



ShareNet

Preventive+ Guidelines

AS OF MARCH 23, 2024



ShareNet Ministries is a not-for-profit healthcare sharing ministry that facilitates member-to-member cost-sharing. ShareNet is NOT insurance, and these Guidelines are not a contract for insurance, nor do they constitute a legally binding contract in any way. The Guidelines provide a general overview of how membership works, as well as more specific descriptions of what is eligible for sharing among members. ShareNet maintains and reserves the right to exclude sharing of needs for pre-existing conditions, whether disclosed at the time of enrollment or not.

About us

ShareNet is a non-profit health care sharing ministry. It is not health insurance, nor does it guarantee or promise that it or other members will pay your medical bills. ShareNet is committed to helping our members live the most fulfilling, healthy life possible, as well as reducing the heavy burden that traditional healthcare premiums have placed on most Americans.

We are a community that shares the common value of supporting our fellow brothers and sisters by staying connected in a community whose purpose is to share each other's medical cost burdens. Our shared beliefs are the foundation for the ShareNet community, where each of us strives to grow in our journey toward health and well-being.

MISSION STATEMENT

ShareNet Ministries exists to exemplify the Biblical Worldview through the practice of direct member-to-member cost sharing for health care expenses.

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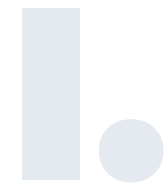
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Statement of Beliefs

As a condition of membership in ShareNet, I attest to the following beliefs:

- I believe that the first and greatest command is to “love God with all my soul and with all my mind” (Deuteronomy 6:4–5, Matthew 22:37, Luke 10:27).
- I believe that the second greatest command is to “love my neighbor as myself” (Leviticus 19:18, Mathew 22:38 Luke 10:27)
- I believe that the teachings of Luke 10: 27 – 37 instructs me to “love my neighbor” regardless of race, religion, or creed.
- I believe that I am instructed to share my neighbor’s burdens in Galatians 6:2: “Carry each other’s burdens, and in this way, you will fulfill the law of Christ.”
- I believe that the voluntary sharing of medical expenses by members under ShareNet’s guidelines—which I understand is not insurance—exemplifies the precept outlined in Luke 10:8-9 that “[w]hatever city you enter, and they receive you, eat such things as are set before you. And heal the sick there, and say to them, ‘[t]he kingdom of God has come to you.’”
- I believe ShareNet members have the right to direct their own health care, free from government dictates, restraints, or oversight, and I want to be part of a health share community whose mission is to assist members through their personal health care challenges through voluntary sharing of expenses.
- I believe that the United States Constitution guarantees my fundamental right to associate in the lawful exercise and expression of my faith through the sharing of healthcare expenses with my neighbors.
- This Statement of Shared Beliefs does not exhaust the extent of my faith and beliefs. My beliefs and the expression of my faith is inspired by the Bible, the word of God, and speaks final authority concerning truth and the proper conduct of mankind.



ShareNet Program Details

A. Healthcare Sharing

ShareNet is a not-for-profit healthcare sharing ministry that facilitates member-to-member cost-sharing.

The Program is designed for sharing of medical expenses related to conditions resulting from a new illness, injury, or accident.

To participate, members voluntarily contribute a monthly share amount based on the number of participants in their membership.

A member may only switch from the Preventive+ Program to a ShareNet Comprehensive program on their anniversary date. The effective date of the new program will determine the eligibility of pre-existing medical conditions as described in section III. D. of the ShareNet Comprehensive Program Guidelines.

B. Provider Fee

At the time of receiving service from a medical care provider, members pay the following to the provider:

- \$0 for virtual visits with ShareNet's telemedicine partner (accessed through the ShareNet Member Center).
- \$35 Preventive and Wellness services as defined herein (see section III. D.).
- Combined maximum of 4 visits per year per member for Primary Care, Specialists and Urgent Care.
 - \$35 for Primary Care.
 - \$75 for Specialists and Urgent Care.
- \$50 for X-rays.
- \$50 for Non-Preventative Labs.
- \$400 for all other imaging services.

C. Guidelines Govern

These Guidelines explain the program requirements and govern the sharing of medical bills. The Guidelines in effect at the time of service govern the program, not the Guidelines in effect when a member joins or changes after the time of service. The Guidelines are available online at www.sharenetnow.org and in the Member Center.

D. Changes to the Guidelines

Changes to the Guidelines can be made at any time by a majority vote of the ShareNet board of directors. Members will be notified of the changes, and a history of changes will be available in the ShareNet Member Center for 2 years from the date of the change.

E. No Member or ShareNet Liability

ShareNet is not insurance. ShareNet is a Healthcare Sharing Ministry as outlined in the Patient Protection and Affordable Care Act and was created to facilitate the sharing of medical bills and expenses among members, one with another, according to these Guidelines, at ShareNet's reasonable discretion. ShareNet is not liable for the payment of a member's medical bill. If sharing occurs, the shared medical bills are paid by the member that incurred the bill from other members' share contributions only, not from funds of ShareNet itself.



SHARENET IS NOT AN INSURANCE COMPANY. HEALTH SHARING IS NOT INSURANCE OR A CONTRACT FOR INSURANCE. THE PAYMENT OF MEDICAL BILLS THROUGH SHARENET OR OTHERWISE IS NOT GUARANTEED IN ANY WAY.

There is no transfer of risk from a member to ShareNet or from a member to other members, and there is not a contract of indemnity between ShareNet and any member or between the members themselves.





Membership

A. Qualifications

To be eligible to participate in ShareNet an applicant must:

- Agree with the Statement of Beliefs.
- Abstain from the use of illegal drugs for at least twelve months prior to applying for membership.

B. Membership Requirements

Members must not use illegal drugs.

An adult child (18-25) needs to meet the same requirements to be on his or her parent(s) household membership and to have their bills shared.

Medical information is provided during the application process. IF AN APPLICANT OR MEMBER FAILS TO DISCLOSE MEDICAL HISTORY OR LIFESTYLE HABITS OR CHOICES THAT MAY DISQUALIFY THEM FROM MEMBERSHIP AND THAT INFORMATION IS DISCOVERED, MEDICAL BILLS

MAY NOT BE SHARED, AND/OR MEMBERSHIP MAY BE CANCELLED.

Participation in ShareNet will be an online process, and monthly share contributions must be made using Electronic Funds Transfers (EFTs) or other acceptable payment forms as determined by ShareNet. The EFT contributions will electronically transfer from the member's bank account to a virtual share account held at a participating bank that has partnered with ShareNet to send funds to other members. Receiving members will receive those funds in virtual bill account(s), the sole purpose of which will be to pay eligible bills. ShareNet will then direct the payment of those funds either to the appropriate medical provider or to the member in the case of reimbursement.

BODY MASS INDEX (BMI) ASSESSMENT

Since obesity has been shown to cause many health issues, ShareNet encourages members and applicants to have a healthy Body Mass Index (BMI). BMI assessment criteria

(based on weight and height) have been established by ShareNet which may require applicants to pay an additional monthly amount. To remove this additional amount, members must provide documentation that shows they have lowered their BMI below the set criteria. You will be notified during the application process before you join if you qualify for this additional amount of \$125 per month. The BMI fee will not be charged to more than one member per household, but to remove it, all members must meet the set criteria.



TOBACCO USE ASSESSMENT

The use of tobacco has been shown to not only cause disease but to also impede the body's healing processes. Therefore, ShareNet encourages applicants and members not to use tobacco or vaping products. Members who use tobacco or vaping products are required to pay a Tobacco Assessment of \$75 per month. This tobacco/vaping fee will not be charged to more than one member per household, but to remove it, all members must meet the criteria.

Members who do not disclose this information may be subject to membership termination if it is determined after the membership date.

You will be notified during the application process before you join if you qualify for this additional assessment.

C. Family Members

You, your spouse, and your dependent children can be included in your membership.

SPOUSE

Spouse means a legally married person. It can be a person's lawfully married husband or wife. Marriage is defined as being between one biologically-born man and one biologically-born woman.

DEPENDENT CHILD(REN)

If you are legally and financially responsible for the child(ren), they can be added to your membership.

ADOPTED CHILDREN

When a ShareNet member adopts a child or otherwise has obtained legal custody with legal responsibility for a child's medical care, that child can be included in your ShareNet membership. If any other source is responsible, willing, or available to pay the child's medical bills, these resources must be exhausted before ShareNet members can share those bills. Medical bills for the birth of an adopted child are not eligible for sharing, regardless of the circumstances.

ADOPTED DISABLED CHILDREN

In cases when members choose to adopt a child(ren) with known disabilities, there are other resources and programs designed to assist and provide for adopted, disabled children. It is the responsibility of the adoptive parent(s) to research what resources are available and to obtain the necessary funding. ShareNet considers these Needs to be pre-existing (see section III. D. "Pre-existing Conditions").

ADULT CHILDREN

Adult children can remain on their parents' membership until their 26th birthday if they meet the following qualifications:

1. they must share the core values of ShareNet Members and attest to the Statement of Beliefs, and
2. they must be single, and
3. they must be legal dependents. Legal dependents are defined as children who are reported as dependents on their parent's income tax forms.

Children who are no longer legal dependents can transition seamlessly to their own ShareNet membership.

Immediate transition will allow any issues relating to pre-existing conditions to date back to the original start date when they participated under their parents' membership.

Disabled adult children who still depend on and are under the care of their parents may remain on their parents' membership beyond their 26th birthday.

D. 65 Years and Older

ShareNet memberships will be automatically terminated on the last day of the month in which the member turns 65 years old.

E. Non-U.S. Citizens

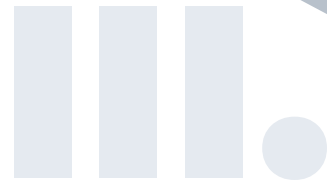
The following individual(s) can join ShareNet.

- Those who possess a U.S.-issued Social Security Number and a valid Identification Card issued by a U.S. government agency.
- Those who possess a U.S.-issued Individual Taxpayer Identification Number (ITIN) and who also have a government-issued Identification Card issued by Mexico, Canada, Guatemala, or the United States and who have a United States mailing address.



F. Cancellations

Membership will be canceled if a member does not deposit their monthly share for more than sixty (60) days past the due date. The cancellation date will be the last day of the month for which the last monthly share was deposited. Only eligible medical bills incurred on or before the cancellation date will be considered eligible for sharing.



Bill Sharing

A. Sharing Limits

The Maximum Lifetime Sharing amount is \$250,000 per member.

The Maximum Sharing Amount per member per year is \$25,000.

ShareNet utilizes multiple sources and approaches to discount members' medical bills to a reasonable amount, as is standard in healthcare today. Eligible medical bills are shared at the discounted rate less any Provider Fee and up to any and all limits set by the Program.

B. Approved Treatment

To be eligible for sharing, testing and treatment must be CMS- or FDA-approved and submitted on a CMS 1500 form or a UB and IB form and ordered by a:

- Medical Doctor (M.D.)
- Doctor of Osteopathy (D.O.)

- Nurse Practitioner (N.P. or A.P.R.N.)
- Physician's Assistant (P.A.)
- Doctor of Podiatric Medicine (D.P.M.)
- Dentist (D.D.S. or D.M.D.)
- Midwife
- Ophthalmologist

These CMS- or FDA-approved tests and treatments must occur at one of the following:

- Hospital
- Surgery center
- Clinic, e.g., Urgent Care
- Doctor's office
- Diagnostic facility

Diagnosis and treatment are to be performed in the U.S. to be eligible for sharing, except in emergencies while traveling.

C. Eligible for Sharing

Medical bills related to a new condition, injury, or illness are eligible for sharing, provided they are not listed in Section III. E. “Not Eligible for Sharing.” These bills may be subject to limitations if they are listed in Section II. D. “Limited Sharing.” Eligibility for sharing cannot be fully determined until after medical services are received, and bills are submitted for sharing.

- Outstanding needs will be shared according to the guidelines for your sharing level for any eligible expenses performed as of 2/29/2024.
- All eligible medical bills must be submitted by 3/31/2024. Medical bills submitted after 3/31/2024 will not be accepted.

Most medical providers are willing to submit their bills electronically directly to ShareNet’s processor. However, in the event that a member must submit a bill for processing and/or reimbursement, it must be submitted through the online member portal.

When submitting a medical bill for processing, members are responsible for obtaining all information needed for processing per the form available online.

D. Limited Sharing

PRE-EXISTING CONDITIONS

Pre-existing medical conditions are conditions in which signs, symptoms, testing, treatment, or use of medication occurred within 24 months prior to membership start. Routine or maintenance medications are considered treatment.



HOSPITAL, EMERGENCY ROOM AND SURGICAL SERVICES

Inpatient Hospital Services Sharing is limited to \$2500 per day up to the Maximum Sharing Amount per member per year of \$25,000. The per day maximum includes charges for medical professionals that provide services, room and board, medical supplies and any tests or procedures administered during your stay. Surgery and Anesthesia are not included in the Inpatient Hospital Services sharing limit.

Inpatient/Outpatient Surgical and Anesthesia services are limited to \$5000 per member per membership year. Surgical services may be performed as inpatient, outpatient, or in an ambulatory surgical facility. The \$5000 limit is to include all medical professionals (e.g., surgeon and anesthesiologist), operating room charges, surgical supplies, pre-surgery tests or procedures (unless otherwise described herein), and anesthesia. Surgery performed in an office is eligible for Sharing at 100% up to the annual sharing limit after the provider fee has been paid.

Outpatient Hospital Medical Services are limited to \$5000 per member per membership year.

Emergency Room Sharing is limited to \$1000 per incident when there is no inpatient admission. Imaging is not included in the Emergency Room Sharing limit and will be subject to its own limits and Provider fees as described below.

D. Limited Sharing (cont.)

IMAGING

Sharing of X-rays is limited to \$200 per day, subject to the Provider Fee being paid at the time of service.

Imaging services that are not part of an inpatient hospital stay including ultrasound, CT scan, MRI, MRA, Diagnostic Mammograms, and PET scans are subject to a \$400 Provider Fee and then are eligible for sharing at 100% up to the annual sharing limit.

MATERNITY

Maternity is eligible for sharing if the mother's due date for delivery is at least twelve months after joining ShareNet. Sharing is limited to \$5,000 for hospital or birthing center delivery for mother (including antepartum care, the cost of delivery, and any complications to the mother and postpartum care) and \$2,500 for baby or babies for any single pregnancy event(regardless of how many babies are born during the event) If child is added to membership within 30 days of birth, complications for the child will fall under the Inpatient Hospital services limit described herein.

Medical bills for congenital conditions are eligible for sharing as part of the baby's need if the child is added as a member within 30 days of birth. Any medical bills related to a congenital condition in the child which first produces symptoms and is first discovered after birth will not be considered a pre-existing condition if the child is added as a member within 30 days of birth.



For ineligible maternity events, any fetal abnormalities and/or congenital abnormalities noted in medical records prior to the mother joining ShareNet, will be considered a pre-existing condition and would not be eligible for sharing.

For delivery charges to be eligible, delivery must be performed by a Medical Doctor, Doctor of Osteopathy or Midwife who is properly licensed, certified and/or registered in the state of delivery.

The newborn can be a member from birth if a request to add them to the membership is made within 30 days of the date of birth.

If the mother is not a member for twelve months prior to delivery, the following are instances where maternity bills are ineligible for sharing:

- Medical bills incurred before the newborn's membership date.
- Unresolved maternity medical conditions of child or mother.

PREVENTIVE CARE SERVICES

Limitations, Intervals, and Requirements

The Preventive Care Services schedule (below and on the following pages) represents the type of medical services that are eligible for sharing, as well as the permitted interval(s) and any requirements of such medical services.

D. Limited Sharing (cont.)

You may have to pay for services that are not coded as preventive. Ask your provider if the services you need are preventive or diagnostic/treatment. Always check what your program will pay for before proceeding.

Preventive/Wellness Care Services		
MEDICAL SERVICE	INTERVAL	DESCRIPTION
General Routine Labs	1 per year	Complete Blood Count, Comprehensive Metabolic Panel, Lipid, Hemoglobin A1C, Vitamin D-25 OH, C- Reactive Protein.
Fecal Occult Blood Test	1 per year	Adults aged 50 years and continuing until age 65 years.
Bacteriuria screening	1 per year	Screening for asymptomatic bacteriuria with urine culture in pregnant women at 12 to 16 weeks gestation or at the first prenatal visit, if later.
Blood pressure screening	1 per year	Screening for high blood pressure in adults aged 18 or older.
BRCA risk assessment and genetic counseling/testing	1 per year	Screening for women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing.
Breast cancer screening	Varies	<ol style="list-style-type: none"> 1. One baseline mammogram between ages 35-39 2. Mammogram every year for women 40 to 49 years old. 3. Mammograms every 2 years for women aged 50 to 65 years old.
Breastfeeding interventions	2 per year	Interventions during pregnancy and after birth to support breastfeeding.
Cervical cancer screening: with cytology (Pap smear)	1 time every 3 years	Women aged 21 to 65 years.
Cervical cancer screening: with combination of cytology and human papillomavirus (HPV) testing	1 time every 5 years	Women aged 30 to 65 years who want to lengthen the screening interval.
Colorectal Cancer Screening (Colonoscopy)	1 time every 5 years*	*There is a 6-month waiting period for Colonoscopies. Adults aged 50 years and continuing until age 65 years.
Depression screening	1 per year	Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.
Gestational diabetes mellitus screening	1 per year	Asymptomatic pregnant women after 24 weeks of gestation.
Hemoglobinopathies screening	1 per year	Screening for sickle cell disease in newborns.
Hypothyroidism screening	1 per year	Screening for congenital hypothyroidism in newborns.
Phenylketonuria screening	1 per year	Screening for phenylketonuria in newborns.
Preeclampsia screening	1 per year	Pregnant women with blood pressure measurements throughout pregnancy.
Rh incompatibility screening: first pregnancy visit	1 per year	Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.
Rh incompatibility screening: 24–28 weeks gestation	1 per year	Repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24 to 28 weeks gestation, unless the biological father is known to be Rh (D)-negative.
Tuberculosis screening	2 per year	Adults at increased risk.
Vision screening	1 time every 2 years	All children aged 3 to 5 years to detect amblyopia or its risk factors.

D. Limited Sharing (cont.)

Preventive/Wellness Care Services		
MEDICAL SERVICE	INTERVAL	DESCRIPTION
Well-woman visits	1 per year	Adult women (age 18+) to obtain the recommended preventive services that are age and developmentally appropriate, including preconception care and many services necessary for prenatal care.
Men's PSA Test	1 per year	All men aged 45 to 65 to detect Prostate Cancer.

As it pertains to eligible preventive care for both men and women, both the test and coordinated office visit will be eligible for sharing.

Note: Bills are processed in the order they are received to apply allowances and sharing.

Sharing is limited to one (1) immunization of each type per member within the recommended ages.

Immunizations	
VACCINE	RECOMMENDED SCHEDULE
HepB-1	Newborn
HepB-2	Age 4 weeks – 2 months
HepB-3	Age 24 weeks – 18 months
DTaP-1	Age 6 weeks – 2 months
DTaP-2	Age 10 weeks – 4 months
DTaP-3	Age 14 weeks – 6 months
DTaP-4	Age 12-18 months
DTaP-5	Age 4-6 years
Hib-1	Age 6 weeks – 2 months
Hib-2	Age 10 weeks – 4 months
Hib-3	Age 14 weeks – 6 months
Hib-4	Age 12-15 months
IPV-1	Age 6 weeks – 2 months
IPV-2	Age 10 weeks – 4 months
IPV-3	Age 14 weeks – 18 months
IPV-4	Age 4-6 years
PCV-1	Age 6 weeks – 2 months
PCV-2	Age 10 weeks – 4 months
PCV-3	Age 14 weeks – 6 months
PCV-4	Age 12-15 months
MMR-1	Age 12-15 months
MMR-2	Age 13 months – 6 years
Vericella-1	Age 12-15 months

Immunizations	
VACCINE	RECOMMENDED SCHEDULE
Vericella-2	Age 15 months – 6 years
HepA-1	Age 12-23 months
HepA-2	Age 18 months or older
Influenza, inactivated (flu shot)	Age 6 months or older
LAIV (intranasal)	Age 2-49 years
MCV4-1	Age 2-12 years
MCV4-2	Age 11 years, 8 weeks – 16 years
MPSV4-1	Age 2 years or older
MPSV4-2	Age 7 years or older
Td	Age 7-12 years
Tdap	Age 7 years or older
PPSV-1	Age 2 years or older
PPSV-2	Age 7 years or older
HPV-1	Age 9-12 years
HPV-2	Age 9 years, 4 weeks – 12 years, 2 months
HPV-3	Age 9 years, 24 weeks – 12 years, 6 months
Rotavirus-1	Age 6 weeks – 2 months
Rotavirus-2	Age 10 weeks – 4 months
Rotavirus-3	14 weeks – 6 months
Herpes Zoster	Age 60 years or older

Motor Vehicle Accidents – Medical bills incurred from the use of motorized vehicles will only be shareable for any amount remaining after an insurance entity or other liable third party has paid first if all other Guideline requirements have been met. In addition, medical bills related to the motorized vehicle accident will not be eligible for sharing if any of the following applies:

D. Limited Sharing (cont.)

- The operator of the vehicle was impaired by the use of alcohol or any illegal substances, in accordance with the law.
- The vehicle was used in to race another vehicle, to perform a stunt, or in the commission of a crime.
- The operator's age was below that required by law, or the operator was not legally licensed as required by law.

There are many variations in auto insurance policies and numerous state rules and regulations regarding auto insurance. Therefore, ShareNet has not set a minimum requirement for members regarding auto insurance. However, for the sake of keeping monthly financial contributions low, we strongly urge you to set the highest possible limit on the medical assistance available through your auto insurance policy.

Medical transportation by ground is eligible in emergency situations or when medically necessary for transport for admission to another medical facility. Ground transportation is limited to \$500 per incident. Medical bills for emergency flights, including domestic and international, whereby the member is transported to the United States from a different country, even if the situation is life-threatening, are not eligible for sharing. We strongly encourage you to look into other available resources. In the case of international travel, travel medical insurance can typically be purchased through a travel agent. There are also programs available for a monthly fee in case you ever have to be air-lifted.

E. Not Eligible for Sharing

Inpatient and Outpatient Mental Health Care

Psychological treatment, tests, or counseling. Only emergency room bills incurred to physically stabilize the patient are eligible for sharing, subject to limitations herein.

Bills incurred as the result of the abuse of drugs or alcohol, including charges for residential treatment centers.

Charges for treatment of any intentionally self-inflicted illness or injury, including suicide or attempted suicide. Only emergency room bills incurred to physically stabilize the patient are eligible for sharing, subject to limitations herein.



Medical bills for outpatient or inpatient Vision Therapy, Cardiac Therapy, Respiratory Therapy, Physical Therapy, Occupational Therapy, and/or Speech Therapy, unless part of an inpatient stay.

Skilled Care at home services

Hospice Care

Durable Medical Equipment

Prosthetics

Prescription medications are not eligible for sharing; however, members can access wholesale pricing on most prescription medications with their Member card. (see ShareNet Member Center for prices at your local pharmacy.)

Dental expenses

Expenses from Temporomandibular Joint Disorders (TMJ/TMD) are not eligible for sharing. This exclusion applies regardless of variations in diagnostic coding (i.e., micrognathia, congenital malformations of the jaw, etc.), where treatment is being rendered, or the type of practitioner providing the treatment.

Bills for sleep apnea diagnosis, treatment, or equipment prescribed or administered.

Vision correction (optometrist services, eye exams, eyeglasses, contact lenses, etc.)

Audiological expenses.

E. Not Eligible for Sharing (cont.)

Chiropractic treatment.

Over-the-counter medications, including vitamins and nutritional supplements.

Elective, non-health related cosmetic surgery and any complications arising from such procedures.

Weight reduction programs or procedures.

Abortions.

Medication or procedures related to gender reassignment or change.

Infertility testing or treatment.

Sterilization or reversal.

Gestation or surrogate maternity procedures; in vitro fertilization and associated maternity bills (see Guideline R.5).

Genetic testing is ineligible unless required for determining treatment for a current medical condition. Medical records must be provided.

Medical supplies, including (but not limited to): syringes, test strips, lancets, orthotics, batteries, etc.

Medical appliances and equipment, including (but not limited to): hearing aids, breast pumps, crutches, etc.

Alternative treatment including acupuncture and any blood work or testing supporting alternative treatment. This exclusion applies regardless of the type of practitioner (naturopaths, homeopaths, medical doctors, etc.)

Non-medical expenses such as travel expenses, postage, shipping, finance charges, interest, nutritionist services, phone calls, private room upcharge, etc.

Nursing home care and/or rehabilitative housing.

Any therapy performed for developmental or educational reasons.

Health or medical practice membership fees or gym membership fees.

Charges for services, supplies or treatment from any hospital owned or operated by the United States government or any agency thereof or any government outside the United States, or charges for services, treatment or supplies furnished by the United States government or any agency thereof or any government outside the United States, unless payment is legally required.

Charges for an injury sustained or illness contracted while on active duty in military service unless payment is legally required.

Charges for services, supplies, or treatment for the treatment of illness or injury which is caused by or attributed to by war or any act of war (whether declared or undeclared, civil, or international, or any substantial armed conflict between organized forces of a military nature), or participation in a riot, civil disobedience, or insurrection.

Charges in connection with any illness or injury arising out of or in the course of any employment intended for wage or profit, including self-employment. This is typically covered under the member's worker's compensation insurance.

Charges in connection with any illness or injury sustained while taking part or attempting to take part in an illegal act, including but not limited to misdemeanors and felonies; or for any Injury or Illness that arises from or is caused during the commission of any illegal act. It is not necessary that an arrest occur, criminal charges be filed, or, if filed, that a conviction result for the Administrator to determine that an act constitutes an illegal act. Proof beyond a reasonable doubt is not required to be deemed an illegal act. The



E. Not Eligible for Sharing (cont.)

Administrator has the sole discretion to determine whether a particular act constitutes an Illegal Act.

Any charge in connection with any illness or injury that results from engaging in a hazardous pursuit, hobby, or extreme activity without using the recommended safety equipment. A pursuit, hobby or activity is hazardous if it involves or exposes an individual to risk of a degree or nature not customarily undertaken during the member's customary occupation or if it involves leisure time activities considered by the Administrator, taking all circumstances into account, as involving unusual or exceptional risks, characterized by a threat of danger or risk of bodily harm.

To the extent that sharing under this ShareNet membership is prohibited by any law of the jurisdiction in which the member resides at the time the expense is incurred.

Any services, supplies, or treatment for which the member is not legally required to pay; or for which no charge would usually be made; or for which such charge, if made, would not usually be collected if no sharing allowances existed; or to the extent the charge for the care exceeds the charge that would have been made and collected if no sharing allowances existed.

Charges incurred outside the United States if the member traveled to such a location for the sole purpose of obtaining services, supplies or treatment.

Charges for services, supplies or treatment rendered by any individual who is a close relative, as determined by the Administrator, of the member or who resides in the same household as the member.

Charges for services, supplies or treatment rendered by facilities, physicians, or professional providers beyond the scope of their license; for any treatment, confinement or service which is not recommended by or performed by an appropriate professional provider.

Charges for illnesses or injuries sustained by a member due to the action or inaction of any party if the member fails to provide any information as specified in Subrogation section or as requested by ShareNet in connection with any third-party recovery.

Needs not submitted within the timely filing limit deadlines as specified herein.



Expenses which are shareable under any one section of the Member Guidelines shall not be shareable under any other section of the Guidelines.

Charges for services, treatment, or care of any kind that are provided due to a court order or are required by a court of law and/or are imposed as an alternative to, or in addition to, fine or imprisonment. This exclusion shall not apply to expenses for the illness or injury that would be shareable under the membership in the absence of a court order, and for which the member is legally obligated to pay.

Charges for administrative fees; completion, filing, or copying of Need forms, itemized bills, or medical reports; reports or appearances in legal proceedings, mailing, postage, or shipping and handling; missed appointments; late fees; sales tax; interest or penalties; travel time or expenses; or telephone consultations.

Charges for the release and review of medical records.

Charges for services, supplies, or treatment for transsexualism, gender dysphoria, or sexual reassignment or change, including medications, implants, hormone therapy, surgery, or medical treatment.

Charges for treatment or surgery for sexual dysfunction.

Charges for biofeedback therapy.

Charges for services, supplies, or treatments provided by your Employer.

Charges for services, supplies, or treatments provided by an educational institution as required by law.

E. Not Eligible for Sharing (cont.)

Except as medically necessary for the treatment of metabolic or peripheral-vascular illness, charges for routine, palliative, or cosmetic foot care, including, but not limited to; treatment of weak, unstable, flat, strained, or unbalanced feet; subluxations of the foot; treatment of corns or calluses; non-surgical care of toenails.

Charges for custodial care, domiciliary care, or rest cures.

Charges for travel or accommodations.

Charges for professional services billed by a physician or Registered Nurse, Licensed Practical Nurse or Licensed Vocational Nurse who is an employee of a hospital or any other facility and who is paid by the hospital or other facility for the service provided.

Charges for environmental change, including hospitalization or physician charges connected with prescribing an environmental change.



Clinical Trials, whether FDA-approved or not.

Office visits, physical examinations, immunizations, and tests when requires solely for sports, camp, employment, travel, insurance, marriage, or legal proceedings.

Routine foot care for treatment of; flat feet, corns, bunions, calluses, toenails, fallen arches, weak feet, and chronic foot strain.

F. Use of Programs

If a member qualifies for public assistance or private benevolence programs, they must apply for the program benefit and receive an eligibility determination that the member does not qualify for the benevolence program before the bill can be considered for sharing. If the member receives assistance through a program, the next three months of their monthly Share Portion will be waived.

G. Medically Necessary Treatment

Eligible needs will be approved for sharing when medically necessary. Medically Necessary, which is defined as health care services that are clinically appropriate in terms of type, frequency, extent, site, and duration for the diagnosis or treatment of the member's sickness or injury and ordered by a Physician exercising prudent clinical judgment for the purposes of evaluation, diagnosis or treatment of that member's sickness or injury. The Medically Necessary setting and level of service are that which, considering the member's medical symptoms and conditions, cannot be provided in a less intensive medical setting. Such services, to be considered Medically Necessary must be no more costly than alternative interventions, including no intervention, and are at least as likely to produce equivalent therapeutic or diagnostic results without adversely affecting the member's medical condition.

- It must not be maintenance therapy or maintenance treatment;
- Its purpose must be to restore health;
- It must not be primarily custodial in nature;
- It must be a listed item or treatment allowed for reimbursement by CMS (Medicare); and
- ShareNet reserves the right to incorporate CMS (Medicare) guidelines in effect on the date of treatment as additional criteria for determination of Medical Necessity and/or eligibility of a Need.
- The mere fact that the service is furnished, prescribed, or approved by a Physician does not mean that it is "Medically Necessary."
- The determination of whether a service, supply, or treatment is or is not Medically Necessary may include

G. Medically Necessary Treatment (cont.)

findings of the American Medical Association and ShareNet's own Administrator or medical advisors.

H. Permitted Sharing Level(s)

“Permitted Sharing Level(s)” means charges for medical care which is Medically Necessary for the care and treatment of Illness or Injury, but only to the extent that the fees charged therefore are within all applicable limitations and restrictions established in the ShareNet Guidelines including, but not limited to, the following:

- Hospitals (both inpatient and outpatient services), Ambulatory Surgery Centers, and Independent Facilities: The Permitted Sharing Level for Medical Care established by the Guidelines shall be based upon the average of 150% of the Medicare Allowable Amount for the Medical Care included in the Guidelines and 135% of the Cost of the Medical Care included in the Guidelines; provided, however, that any such Permitted Sharing Level based on the Cost of the Medical Care included in the Guidelines shall be limited to an amount not to exceed 175% of the Medicare Allowable Amount or the amount of Usual, Customary and Reasonable Fees for the Medical Care included in the Guidelines.
- Other Medical & Surgical Services. The Permitted Sharing Level for any general medical and/or surgical Medical Care included in the Guidelines not addressed under the immediately preceding subsection or subsection (d) below may be established or calculated taking into consideration and/or based upon the



average of: (i) allowable reimbursement amounts for such medical care included in the Guidelines according to the OPPS Reimbursement or other Medicare fee payment methodology plus an additional 50%; (ii) the costs for such medical care included in the Guidelines plus an additional 35%; or (iii) the Usual, Customary and Reasonable Fees as reflected in, or determined by reference to or through the use of any other industry-standard resources or widely recognized data sources, including any resources listed above or any other fee and/or cost information, sources, lists or comparative data published or publicly available (free, for purchase or by subscription), or any combination of such resources that are sufficient, in the opinion of the Claims Delegate, to determine a reasonable amount of medical care included in the Guidelines.

- Facilities Lacking Requisite Benchmarks & Specified Services. In the event Permitted Sharing Levels for medical care included in the Guidelines cannot be determined — for technical reasons — in accordance with the two immediately preceding subsections, and for other medical care included in the Guidelines specified below, the Permitted Sharing Levels may be determined as follows:

- Supplies, Implants & Devices. The Permitted Sharing Level for charges for medical and surgical supplies, implants and devices may be based upon 120% of the cost to the Hospital or Independent Facility providing such items.
- Professional Services. The Permitted Sharing Levels for Professional Services shall be determined based upon the chart for the professional service identified. This chart is available upon request.



H. Permitted Sharing Level(s) (cont.)

- **Dialysis Services and Infusion Therapy.** The Permitted Sharing Level for dialysis services and infusion therapy visits (which shall include dialysis, facility services, supplies and medications provided during treatment) shall be determined by review of the Medicare Allowable Amount for the billing Hospital or Physician considering clinical considerations pertinent to the patient being treated.
- **Medical Care Provided Under Direct Contract.** The Permitted Sharing Levels for medical care provided by directly contracted Hospitals or Physicians will

be the rates or fees established under the applicable contract; provided, however, that the amounts of such rates and fees shall be presumed to be Usual, Customary and Reasonable only to the extent that they do not include otherwise Improper Balances, which charges shall be outside of the Permitted Sharing Levels.

If the Permitted Sharing Level exceeds the actual charge billed for the treatment, service, or supply in question, sharing and payments to providers will be based on the actual billed charge. The Permitted Sharing Level for medical care will not include charges related to Unbundling, Errors, Unclear Description or Misidentification.



IV.

Conditions of Sharing

A. ShareNet is not a Substitute for Insurance as may be Required by Law

ShareNet is not insurance. However, ShareNet may be used as a substitute for or an exemption from mandated insurance coverage in the following circumstances:

- To satisfy the federal mandate that became effective January 1, 2014, requiring “applicable individuals” to maintain “minimum essential [insurance] coverage”.
- To satisfy a certain state requirement to maintain “minimum creditable [insurance] coverage”.

These are the only exceptions. Otherwise, members must not certify that ShareNet is insurance to avoid purchasing insurance required by law, rule, or regulation, for example, worker’s compensation insurance or sports activity insurance.

B. ShareNet is Secondary to Other Sources

If a member has insurance or is eligible/qualified for any insurance benefits or other health or welfare benefits, such as an employment-related health or welfare plan, worker’s compensation insurance, homeowner’s insurance, or fraternal benefits, the member is expected to take all reasonable steps to qualify for such payments and to exhaust benefits available under those resources before submitting a request for sharing.

C. Assignment of Third-Party Claims

In certain instances where a Need may have been caused by actions of a third-party, the member may be required to assign to ShareNet all rights that the member has against all parties responsible for causing the injury or illness. This is up to the total amount members shared on behalf of the member. This includes all amounts received by the member from a settlement, judgment or other award.



D. Sharing Appeal

A member can appeal bill-sharing eligibility decisions with which they disagree if he or she believes:

- the medical records were misread, or
- the Guidelines were misapplied, or
- one or more of the member's providers incorrectly recorded their medical history.

After a review by ShareNet, if the member disagrees with ShareNet's decision, the member has 90 days to request a review by a Five Member Appeal Panel established by ShareNet and the member may submit a written position statement to the Panel. A teleconference will be held wherein the Panel can ask questions of both the member and ShareNet. A simple majority vote (three out of five) will carry the decision to share or not.

E. Mediation and Arbitration

While these Guidelines are not a contract for insurance, the Guidelines do outline the manner in which voluntary sharing occurs among ShareNet members. Further, you have authorized ShareNet to exercise reasonable discretion to administer its medical cost sharing plan according to these Guidelines. Any claim or dispute arising out of, or related to, enforcement of these Guidelines after a member has exhausted his appeals provided for in Section IV. D. shall be addressed through mediation, with each party to bear their own costs, attorney's fees, and 50% of the mediator's fee and with the mediation filing fee to be paid by ShareNet.

If the resolution of the dispute and reconciliation do not result from mediation, the matter shall then be submitted to an independent and objective arbitrator for binding arbitration, with each party to bear their own costs, attorney's fees, and 50% of the arbitrator's fee, and with the arbitration filing fee to be borne by ShareNet.

Members agree that these methods of dispute resolution shall be the sole remedy for any controversy or claim arising under these Guidelines or against ShareNet or its agents, employees, and contractors; and expressly waive their right to file a lawsuit for such disputes, except to enforce a legally binding arbitration decision.





V.

Virtual Share Exchange

To make Healthcare Sharing convenient and efficient, ShareNet utilizes a technology platform called a Virtual Share Exchange (“VSE”). The VSE enables all ShareNet members to participate in the Healthcare Sharing process electronically, as well as to monitor the transactional activities of their individual share accounts and the community at large. Your ShareNet membership requires that you activate your own Share Account and enable the Virtual Share Exchange to administer the sharing process on your behalf. By activating your Share Account and accepting the Virtual Share Exchange “Terms and Conditions” and Disclosures, you have given ShareNet and its Service Agents express permission to conduct financial transactions, necessary for the administration of the program, on your behalf.

A. Share Account

To participate in the ShareNet Community, all members must activate a Share Account on the Virtual Share Exchange Platform. Your Share Account is a virtual account, and all deposited funds are received by America’s

Christian Credit Union located in Glendora, CA which holds them “For the Benefit of ShareNet Members”. The Share Account will display your account balances, sharing transaction history and other relevant information. The money in your Share Account is insured and is fully controlled by you except as described herein.

To activate your Share Account, you will be required to provide the necessary personal information to comply with U.S. Banking Regulations. Once your information is submitted and verified, you will be required to link your Share Account to one of your External Bank Accounts, such as Bank of America or Wells Fargo. Each month, you will fund your Share Account with an EFT (electronic funds transfer) from your External Bank Account.

B. Monthly Share Notice

ShareNet members will receive a Monthly Share Notice through the VSE Platform to inform them and remind them of the monthly amount that they are to contribute. The monthly amount that you are to contribute (your Total

Share Amount Due) is based on the ShareNet Sharing Plan Level that you have selected.

The amount specified in your Monthly Share Notice is transferred through an EFT drawn off your External Bank Account. EFTs are always for the “Total Share Amount Due.” The “Total Share Amount Due” is displayed on every Monthly Share Notice and it will include the current Monthly Share Amount, any Past Due Amounts, and any relevant Service Fees.

The Total Share Amount Due may be paid manually within the VSE Platform or through Recurring EFTs that you configure within the system. You will have the ability to add, edit and delete your Recurring EFTs, as well as your linked External Bank Account at any time.

C. Account Management

Your Share Account is a financial account that you own and control. You will have the ability to add, edit and delete your Recurring EFT settings, as well as your linked External Bank Account at any time. You may also choose to have your medical bills “anonymously” shared among the members.

Otherwise, members who share in your medical bills will be able to see your last name when they view the list of members with whom they are sharing.

D. Publishing & Sharing

Participation in the ShareNet Sharing Community is voluntary. This means that when you are selected to participate in a sharing event, if you object to that sharing event for any



reason, you may withdraw and terminate your membership during the three-day publishing period (described below) rather than participate in that sharing event.

Medical Bills that are eligible for sharing are matched, allocated and published to the membership prior to sharing. To be compliant with regulations and safe harbor statutes, ShareNet implements a member-to-member, or peer-to-peer (P2P), approach to sharing, which means that members share funds directly with one another, rather than drawing funds from a pool controlled by ShareNet.

Your medical bills will be submitted to ShareNet by your Medical Providers. ShareNet will process all bills for eligibility per the Guidelines. Eligible bills are then submitted into the Virtual Share Exchange for sharing. Amounts Approved for Sharing are allocated to your fellow members who have been matched to share in (contribute toward payment of) your bill.

Members who have been matched to share your bill will be notified through a process called “publishing” as to the amount that will be withdrawn from their Share Account for the payment of your bill. They will also be notified as to who will be receiving their funds unless you choose the anonymous setting in your Share Account’s Sharing Permissions. Once the three-day publishing period has ended, the amount published to each member is transferred to a Virtual Bill Account for the payment of your bill.

Members who have been matched and allocated to share in another member’s medical bill may withdraw from the membership prior to the expiration of the three-day Publishing Period, in which case no funds will be transferred to the receiving member.



Because a member may refuse to share in a particular medical expense for any reason or no reason, the sharing process remains entirely voluntary for every member. However, as noted above, any sharing refusal requires withdrawal from membership before the end of the three-day Publishing Period.

E. Virtual Bill Accounts

If you have an eligible medical bill that has been approved for sharing, the VSE will create a Virtual Bill Account for the payment of that bill. Virtual Bill Accounts are unique to a specific medical bill and are linked to your Share Account. Each Virtual Bill Account is unique to a member of your household, a medical provider, and a specific bill. Amounts collected in your Virtual Bill Account(s) are restricted and are displayed as a single line-item transaction in your Share Account.

F. Provider Payments

Virtual Bill Accounts remain open until the Amount Approved for Sharing has been fully collected and transferred to your Medical Provider as payment for your bill or to you as a reimbursement. While Virtual Bill Accounts are aggregated in the transactional view of your Share Account, these funds are restricted and cannot be withdrawn from your Share Account. The transfer of funds out of your Virtual Bill Account will be displayed as a single line-item transaction in your Share Account.



G. Distributed Reserves

To process and pay medical bills quickly, ShareNet implements a practice called Distributed Reserving. ShareNet is NOT insurance, so we do not collect and hold medical reserves in a centralized bank account. Instead, the Monthly Share Amount is set at a level to build a small balance (or reserve) in every member's individual Share Account. These "Distributed Reserves" enable ShareNet to plan for the ebb and flow of medical usage and payments.

Any funds remaining in an active members reserve account upon a decision by Share Net to discontinue the Health Care Sharing Programs and after all needs have been shared for active members will be refunded to the active member.

Any accounts which have been canceled or are inactive due to non-payment shall no longer be considered active members and thus do not qualify for refunds of remaining balances. Funds remaining in such accounts shall be applied to active member sharing needs and plan expenses as of the 3/31/24 plan termination deadline and, consequently, are no longer owned by such inactive member.



Glossary of Terms

ShareNet Program & Membership

Administrator – The 3rd party company utilized by ShareNet to process members’ medical bills for discounting and eligibility determination

Annual Unshared Amount (AUA) – The dollar amount a Household must pay toward their own Eligible Medical Bills during a 12-month period. Members may share in Eligible Medical Bills in excess of the AUA. The AUA 12-month period begins on the Membership Effective Date.

Bill Approved for Sharing – An Eligible Medical Bill that meets the criteria for sharing in the Guidelines and meets the other conditions for sharing, including whether the member’s AUA has been met and other sharing limits have not been exceeded.

Cancellation Date – The month and day membership ends due to the member’s withdrawal or an administrative cancellation.

Effective Date – The date the member’s current AUA has begun.

Eligible for Sharing – Any testing, treatment, procedure or service that meets the criteria for sharing as established in the Guidelines.

Eligible Medical Bill – An incurred medical bill that meets the criteria for sharing as established in the Guidelines, the Eligible Medical Bill may be reduced by any discounts, fees or other sources of payment.

Illegal Drugs – Drugs that are classified as Schedule 1 in Title 21 United States Code Controlled Substances Act.

Member – Any member of the ShareNet Sharing Plan, including each family member participating in a member household.

Member Household – The related family members participating in the ShareNet Sharing Plan.

Membership Date – The date a member’s participation in ShareNet begins. Medical bills incurred after this date may be considered for sharing among members.

Pre-Existing – Pre-existing medical conditions are conditions in which signs, symptoms, testing, treatment, or use of medication occurred within 24 months prior to membership start. Routine or maintenance medications are considered treatment.

Primary Member – An adult member that is the main contact for the household membership.

Provider Fee – The portion of a medical bill that a member pays to a healthcare provider at each visit.

Share Account Activation

Auto-Share (Recurring EFT) – a Sharing Permission enabling a Primary Member to set up recurring electronic funds transfers (EFTs) to transfer the Total Share Amount Due specified in their Monthly Share Notice.

External Account – an existing bank account that is linked to the Primary Member’s Share Account and is used to transfer via EFT the Total Share Amount Due into the Share Account each month.

Manual Share – a function that enables a Primary Member to initiate an “on-demand” EFT to transfer the Total Share Amount Due specified in their Monthly Share Notice.

Permissions – are auto-enable functions (ex. Auto-Share) that are set and managed by the Primary Member.

Share Account – the member-controlled virtual account that is linked to both your External Account and your deposit account at America’s Christian Credit Union and is used for all sharing transactions and activities.

Monthly Share Notice

Grace Period – the number of days between the Share Due Date and Past Due Date.

Monthly Share Amount – the sum of the Share Portion and Required Miscellaneous Portions published in the Share Notice.

Past Due Date – the day of the month that a delinquent Total Share Amount Due becomes past due.



Past Due Reminders – are Share Notice Reminders sent to members who have not paid their Share Notice and are past-due.

Payment Reminders – are Share Notice Reminders sent only to members who pay manually, instead of automatically, and only if the Total Share Amount has not yet been paid.

Previous Balance – is the sum of any past due, unpaid amounts published in the Share Notice.

Required Miscellaneous Portion – an amount set by the HCSO to fund certain described activities, such as its administrative and program expenses.

Share Due Date – the day of the month by which the Total Share Amount Due must be transferred via EFT in full.

Share Notice – the written notification to a member that details the Total Share Amount Due for the month.

Share Notice Date – similar to a statement date or invoice date, it is the day of the month that the Share Notice is published and distributed.

Share Payment (Funding) – transferring funds (Total Share Amount due) from a member’s External Account to their Share Account.

Share Portion – the portion of the Monthly Share Amount that is collected and used specifically for member-to-member sharing of eligible medical bills.

Total Share Amount Due – the sum of the Monthly Share Contribution Amount (Share Portion and Required Miscellaneous Portion), Optional Portion (auto-enabled by the member), Service Fee, and any past due amount (Previous Balance).

Medical Bills & Needs

Adjusted Amount – the discounted or repriced amount.

Approved for Sharing – the portion of the Adjusted Amount that is eligible for sharing as per the program Guidelines.

Bill Status – References the processing stage/state of a specific Need or Bill.

Charge Amount – the gross amount billed by the Medical Provider.

Explanation of Sharing (EOS) – is a notice sent to a member detailing the eligibility status of a bill, any discounted amounts, and what portion of the remaining Charge Amount has been shared by ShareNet members, and any remaining amount that must be paid by the member.

Member Responsibility – the portion of the Adjusted Amount calculated to be the member's responsibility and will not be shared.

Need – is a grouping of medical bills by a medical event such as knee surgery. Individual medical bills may sometimes be referred to as a "Need."

Published Amount – the portion of the Adjusted Amount that is eligible for sharing and has been published/allocated to the members for sharing.

Received Date – the date that ShareNet receives the medical bill and begins processing the bill for eligibility.

Service Date – the date that the member (patient) received services from the medical provider.

Shared Amount – the Published Amount that has been shared and collected in the member's Sharing Account.

Matching & Sharing

Sharing (Member-to-Member Transfers) – moving funds from a sending member's Share Account to a receiving member's Virtual Bill Account.

Share Account

Available Balance – the total sum that is available for sharing a new eligible medical bill and/or Withdrawal. It is the Total Balance minus the Pending Balance minus the Restricted Balance.

Debits & Sharing – The "Negative (-)" transactions debited out of the member's Share Account, which would be Miscellaneous Required Portion (i.e. Debits), Optional Portion, and Share Portion.

Deposits & Credits – The "Positive (+)" transactions that are credited to the member's Share Account, such as EFT Transfers (i.e. Deposits) and Shared Funds Received (i.e. Credits) that a member might receive to pay their eligible medical bill.

Pending Balance – the sum of EFT(s) that have been initiated but have not yet posted to the member's Share Account.

Restricted Balance – the sum of funds that have been credited to the member's Share Account for purpose of paying an eligible medical bill.

Total Balance – the sum of the Pending Balance, Restricted Balance, and Available Balance in a member's Share Account.

