Summit Healthshare: Member Guidelines

> *Summit Healthshare is a health share community network that connects its members to a broad range of healthcare services. Participants voluntarily share one another's medical expenses, adhering to community-established guidelines. Unlike conventional insurance, Summit is not categorized or regulated as an insurance provider. Members are not legally obliged to assist with another member's medical costs. No expense is guaranteed to be shared, and members remain responsible for their own medical bills.*
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> *"The Health Share" refers to the nonprofit organization identified in your Membership Agreement, which administers this sharing program, makes all eligibility determinations, and decides appeals under these Member Guidelines. Summit does not share medical expenses, determine eligibility, or decide appeals.*

These Guidelines describe the voluntary medical-expense-sharing program available to individuals who elect to participate in the Health Share's cost-sharing membership. This program is one component of the Health Share's broader social-welfare mission to improve healthcare affordability, cost transparency, patient navigation, public education, and access to need-based assistance for the community.

The Health Share's educational resources, general advocacy support, Community-Access Membership, and Charitable Sharing Fund are available separately from the voluntary cost-sharing program and do not require enrollment in cost sharing.

Important notice: The Health Share is not insurance. Participation in medical-expense sharing is voluntary and is governed by these Guidelines. Nothing in these Guidelines creates a contractual right to payment, insurance coverage, or a guarantee that any medical expense will be shared. All sharing is subject to the Member Guidelines, available community-sharing resources, and the Health Share's determination of eligibility.

Principles of Membership

Each member affirms the following:

- I believe a community of ethical, health-conscious individuals can most effectively care for one another by directly sharing healthcare expenses.
- I recognize that the Health Share affiliates and considers itself accountable to a higher power. I welcome members of all faiths.

- I understand that the Health Share is a benevolent organization, not insurance, and cannot guarantee payment of medical expenses.
- I agree to practice responsible health measures and strive for a balanced lifestyle.
- I am obligated to care for my family and treat others with dignity and respect.
- I agree to work with the Health Share to utilize fair-cost healthcare services when appropriate.
- I agree to mediation and binding arbitration to resolve disputes.

Membership Eligibility

To be eligible, members must:

- Adhere to the Principles of Membership
- Submit monthly contributions
- Reside in the United States and states where the Health Share is available
- Be under age 65

Membership terminates on the first day of the month in which a member turns 65 and becomes eligible for Medicare.

Sharing Requests must be submitted within 30 days of that termination date.

Household Membership Structure

Membership pricing is determined by household size, tobacco usage, and selected Member Responsibility Amount (MRA).

- Individual – One adult age 18–64
- Member + Dependent(s) – One adult and spouse or dependent child(ren)
- Family – One adult, spouse, and dependent child(ren)

Dependent children must be unmarried and under age 26. 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.

Tobacco

Households with one or more tobacco users must pay a **$100 monthly surcharge**.

Failure to report tobacco use results in:

- A one-time $500 household fee
- All open Sharing Requests paused until paid in full
- Tobacco surcharge applied beginning next billing cycle

The tobacco surcharge does not apply to dependent children.

Tobacco use is considered 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.

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

Active Membership

Membership is active when monthly contributions are paid on time and the member remains in good standing.

For a Sharing Request to be eligible, membership must be active at:

- The date(s) of service
- The date medical bills are received by the Health Share
- The date medical records are received by the Health Share
- The date proof of MRA payment is received by the Health Share
- The date a formal Sharing Request has been submitted to the Health Share

Please note: Bills submitted after membership termination are not eligible for sharing, even if the date of service occurred while the membership was active.

Membership Cancellation Request

The member must provide notice at least 14 days before the due date. The Health Share does not prorate cancellations or gift refunds. Cancellation requests become effective the day before the due date.

Member Responsibility Amount (MRA)

The Member Responsibility Amount (MRA) is the amount a member must pay before eligible medical expenses become eligible for sharing.

The Health Share does not apply a single overall annual or lifetime cap to all Sharing Requests. However, all sharing remains voluntary and is subject to these Guidelines, available community-sharing resources, eligibility requirements, pre-existing-condition limitations, service-specific allowances, and other applicable restrictions. No statement in these Guidelines guarantees that any amount will be shared.

Members may change their MRA once per membership year. If lowering the MRA, a 60-day waiting period applies except for accidents.

Reduction of the MRA Program

The MRA may be reduced when a member:

- Secures prepayment discounts
- Uses fair-cost providers
- Travels to lower-cost facilities
- Applies for self-pay assistance
- Cooperates in provider negotiations

Reductions are discretionary and determined on a case-by-case basis.

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.

Sharing Request Timelines

To establish eligibility, related medical expenses must accumulate to the Member Responsibility Amount (MRA) within **six months** of the initial date of service.

Once the MRA has been met, the Sharing Request remains open for the duration of the medical event, provided there is no six-month consecutive gap in related treatment or expenses.

Please note: If a six-month gap occurs between related services, the Sharing Request automatically closes. Any subsequent treatment will require submission of a new Sharing Request and satisfaction of a new MRA.

Submitting Sharing Requests

Sharing Requests must be submitted to the Health Share as soon as reasonably possible.

Please note: Non-emergent Sharing Requests, including scheduled procedures or planned surgeries, must be submitted prior to receiving care. Failure to submit in advance may result in reduced sharing eligibility.

Required documentation for a Sharing Request includes, but is not limited to:

- Original, itemized medical bills
- Provider clinical notes supporting medical necessity
- Proof of payment applied toward the Member Responsibility Amount (MRA)

The Health Share reserves the right to request additional documentation necessary to determine eligibility. Incomplete documentation may delay review or result in limitation of

sharing.

Determination Process for a Sharing Request

A determination is the formal review process conducted by the Health Share to evaluate eligibility under these Member Guidelines.

All documents submitted by the member or on the member's behalf will be reviewed for compliance with eligibility requirements, applicable limitations, pre-existing criteria, and sharing allowances.

The Health Share evaluates Sharing Requests under these Member Guidelines, including applicable eligibility requirements, limitations, available community-sharing resources, and other relevant information.

Sharing Request Allowances

Certain services are subject to defined sharing allowances once the Member Responsibility Amount (MRA) has been satisfied. A sharing allowance is the maximum amount eligible to be shared for a specific service under a Sharing Request.

Allowances may apply:

- Per Sharing Request
- Once per membership lifetime

All applicable allowances are outlined in these Member Guidelines. Sharing is limited to the specified allowance amount for eligible accrued medical expenses. Amounts exceeding the allowance are not eligible for sharing but may be applied toward satisfaction of the MRA where applicable.

Types of Sharing Requests

- Preventive Sharing Request – Eligible preventive services not subject to MRA or

pre-existing limitations

- MRA-Based Sharing Request – All other eligible medical expenses including maternity and

pre-existing care

Scheduled Care Review & Surgical Procedures

Prior medical review and approval is required for non-emergent surgical procedures to be eligible for sharing.

Members must notify the Health Share as soon as surgery is recommended. This allows the Member Success Team to:

- Confirm eligibility
- Assist in obtaining good-faith cost estimates
- Assist with pricing negotiations
- Help identify fair-cost providers
- Help facilitate prepayment

Expert second opinions associated with a recommended surgical procedure are eligible for sharing. The Health Share community encourages members to obtain expert second opinions prior to surgery and will assist in facilitating those consultations when requested.

Members should attempt to work with surgery centers and outpatient facilities whenever possible to avoid inflated hospital-based charges.

Please note: Failure to submit a scheduled non-emergent procedure for review before care may affect whether, and to what extent, the related Sharing Request may be considered for voluntary sharing.

Emergency surgical procedures are not subject to prior review.

Safeguard Limit for Multiple Sharing Requests

Each household is responsible for no more than **two MRAs** within a rolling 12-month period beginning on the first date of service for each Sharing Request.

After two MRAs have been met within that 12-month period, the Health Share will share additional eligible Sharing Requests exceeding $1,000 without requiring an additional MRA.

The following Sharing Requests do not count toward the two-MRA safeguard calculation and are not eligible to benefit from the safeguard:

- Sharing Requests related to pre-existing conditions
- Maternity Sharing Requests

These categories neither trigger nor benefit from the safeguard limit.

Medical Conditions Existing Prior to Membership

A condition is considered pre-existing if, within twelve months prior to membership, the member:

- Was examined
- Taken medication
- Received treatment

- Underwent monitoring
- Experienced recurring, persistent, or progressive symptoms

A condition may be deemed pre-existing even in the absence of a formal diagnosis or medical evaluation.

Initial 60-Day Ineligibility

The following are not eligible if signs, symptoms, diagnosis, or treatment occur within the first 60 days of membership:

- Gallbladder-related care
- Kidney stones
- Cancer Diagnosis or Staging
- Tumors, benign or malignant
- Kidney Disease

Pre-existing for Cancer

Any testing, treatment, prophylactic intervention, oncology referral, or cancer-related medication within 36 months prior to membership will cause any recurrence or related cancer to be treated as pre-existing.

Exceptions That Are Not Considered Pre-existing

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

Pre-Existing Condition Phase-In Schedule

Sharing Requests related to a pre-existing condition are subject to the following sharing limits based on a member's years of participation. The limits apply per pre-existing condition and do not reset for that condition in future membership years.

- Year 1: $5,000
- Year 2: $30,000
- Year 3: $75,000
- Year 4: $150,000
- Year 5 and beyond: No maximum sharing limit

If a member has more than one unrelated pre-existing condition, the phase-in schedule applies separately to each condition.

Preventive & Genetic Testing

Preventive screening, genetic testing, or diagnostic testing performed solely to evaluate health risks, genetic predisposition, or family history does not constitute a pre-existing condition unless an active disease requiring treatment is identified.

Testing or tests resulting in high risk alone do not create a pre-existing condition.

Conditions Not Eligible for Phase-In Sharing

If a condition meets the pre-existing definition and involves any of the following, it is not eligible for sharing under the phase-in schedule at any time:

- Cancer diagnosed, treated, under evaluation, referred to oncology, or symptomatic within thirty-six months prior to membership
- Organ failure, end-stage organ disease, renal failure requiring dialysis, or ongoing renal replacement therapy
- Advanced systemic or degenerative conditions involving irreversible organ damage, active major organ failure, or dependence on life-sustaining therapy

Maintenance and Ongoing Management of Pre-Existing Conditions

The Health Share does not share in the maintenance or ongoing management of pre-existing conditions. This includes any care, testing, imaging, treatment, or medication received solely due to a condition that existed prior to membership.

The pre-existing condition phase-in applies only to new, acute, or corrective treatment related to a pre-existing condition. Routine or maintenance care intended to monitor, manage, or maintain a chronic or pre-existing condition is not eligible for sharing at any time.

Examples of non-shareable expenses include:

- Routine MRIs, CT scans, or laboratory testing ordered solely to monitor a known condition
- Follow-up or specialist visits for continued condition management
- Maintenance or preventive medications for a condition existing prior to membership
- Diagnostic mammograms or colonoscopies for high-risk status or prior symptoms.

Related Expenses Not Eligible for MRA-Based Sharing Requests

The following healthcare services and expenses are not eligible for sharing under a Sharing Request subject to the Member Responsibility Amount (MRA).

Some services listed below may qualify under a Preventive Sharing Request if specifically included in a member's preventive benefits. Members should refer to their preventive services guide for details.

The following are not eligible for MRA-based sharing:

- Abortion
- Adult immunizations
- Alcohol or drug abuse treatment programs
- Birth control
- Breast implant removal
- Diabetic medications and diabetic supplies
- Elective procedures
- GLP-1 & Semaglutides including complications
- IVF and fertility treatments
- Hearing aids
- Infertility treatment
- Light therapies
- Organ donation expenses
- Prophylactic medications
- Seasonal allergies
- Sleep studies
- Surrogacy
- TMJ therapeutic (non-surgical) treatments
- Transportation to medical appointments

Contraception

Contraceptive services are eligible only when required to treat an approved Sharing Request. Elective contraceptive use is not eligible.

Dental

Routine dental services are not eligible for sharing. This includes caps, crowns, root canals, fillings, wisdom tooth extractions, anesthesia, sedation, and cleanings. Dental treatment required as the direct result of an approved accident or injury may be eligible.

Preventive & Genetic Screening

Genetic screening and testing are eligible only when required to treat an approved Sharing Request. Screening performed solely for risk assessment or preventive evaluation does not qualify for MRA-based sharing.

Medical Non-Compliance

Failure or refusal to comply with a licensed provider's treatment plan, or leaving a medical facility against medical advice (AMA), may result in ineligibility of the Sharing Request and any related complications.

Mental Health (Non-Emergent)

Diagnosis, treatment, therapy, and medications related to mental health conditions are not eligible for MRA-based sharing. This includes, but is not limited to:

- ADHD
- Anxiety
- Panic disorders
- Insomnia
- Stress-related conditions
- Bipolar disorder
- Depression
- OCD
- PTSD
- Schizophrenia
- Eating disorders

Emergency mental health evaluations and related emergency room expenses are eligible under the Specific Sharing Allowances section and are limited to the defined per-membership lifetime allowance.

Sterilization

Elective sterilization procedures, including but not limited to tubal ligation, vasectomy, and preventive hysterectomy, are not eligible for sharing.

Vision

Vision-related hardware expenses, including glasses and contact lenses, are not eligible for sharing.

Conditions Treated as Pre-Existing for Phase-In Purposes

- Arthritis, including degenerative disc disease
- Allergy Treatment & Reversal (Non-seasonal)
- Cataracts
- Chronic Fatigue
- Chronic Pain
- Diagnostic Colonoscopy
- Ear Tubes

- Gastroesophageal Reflux Disease
- Injections and Regenerative Procedures from non-acute injury
- Joint Replacement (Not applicable if acute injury)
- Osteoporosis
- Preventive Mastectomy
- Surgical Repairs & Revisions
- Tonsil & Adenoid Removal (Not applicable if life-threatening)
- Varicose Vein

Specific Sharing Allowances

For certain services, the Health Share offers a sharing allowance. A sharing allowance is the maximum amount that may be shared after the MRA has been met. If total costs exceed the allowance, excess may still count toward the MRA.

Allowance Definitions

Category A – Per Sharing Request: The allowance applies to each separate Sharing Request. If a member experiences different medical events that require separate Sharing Requests, the allowance may apply to each eligible request.

Category B – One-Time Per Membership Lifetime: The allowance may be used only once during the lifetime of the membership, regardless of how many Sharing Requests are submitted or which family member receives the service.

- Allergy Treatment or Reversal (non-seasonal): **$2,000** (Category A)
- Alternative Testing to Determine Diagnosis: **$2,500** (Category A)
- Alternative Treatment: **$2,500** (Category A)
- Ambulance (Non-Emergent Use): **$1,000** (Category B)
- Breast Reduction Surgery: **$8,000** (Category B)
- Diagnostic Colonoscopy: **$2,000** (Category A)
- Emergency Mental Health: **$10,000** (Category B)
- Home Healthcare: **$5,000** (Category A)
- Injections & Regenerative Procedures: **$5,000** (Category A)
- Medical Supplies & Durable Medical Equipment: **$3,000** (Category A)
- Orthotics: **$1,000** (Category A)
- Recovery Therapies & Fusion Therapies: **$3,500** (Category A)
- Sleep Apnea: **$2,000** (Category A)
- Medically Necessary Mastectomy: **$30,000** (Category B)
- Medically Necessary Hysterectomy: **$45,000** (Category B)
- Congenital Disorder (Unknown Prior to Membership): **$125,000** (Category B)

Recovery Therapies & Fusion Therapies

Recovery Therapies & Fusion Therapies are subject to the applicable sharing allowance outlined in the Specific Sharing Allowances section.

Eligible recovery services must be related to an injury or illness sustained while an active member.

Only one recovery allowance applies per Sharing Request.

Eligible services may include:

- Chiropractic care
- Massage therapy
- Physical therapy
- Acupuncture
- Hyperbaric therapy
- Ozone therapy
- Dry needling
- Prolotherapy
- Infusion therapy
- Craniosacral therapy
- Occupational therapy
- Speech therapy

Additional therapy for severe medical events such as stroke, heart attack, cancer, or other debilitating conditions may be reviewed on a case-by-case basis.

Injections & Regenerative Procedures

Injections and regenerative procedures are subject to the sharing allowance.

Eligible services may include:

- Stem cell injections
- Platelet-rich plasma (PRP) therapy
- Epidural steroid injections not related to maternity
- Nerve blocks
- Trigger point injections
- Joint block injections
- Other regenerative therapies

Please note: Injections related to gender transitioning or sex reassignment therapy are not eligible for sharing.

Alternative Medicine & Alternative Treatment

Alternative treatment and alternative diagnostic testing are eligible under their respective sharing allowances.

For alternative treatment requests, members must submit:

- Medical notes from the prescribing provider
- Estimated costs and available discounts
- Explanation from a licensed medical provider supporting the treatment selection

If a member chooses an alternative treatment and later returns to conventional care, sharing may be limited based on expenses already shared toward the alternative treatment.

Preventive services performed by alternative providers may not require prior approval.

Additional Information for Certain Sharing Requests

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

Automobile Accidents & Third-Party Liability

If a Sharing Request involves injury or illness resulting from an automobile accident or third-party liability, the Health Share will share only after any applicable primary coverage has processed and made final payment. Primary payors include: automobile insurance, health insurance, travel insurance, workers' compensation, government assistance programs, and liability insurance.

Please note: Failure to disclose other applicable coverage may result in ineligibility for sharing.

Acute Allergic Reactions

Each acute allergic reaction is treated as a separate medical event and requires submission of a separate Sharing Request with its own Member Responsibility Amount (MRA).

Acute allergic reactions, including food allergies and similar sudden reactions, are not considered pre-existing conditions, even if a member has experienced prior unrelated allergic episodes.

Asthma

Routine treatment and maintenance medications for asthma are not eligible for sharing. An acute asthma attack resulting in an emergency room visit may be eligible as a separate Sharing Request. Each qualifying emergency event requires a separate MRA.

End-of-Life Assistance

If a member or an eligible dependent passes away after maintaining at least one full year of active membership, the Health Share will provide financial assistance to the surviving household upon receipt of a certified copy of the death certificate.

Assistance will be distributed 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

Membership must be active and in good standing at the time of death for this assistance to apply.

Cosmetic Surgery

Cosmetic procedures are not eligible for sharing unless required due to disfigurement resulting from an approved Sharing Request.

Genetic Testing (Treatment-Based)

Genetic testing is eligible only when required to treat an approved Sharing Request. Testing performed solely for screening or risk evaluation falls under Preventive & Genetic Testing guidelines.

International Medical

Emergency and acute medical care received outside the United States may be eligible for sharing. Members may seek medically necessary procedures internationally if the cost is lower than comparable treatment in the United States.

Long-Term Care & Skilled Nursing

Long-term care and skilled nursing services are eligible when prescribed by a licensed provider for recovery from an approved Sharing Request. Sharing 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 improve the outcome. Once deemed medically stable, future sharing related to that condition may be limited.

Prescriptions

Prescription medications are eligible when related to the treatment of an approved Sharing Request that is not subject to pre-existing limitation. Sharing for prescription costs is limited to 12 months or $125,000 per Sharing Request, whichever occurs first.

Sports

Injuries resulting from recreational sports participation are eligible. Injuries resulting from professional sports participation or compensation for competition are not eligible.

Hospice Care

Hospice care is eligible in 60-day increments when certified as terminal by a licensed medical provider.

Charitable Sharing Fund

The Health Share's Charitable Sharing Fund is a separately administered charitable resource that provides need-based assistance to individuals facing financial hardship in accessing healthcare, available to members and non-members alike. The Fund may allocate resources to support applicants in need and ineligible sharing requests that would otherwise remain unfunded due to member contribution limitations, individual financial circumstances, or other barriers to care. Any individual may apply, regardless of Health Share membership. All distributions from the Charitable Sharing Fund are subject to Board approval and available fund balances, and are made in accordance with documented selection criteria designed to ensure charitable impact and prevent private benefit.

Appeals Process

If you believe a determination was made in error, you have the right to appeal — provided your membership remains active for the duration of the review. Appeals are evaluated by a committee that includes trained medical professionals, and all decisions are final.

To be considered, appeals must be submitted within 30 days of the original determination.

When might an appeal succeed?

Appeals are more likely to result in a reversal when new medical evidence is submitted that was not available during the original review — such as updated test results, additional clinical documentation.

Medical Record Addendums

Requests to amend a medical record will only be considered when accompanied by an official addendum from the provider. This addendum must include:

- The provider's signature
- The date of signature
- A description of the change being made
- The reason for the change

Maternity

As with any other Sharing Request, expectant mothers pay a single Member Responsibility Amount for all eligible expenses related to their Maternity Sharing Request. The Maternity Sharing Request must be submitted within **30 days of pregnancyconfirmation**.

Diapers: Eligible Maternity Sharing Requests include sharing for a six-month supply of diapers for the newborn.

Waiting Periods

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

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

Prenatal & Postnatal Sharing Allowance

Up to $6,000 per Maternity Sharing Request. If the pregnancy is diagnosed as high-risk, an additional $1,000 is available.

Eligible services include:

- Acupuncture
- Chiropractic Care
- Doulas
- Doula tub
- Prenatal vitamins

- Midwives
- Routine office visits
- Routine laboratory work
- Ultrasounds (2D, 3D, 4D)
- Pelvic floor services
- STD and STI screenings as part of routine prenatal care
- Gestational diabetes care and medications
- Breast pumps
- Lactation consultant services
- Postpartum counseling
- Six-week postpartum visit
- Two-week cesarean follow-up appointment

Delivery Services

No sharing limits apply to medically necessary delivery services including:

- OB-GYN labor and delivery
- Cesarean
- Premature birth
- Multiple births
- Hospital labor and delivery
- Anesthesiology
- Home birth
- Maternal complications
- Maternal-fetal specialist consultations
- One in-hospital pediatric evaluation, including routine newborn testing

Newborns

Newborns whose birth is associated with an eligible Maternity Sharing Request must be added to the household membership within 30 days of birth.

If adding the newborn results in a membership tier change, the monthly contribution will automatically adjust beginning with the next billing cycle.

If the newborn is not enrolled within 30 days, any condition present at birth or arising prior to the newborn's membership effective date will be considered a pre-membership medical condition and subject to the limitations outlined in the Medical Conditions Existing Prior to Membership section.

If a parent wishes to add a newborn not born in connection with an eligible Maternity Sharing Request, a separate membership application must be submitted for the child. The newborn's membership effective date may be no earlier than seven days after delivery.

Any genetic condition, birth complication, or medical issue present at or prior to the newborn's membership effective date, when not associated with an eligible Maternity Sharing Request, will be considered a pre-existing condition and subject to the applicable limitations under these Guidelines.

NICU & Congenital Conditions

NICU

When associated with an eligible Maternity Sharing Request, Neonatal Intensive Care Unit (NICU) services are eligible for sharing for up to **35 days** following birth.

If NICU care extends beyond 35 days, continued eligibility beyond 35 days is subject to the Congenital Conditions allowance, if applicable.

Please note: For newborns not enrolled in connection with an eligible Maternity Sharing Request, NICU services related to conditions present at birth are considered pre-existing and are not eligible for sharing.

Congenital Conditions

If unknown prior to membership, congenital conditions are eligible up to **$125,000 onceper membership lifetime**. If known prior to membership, the condition is not eligible for sharing.

MRA Reduction for Maternity

MRA Reduction for Maternity: If total maternity-related expenses do not exceed $10,000, the Member Responsibility Amount will be reduced by $1,500.

The Health Share is a nonprofit organization advancing healthcare affordability, transparency, and patient advocacy for the whole community. The Health Share provides free educational resources, general advocacy support, public outreach, and need-based medical assistance to members and non-members alike. Individuals and families may also choose to participate in a voluntary medical-expense-sharing program governed by the Member Guidelines. The Health Share is not insurance, and participation in sharing is voluntary.

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