UNITED REFUAH SHARING GUIDELINES

United Refuah HealthShare
P.O. Box 18523
Cleveland Heights, OH 44118

www.unitedrefuah.org
service@unitedrefuah.org

Tel: (440) 772-0700
Fax: (440) 510-0444

IMPORTANT: This program is not an insurance company nor is it offered through an insurance company. The program does not guarantee or promise that your medical bills will be paid or assigned to others for payment. Whether or not others choose to share your medical bills is entirely up to them. They have no obligation to do so. As such, this program should never be considered as a substitute for an insurance policy. Whether or not you receive any payments for medical expenses and whether or not this program continues to operate, you always remain primarily liable for any unpaid bills.

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INTRODUCTION

INTRODUCTION

United Refuah HealthShare (herein referred to as United Refuah or URHS) is the program name of Maysville Fellowship Medical Aid Plan, Inc.

United Refuah is a non-profit Health Care Sharing Ministry (HCSM) that coordinates voluntary Member contributions to share in qualifying Member healthcare costs. It is the individual Members who share in their fellow Members' medical expenses. United Refuah merely serves to facilitate this mutual sharing by directing Members' gifts to those who have eligible expenses.

PROGRAM OVERVIEW

A. Purpose of Guidelines

These Guidelines define the framework which United Refuah uses to facilitate[1] the sharing of eligible Member medical expenses. By participating in the program, Members accept that:

1) United Refuah is the designated authority for the interpretation of the Sharing Guidelines and determination of usage of funds.

2) Those provisions are enforceable and binding within the program for the assigning of their contribution.

B. Voluntary Participation

Monthly Contributions are voluntary gifts and are not refundable. Although they are gifts, they do not qualify as a charitable deduction for tax purposes.

Giving a monetary gift to assist fellow Members does not create a legally enforceable right for the contributor to receive funds for his/her own healthcare expenses. Regardless of whether or not a Member receives sharing assistance, each Member is personally liable for his/her own medical expenses.

C. Why We Share

United Refuah services a community of Jewish Members who share ethical and religious beliefs. The program's premise is based on a religious tradition of mutual aid and neighborly assistance in addition to the verse "Soneh Matanos Yichyeh" – One who eschews gifts – is one who lives. Torah commentators understand this verse to represent a philosophy that promotes being a "giver" to one's community rather than a "taker." At United Refuah, we continually strive to give to, support, and share with our community.

Our focus is to positively impact our community. As such, this program does not share expenses that result from behaviors and lifestyles that are destructive to one's personal health, as explained below in these Guidelines.

D. Membership is a Privilege

United Refuah has the right to not accept applicants with certain pre-existing medical needs or conditions, as related expenses may strain the sharing ability of the organization.

Additionally, United Refuah reserves the right to sever the voluntary relationship with Members who are not aligned with the sharing mindset. United Refuah may also sever the voluntary relationship with Members who are unwilling to be fiscally responsible with their choices in medical care and incur excessive and/or unnecessary medical expenses.

> *United Refuah is a dream come true for us!! They are so efficient, there is always someone to talk, there is no waiting on hold for hours on end just to talk to a human being. They pay the bills immediately. They saved us so much money since we joined, they are an absolute pleasure to work with.*
>
> *- Yehudis M.*

1 URHS's interpretation of these Guidelines in individual cases does not set precedent for future decisions.

MEMBERSHIP

MEMBERSHIP

MEMBER QUALIFICATIONS

The following criteria must be met for a person to become and remain a Member:

A. Jewish by Halachic Law

Jewish status is recognized as either:

- Jewish by birth (born to a Jewish mother)
- Conversion through an Orthodox beis din recognized by the Rabbincal board of United Refuah HealthShare

B. Accept Our Shared Jewish Beliefs

United Refuah Members assist each other with medical expenses because we share moral, ethical, and religious values that direct the way to live and encourage us to support and care for each other. We share each other's medical expenses not merely as a matter of convenience or cost savings, but because our religious and moral code encourages us to do so.

The beliefs outlined below form the religious and ethical foundation of our community.

By submitting the required signature on the Application Form, each Member is confirming his/her consent to the following Statement of Shared Beliefs.

1) Members have the common shared beliefs as listed in Maimonides' 13 Principles of Jewish Faith[2]:

1] I am steadfast in my absolute belief that the Creator, blessed is His Name, creates and guides all that is brought into existence, and that He alone created, creates, and will create all that is created.

2 Translation used with permission from The Dovi Steinmetz Ani Maamin Initiative (www.animaamin.net)

2] I am steadfast in my absolute belief that the Creator, blessed is His Name, is One, and there is no uniqueness like His in any way, and He alone is our Lord, forever having existed, existing, and continuing to exist.

3] I am steadfast in my absolute belief that the Creator, blessed is His Name, has no corporeality, nor can any material qualities be ascribed to Him, and there is nothing at all that is comparable to Him.

4] I am steadfast in my absolute belief that the Creator, blessed is His Name, is the very first and the very last [to exist].

5] I am steadfast in my absolute belief that the Creator, blessed is His Name — to Him alone is it appropriate to pray, and it is inappropriate to pray to any other.

6] I am steadfast in my absolute belief that all the words of the prophets are true.

7] I am steadfast in my absolute belief that the prophecy of Moshe Rabbeinu, may peace be upon him, was true, and that he was the archetype of prophets, both those who preceded him as well as those who followed him.

8] I am steadfast in my absolute belief that the entire Torah now in our hands is the same one that was given to Moshe Rabbeinu, may peace be upon him.

9] I am steadfast in my absolute belief that this Torah [that we have received] will never be exchanged for another, nor will there be another Torah from the Creator, blessed is His Name.

10] I am steadfast in my absolute belief that the Creator, blessed is His Name, knows all the deeds of human beings and all of their thoughts, as the verse states (Tehillim 33:15): He Who fashions their hearts together, Who comprehends all their deeds.

11] I am steadfast in my absolute belief that the Creator, blessed is His Name, rewards with good those who observe His commandments, and punishes those who violate His commandments.

12] I am steadfast in my absolute belief in the coming of Mashiach, and even though he may delay, nevertheless I await his arrival each day.

13] I am steadfast in my absolute belief that there will be a resurrection of the dead at the time that such will be the will of the Creator, blessed is His Name. [By doing so], His perception [in our world] will become exalted for all eternity.

2) Members believe in the Divine commandments which outline numerous values and behaviors that G-d demands of all mankind. These demands constitute a universal moral code and include, but are not limited to:

   a. Our ethical obligation according to the Torah to assist our fellow man in need.

   b. Our obligation to value every moment of human life. As such, every individual has the right to make their own healthcare decisions in consultation with medical advisors, family, religious and other advisors of choice. These decisions must not be dictated by the government, the insurance industry, and/or other unwelcome outsiders.

   c. Our obligation to our fellow Members for the use of communal resources. As such, we will demonstrate responsibility for the sharing of funds contributed by other Members as if they were our own funds.

C. Maintain a Jewish Lifestyle

In addition to intellectually sharing Torah-based beliefs, Members must practice those beliefs by living a Jewish lifestyle, which includes but is not limited to:

1) Practicing the practical and ethical laws dictated by the Torah (mitzvos). Medical expenses incurred in violation of any Torah commandment may be ineligible for sharing.

2) Acting based on the Torah's teachings about marriage, including but not limited to refraining from intermarriage and any form of promiscuous, out-of-wedlock, or same-gender relationships.

MEMBER REQUIREMENTS

A. Maintain a Healthy Lifestyle

Members believe our bodies are G-dly gifts and we must therefore take care of our physical well-being. Furthermore, Members have an ethical obligation to live healthy lifestyles so as not to unnecessarily burden fellow Members with excessive medical expenses resulting from adverse health choices.

These requirements are mandatory for both Member acceptance and to maintain ongoing membership. The lifestyle requirements include but are not limited to:

1. Maintain a health-conscious lifestyle in respect to physical activity and eating habits.

2. Avoid harmful behaviors.
   - Refrain from all forms of tobacco and e-cigarette products, regardless of nicotine content. (This includes but is not limited to cigarettes, cigars, pipes, vapes, hookah, and dip/chew.)
   - Avoid abuse of alcohol.
   - Avoid abuse of prescription drugs. This refers to consuming more/higher doses of prescription medications than the prescriber prescribed, risking dependency, bodily harm, or addiction.
   - Abstain entirely from all recreational drugs regardless of their legal status. (This includes but is not limited to any hallucinogenic substance, barbiturates, amphetamines, marijuana, cocaine, heroin or other opiates, illegal intravenous drugs, or narcotics.)
   - Limit harmful food choices or eating habits.

B. Provide Truthful and Complete Medical Information at All Times

If at any time it is discovered that a Member did not submit a complete and accurate medical history on the Membership Enrollment Application, either a Sharing Waiver[3] or Membership Rejection may be retroactively issued to his/her Effective Date.

Failure to provide truthful information in any interaction with United Refuah, whether written, verbal, or otherwise, may also result in retroactive Membership Rejection. In the event of such a rejection, any previously paid dues, including the Initial Enrollment Fee and/or Renewal Membership Dues, will not be refunded.

3 Members may request removal of a Sharing Waiver with supporting medical evidence. Although Sharing Waivers and Membership Rejections may be applied retroactively, they are not removed retroactively.

MEMBERSHIP

Members are participants who submit the suggested Monthly Contribution for sharing with other Members. When Members incur medical expenses, they may submit those expenses for sharing in accordance with the Sharing Guidelines.

A. Member Enrollment

Each person applying for membership must submit a Member Enrollment Application ("Application") along with an Initial Enrollment Fee[4]. Formal written acceptance by United Refuah is required for membership approval, and the membership start date (often the first of the month following acceptance) will be specified in the membership acceptance email.

B. Membership Types

Membership types are based on the number of household members in a membership[5]. Members can enroll as a Single, Couple, or Family.

- Single: One independent Member of any age, regardless of marital status.
- Couple: Two Members of the same household related by birth, marriage, or adoption. This includes:
  - i. A husband and wife
  - ii. A parent/guardian and a dependent child
  - iii. Two dependent children participating without either parent
- Family: Three or more[6] Members of the same household related by birth, marriage, or adoption. This includes:
  - i. A married couple and one or more dependent children
  - ii. One parent/guardian and two or more dependent children
  - iii. Three or more dependent children participating without either parent

C. Eligible Dependents

- Unmarried Dependent Children:

  Unmarried children up to and including the age of 19.

- Disabled Dependents:

  Unmarried children over the age of 19 who are medically unable to be full-time employees or full-time students due to an illness, injury, and/or physical or mental disability[7].

- Full-Time Students:

  Unmarried children age 20-25 who are full-time students or assigned to multi-month internships.

  i. **Qualification of full-time status:** Full-time enrollment in a religious yeshiva/seminary, certified vocational/technical training school, or enrollment for 12 or more resident credit hours[8] in an accredited high school/college/university.

  ii. Full-time student status begins 30 days before the first day of enrolled classes and is presumed to continue through the following August.

  iii. Full-time student status ends when a dependent reaches his/her 26th birthday, regardless of their current schooling.

- Change in Dependent Eligibility Status:

  When there is a status change and a dependent no longer qualifies to remain in an existing membership, the Member has the option to roll over into their own Single membership. Members have 30 days to complete the rollover process, which includes signing a Member Agreement and any other supplementary documents, including, if applicable, Sharing Waivers, to complete his/her new independent membership status.

  It is the Member's responsibility to notify United Refuah of a

4 There is one fee per membership account regardless of the number of members in the group.
5 Qualifying Member aged newborn to 64.
6 The standard monthly contribution for a Family includes up to 6 members. There is an added $50/month contribution for every additional member.
7 A physician or qualified health professional may be required to verify this disability.
8 Resident credit hours are those derived from courses offered on a semester or term schedule that applies campus-wide.

relevant change in the student status or marital status of a dependent child. **Medical expenses may not be eligible for sharing if the student status or marital status is not accurate at the time of care.**

- Newborns:

  A newborn child born following an eligible pregnancy may be added as a dependent. Requests to add the newborn child is the responsibility of the Member and must be submitted in writing within 30 days of the birth. Failure to notify United Refuah will disallow sharing for any birth-related medical expenses for the newborn child, including but not limited to hospital nursery and physician fees incurred at birth.

  A newborn child of an eligible pregnancy in which notification was provided more than 30 days after birth, or a newborn child following an ineligible pregnancy, will need to complete the standard application process, including payment of an add-on application fee. The newborn will be subject to the same sharing limitations that apply to any new Member, which include limited sharing during the first 60 days of membership, as well as limitations on any pre-existing conditions.

- Newly Adopted:

  A newly adopted child may be added as a dependent provided all medical criteria for acceptance are met. Certification of adoption along with the child's complete medical history must be submitted at the time of application. pre-existing condition limitations and limited sharing in the first 60 days of membership will apply like that of any new Member.

- Addition/Removal of Family Members:

  Changes in membership types may increase/reduce the Monthly Contribution, Annual PreShare, and Annual Maximum CoShare amounts[9] depending on the total number of Members after the change.

  i. The addition of a qualified newborn Member (i.e., born of a pregnancy eligible for sharing) retroactively adjusts membership size from the beginning of the month of the baby's birth. All other changes to Family membership sizes will go into effect on the first day of the month following approval or removal of family members.

  ii. When adding Members to a membership, medical expenses already applied to the Annual PreShare or Annual Maximum CoShare amounts will remain applied if the membership type remains the same or increases to a larger size (Single to Couple, Couple to Family)[10].

  When the removal of Members causes a membership to decrease to a lower type (Family to Couple, Couple to Singe), **any amounts already applied to the Annual PreShare and Annual Maximum CoShare amounts will be reset to zero.**

  It is strongly recommended for Members to avoid temporarily downgrading or canceling a membership account. Members are encouraged to speak with a United Refuah representative to discuss their particular situation and ensure there will not be any long-term implications from an account status change, especially in respect to pre-existing condition limitations.

  In all cases, the membership renewal month for the entire membership group will remain the initial enrollment month of the earliest Member(s) in the membership group.

- Exceeding Maximum Membership Age:

  Once a member exceeds the maximum membership age of 64 and turns 65[11], sharing in medical expenses will be limited to amounts of eligible medical expenses not covered by Medicare Part B. This

9 See page 14 for amounts

10 Sharing Requests submitted following the upgrade in membership type will first be applied to the new additional Annual PreShare and Annual Maximum CoShare even if the lower maximums were already met prior to the upgrade.

11 Sharing for Members 65 years old and above is limited to a Member's 20% Medicare Part B coinsurance responsibility and will be subject to PreShare and CoShare Responsibilities.

limitation is regardless of whether or not the member is eligible for or covered by Medicare or any other payor for their medical expenses.

D. Membership Dues

An ***Initial Enrollment Fee*** of $125 per membership group[12] is due at the time of application for membership. This amount includes an application processing fee as well as the Membership Dues for the first year of membership. Applications to add one or more additional family members to an existing membership are only required to pay a $50 add-on application fee.

- Refund of Enrollment Fee

  Upon request, applicants are eligible for a refund (or partial refund if the medical review process has already taken place) of the Initial Enrollment Fee if one or more family members does not qualify for membership and no other family members choose to enroll.

Annual Renewal Membership Dues of $75 per membership group are added to the Monthly Contribution of the first month of each membership year.

- Refund of Membership Dues

  Annual Renewal Membership Dues are not refundable unless the Member has canceled membership prior to the first month of the new membership year.

E. Monthly Contributions

To become and remain an active Member, one must contribute, at minimum, the Monthly Contribution based on membership type.

The Monthly Contribution is the voluntary monetary amount suggested by United Refuah. This amount is determined based on the membership type (Single, Couple, or Family) and does not include the Initial Enrollment Fee or the Annual Renewal Membership Dues.

1. Monthly Submission

   Payments for the Monthly Contribution are processed on the first banking business day of each month. Bank payments are automatically debited and credit cards are charged. If, due to a rejected payment or inactive payment method on file, the Monthly Contribution is not completed by the end of the month, then the membership is retroactively deactivated as of the last day of the previous month.

   If payment through a credit card or checking account on file is returned by a Member's financial institution, a $25 handling fee per return will automatically be added to the Member's total the following month. It is the Member's responsibility to ensure payment information is up to date to avoid a sharing lapse as a result of a rejected payment.

2. How Contribution Amounts Are Determined

   The Monthly Contribution amount is determined by a majority vote of the Board of Directors and may be adjusted from time to time. This amount is based on:

   a) the number of participating Members

   b) the total amount of medical expenses submitted by Members for sharing

   c) the administrative costs of the United Refuah program

F. Late Payment of Monthly Contribution

1. If a contribution is not successfully processed by the 15th of the month, Sharing Requests for medical expenses incurred in that month will no longer be eligible for sharing even if the Monthly Contribution is subsequently submitted prior to the end of the month.

2. If a contribution is not received by the end of the month, the membership is terminated retroactively as of the last day of the preceding month.

12 There is one enrollment fee per application, regardless of the membership type and size.

G. Canceling Membership

A Member who wishes to withdraw from the program must submit written notice by the last day of the month prior to the month when membership will end.[13] (For example, notice must be given by January 31st if a Member wishes to withdraw beginning February 1st.) Notice must be emailed to cancel@unitedrefuah.org.

H. Reapplying for Membership

If a former Member would like to once again join United Refuah, they must go through the full application process and are subject to all new Member requirements and limitations, including but not limited to limited sharing in the first 60 days of membership and limitations with pre-existing conditions. This is true regardless of whether or not the membership was terminated due to non-payment or if the Member requested the cancellation.

If the previous membership was terminated as a result of repeated non-submission of Monthly Contributions, the inactive Member(s)[14] must submit the first Monthly Contribution and the Annual Renewal Membership Dues with the Application.

My husband was always in charge of speaking and dealing with our health insurance. Since joining Refuah HealthShare I have taken that responsibility and it has been a very positive experience. When calling any representitive, I feel like they actually want to help me get the best possible care with the best possible price and they are willing to guide me step by step. I love all the heimeshe representitives taking my calls, there is a certain comfort level with it."

- Raizy K.

MEMBER RIGHTS AND RESPONSIBILITIES

Members of United Refuah have specified rights and responsibilities.

A. Member Rights

1. Members have the right to receive considerate, courteous service from all employees and representatives of United Refuah.
2. Members have the right to receive accurate information regarding program Guidelines and eligibility of needs in both Member literature and when in contact with United Refuah.
3. Members have the right to have medical expense needs processed accurately once all necessary documentation has been received.
4. Members have the right to have all medical records and personal information handled in a confidential manner and in compliance with Privacy Standards.
5. Members have the right to request available referrals to healthcare practitioners and providers offering discounted services to Members.
6. Members have the right to submit an appeal of a sharing decision without fear of prejudice or reprisal.
7. Members have the right to submit suggestions in regard to the Sharing Guidelines for consideration by the Board of Directors.

B. Member Responsibilities

1. It is the Member's responsibility to read all United Refuah membership materials promptly and carefully and ask clarifying questions when necessary.
2. It is the Member's responsibility to regularly review all Member

13 If billing for the month's contribution has already taken place, there are no refunds in the event a Member wishes to cancel membership for that month.
14 Other than dependent children who are reapplying on their own

email newsletters for Sharing Guidelines amendments or other program-related updates.

3. It is the Member's responsibility to take personal charge of his/her medical care and make informed and knowledgeable healthcare choices.

4. It is the Member's responsibility to ensure their eligible Sharing Requests are submitted to United Refuah within 90 days of the date of service with all supporting documentation.

5. If applicable, it is the Member's responsibility to work with an assigned Case Manager to ensure proper stewardship of Member resources.

6. It is the Member's responsibility to utilize resources provided by United Refuah to become an informed healthcare consumer.

7. It is the Member's responsibility to seek medical advice when appropriate, take the necessary steps to understand the medical advice received or a diagnosis given, and obtain necessary care in a timely manner.

8. It is the Member's responsibility to take the necessary steps to learn about the effects a diagnosed or affiliated medical condition can have on one's body and how one can help manage and control the condition.

9. **It is the Member's responsibility to protect the resources of the United Refuah membership by:**
    a. **inquiring about costs prior to obtaining care in all non-emergency situations,**
    b. **making cost comparisons between providers, and**
    c. **making cost-efficient choices about the care obtained.**

10. **It is the Member's responsibility to be completely honest and transparent to one's doctor and United Refuah in regard to one's health conditions.**

SHARING

APPROPRIATION OF MEMBERSHIP DUES AND CONTRIBUTIONS

Membership Dues and Monthly Contributions are allocated for both sharing of eligible Member medical expenses and to offset administrative costs.

A. Sharing of Medical Expenses

1. **Refuah ShareFundSM**

   After the first two months of membership, Members are assigned an individual "Refuah ShareFundSM," a secure means of holding the Member's Monthly Contributions. Eighty percent (80%) of each Monthly Contribution is credited to the ShareFund for the exclusive use of eligible Member medical expenses.

2. Assigning Sharing Requests When a Member incurs medical expenses, the eligible amount (subject to the Member's PreShare, CoShare, and Pregnancy Responsibilities) is first debited from available funds in their personal ShareFund. If the eligible amount exceeds the Member's ShareFund balance, the balance is then assigned to other Members for sharing and debited from their ShareFund in a true Member-to-Member sharing process.

B. Administrative Costs

Membership Dues and a portion of Monthly Contributions go towards the administrative costs as follows:

1. The Initial Enrollment Fees and Annual Renewal Membership Dues
2. The Monthly Contributions of the first two months of membership
3. Twenty percent (20%)[15] of each Monthly Contribution after the second month of membership

C. Member Responsibility

United Refuah requires Members to participate in their own medical expenses as follows:

Annual PreShare: The amount of eligible medical expenses per membership year that is the full responsibility of the Member and does not qualify for sharing. Sharing begins once this amount is reached. Expenses applied to the Annual PreShare reset with the Annual Membership Renewal date.

Annual CoShare: Once a member has met their Annual PreShare, the member will be responsible for 20% of subsequent eligible medical expenses. The remaining 80% of eligible medical expenses will be submitted for sharing. This 20% Member Responsibility is referred to as the Annual CoShare and is capped at the Annual Maximum CoShare. Once the Annual Maximum CoShare Responsibility is met, additional eligible

15 The proportion of funds allocated towards administrative costs from Member contributions may be revised at any time by a majority vote of the Board of Directors of United Refuah. Notice of any such changes will be reported to Members in a timely manner.

SINGLE MEMBERSHIP

Monthly Contribution: **$199**
$10 credit card surcharge

Annual PreShare: **$500**

Annual Maximum CoShare: **$1,000**
(20% of $5,000)

Pregnancy Responsibility: **$2,500**

COUPLE MEMBERSHIP

Monthly Contribution: **$349**
$10 credit card surcharge

Annual PreShare: **$1,000**

Annual Maximum CoShare: **$2,000**
(20% of $10,000)

Pregnancy Responsibility: **$900**

FAMILY MEMBERSHIP

Monthly Contribution: **$499**
(up to 6 members, $50 for each additional member)

$20 credit card surcharge

Annual PreShare: **$1,500**

Annual Maximum CoShare: **$4,000**
(20% of $20,000)

Pregnancy Responsibility: **$0**

expenses will be submitted for sharing at 100% subject to per-incident and any other relevant limitations. Expenses applied to the Annual Maximum CoShare reset at the Annual Membership Renewal date[16].

Pregnancy Responsibility: An additional pregnancy responsibility for Single and Couple memberships for each eligible pregnancy. There is no additional pregnancy responsibility for a Family membership[17].

The amounts for each of the above categories is determined by membership type.

ELIGIBLE SHARING LIMITATIONS

The United Refuah community has limited resources. In order to be able to meet the needs of our Members, each Member must be proactive and responsible with their healthcare spending. In addition, reasonable sharing limitations have been implemented in an effort to keep Monthly Contributions as low as possible.

A. First Sixty Days of Membership

Sharing for medical expenses during the first 60 days of membership is limited to expenses arising from an acute illness, accident, or injury that has initially presented or occurred during that time. Expenses related to an acute illness, accident, or injury that has occurred following membership acceptance but prior to the membership effective date will only be eligible for sharing following the membership effective date. The maximum combined amount for all such medical expenses is $25,000 per member, subject to applicable Annual PreShare and CoShare Responsibilities.

If such illnesses, accidents, or injuries require additional care after the first 60 days of membership, they will retain the same $25,000 maximum sharing amount for the lifetime of the membership.

Expenses related to non-acute incidents, signs, or symptoms which present themselves during the first 60 days of membership will not be eligible for sharing during those two months. Additionally, they will retain the same $25,000 maximum for expenses incurred for the lifetime of the membership.

We encourage Members to take the sharing limitations of the first 60 days of membership into consideration prior to ending other healthcare arrangements.

B. Lifetime Limit

None.

C. Limit per Incident

A Medical Expense Incident is any single medically diagnosed condition or event requiring medical treatment incurring medical expenses. There is a $1,000,000 limit per Incident over the membership lifetime, regardless of the Sharing Year in which the expenses occur.

D. Usual and Customary Costs

The amount eligible for sharing for physician services, inpatient hospital services, outpatient services, and all other medical expenses is capped at 150% of the published Medicare rate in absence of other fee schedules agreed to by United Refuah. Any excess charges above this maximum are the Member's responsibility and will not be eligible for sharing or for application toward the Annual PreShare or Coshare Responsibilities.

> *"United Refuah is straightforward, no surprises and extremely easy to navigate. All of their employees have been excellent and have provided accurate answers to any questions I have had. Reimbursements for paid services arrive within a brief period of time. United Refuah truly cares about their clients. I am grateful to have found them."*
>
> *- A. Maida*

16 In cases with "preferred providers" that have special payment arrangements with United Refuah, Members will have a time of service responsibility and all other billing will go directly through Unitied Refuah. Such visits and expenses are not subject to PreShare and Coshare Responsibilities. Preferred providers may be primary care providers, urgent cares, or telemedicine — all updates and information on such providers will be communicated to Members.

17 Pregnancy Responsibility will be determined by lowest membership size at any time throughout the pregnancy.

PRE-EXISTING CONDITION LIMITATIONS

Sharing in expenses related to a pre-existing condition is subject to additional limitations as detailed below.

A pre-existing condition is defined as a chronic or recurrent condition that within the 36 months prior to enrollment:

- presented signs/symptoms (including but not limited to new onset pain, discomfort, skin changes, unintentional weight gain/loss, cognitive changes, or anatomical changes (lumps, etc.)) that a reasonable person would suspect may be related to an underlying medical condition or cause, and/or
- was diagnosed and/or received treatment and/or medication, and/or
- had recommended follow-up monitoring/testing.

In addition, any illness or condition considered a lifetime and/or chronic condition or one that requires lifetime monitoring is considered a pre-existing condition even if the individual is asymptomatic without treatment at the time of applying to United Refuah.

A. Disclosing Pre-Existing Conditions

All pre-existing conditions must be declared on the United Refuah Application. Possible future sharing in pre-existing conditions is only available for those disclosed at the time of application. Information regarding any new signs/symptoms or diagnoses that have presented after the Application submission but prior to membership acceptance must be provided to United Refuah prior to Application finalization and will be taken into consideration to determine eligibility for membership.

Failure to fully disclose a medical condition when applying, or failure to update United Refuah after the Application is submitted/prior to acceptance, is a violation of our shared trust between Members. Such failures may result in sharing limitations or retroactive membership termination upon discovery.

B. Limited/Permanent Waivers

United Refuah may require that an applicant or member agree to a signed Limited or Permanent Waiver prior to membership enrollment or upon discovery of an undisclosed pre-existing condition as a condition of membership acceptance or membership continuation. Such waivers define under which circumstances, if any, may a Sharing Request be submitted for any medical diagnostic treatment, service, or therapy resulting from or related to the pre-existing condition.

Waivers allow individuals to be accepted into the program and to share other medical expenses aside from those limited by the waiver related to the pre-existing condition. The option to join as a Member with a Limited or Permanent Waiver is determined on an individual case-by-case basis. Applicants requiring a waiver as a condition of membership may reject the waiver and request a refund of their Initial Application Fee if no member of their membership group continues with membership. Members requiring a waiver due to the discovery of an undisclosed pre-existing condition are required to accept the waiver as a condition of membership continuation. Failure to complete the signed waiver within seven days of discovery may result in immediate retroactive membership termination without refund.

C. Sharing Limitations on Pre-Existing Conditions

Medical expenses related to a pre-existing condition are ineligible for sharing during the first year of membership. In the absence of an otherwise limiting Waiver, pre-existing condition-related expenses may be shared up to a total of $25,000 per year in the second and third years of membership. Upon starting the fourth year[18] (37th month) of continuous membership, the condition may no longer be subject to the pre-existing condition sharing limitations. Pre-existing conditions are ineligible for High-Dollar Drug or treatment sharing for the lifetime of membership.

D. Pre-Existing Condition Review

Sharing Requests for medical expenses may be subject to a pre-existing condition review, including but not limited to requests for medical

18 Appeals may be considered for earlier sharing in surgical interventions when it is in the mutual best interest of both the Member and the entire United Refuah membership to do so.

notes/records, hospital charts, surgical records, history of insurance payments, or other relevant medical history information. Prior sharing approved for a given condition does not serve as evidence that the condition is not pre-existing.

PRE-NOTIFICATION FOR ELIGIBLE SHARING

United Refuah does not share in medically unnecessary care. Therefore, there is a mandatory Pre-Notification process to determine medical necessity of specific medical services[19]. United Refuah does not dictate what medical services or which providers a Member must choose; rather, the Pre-Notification process determines whether the medical services that a Member chooses will be eligible for sharing, and confirms the maximum amount that will be eligible for sharing for such services. Members may be required to submit medical records to facilitate review of their Pre-Notification request.

A. Timeframe for Advance Notice

For any of the below services to be considered eligible for sharing, Members MUST notify United Refuah IN ADVANCE (minimum of seven days except in the case of true emergencies) by calling (440) 772-0700 or by sending a detailed email to service@unitedrefuah.org. Urgent and Emergency Pre-Notification requests will be processed as soon as reasonably possible. In cases of true medical emergencies, Pre-Notification may be completed retroactively.

B. Services Requiring Pre-Notification

To be eligible for sharing, Pre-Notification is required for the following:

- Inpatient Hospital Confinements[20]. The term "Inpatient" includes any facility admission, observation, or other confinement that lasts more than 23 hours.

- Organ/Tissue Transplant Services
- Emergency Admission or Extended Emergency Department Observation — as soon as it becomes evidently needed or at least prior to discharge
- Home Health Care and Hospice Services
- Outpatient Surgery — including surgical centers, clinics, & hospitals
- Obstetric and Prenatal Needs — members must notify United Refuah upon learning of pregnancy. All admits must be pre-notified.
- Maternity — Upon admission or anticipated admission for Labor and Delivery, C- Section, or inpatient management during pregnancy
- Non-Emergency Magnetic Resonance Imaging (MRI) Scans
- Non-Emergency CT Scans
- Positron Emission Tomography Scanning (PET)
- Infusions or injections – pain management, etc.
- Dental Care for sound, injured teeth — eligibility for all other dental listed on page 25
- Acupuncture — eligibility details listed on page 26

19 Assessment of medical necessity by United Refuah does not establish eligibility for sharing nor guarantees that all provider/physician/facility expenses and bills are shared. All applicable sections of the Sharing Guidelines apply even if a medical expense is determined to be medically necessary.

20 Including hospitals, skilled nursing, inpatient rehabilitation facilities, and hospice

- Sleep Studies
- Cardiac Catheterization
- Cardiac Rehabilitation
- Diagnostic or Screening Colonoscopies
- Endoscopy
- Prior to initiation of any High-Dollar Drug Regimen, Treatment, Chemotherapy, or Radiation Therapy
- Diagnosis of cancer while therapeutic decisions are being considered
- Prior to commencement of any of the following services — eligibility details listed on page 25
    - i Occupational Therapy
    - ii Physical Therapy
    - iii Speech Therapy
    - iv Respiratory Therapy
    - v Chiropractic Care
- Uncommon, Unnecessary, or Expensive Diagnostic Laboratory Testing[21]
- After an Evaluation for Complementary or Alternative Medical management, or Functional Medical Doctor — regardless of whether a CAM licensed provider or an MD or DO.
- Treatment outside the United States — specific and certain conditions may apply.
- Mammograms

C. Services That DO NOT Require Pre-Notification When within the Listed Limits

- Outpatient visits — including Specialists (up to $350)
- Urgent Care visit (up to $250)
- Sutures (up to $500)
- Strep tests (up to $150)
- EKG (up to $75)
- Routine[22] laboratory testing (up to $500[23])
- Cologuard every three years for ages 45 and over (up to $700)
- Ultrasounds (up to $250)
- Vaccinations (up to $40 admin fee per vaccine)
- Plain x-rays (up to $100 per image)
- Initial evaluations by therapists (up to $125)
- Skin biopsies (up to $250 per specimen)

D. Hospital Stays Following Pre-Notification

Once pre-approved and following admission, United Refuah will continue to evaluate the Member's progress to monitor the length of a necessary hospital stay. United Refuah will make a recommendation for the maximum days of stay, and the Member and his/her physician will be advised. If United Refuah determines that continued hospital confinement is no longer necessary, additional days will not be eligible for sharing.

E. Hospital Admissions without Advance Notice

To be eligible for sharing, all emergency hospital admissions AND maternity admissions MUST be reported to United Refuah within forty-eight (48) hours following admission, or on the next business day. If the Member is unable to contact United Refuah due to the

21 Included are tests that are not medically indicated based on symptoms or age-appropriate screening standards and/or are expensive (over $500), unusual, not proven to be beneficial in peer-reviewed publications, or not in line with generally accepted practice guidelines. It is highly recommended that Members inquire from their provider or laboratory the anticipated approximate costs of lab work prior to proceeding.
22 Lab tests are subject to review and if deemed not routine standard of care, will not be eligible for sharing.
23 The allowed $500 is for the total lab work in a single episode of care, not individual tests. Costs for each individual test are subject to usual and customary rates; reasonable rates can be verified at laboratoryassist.com.

severity of the illness or injury, a physician or a responsible party representing the Member should contact United Refuah at the earliest reasonable time possible.

To determine eligibility for sharing, all emergency admissions are retrospectively reviewed to determine if the treatment received was medically necessary, appropriate, and was indeed for emergency services.

F. Failure to Complete Pre-Notification

Sharing ineligibility as a result of failure to complete the Pre-Notification requirement may be waived if, after review by United Refuah, there is reasonable justification for that failure.

To increase the likelihood of a successful sharing experience, we encourage Members to contact United Refuah if there is any doubt as to the eligibility of a medical service for sharing, especially in the first 12 months of membership when conditions may potentially be linked to a pre-existing condition.

CASE MANAGEMENT AND EXCESS CHARGES DETERMINATION

In order to protect the sharing ability of United Refuah members, all medical expenses submitted for sharing undergo review to ensure that the charges are within Usual and Customary Limits.

A. Determination of Usual, Customary, & Reasonable Rates for Medical Expenses Submitted for Sharing

United Refuah uses criteria and standards to determine if an expense is reasonable or unreasonable and reserves the right to determine what part of an expense for the care/treatment of an injury or illness is unfair or unreasonable and therefore ineligible for sharing. United Refuah may assist members with fee negotiations with their providers. Members are expected to cooperate and assist with the negotiation efforts. Regardless of the outcome of such negotiation efforts, excess charges may be ineligible for sharing.

B. Excess Charges for Services Requiring Pre-Notification

When Pre-Notification (detailed above) is required, Members may be notified by United Refuah that the medical providers are not agreeable to a fair and reasonable compensation. As such, the member may decide to locate alternate providers that bill within fair and reasonable limits. Alternatively, if the Member chooses to use the provider refusing to agree to fair and reasonable compensation prior to the service, the Member will be responsible for the excess charges.

C. Case Management

In cases where the Member's condition is, or expected to be, of a serious nature, United Refuah may assign a dedicated case manager for the specific condition. United Refuah may alter or waive the normal Sharing Guidelines provisions when it is reasonable to expect a better medical outcome or a more cost-effective result without sacrificing the quality of care. The use of case management or alternate treatment is always voluntary to the Member; however, failure to participate may affect sharing eligibility.

PARTIAL SHARING FOR NEWER, OPTIONAL, AND/OR LESS ACCEPTED/ PROVEN THERAPIES

Any[24] healthcare service[25] for which supporting medical evidence is lacking[26] is generally ineligible for sharing.

Likewise, any services or treatment plans that have questionable, minimal, or subjective potential benefits compared to less-expensive options are generally not sharable.

There are circumstances that benefit from individualized sharing decisions by United Refuah, and more importantly, from extensive evaluation efforts[27] by the Member.

In an effort to encourage Members to perform an extensive cost/quality evaluation of unconventional[28] medical interventions, United Refuah, on behalf of the membership, may choose not to share at all in such instances. Alternatively, for such medical services, United Refuah may decide any of the following:

- to partially share (e.g., 10%-80%) and/or apply reasonable caps to the sharing;
- to share only up to the cost of the more standard accepted and cost-effective diagnostic or therapy;
- in the case of competing diagnostic methods or therapies with marginal differences in efficacy but substantial differences in cost, to choose partial sharing in the more expensive option, while the therapeutic choice and some of its financial impact remains the Member's responsibility;
- in the case of certain highly experimental therapies of interest to a Member, to partially share with Member acceptance that any money spent on the experimental procedure would not be available for any subsequent therapeutic choices for that condition being treated[29].

Every individual and circumstance is different. Precedent or prior cases are not considered as a determiner in any individual decision made by United Refuah. Due process and fair consideration will be applied in all circumstances.

The purpose of the partial sharing regulations is to keep the decision-making for more subjective decisions primarily at the Member level, while assuring that appropriate stewardship of membership resources is maintained.

United Refuah may be able to assist the Member in price negotiation.

MEDICAL NEEDS PAYABLE BY OTHER SOURCES

In order to conserve Member contributions, it is the obligation of the Member to pursue payment for medical expenses from any other responsible payer. Expenses do not qualify for sharing if they are discountable by the healthcare provider or payable by any other source[30] — whether private, governmental, or institutional.

A. Other Sources of Medical Expense Payment

If a governmental, insurance, religious, liable third party, fraternal organization, or any other financial assistance source will pay any portion of the qualifying medical bill, that amount will offset any unshared and/or shared amounts applied to the Member's needs up to the total amount of the need. If the Member refuses to accept such

24 Including but not limited to complementary, integrative, alternative, or holistic medicine.
25 Including but not limited to procedures, testing, diagnostics, interventions, and therapeutics.
26 Including but not limited to services where supporting efficacy is anecdotal, poor, insufficient, experimental, and/or not broadly accepted. In addition to services that have substantial evidence and are proven, though have marginal clinical utility.
27 Evaluation regarding the utility and cost-effectiveness of a given diagnostic or intervention in his/her case.
28 Including but not limited to newer, optional, and/or less accepted or less proven medical interventions.
29 The effect would be the equivalent to raising the Annual PreShare for that specific condition by the amount that was shared for the experimental therapy.
30 Other sources include but are not limited to all private insurance and governmental and institutional insurance including but not limited to Medicare, Medicaid, Veterans Administration, Champus, and Worker's Compensation.

assistance, that portion of the medical need becomes ineligible for sharing.

- If the Member does not fully cooperate and assist United Refuah in determining if his/her need is discountable or potentially payable by another liable party, the expense will become ineligible for sharing.

B. Occupational or Work-Related Injuries

Care and treatment expenses from an injury or illness that is occupational, or that arises from work for wage or profit, including self-employment, are ineligible for sharing. However, such expenses will be considered for sharing if:

- The state in which the injuries occurred has no Worker's Compensation laws or requirements.
- The state laws proscribing participation in the Worker's Compensation system do not require the business owner and/or enterprise to participate in Workers Compensation.

C. Liable Third Parties

If expenses are in fact paid by insurance, Medicare, Worker's Compensation, Medicaid, or any other liable third party, such expenses will be ineligible for sharing. If Members do share in expenses that may be the responsibility of a liable third party, the Member is obliged to cooperate with any documentation or information needed to facilitate reimbursement to the Members.

- If expenses are subsequently paid by insurance, Medicare, Workers Compensation, Medicaid, or any other liable third party, the Member is responsible for reimbursing United Refuah Members for any payment that was previously shared among the Members which was subsequently paid for by another source.

D. Hospital Expenses in Accordance with Federal Law

Members are expected to avail themselves of the rights to reduced payments from hospitals and/or third parties pursuant to federal law.

- Hospital Financial Assistance Plans
  Hospitals must maintain a financial assistance plan. Based on the size of a household and household income, hospital fees may be reduced or eliminated.
- Hospital Limits on Charges to Self-Pay, Uninsured Patients
  Hospitals are not permitted to charge self-pay, uninsured patients more than an amount determined by the amount the insurance companies pay hospitals.

SUBMISSION FOR SHARING OF MEDICAL EXPENSES

A. Timeframe for Submissions

Requests for sharing of medical costs must be submitted to United Refuah no later than 90 days after the date of service. If additional information is requested by United Refuah to facilitate the sharing of an expense, such information must be submitted by the Member within 15 days of the request. Requests for Sharing received later than 90 days after the date of service are ineligible for sharing.

How to Submit a Sharing Request:

There are four easy methods of submitting a Sharing Request for reimbursement.

1) Upload through our secure portal at **www.urhs.us**

2) Mailed to: **P.O. Box 18523, Cleveland Heights, OH 44118**

3) Faxed to **(440) 510-0444**

4) Emailed to **claims@unitedrefuah.org**

Include with your submission an itemized bill and proof of payment for the service.

To expedite processing, you may include a completed Medical Expense Sharing Request Form, which can be found at **www.unitedrefuah.org/form**.

B. Submission by Providers

Medical expenses may be submitted directly by providers, in accordance with the specified instructions on the Member's United Refuah identification card. This may include, but not be limited to, standard industry billing forms (HCFA 1500 and/or UB 92) and medical records.

C. Submission by Members

Members may need to submit their medical expenses to United Refuah. It is often necessary for the Member to request an itemized invoice from the provider, as generally, the standard invoice will not include all necessary information to process the Sharing Request. Proof of payment must be provided by the Member together with the Sharing Request.

WHEN ELIGIBLE NEEDS EXCEED AVAILABLE SHARES

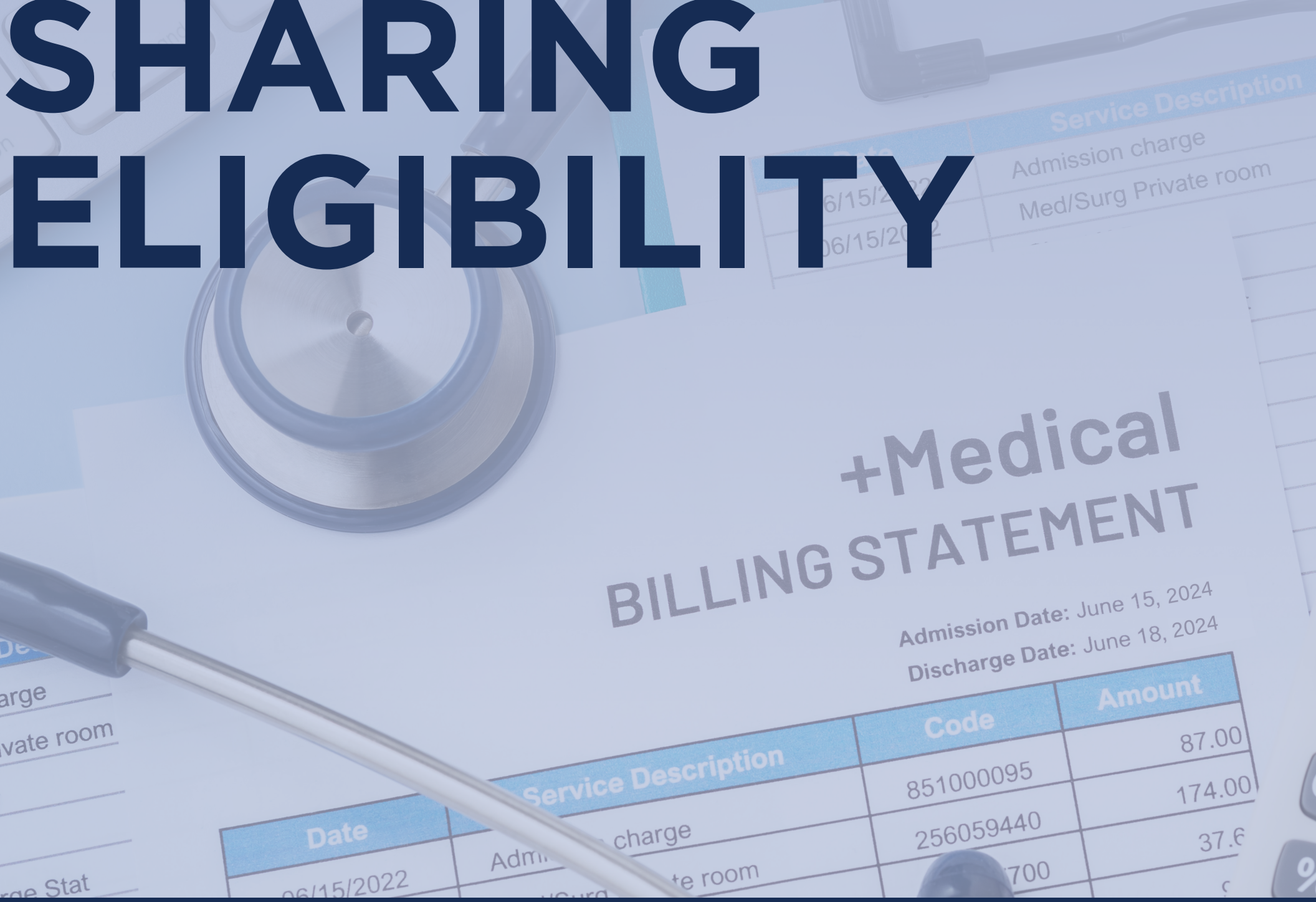
If at any time available shared contributions are less than eligible needs, the Suggested Minimum Monthly Contribution may be increased to meet the eligible needs. Alternatively, sharing of eligible medical expenses may be processed on a pro-rata basis based on the available funds. These actions may be undertaken temporarily or on an ongoing basis. Members who wish to cancel their membership due to such an increase or pro-rata processing may do so by providing written cancellation instructions with 30 days' notice.

"Timely processing of claims. Helpful customer service. Lowers health care expenses.

Trifecta of five stars."

- Motti W.

SHARING ELIGIBILITY



MEMBER EXPENSES ELIGIBLE FOR SHARING

Medical expenses are shared on a per-person, per-incident basis for illnesses and injuries. Only the portion of billed charges determined to be considered Usual, Customary, & Reasonable will be eligible for sharing. In absence of additional United Refuah approved fee schedules, such maximum is determined as 150% of Medicare allowable rates.

To be deemed eligible, expenses must fulfill all three criteria below:

1. They occurred at least 60 days after the Membership Effective Date unless related to an acute illness, accident, or injury that has occurred following membership acceptance.
2. They are deemed medically necessary by healthcare professionals recognized by United Refuah.
3. They are treated by or under the direction of licensed physicians, osteopaths, urgent care facilities, clinics, emergency rooms, or hospitals (inpatient or outpatient), or other accredited providers of conventional care.

Medical expenses eligible for sharing include but are not limited to physician and hospital services, emergency medical care, medical testing, medical imaging, and ambulance transportation, unless otherwise noted as ineligible by these Guidelines.

31 "License" or "Licensed" or "Licensure".

Eligible Categories:

Members share the following expenses which may be limited in extent by other paragraphs in these Sharing Guidelines:

1. Allergy Care

Allergy testing and treatment are limited to a maximum of $1,000 for the first year of care and $500 per year for subsequent years.

For allergies that were present at the time of enrollment, standard pre-existing condition limitations will remain in effect. Testing and treatment for pre-existing allergies will be limited to $1,000 for the second year of membership and $500 per year for subsequent years.

2. Ambulance

Emergency ambulance transportation to the nearest medical facility capable of providing the necessary care to avoid jeopardizing the Member's life or health.

Air ambulance transportation is only eligible for sharing if land ambulance transportation is medically contraindicated. The maximum air ambulance transportation amount eligible for sharing is $25,000 per incident.

3. Chiropractic and Accupuncture Treatment

Up to 12 chiropractic treatments per membership year, subject to the Annual PreShare for treatment of skeletal or musculoskeletal disease or injury by a person holding a Doctor of Chiropractic (D.C.) degree and such applicable and current licensure, certification, or registration[31] in the state or jurisdiction where the services are rendered. The maximum sharing amount for chiropractic care on a single date of service is $75.

General chiropractic wellness care and chiropractic care for non-musculoskeletal conditions are ineligible for sharing. Acupuncture is eligible for 12 treatment visits per membership year for treatment of a medical condition or symptom. The maximum sharing amount for acupuncture on a single date of service is $75.

The above allowances for chiropractic care and acupuncture utilize a combined maximum of 12 annual sessions and are not exclusive of each other.

4. Dental Care

Members may submit up to three Sharing Requests per membership year for dental care with the first $100[32] for each date of service eligible for sharing.

The extraction of teeth, including impacted wisdom teeth, is subject to the abovementioned limits.

Children age 7 and under requiring general (not local) anesthesia for medically necessary dental treatment after their first year of membership are eligible for up to $500 of sharing towards the anesthesia expenses even when the dental care itself is ineligible.

Repair of sound natural teeth due to blunt impact injuries that occur while the person is a Member are eligible for standard medical expense sharing with a maximum of $500 per injured tooth.

Overbites, underbites, and all other orthodontic-related dental care, appliances, and surgery are not eligible for sharing — even if deemed medically necessary. The standard three $100 dental allowances may also be applied to these services.

Sharing eligibility for maxillofacial treatment and surgery is subject to case-by-case review for special consideration.

5. Durable Medical Equipment

The term "durable medical equipment" (DME) refers to necessary medical items used during urgent care visits, hospitalization, or emergency room visits, such as tubing, masks, ventilators, surgical supplies, removable splints or casts, etc.

Necessary DME required to manage or treat an eligible acute illness or injury is eligible for sharing up to 50% of the retail cost of such equipment, with an annual maximum of $1,000 per member. The cost is determined by the lesser of either the amount paid or general pricing of online DME retailers.

The purchase, rental, or replacement of durable or reusable equipment or devices not related to an eligible illness or injury are ineligible for sharing.

6. Emergency Room

Emergency room services for the stabilization of health or the initiation of treatment for medical emergency conditions. This applies to outpatient treatment in hospitals, clinics, or urgent care facilities. **Emergency Room services for non-emergency care are ineligible for sharing.**

7. Eye Care

Members may submit one sharing request per membership year for refractive eye care expenses with the first $50[33] eligible for sharing.

32 Even if the actual expense was a higher amount.
33 Even if the actual expense was a higher amount.

Cataract surgery is ineligible for sharing during the first year of membership. In subsequent years of membership, new onset cataracts and pre-existing cataracts that were disclosed on the Membership Application (not otherwise limited by a Sharing Limitation Waiver) are eligible for sharing up to a maximum of $2,500[34] per eye.

The care of eye diseases or injuries may be eligible for sharing and will be evaluated on a case-by-case basis.

Services ineligible for sharing: eye exercise therapy, vision therapy, radial keratotomy or other eye surgery to correct near sightedness or farsightedness, lenses[35] for the eyes, and exams for their fitting.

8. Home Health Care

Skilled home care services provided by a home healthcare agency. For each qualifying medical incident, sharing occurs for up to 30 days[36], provided that this care reduces the expected medical expense and replaces hospital or nursing home services.

9. Hospice Care

Hospice care, regardless of type, is subject to Pre-Notification. Additional charges for Medical social services are limited to $200 of eligible expenses in total.

10. Hospital Charges

Inpatient or outpatient hospital treatment or surgery for medically diagnosed conditions deemed necessary (see above).

Please note: All hospital admissions must be submitted for Pre-Notification to United Refuah in advance with the exception of a true medical emergency (i.e., acute heart attack, stroke, major trauma, and the like).

11. High-Dollar Drugs, Treatments, and Inpatient Medication

Sharing for drugs, medication, and other treatments exceeding $10,000 for a single course of treatment[37] may be eligible for sharing for new-onset conditions during a membership with a maximum of $100,000 per membership year. Such treatment related to sharing for expensive drugs, medication, and treatment costing less than $10,000 for a single course of treatment may be eligible for compassionate sharing consideration.

High-dollar drugs, medication, and treatment for pre-existing conditions, signs, or symptoms are ineligible for sharing for the lifetime of the membership.

Drugs, medication, and other treatments administered in an inpatient hospital setting are eligible for sharing with a maximum of $100,000 per membership year.

12. Hysterectomy

Expenses related to a hysterectomy are eligible for sharing only when medically necessary. Hysterectomies intended for the purposes of preventing normal or perimenopausal variations in menstruation, or prevention of uterine/cervical cancer or other illness are ineligible for sharing.

34 This includes the cost of surgery, lenses, and any other related costs.
35 This exclusion does not apply to the inital permanent lenses following cataract removal.
36 All visits after the initial assessment visit require contact with United Refuah to be considered for sharing.
37 A course of treatment is defined as the standard prescribed duration for such drugs or pharmacology treatment. The maximum duration of time that the $10,000 threshold must be reached is 90 days of treatment. Multiple concurrent drugs or pharmacology treatment totalling in cost $10,000 or more during the 90- day time frame will also qualify for sharing. Multiple conditions requiring such treatments will share the same 90-day threshold and $100,000 cumulative annual maximum.

13. Maternity Care

See detailed section on page 30.

14. Medical Costs Incurred Outside the United States

Charges for care and treatment outside of the United States for a medically diagnosed condition are eligible for sharing when it is financially beneficial to seek treatment abroad, or when one is traveling or temporarily residing outside the United States.

Sharing eligibility will be determined based on meeting all provisions in the Sharing Guidelines. Complete medical records of the incident and care must be submitted with the request for the sharing of expenses incurred abroad.

15. Mental Health Services

Charges for psychiatric or psychological counseling, psychological testing, and treatment in connection with a diagnosis of a recognized mental illness are eligible for sharing up to a maximum of 12 visits per membership year. The maximum amount eligible for sharing for any single date of service for mental health services is $125.

United Refuah Members do NOT share in expenses for treatment of other mental health needs that are not classified as a diagnosed mental illness, including but not limited to ABA, counseling for a behavioral and/or social issue, learning disability, bereavement counseling, biofeedback therapy, and family and/or marriage counseling. **Medication and hospitalization related to a mental health condition or treatment thereof are ineligible for sharing.**

16. Nutritional Counseling

Members seeking nutritional counseling are eligible for two consultations per membership year with a maximum of $125 eligible per consultation. Nutritional counseling visits will accrue towards the Annual maximum 12 therapy visits. Pre-Notification is not required for nutritional counseling.

Nutritional supplements and gym memberships are ineligible for sharing.

17. Observation Care

Patients under observation care are monitored by hospital staff to evaluate their medical condition and determine the need for possible inpatient admission. The charges for hospital observation care are shareable subject to other Guidelines limitations.

18. Organ Transplant

Expenses incurred in connection with any organ or tissue transplant where the member is the recipient of the transplant may be eligible for sharing up to a maximum Incident Limit per organ, per lifetime. This includes but is not limited to evaluation, screening, candidacy determination process, organ transplantation, organ procurement, transportation of organ, donor expenses, follow-up care, immunosuppressant therapy, and re-transplantation expenses.

Organ transplant includes but is not limited to transplantation of the heart, lungs, kidneys, liver, pancreas, and bone marrow. Expenses incurred in connection with any organ or tissue transplant that exceed the Maximum Incident Limit will not be shared.

Expenses related to the live donation of organ or tissue by a Member and complications thereof are ineligible for sharing.

19. Physician Services

Physician services for the diagnosis, treatment, or management of an illness or injury.

20. Preventative Care

See detailed section below.

21. Physical Therapy, Occupational Therapy, Speech Therapy, Respiratory Therapy

In accord with a physician's order, up to 12 visits for all therapy types combined per membership year for PT/OT/ST/RT services by a licensed therapist to improve body function or for pain relief. The maximum amount eligible for sharing for any single date of service for any of the above listed therapies is $125.

After initial evaluation, Pre-notification and approval by United Refuah is required before any needs for therapy will be considered for sharing.

The initial evaluation is also limited to a maximum of $125 and is included in the 12 therapy visits count.

22. Prosthetic Limbs

Initial prosthetics and replacements, if medically necessary.

23. Screenings or Prophylactic Treatment for Family or Personal Risk

Additional preventative screenings or prophylactic treatment due to family history or increased personal risk are eligible for 50% sharing of eligible expenses up to $1,000 per membership year for all services combined. Sharing only begins after the first year of membership, unless the result of new family history or newly discovered personal risk that occurred or was discovered after the start of membership.

24. Vaccincations

Vaccinations for infectious diseases are eligible for sharing, subject to the Sharing Guidelines limitations on partial sharing when there are less-expensive alternatives.

PREVENTATIVE CARE

D. Well Visits

Following the first 60 days of membership, the following preventative care expenses are shared 100% of Usual, Customary, and Reasonable rates up to a $600 combined maximum per membership year and are not subject to Annual PreShare and/or CoShare Maximum:

1. One annual well visit for each Member per membership year with a minimum of 12 months between visits.
2. One GYN well visit per membership year with a minimum of 12 months between visits.
3. Routine wellness laboratory testing[38] associated with an annual well visit or GYN well visit.

Expenses for additional wellness visits or amounts exceeding the $600 annual maximum will not be eligible for sharing, nor will they be applied to the Annual PreShare or CoShare Responsibilities.

Baby well visits up to age 30 months are not subject to the $600 annual maximum and will be eligible for sharing up to Usual, Customary & Reasonable rates for the full American Academy of Pediatrics schedule of well visits[39].

Treatment or further testing of any symptom or diagnosis discovered during a well visit is not considered part of the annual visit and is shared subject to the Annual PreShare Amount and Annual CoShare Responsibility.

E. Other Preventative Screenings

The following screenings are shared with the following frequencies and limits, and are NOT subject to Annual PreShare and CoShare Responsibilities.

1. Pap smears (up to $300) once every three years for Members ages 21-64.

38 Routine laboratory testing is limited to CBC, CMP, Lipids, A1C, TSH, PSA (male 40+), and Iron. All other eligible lab work will be subject to Annual PreShare and CoShare Responsibilities.
39 Scheduled baby well visits are eligible for sharing during the first 60 days of membership.

2. Screening mammograms (up to $300) every other year for women ages 40 and above.
3. Screening colonoscopies (up to $1,500) once every ten years for members ages 45 and above after the first year of membership.
4. Cologuard (up to $700) every three years for members ages 45 and over after the first year of membership.

Amounts in excess of these allowances will be ineligible for sharing. Excess frequencies will be eligible for sharing with the same dollar limits but subject to Annual PreShare and CoShare Responsibilities. Diagnostic pap smears, mammograms, and colonoscopies will be eligible for standard sharing and subject to Annual PreShare and CoShare Responsibilities.

MATERNITY CARE

A. Eligible Pregnancies

Pregnancy-related medical expenses are shared if the EDD (Estimated Due Date) is at least 10 months after the application date. If a deferred membership start date is requested, or if for any reason the membership effective date is more than 30 days after the application date, the 10 months will begin on the effective date.

B. Pregnancy Confirmation

Pregnancy confirmation in the form of an obstetrician statement with the EDD must be submitted before sharing begins. Once submitted, expenses may be eligible for retroactive sharing.

C. Pregnancy-Related Expenses

Eligible pregnancy-related expenses include but are not limited to charges and expenses arising from physician care, childbirth classes, hospital or birthing center admissions, attendance by midwives, home deliveries accompanied by midwives or physicians, and one breast pump.

The maximum amount eligible for sharing for global maternity physician services and routine fetal ultrasounds is $7,000. This includes all antepartum, delivery, and postpartum physician services, as well as one ultrasound per trimester. In addition, the 20-week anatomy scan ultrasound will be eligible for an additional $500 sharing allowance.

Lab fees for a routine pregnancy without complications are limited to $1,000.

Hospital charges for routine labor and delivery without complications are limited to $25,000.

Anesthesiologist charges for an epidural are limited to $3,500 for routine labor and delivery without complications.

Expenses related to the use of a certified doula or labor coach are eligible for sharing up to a limit of $300.

First-time mothers are eligible for a $200 sharing allowance towards childbirth classes.

Nursing pumps purchased within 60 days of an eligible birth are eligible for a $100 sharing allowance.

D. Pregnancy Responsibility

The abovementioned maternity expenses are eligible for sharing, subject to Annual PreShare and CoShare Responsibilities. An Additional Pregnancy Responsibility for Single and Couple Members will be applied to all pregnancy-related expenses as noted above in "Member Responsibilities." The Additional Pregnancy Responsibility does not apply to miscarriages and stillbirths.

E. Maternity Medical Incident

Multiple pregnancies are considered a single medical incident in respect to the Per Incident Limit.

F. Cesarean Section / Complications at Birth

Medical expenses from a medically necessary cesarean section delivery are eligible for sharing up to the Per Incident Limit per pregnancy[40], subject to the Annual PreShare, CoShare, and Additional Pregnancy Responsibilities.

Medical expenses for a natural delivery that sustained complications threatening the life of the mother or baby and require care not typically rendered at the time of delivery are eligible for sharing up to the Per Incident Limit per pregnancy, subject to the Annual PreShare, CoShare, and Pregnancy Responsibilities.

G. Separate Medical Incident

Medical expenses for the newborn of an eligible pregnancy including but not limited to complications at the time of delivery or premature birth are treated as a separate incident, for purposes of applying the Maximum Limit Per Incident. Newborn medical expenses, including physician services, hospital charges, and hospital nursery fees, will only be eligible for sharing if the newborn is added to the membership within 30 days of birth.

H. Unmarried, Single Woman

Medical expenses related to a pregnancy for a woman who is married at the time of conception and is subsequently widowed or divorced prior to delivery are eligible for sharing. Medical expenses related to a pregnancy of a woman who is unmarried at the time of conception are ineligible for sharing.

I. Case Management

A case manager will be assigned to the Member once United Refuah is notified of the pregnancy to assist the Member with navigation of the healthcare system for their maternity needs. All questions regarding sharing eligibility for maternity-related expenses should be directed to the assigned case manager.

40 Maternity sharing is considered one incident regardless whether it is a single-or-multiple-birth pregnancy.

MEDICAL EXPENSES INELIGIBLE FOR SHARING

Medical expenses arising from any of the following are ineligible for sharing, nor are they eligible towards the Annual PreShare or CoShare Responsibilities.

Members should not submit Sharing Requests to United Refuah for these expenses:

- Abortion, Contraceptives, Sex Changes, STDs (1)
- Alcohol/Drugs Related Expenses (2)
- Breast Implants (3)
- Complications of Non-Eligible Treatment (4)
- Cosmetic Procedures (5)
- Custodial Care (6)
- Emergency Room Visits When Not an Emergency (7)
- Excessively Billed Services (8)
- Exercise Programs (9)
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1. Abortion, Contraceptives, Sex Changes, Sexually Transmitted Diseases (STDs)

Services, supplies, care, or treatment in connection with an abortion unless the physical life of the mother is endangered by the continued pregnancy and treatment via a cesarean section has been determined by a neonatologist to be inadvisable. Oral, injectable, implantable and patch contraceptive hormonal therapies, IUDs, condoms, diaphragms, cervical caps, contraceptive sponges, spermicide, and other therapies provided for purposes of contraception even if medically neccesary. Care, services, or treatment for non-congenital transsexualism, gender dysphoria, or sexual reassignment or change. This includes medications, implants, hormone therapy, surgery, or medical or psychiatric treatment. Prevention, screening, treatment, and management of any sexually transmitted disease (STD) that are a result of religiously prohibited behavior.

2. Alcohol- and Drugs -Related Expenses

Services, supplies, care, or treatment for an injury and/or disease which occurred as a result of Member's abuse and/or use of alcohol or drugs/pharmaceuticals, including but not limited to any hospitalization and/or rehabilitation treatment.

3. Breast Implants

The placement, replacement, or removal of breast enhancement devices and complications related to breast implants unless related to reconstructive mammoplasty.

4. Complications of Non-Eligible Treatments

Care, services, or treatment required as a result of complications/sequelae from any medical incident, procedure, surgery, or other medical care that was ineligible for sharing for any reason.

5. Cosmetic Procedures

Elective cosmetic treatment, including but not limited to pharmacological regimens; nutritional procedures or treatments; plastic surgery; salabrasion, chemosurgery and other such skin abrasion procedures associated with the removal or revision

of scars, tattoos, or actinic changes.

Care and treatment provided for disfigurement caused by amputation, disease (including acne), or an accident are eligible for sharing. Initial breast reconstruction following a mastectomy related to illness is eligible for sharing. Breast reconstruction following a mastectomy related to prevention of breast cancer (or for other elective reasons) is not eligible for sharing.

6. Custodial Care

Services or supplies provided mainly as rest care, maintenance, custodial care, or other care that does not treat an illness or injury.

7. Emergency Room Visits When Not an Emergency

When treatment at an emergency room is not considered by normal medical standards to be an emergency and when less-costly treatment was available by taking reasonable action to seek such care.

8. Excessively Billed Services

The amount of eligible medical expenses billed above Usual and Customary rates may not be eligible for sharing. United Refuah Members need to become informed healthcare customers by **asking the price of each service** (non-emergency) they are planning to receive and confirming that the pricing is within the eligible sharing limits.

9. Exercise Programs

Exercise programs for treatment of any condition, except for physician-supervised cardiac rehabilitation and/or physical therapy subject to additional limitations herein.

10. Expenses Incurred Before or After Membership

Medical care, treatment, or supplies for which a charge was incurred before a person was a Member or after membership ceased or became inactive. Complications of any medically necessary, non-elective care received prior to membership, not otherwise limited by the pre-existing condition limitations or by a limited or permanent waiver, will have a lifetime sharing maximum of $25,000.

11. Expenses Where Conflict of Interest Exist

Expenses that result in unnecessary or inappropriate diagnostic or wellness testing being ordered, or which lead to excessive charges. Examples include orders by practices that receive revenue from laboratories or radiology procedures or other tests that they order.

12. Experimental, Investigational, Unproven, or Unapproved Services

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

13. Food and Nutritional Formula

Food, including adult and child and baby formulas of any kind. This applies whether or not a prescription is written for the over-the-counter food or formula, and regardless of whether there is a specific medical disease for which there is dietary restriction (such as gluten sensitivity).

14. Genetic Testing

Genetic testing is ineligible for sharing, regardless of the reason it is being requested.

15. Gross Negligent Acts, Hazardous Hobbies, Illegal Acts, Professional Racing or Competitive Events, Self-Inflicted Injury

Expenses resulting from an illness or injury as to which the Member acted with gross negligence or participated in an activity where accident or injury are considered common and/or ordinary occurrences.

Examples include but are not limited to:

- Care and treatment of an injury or illness that results from engaging in a hazardous activity[41] not suited for someone without proper training regardless of the individual's training status.
- Expenses for treatment of injuries or illness while racing or participating in a competitive sport as a professional[42].
- Any medical expense due to an intentionally self-inflicted injury, while sane or mentally insane.
- Expenses for services received as a result of injury or illness caused by engaging in an illegal act or occupation; by committing or attempting to commit any crime, criminal act, assault, or other illegal behavior[43].

16. Hair Loss

Care and treatment for hair loss, hair transplants, or any drug that promises hair growth, whether or not prescribed by a physician. Investigation for new onset hair loss as a possible result of a medical condition may be eligible for sharing.

17. Hearing Aids/Exams

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

Investigation into the sudden onset of hearing loss or as part of an annual physical examination is eligible for sharing.

18. Hospital Employees

Professional services billed by a physician or nurse who is an employee of a hospital or skilled nursing facility and paid by the hospital or facility for the service.

19. Hormone Replacement and Suppression Therapies

Including but not limited to treatment for children of short stature, suppression of early puberty, and testosterone injections or supplementation.

20. Impotence, Fertility, Infertility, Surgical Sterilization, or Reversal

Surgical and non-surgical services or products for the treatment of impotence; testosterone supplementation; fertility and infertility diagnostic, surgical repair, non-surgical repair, or surgical impregnation; prescription drugs for the treatment of infertility; expenses and complications that result from surrogacy; charges for care and treatment for, or reversal of, surgical sterilization, including vasectomy and tubal ligation.

Compassionate sharing of up to $1,000 per couple per membership year may be available for fertility and infertility diagnostic- and treatment-related expenses beginning in the second year of membership.

21. Massage Services

Massage services are ineligible for sharing even if performed by a medical provider.

22. Miscarriage

Expenses related to miscarriage when conception was prior to the Enrollment Date.

23. Medical Services Performed by Relatives

Professional services performed by a person who ordinarily resides in the Member's home

41 Examples include but are not limited to skiing/snowboarding, surfing, rock/cliff climbing, spelunking, skydiving, or bungee jumping.
42 Including but not limited to competitive events requiring an automobile, motorcycle, watercraft, skis, rodeo races, or any other such competitions.
43 Including but not limited to illegal drug activity, crimes against persons, crimes against property, or gun offenses.

or is related to the Member as a spouse, parent, child, brother, or sister, whether the relationship is by blood or exists in law.

24. Non-Emergency Transportation: Emergency or Non-Emergency Travel or Accommodations

Expenses resulting from transportation by ambulance for conditions that will not seriously jeopardize the Member's health or life.

Additional expense for transportation to a facility that is not the nearest capable of providing appropriate medically necessary care. (Page 25)

Charges for travel or accommodations, whether or not recommended by a physician.

25. No Obligation to Pay

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

26. Not a Medically Necessary Service

Care and treatment that does not meet the criteria of or is not specified as a medically necessary service.

Care, treatment, services, or supplies not recommended and approved by a physician; or treatment, services, or supplies when the Member is not under the regular care of a physician.

27. Outpatient Prescribed or Non-Prescribed Medical Supplies

A) **Over the Counter.** Medications available over the counter, regardless of whether a prescription is written.

B) **Prescription Medication.** Ineligible for sharing unless meeting the criteria of High-Dollar Drugs or inpatient medication.

28. Outpatient Prescription Drugs and Injections

Outpatient prescribed or non-prescribed medical supplies[44].

29. Personal Comfort Items

Personal comfort items or other equipment[45].

30. Sports-Related Safety/Performance Devices and Programs

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

31. War

Any costs incurred that are due to knowing participation in a declared or undeclared act of war or military activity.

32. Weight Loss Treatment

Gastric bypass/sleeve or other care for weight loss including doctor visits, bariatric/weight loss surgery, medication, or other treatments are ineligible for sharing even when deemed medically necessary.

33. Work/School Required Medical Expenses

Physical exams, additional vaccines, TB skin tests, subsequent treatment, or followup care required for employment, school, or camp, or due to exposure to specific working conditions are ineligible for sharing.

> *The customer service team was extremely knowledgeable and helpful with helping me decide if United Refuah would work for me. We signed up and are very grateful for the coverage and team of great staff*
>
> *- Tzivie S.*

44 Including but not limited to over-the-counter drugs and treatments, nutritional formulas (regardless of age), blood pressure instruments, elastic stockings, tubing, masks, ostomy supplies, insulin infusion pumps, ace bandages, gauze, syringes, diabetic test supplies, and similar devices and supplies.

45 Including but limited to air conditioners, air purification units, humidifiers, electric heating units, orthopedic mattresses, scales, elastic bandages/stockings, non-prescription drugs and medicines, first-aid supplies, and adjustable beds.

TECHNICAL PROGRAM INFORMATION

DISPUTE RESOLUTION AND APPEALS

United Refuah is a voluntary association of like-minded participants who come together and assist one another by sharing medical expenses. This type of sharing and caring association does not lend itself well to the concept of legally enforceable rights and the structure of litigation.

However, it is recognized that differences of opinion may occur, and that a methodology for resolving disputes must be available.

Therefore, by becoming a Member of United Refuah, Members agree that any dispute with or against United Refuah, its associates, or employees will only be settled using the following course of action. Once a decision is rendered by the Beis Din listed in the Mediation and Arbitration clause below, such decision will be final and binding for both the HealthShare and the Member, and shall be enforceable by any court of the United States of America.

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

A. 1st Level Appeal

Most differences of opinion can be resolved by calling United Refuah. A Member Services Representative will try to resolve the matter within 10 working days.

B. 2nd Level Appeal

If the Member is dissatisfied with the determination of the Member Services Representative, the Member may request a review by the Internal Resolution Committee — made up of three United Refuah officials. The appeal must be in writing, stating the elements of the dispute and the relevant facts.

It is important that the appeal should address all of the following questions:

1. What information does United Refuah have that is either incomplete or incorrect?
2. How do you believe United Refuah has misinterpreted the information already on hand?
3. What provision in the United Refuah Sharing Guidelines do you believe were incorrectly applied?

Within 30 days, the Internal Resolution Committee will render a written decision.

C. Mediation and Arbitration

If the aggrieved Member disagrees with the conclusion of the Internal Resolution Committee, then the matter shall be settled by mediation and, if necessary, legally binding arbitration in accordance with the Beis Din of Cleveland. If both United Refuah and the aggrieved Member agree to mediate through the Bais Ha'vaad of Lakewood, such venue will have equal binding jurisdiction over the mediation.

Judgment upon an arbitration decision may be entered in any court otherwise having jurisdiction. Members agree and understand that these methods shall be the sole remedy for any controversy or claim arising out of the Sharing Guidelines and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision. Any such arbitration shall be held in Cleveland, Ohio or Lakewood, New Jersey, subject to the laws of the Torah. If both parties and the selected Beis Din agree, such arbitration may take place through a video conference.

United Refuah shall pay the fees of the arbitrator in full and all other expenses of the arbitration; provided, however, that each party shall pay for and bear the cost of its own transportation, accommodations, experts, evidence, and legal counsel, and provided further that the aggrieved Member shall reimburse the full cost of arbitration should the arbitrator determine in favor of United Refuah and not in favor of the aggrieved Member. The aggrieved Member agrees to be legally bound by the arbitrator's decision. The Beis Din of Cleveland or the Bais Ha'vaad of Lakewood will be the sole and exclusive procedure for resolving any dispute between individual Members and United Refuah when disputes cannot be otherwise settled.

AMENDING THE GUIDLEINES

A. Enacting Changes

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

B. Effective Date

Amendments to the Guidelines will take effect as soon as is administratively practical or as otherwise designated by the Board of Directors. Medical expenses submitted for sharing will be subject to the edition of the Guidelines in effect on the relevant Dates of Service, regardless of when the medical expenses are submitted or recorded as received by United Refuah.

Such edition of the Guidelines shall supersede all other editions of the Guidelines and any other communication, written or verbal.

C. Notification of Changes

Members will be notified of changes to the Guidelines in the normal course of communication with members. Notice of material changes to the Guidelines will be given within 60 days or as soon thereafter as reasonably practical.

United Refuah has been so incredible to have for our family. They are so understanding and personable. The HealthShare program is affordable and truly reliable. It is also a plus to not have to wait on hold for hours when in need of their assistance! They are prompt and always call back if they miss a call.

- Aaron B.

DEFINTION OF TERMS

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

Applicant means the primary Sharing Member participating by himself or herself, and/or their spouse, and/or a child(ren) enrolled by a parent or guardian, who certifies that he/she takes financial responsibility for the child(ren)'s sharing membership and who signs the enrollment application on behalf of the child(ren).

Application Date or Enrollment Date means the date United Refuah HealthShare receives a complete signed and dated Membership Enrollment Application including applicable initial enrollment fees.

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

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

Complications of Pregnancy are conditions in evidence before the pregnancy ends and include but are not limited to acute nephritis, ectopic pregnancy, miscarriage, nephrosis, cardiac decompensation, missed abortion, hyperemesis gravidarum, and eclampsia of pregnancy.

Cost(s) means: (a) as to Hospital and Facility services, the costs determined from review and analysis of a facility's applicable Center for Medicare Services (CMS) Cost Ratios, or otherwise in accordance with any relevant CMS Cost Ratios, or based on any other cost information, sources, lists, or comparative data published or publicly available (free, for purchase, or by subscription), or any combination thereof that are deemed sufficient, in the opinion of United Refuah HealthShare or its Medical Expense Auditor; (b) as to medical and surgical supplies, implants and devices, the costs to the Provider of such items, which may be established by a Provider invoice or a certified statement from a representative of the Provider or, in the absence of such an invoice or statement, through other sources of cost information or comparative data, such as comparable invoices, receipts, cost lists, or other documentation or resources published or publicly available (free, for purchase, or by subscription), or any combination thereof, that are deemed sufficient, in the opinion of United Refuah HealthShare or its Medical Expense Auditor; (c) as to pharmaceuticals provided by a Hospital or Facility, acquisition cost determined by reference to the National Average Drug Acquisition Cost calculated by CMS, the Average Acquisition Cost (AAC) for the state in which the facility resides, the Predictive Acquisition Cost calculated by Glass Box Analytics, or other comparable and recognized data source; and (d) as to medical and surgical supplies, implants, and devices provided by a Hospital or Facility, acquisition cost determined by reference to an invoice submitted by a Hospital or Facility or, in the absence of such an invoice, a written statement from the Hospital or Facility specifying its actual acquisition cost or, in the absence of such an invoice or written statement, through other documentation or sources of cost data such as, but not limited to, comparable invoices, receipts, cost lists, or other commonly recognized data source, or other documentation or sources of cost information deemed appropriate by United Refuah HealthShare or its Medical Expense Auditor.

Eligible Medical Expenses are the charges for a service or supply provided in accordance with the terms of the Sharing Guidelines and approved for sharing, whose applicable charge amount does not exceed the program limits.

Fair and Reasonable Consideration refers to an amount that would constitute fair and reasonable payment to a Provider for services provided in accordance with the terms of the Sharing Guidelines and approved for sharing, under the facts and circumstances surrounding the provision thereof. United Refuah HealthShare will take into consideration the Cost to the Provider for providing the services, the fees that the Provider typically accepts as payment for the services from or on behalf of the majority of patients receiving the services, the fees that Providers of similar training and experience in the same field or specialty most frequently accept as payment for the services from or on behalf of the majority of patients receiving the services, and the Medicare reimbursement rates for such services. Fair and Reasonable Consideration may be lower than the following levels but, absent specific findings by United Refuah HealthShare to the contrary, no fee amounts shall be considered Fair and Reasonable Consideration if they exceed the following levels:

- Inpatient Services from Hospitals: 150% of the Medicare Allowable (IPPS) Amount for the Covered Services.
- Outpatient Services from Hospitals and Ambulatory Surgery Centers: 150% of the Medicare Allowable (OPPS) Amount for the Covered Services.
- Services from Independent Facilities with no Medicare Allowable Amount: 150% of the Medicare Allowable Amount for comparable services and supplies in other similar facilities in the same geographic region, and/or 150% of the OPPS Reimbursement for comparable services and supplies in the same geographic region, and/or 135% of the RBRVS reimbursement for the comparable services and supplies in the same geographic region.

- Other Medical & Surgical Services: General medical and/or surgical services not addressed above under the two immediately preceding subsections may be established or calculated taking into consideration and/or based upon:

  i. allowable reimbursement amounts for such services according to the OPPS Reimbursement or other Medicare fee payment methodology plus an additional 40%;

  ii. the Costs for such services plus an additional 25%; or

  ii. 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 United Refuah HealthShare, to determine a Reasonable amount for such Eligible Medical Expense under the Program.

- Facilities Lacking Requisite Benchmarks & Specified Services: In the event that for technical reasons payment parameters for Covered Services cannot be determined in accordance with the Guidelines set forth above in the four immediately preceding subsections, and for other services or supplies specified below, the payment parameters may be determined as follows:

  i. Pharmaceutical Charges from any Hospital or Facility. 100% of Cost for High-Dollar Drugs and 100% of Cost for pharmaceuticals other than High-Dollar Drugs, but not to exceed Usual and Customary Rates for such pharmaceuticals.

  ii. Supplies, Implants & Devices. 100% of the Cost for such items.

  iii. Clinical Care. 150% of the Resource Based Relative Value Scale rates for the relevant geographic area.

- Physician Medical and Surgical Care, Laboratory, Therapy, X-ray, and Diagnostic or Therapeutic Radiology Services. 150% of the Medicare Allowable Amount (per the geo-specific RBRVS fee schedule) for comparable services in the same geographic region, or based upon the fees for comparable services and supplies in the same geographic region paid at the 90th percentile of the payments reflected in the current Physicians' Fee Reference book or database.

- Dialysis Services and Infusion Therapy. Determined by review of the Medicare Allowable Amount for the billing provider in light of clinical considerations pertinent to the patient being treated.

  Regardless of typical practices of any Provider or other providers of comparable services, Fair and Reasonable Consideration shall not include amounts for any Invalid Charges.

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

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

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

IPPS Reimbursement means the amount that would be paid for the referenced services and supplies in accordance with the Hospital Inpatient Prospective Payment System used by CMS.

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

Marriage means the union of one man and one woman under the covenant of Halachic matrimony.

Maternity means medical expenses for the mother's care pertaining to prenatal or infant delivery, and initial, routine hospital expenses for the infant. Maternity does not include Complications of Pregnancy or medical expenses for the infant beyond routine hospital expenses, neither of which is subject to Maternity provisions of the Sharing Guidelines.

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

a) Usual, Customary, and Reasonable Fees;

b) Fair and Reasonable Consideration;

c) the allowable charge otherwise specified under the terms of the Sharing Guidelines;

d) a negotiated rate established in a direct or indirect contractual arrangement with a Provider, or

e) the actual charge billed for the item or expense.

The Program will assign for sharing the actual charge billed to the self-pay member if it is less than the Usual and Customary amount. The Program has the discretionary authority to decide if a charge is Usual and Customary and for a medically necessary and reasonable service. The Maximum Eligible Charge will not include any Invalid Charges, including but not limited to identifiable billing errors, up-coding, duplicate charges, misidentified or unclearly described items and charges for services not performed.

Medical Expense Need is the charge(s) or expense(s) for medical services from a licensed medical practitioner or facility, or an approved practitioner of alternative treatments, arising from an illness or accident for a Sharing Member, and the fees incurred by United Refuah HealthShare to reduce such charges or expenses.

Medically Necessary Service means those health services ordered by a physician or practitioner exercising prudent clinical judgment, provided to a Program Participant for the purpose of preventing, diagnosing, or treating an illness, injury, disease, or symptoms. Such services, to be considered Medically Necessary, must be clinically appropriate in terms of type, frequency, extent, site, and duration for the diagnosis or treatment of the Participant's sickness or injury, and must meet each of the following criteria:

(a) It is supported by national medical standards of practice;

(b) It is consistent with conclusions of prevailing medical research that:

(i) Demonstrates that the health service has a beneficial effect on health outcomes; and

(ii) Is based on trials that meet the following designs:

(a) Well-conducted randomized controlled trials (two or more treatments are compared to each other, and the patient is not allowed to choose which treatment is received) that show clinically meaningful improvement in the Absolute Risk of the treated condition.

(b) Well-conducted cohort studies (patients who receive study treatment are compared to a group of patients who receive standard therapy; the comparison group must be nearly identical to the study treatment group) that shows clinically meaningful improvement in the Absolute Risk of the treated condition.

(c) It is the most cost-effective method and yields a similar outcome to other available alternatives.

(d) All new technologies, procedures and treatments are decided based upon the language in (ii) (b) above.

To help determine medical necessity, United Refuah HealthShare may refer to the Sharing Member's medical records and other resources, and may require a second opinion from a healthcare professional chosen by United Refuah HealthShare.

To be medically necessary, all of these criteria must be met. The determination of whether a service, supply, or treatment is or is not medically necessary may include research performed by United Refuah HealthShare or findings published in peer-reviewed journals and medical

advisors to United Refuah HealthShare. United Refuah HealthShare has the discretionary authority to decide whether care or treatment is or was Medically Necessary. United Refuah HealthShare reserves the right to incorporate CMS (Medicare) guidelines in effect on the date of treatment as additional criteria for determination of Medical Necessity.

Medicare Allowable Amount means the amount that would be paid by Medicare as reimbursement for the referenced services.

Mental Illness means an illness that affects the mood, thinking, or behavior of an individual for which there is a definitive clinical diagnosis.

OPPS Reimbursement means the amount that would be shared by the Members for the referenced services in accordance with the Hospital Outpatient Prospective Payment System used by CMS.

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

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

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

Practitioner refers to a person legally entitled to perform certain medical services who holds one of the licenses, degrees, and/or titles listed below, and who is acting within the scope of his or her licensure when performing such services:

a. Advanced Practice Nurse (APN)/Advanced Practice Registered Nurse (APRN)

b. Audiologist

c. Certified Diabetic Educator and Dietician

d. Certified Nurse Midwife (C.N.M.)

e. Certified Nurse Practitioner (C.N.P.)

f. Certified Operating Room Technician (C.O.R.T.)

g. Certified Psychiatric/Mental Health Clinical Nurse

h. Certified Registered Nurse Anesthetist (C.R.N.A.)

i. Certified Surgical Technician (C.S.T.)

j. Licensed Acupuncturist (L.A.C.)

k. Licensed Clinical Social Worker (L.C.S.W.)

l. Licensed Mental Health Counselor (L.M.H.C.)

m. Licensed Occupational Therapist

n. Licensed or Registered Physical Therapist or Physiotherapist

o. Licensed Practical Nurse (L.P.N.)

p. Licensed Professional Counselor (L.P.C.)

q. Licensed Speech Language Pathologist

r. Licensed Speech Therapist

s. Licensed Surgical Assistant (L.S.A.)

t. Licensed Vocational Nurse (L.V.N.)

u. Master of Social Work or Social Welfare (M.S.W.)

v. Physician Assistant (P.A.)

w. Psychologist (Ph.D., Ed.D., Psy.D.)

x. Registered Nurse (R.N.)

y. Registered Nurse First Assistant (R.N.F.A.)

z. Registered Nurse Practitioner (R.N.-N.P.)

aa. Registered Respiratory Therapist (R.R.T.)

bb. Registered Speech Therapist (R.S.T.) or other Licensed Speech Therapist

cc. Speech Language Pathologist

Note: Naturopaths (NDs) are not included.

Pre-Existing Condition is a condition for which signs or symptoms evidenced themselves and/or any medical consultation, diagnosis, care, follow-up screening, or treatment was recommended or received within 36 months prior to the Member's Enrollment Date. In addition, any condition considered a lifetime chronic condition or a condition that requires lifetime monitoring is considered a pre-existing condition even if asymptomatic at the time of enrollment. Treatment includes receiving services and supplies, consultations, diagnostic tests or prescribed medicines.

Professionals refers to Physicians and Practitioners.

Program refers to the medical cost-sharing program administered by United Refuah HealthShare.

Providers refers to Hospitals, Facilities, Physicians, and Practitioners.

Reasonable means, in the discretion of United Refuah HealthShare, services or supplies, or fees for services or supplies which are necessary for the care and treatment of Illness or Injury not caused by the treating Provider. Determination that fee(s) or services are reasonable will be made by United Refuah HealthShare or its delegate, taking into consideration unusual circumstances or complications requiring additional time, skill, and experience in connection with a particular service or supply; industry standards and practices as they relate to similar scenarios; and the cause of Injury or Illness necessitating the service(s) and/or charge(s). United Refuah HealthShare retains discretionary authority to determine whether service(s) and/or fee(s) are reasonable based upon information presented to United Refuah HealthShare. To be reasonable, service(s) and/or fee(s) must be in compliance with generally accepted billing practices for unbundling or multiple procedures.

United Refuah HealthShare reserves for itself and parties acting on its behalf the right to review charges submitted to, processed, and/or shared by United Refuah HealthShare Members, to identify charge(s) and/or service(s) that are not reasonable and, therefore, ineligible for Member sharing by United Refuah HealthShare. With regard to contracted services, charges at negotiated rates or fees specifically established under any contract for the benefit of our Members are presumed to be reasonable, but only to the extent that such charges do not include otherwise Invalid Charges.

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

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

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

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

received such services or supplies within the same geographic locale.

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

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

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

United Refuah HealthShare has been been incredibly supportive in all ways! They are a pleasure to speak to and to deal with. They have gone out of their way to help us find good and affordable care for the entire family. My husband had minor surgery this year and I needed an MRI after I sustained a fall and they covered most of the cost, after helping us find the right doctors. Lab costs were almost free compared to the hundreds of dollars the lab charged us initially. They are truly fantastic and we are just so thrilled with them! Worth every penny and then some!"

- Bracha B.

LEGAL NOTICES

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

A. GENERAL LEGAL NOTICE

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

B. STATE-SPECIFIC NOTICES

Alabama Code Title 22-6A-2 Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be entirely voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Arizona Statute 20-122 Notice: The organization facilitating the sharing of medical expenses is not an insurance company and the organization's guidelines and plan of operation are not an insurance policy. Whether anyone chooses to assist you with your medical bills will be completely voluntary because participants are not compelled by law to contribute toward your medical bills. Therefore, participation in the organization or a subscription to any of its documents should not be considered to be insurance. Regardless

of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Arkansas Code 23-60-104.2 Notice: The organization facilitating the sharing of medical expenses is not an insurance company and neither its guidelines nor plan of operation is an insurance policy. If anyone chooses to assist you with your medical bills, it will be entirely voluntary because participants are not compelled by law to contribute toward your medical bills. Participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive a payment for medical expenses or if this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Florida Statute 624.1265 Notice The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor its plan of operation is an insurance policy. Membership is not offered through an insurance company, and the organization is not subject to the regulatory requirements or consumer protections of the Florida Insurance Code. Whether anyone choose to assist you with your medical bills will be totally voluntary because not other participant is compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payments for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Georgia Statute 33-1-20 Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be entirely voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Idaho Statute 41-121 Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be entirely voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Illinois Statute 215-5/4-Class 1-b Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation constitute or create an insurance policy. Any assistance you receive with your medical bills will be entirely voluntary. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Whether or not you receive any payments for medical expenses and whether or not this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Indiana Code 27-1-2.1 Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor its plan of operation is an insurance policy. Any assistance you receive with your medical bills will be entirely voluntary. Neither the organization nor any other participant can be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Whether or not you receive any payments for medical expenses and whether or not this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Kentucky Revised Statute 304.1-120 (7) Notice: Under Kentucky law, the religious organization facilitating the sharing of medical expenses is not an insurance company, and its guidelines, plan of operation, or any other document of the religious organization do not constitute or create an insurance policy. Participation in the religious organization or a subscription to any of its documents shall not be considered insurance. Any assistance you receive with your medical bills will be entirely voluntary. Neither the organization or any participant shall be compelled by law to contribute toward your medical bills. Whether or not you receive any payments for medical expenses, and whether or not this organization continues to operate, you shall be personally responsible for the payment of your medical bills.

Louisiana Revised Statute Title 22-318,319 Notice: The organization facilitating the sharing of medical expenses is not an insurance company. Neither the

guidelines nor the plan of operation of the organization constitutes an insurance policy. Financial assistance for the payment of medical expenses is strictly voluntary. Participation in the organization or a subscription to any publication issued by the organization shall not be considered as enrollment in any health insurance plan or as a waiver of your responsibility to pay your medical expenses.

Maine Revised Statute Title 24-A, §704, sub-§3 Notice: The organization facilitating the sharing of medical expenses is not an insurance company and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be entirely voluntary because no other participant will be compelled by law to contribute toward your medical bills. Participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Maryland Article 48, Section 1-202(4) Notice: This publication is not issued by an insurance company nor is it offered through an insurance company. It does not guarantee or promise that your medical bills will be published or assigned to others for payment. No other subscriber will be compelled to contribute toward the cost of your medical bills. Therefore, this publication should never be considered a substitute for an insurance policy. This activity is not regulated by the State Insurance Administration, and your liabilities are not covered by the Life and Health Guaranty Fund. Whether or not you receive any payments for medical expenses and whether or not this entity continues to operate, you are always liable for any unpaid bills.

Massachusetts 956 CMR 5.03(3)(d)5 Notice: Maysville Fellowship Medical Aid Plan Inc. DBA United Refuah HealthShare is not an insurance company and does not guarantee that medical bills will be paid by the organization or any other individuals.

Mississippi Title 83-77-1 Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be entirely voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment of medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Missouri Section 376.1750 Notice: This publication is not an insurance company nor is it offered through an insurance company. Whether anyone chooses to assist you with your medical bills will be entirely voluntary, as no other subscriber or member will be compelled to contribute toward your medical bills. As such, this publication should never be considered to be insurance. Whether you receive any payments for medical expenses and whether or not this publication continues to operate, you are always personally responsible for the payment of your own medical bills.

Nebraska Revised Statute Chapter 44-311 IMPORTANT NOTICE. This organization is not an insurance company, and its product should never be considered insurance. If you join this organization instead of purchasing health insurance, you will be considered uninsured. By the terms of this agreement, whether anyone chooses to assist you with your medical bills as a participant of this organization will be entirely voluntary, and neither the organization nor any participant can be compelled by law to contribute toward your medical bills. Regardless of whether you receive payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills. This organization is not regulated by the Nebraska Department of Insurance. You should review this organization's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs.

New Hampshire Section 126-V:1 IMPORTANT NOTICE This organization is not an insurance company, and its product should never be considered insurance. If you join this organization instead of purchasing health insurance, you will be considered uninsured. By the terms of this agreement, whether anyone chooses to assist you with your medical bills as a participant of this organization will be entirely voluntary, and neither the organization nor any participant can be compelled by law to contribute toward your medical bills. Regardless of whether you receive payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills. This organization is not regulated by the New Hampshire Insurance Department. You should review this organization's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs.

North Carolina Statute 58-49-12 Notice: The organization facilitating the sharing of medical expenses is not an insurance company and neither its

guidelines nor its plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be voluntary. No other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally liable for the payment of your own medical bills.

Pennsylvania 40 Penn. Statute Section 23(b) Notice: This publication is not an insurance company nor is it offered through an insurance company. This publication does not guarantee or promise that your medical bills will be published or assigned to others for payment. Whether anyone chooses to pay your medical bills will be entirely voluntary. As such, this publication should never be considered a substitute for insurance. Whether you receive any payments for medical expenses and whether or not this publication continues to operate, you are always liable for any unpaid bills.

South Dakota Statute Title 58-1-3.3 Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be entirely voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payments for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Texas Code Title 8, K, 1681.001 Notice: This health care sharing organization facilitates the sharing of medical expenses and is not an insurance company, and neither its guidelines nor its plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be entirely voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills. Complaints concerning this health care sharing organization may be reported to the office of the Texas attorney general.

Virginia Code 38.2-6300-6301 Notice: This publication is not insurance, and is not offered through an insurance company. Whether anyone chooses to assist you with your medical bills will be entirely voluntary, as no other member will be compelled by law to contribute toward your medical bills. As such, this publication should never be considered to be insurance. Whether you receive any payments for medical expenses and whether or not this publication continues to operate, you are always personally responsible for the payment of your own medical bills.

Wisconsin Statute 600.01 (1) (b) (9) ATTENTION: This publication is not issued by an insurance company, nor is it offered through an insurance company. This publication does not guarantee or promise that your medical bills will be published or assigned to others for payment. Whether anyone chooses to pay your medical bills is entirely voluntary. This publication should never be considered a substitute for an insurance policy. Whether or not you receive any payments for medical expenses, and whether or not this publication continues to operate, you are responsible for the payment of your own medical bills.

Wyoming Code, TITLE 26, Section 26-1-104. Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Any assistance with your medical bills is completely voluntary. No other participant is compelled by law or otherwise to contribute toward your medical bills. Participation in the organization or a subscription to any of its documents shall not be considered to be health insurance and is not subject to the regulatory requirements or consumer protections of the Wyoming insurance code. You are personally responsible for payment of your medical bills regardless of any financial sharing you may receive from the organization for medical expenses. You are also responsible for payment of your medical bills if the organization ceases to exist or ceases to facilitate the sharing of medical expenses."

EVERY bill gets reimbursed in a timely manner. I e-mail in my receipt, diagnosis and CPT codes and about a week later I have my claim processed – and if I have met my PreShare and CoShare, check is there!

Nicest people to work with and no aggravation.

- Leeby S.

United Refuah HealthShare
P.O. Box 18523
Cleveland Heights, OH 44118

Tel: (440) 772-0700
Fax: (440) 510-0444

Web: www.unitedrefuah.org
E-mail: service@unitedrefuah.org

SHARING GUIDELINES 2024

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