrollments accepted all year long
- Next-day Active Dates available 1-28th of the month
- It's what people want - no expiration date and comprehensive
- Programs available for individuals, families, and small businesses
- Choose from over 982,000 First Health Network providers
- Virtual Primary Care available for pre-existing conditions

Who is OneShare Health's ideal member?

- Do not qualify for an ACA subsidy
- Faith-based individuals, communities, or churches
- Do not have employer coverage such as self-employed, part-time, and independent contractors
- Looking for comprehensive healthcare that does not require renewals and does not cancel until age 65
- Individuals who are not employed or need short-term healthcare as long as needed
- Employers who cannot afford traditional insurance for their employees

MARKETING

Does OneShare Health provide leads?

Although we do not provide leads, we are very hands-on and give you a head start by providing a suite of approved marketing materials and continuous support. You will receive a Producer Welcome Kit with an abundance of resources to assist you. We also provide webinars that include tips on how to generate leads and where OneShare Health fits in the conversation.

MEMBER ENROLLMENT

ENROLLMENT PROCESS

Does OneShare Health have an Open Enrollment Period?

Producers can market OneShare Health Programs 365 days a year and Members can opt for a Next-Day Active Date if enrolled the 1 – 28th of the month.

How far out can Members set their desired Active Date?

Members can enroll up to 60 days prior to their desired Active Date. The Member must pay both the Application Fee and Monthly Contribution prior to their Active Date.

Are there any disqualifying questions on the application? Yes, there are two disqualifying questions. Failure to agree with the Statement of Beliefs will result in disqualification as well as illegal drugs and tobacco usage in any form 12 months **prior to the application.**

What is the Statement of Beliefs?

The Statement of Beliefs is a set of commonly held religious beliefs that unifies members of a Health Care Sharing Ministry (HCSM) like OneShare Health. Members must agree to these statements to enroll.

1. **We Believe** in the authority of scripture and the sanctity and dignity of every human life created by God with special meaning and purpose. *II Timothy 3:16; Psalm 139:13-14*
2. **We Believe** that every individual has the constitutional and religious right and duty to worship God in freedom. *II Corinthians 3:17; U.S. Const. amend. I*
3. **We Believe** and agree in the biblical and ethical principle of sharing with those who are less fortunate and who experience medical needs. *Galatians 6:2*
4. **We Believe** and agree that it is our responsibility to God and our fellow members to engage in accountable, healthy living, and to avoid habits and behaviors which are harmful to the body. *I Corinthians 6:19-20*
5. **We Believe** in the power of prayer to save lives, heal lives, and to unite our members in common purpose and community, and we believe that prayer should be a fundamental practice of daily life. *I John 5:14; Philippians 4:6-7*

Can small businesses and groups enroll in OneShare Health programs?

Yes, you can assist small businesses and enroll employees individually.

- Monthly Contribution needs to be post-tax.
- If the employer wants to pay a portion or all of it, they manage that on their own.
- There is no limit to number of employees if the agent is willing to enroll them all individually.

MONTHLY CONTRIBUTIONS

What are the factors that determine the Monthly Contribution?

- Family size
- Program/Tier/ISA
- Member's resident state
- DOB of the **oldest** member and all dependents (**families of 6+** will have an additional $50 per month per additional member)

What are the age bands for OneShare Health Programs?

Our pricing is based on age bands 18 – 64 years old. The Primary Member is the member who completed the application, the cost is based on the oldest member. OneShare Health does not provide child-only programs.

Are there any fees associated with Members enrolling?

- There is a one-time **$125 Application Fee** due at the time of enrollment.
- There is a monthly **$5 Technology Fee**.
- There is an annual **$45 Anniversary Fee** due at the Program Year Anniversary.
- The total amount owed can be paid by ACH (bank draft), credit card or debit card.

PROGRAM CHANGES

Are Members allowed to change programs at any time?

Yes, one program change is allowed without an Application Fee per Program Year. Any additional program changes within the Program Year will include the Application Fee. A Membership Update Request Form must be signed and submitted by the Primary Member. Adding or removing dependents is not considered a program change.

- **Within the first ten business days** after the Active Date, a member can elect to make a Program Change **without** OneShare Health approval.
- **After the first ten business days** after the Active Date, an upgrade in Program or Tier, or a decrease in ISA, **will be subject to** OneShare Health's review and approval. The membership change will become effective at the next billing cycle following OneShare Health's approval.
- **After the first ten business days** after the Active Date, a reduction in Program or Tier, or increase in ISA, resulting in a lower Monthly Contribution, will **not require** OneShare Health's review and approval.

CANCELLATIONS AND REFUNDS

Can Members cancel at any time?

Yes, Members can cancel at any time. A new Primary Member may receive a full refund of their first contribution, excluding the Application Fee, if they submit a cancelation and refund request **within the first ten business days** after their Active Date. However, if services have been utilized in that period, a refund will not be issued.

After the first 10 business days of Membership, a Primary Member may receive a refund of their Monthly Contribution if they submit a cancelation request before the start of the corresponding month of Membership. If the Membership month has started, a refund will not be issued. Any refund will be processed as a credit to the same card or account provided for billing.

Can Members reinstate their membership?

Yes, the Member must submit a written request for consideration of reinstatement **within 30 days** and pay any missed contribution for their Membership to continue without interruption.

If a sharing need has occurred, and the sharing need is due to an accident, injury, or illness occurring or diagnosed during the lapse period, it will be treated as a Pre-Existing Condition and subject to a new 24-month Waiting Period. The Member will be notified of the decision in writing and may be required to pay the Application Fee, which is non-refundable.

QUICK REFERENCES

90-Day Waiting Period

Classic Program – Unless stated otherwise in the Eligible Sharing Descriptions and Limits, there is a 90-Day Waiting Period for any medical expenses other than for Accidents, Injuries, Acute Illnesses, or Immunizations.
Catastrophic Program – Unless stated otherwise in the Eligible Sharing Descriptions and Limits, there is a 90-Day Waiting Period for any medical expenses other than for Accidents, Injuries, or Acute Illnesses.

Preventive Services

Classic Program – 180-Day Waiting Period (excluding Immunizations)
Catastrophic Program – Preventive Services are NOT Eligible for Sharing.

In/Out-Patient Surgeries

Classic Program (all tiers) – 90-Day Waiting Period
Catastrophic Program – 90-Day Waiting Period

NOTE: For Life-Threatening or Life-Altering emergencies, sharing is Eligible immediately on both Programs.

Maternity

Classic Basic and Classic Enhanced – Maternity is **not** Eligible for Sharing.
Classic Crown Program – Maternity is eligible if conception occurs **after** Active Date.
Catastrophic Program – Maternity is **not** Eligible for Sharing.

Pre-Existing Conditions

There is a **24-Month Lookback and 24-Month Waiting Period** for Pre-Existing Conditions including emergency care. Members may use Routine Maintenance, Smart Virtual Care (Telemedicine), Membership Discounts and Virtual Primary Care for their Pre- Existing Conditions from day ONE of their membership.

Cancer

There is a **5-Year Lookback and 90-Day Waiting Period** for Cancer. Limit for all Cancers is $500,000; each incident cannot exceed the Maximum Limit Per Incident.

Scenarios	Guidelines
Member has **never** had Cancer.	Any Cancer diagnosed **after** 90-Day Waiting Period will be Eligible for Sharing.
Member was diagnosed with Cancer **within** the 90-Day Waiting Period.	That **specific** Cancer will NOT be Eligible for Sharing but any new Cancers diagnosed after the 90-Day Waiting Period could be Eligible, subject to Program Guidelines.
Member had Cancer in the **last** five years.	**No** Cancer will be Eligible for Sharing.
Member had Cancer **more than** five years prior to Active Date.	Pre-Existing or Recurring Cancers will NOT be Eligible for Sharing but any new Cancers diagnosed after the 90-Day Waiting Period could be Eligible if **Medical Reports** are provided.

FIRST HEALTH NETWORK

Can Members choose their own doctor and facility?

Yes, Members can choose their doctor, but we encourage them to take advantage of the First Health Network by utilizing the Provider Locator Tool. **While this is not required, it's highly recommended**. Members should visit mychoice.onesharehealth.com to search physicians and facilities in their area.

What if the Member is not seeing their doctor on the Provider Locator Tool?

Not a problem! The Provider would be considered Out of Network and OneShare Health will process the medical bill accordingly after negotiations and eligibility determined. The member may receive a balance bill which they should send to OneShare to advocate on their behalf.

Is there a penalty for going Out of Network?

We accept any accommodating Provider and will work with them behind the scenes to ensure they receive a fair price for the services performed. Some Providers will insist on an unreasonable charge, so Members should make sure they **check the Provider Locator Tool before scheduling services**. It is possible for a Physician to send them a bill for the difference between their billed charges and the shared amount. Members should not pay any balance bills without first contacting OneShare Health. Members should email the balance bill to Correspondence@OneShareHealth.com.

What if the Member needs a service at a facility?

If Members are seeking services performed in an Inpatient or Outpatient Hospital, Surgery, or Clinical Lab, they should call the OneShare Health Pre-Notification Team at 833-380-9080 **at least 10 days prior to their visit.**

How should Members explain their program services to their Provider?

Members should tell their Provider they are a Member of a Health Care Sharing Ministry that will process their bills for sharing. The Member will provide their ID Card, which contains the information they need to contact OneShare and submit the bills. If payment is required by the Provider that day, the Member should ask for a self-pay or cash-pay rate, which will be less than the usual billed charges. If the Member pays the bill at time of service, they should request their medical records and submit them to OneShare along with the Expense Sharing Request Form and itemized receipt.

OneShare Health, LLC is not an insurance company but a religious health care sharing ministry. For our full disclosures, see https://www.onesharehealth.com/legal-notices.