



OneShare Health: *Better Together*

Complete



Health Care Sharing Memberships for Individuals & Families

Our most comprehensive program. Ideal for families or for individuals wanting access to a broad range of services.

OneShare Membership is not health insurance. It is an opportunity to share each members' medical bills and demonstrate the love of God to the entire community.

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

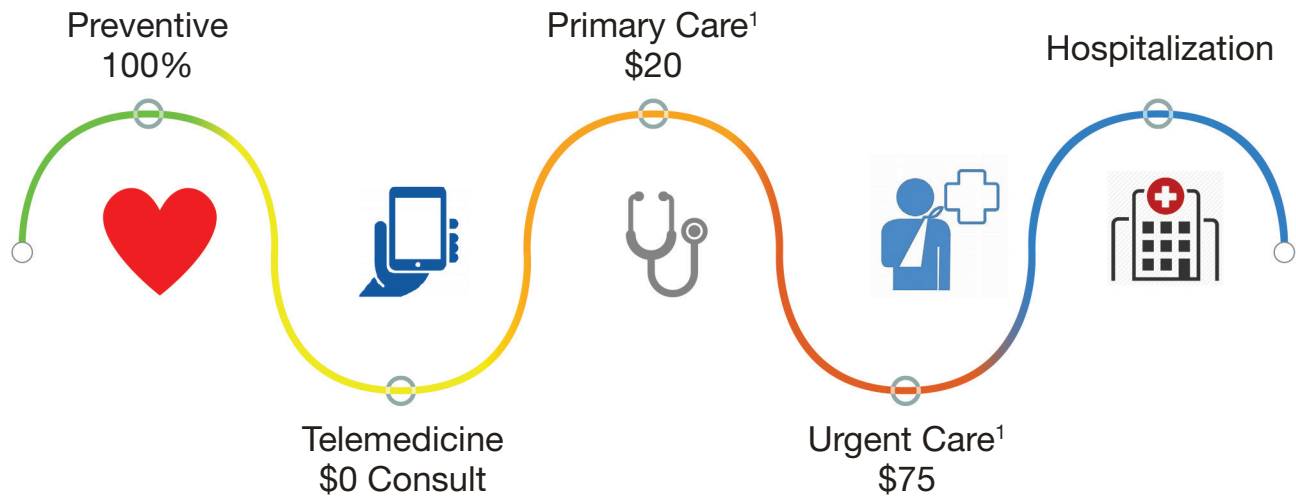
Galatians 6:2 (NIV)

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www.OneShareHealth.com
833.546.4478

OneShare Health is committed to providing you the most comprehensive, affordable, flexible program to best fit your needs.

“God is our refuge and strength, an ever-present help in trouble.”
Psalm 46:1 (NIV)



✓ **Multiplan PHCS Network**

OneShare Health provides you access to one of the largest PPO Networks in the nation with over **1 million** providers.

✓ **Health Care Sharing Eligibility**

Your sharing includes services such as primary care, specialists, urgent care, hospitals **and more!**

✓ **Telemedicine²**

Talk to a doctor **24/7** for your acute care needs and even get a prescription if medically appropriate.

Membership Discount Services³

✓ **Prescription Discount Services**

You have access to over 60,000 pharmacies. Show them your card and receive **15% to 80%** savings on generic drugs and **15% - 25%** on brand name drugs.

✓ **Vision Discount Services**

Save **20% - 40%** off the retail price of eyewear with the EyeMed Vision Care Access Plan D discount program. Discounts on exams, eyewear, and contact lenses from more than 65,000 providers nationwide. Save 40%-50% on LASIK.

✓ **Dental Discount Services**

Save **20% - 60%** on most dental procedures including routine oral exams, unlimited cleanings, and major work such as root canals, crowns and dentures. 20% savings on orthodontics and more!

✓ **Diabetic Discount Supplies**

Save **20% - 40%** off retail price for disposable medical supplies.

¹Visit Fees vary based on Program selection. ²Not eligible for sharing. ³THE CAREINGTON DISCOUNT PLAN IS NOT INSURANCE and is not intended to replace health insurance. This plan does not meet the minimum creditable coverage requirements under M.G.L. d.111M and 956 CMR 5.00. This plan is not a Qualified Health Plan under the Affordable Care Act. This is not a Medicare prescription drug plan.

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Eligible Sharing Services*

| | BASIC In Network | | BASIC Out of Network | |
|--|---|---------|---|----------|
| Individual ISA | \$1,000 | \$2,500 | \$5,000 | \$10,000 |
| Individual +1 ISA | \$2,000 | \$5,000 | \$10,000 | \$20,000 |
| Family ISA | \$3,000 | \$7,500 | \$15,000 | \$30,000 |
| Individual Out of Pocket Max | \$1,000 | \$2,500 | \$5,000 | \$10,000 |
| Individual Out +1 Out of Pocket | \$3,000 | \$7,500 | \$15,000 | \$30,000 |
| Family Out of Pocket Max | | | | |
| Preventive Services | 100% | | 50% after ISA | |
| Primary Care Physician, Pediatric, OB/GYN ¹ | \$50 Visit Fee | | 50% after ISA | |
| Urgent Care Facility | \$100 Visit Fee | | 50% after ISA | |
| Specialists | \$125 Visit Fee | | 50% after ISA | |
| Emergency Room | \$500 Visit Fee | | \$500 Visit Fee | |
| Diagnostic/X-Ray/Labs | 60% after ISA | | 50% after ISA | |
| Hospitalization In/Outpatient Surgery ² | 60% after ISA | | 50% after ISA | |
| Maternity/Natural Delivery | \$5,000 Maximum | | Not eligible unless life threatening emergency. | |
| Lifetime Sharing Maximum | \$1,000,000 | | \$1,000,000 | |
| End of Life Sharing | Primary Member \$10,000 Spouse \$6,000 Dependent \$2,000 Primary Member/dependents must be enrolled in the program for 12 continuous months. | | | |
| Available Now | | | | |
| Prescription Discount Program ³ | EnvisionRX | | EnvisionRX | |
| Telemedicine ⁴ | \$0 Consult Fee | | \$0 Consult Fee | |

*Unless stated otherwise, there is a 90 day waiting period for any medical expenses, other than accidents, injuries and acute illnesses. 24/24 Pre-Existing limitation applies to Sharing Services. Review Membership Guide for full details such as, waiting periods, limitations, pre-existing, and applicable ISA for all Sharing Services. ¹OB/GYN for PCP visits only. ²Life threatening emergency immediately available. ³50% Eligible sharing when the member has a minimum of \$1,200 in prescriptions expenses within the program year. Sharing Maximum limit of \$3,000.

⁴Not eligible for sharing.

Eligible Sharing Services*

| | ENHANCED In Network | | ENHANCED Out of Network | |
|--|---|----------|---|----------|
| Individual ISA | \$1,000 | \$2,500 | \$5,000 | \$10,000 |
| Individual +1 ISA | \$2,000 | \$5,000 | \$10,000 | \$20,000 |
| Family ISA | \$3,000 | \$7,500 | \$15,000 | \$30,000 |
| Individual Out of Pocket Max | \$3,000 | \$7,500 | \$15,000 | \$30,000 |
| Individual Out +1 Out of Pocket | \$6,000 | \$15,000 | \$30,000 | \$60,000 |
| Family Out of Pocket Max | \$9,000 | \$22,500 | \$45,000 | \$90,000 |
| Preventive Services | 100% | | 60% after ISA | |
| Primary Care Physician, Pediatric, OB/GYN ¹ | \$35 Visit Fee | | 60% after ISA | |
| Urgent Care Facility | \$75 Visit Fee | | 60% after ISA | |
| Specialists | \$75 Visit Fee | | 60% after ISA | |
| Emergency Room | \$300 Visit Fee | | \$500 Visit Fee | |
| Diagnostic/X-Ray/Labs | 70% after ISA | | 60% after ISA | |
| Hospitalization In/Outpatient Surgery ² | 70% after ISA | | 60% after ISA | |
| Maternity/Natural Delivery | \$5,000 Maximum | | Not Included unless life threatening emergency. | |
| Lifetime Sharing Maximum | \$1,000,000 | | \$1,000,000 | |
| End of Life Sharing | Primary Member \$10,000 Spouse \$6,000 Dependent \$2,000 Primary Member/dependents must be enrolled in the program for 12 continuous months. | | | |
| Available Now | | | | |
| Prescription Discount Program ³ | EnvisionRX | | EnvisionRX | |
| Telemedicine ⁴ | \$0 Consult Fee | | \$0 Consult Fee | |

*Unless stated otherwise, there is a 90 day waiting period for any medical expenses, other than accidents, injuries and acute illnesses. 24/24 Pre-Existing limitation applies to Sharing Services. Review Membership Guide for full details such as, waiting periods, limitations, pre-existing, and applicable ISA for all Sharing Services. ¹OB/GYN for PCP visits only. ²Life threatening emergency immediately available. ³50% Eligible sharing when the member has a minimum of \$1,200 in prescriptions expenses within the program year. Sharing Maximum limit of \$3,000. ⁴Not eligible for sharing.

Eligible Sharing Services*

| | CROWN In Network | | CROWN Out of Network | |
|--|---|----------|---|----------|
| Individual ISA | \$1,000 | \$2,500 | \$5,000 | \$10,000 |
| Individual +1 ISA | \$2,000 | \$5,000 | \$10,000 | \$20,000 |
| Family ISA | \$3,000 | \$7,500 | \$15,000 | \$30,000 |
| Individual Out of Pocket Max | \$3,000 | \$7,500 | \$15,000 | \$30,000 |
| Individual Out +1 Out of Pocket | \$6,000 | \$15,000 | \$30,000 | \$60,000 |
| Family Out of Pocket Max | \$9,000 | \$22,500 | \$45,000 | \$90,000 |
| Preventive Services | 100% | | 70% after ISA | |
| Primary Care Physician, Pediatric, OB/GYN ¹ | \$20 Visit Fee | | 70% after ISA | |
| Urgent Care Facility | \$75 Visit Fee | | 70% after ISA | |
| Specialists | \$75 Visit Fee | | 70% after ISA | |
| Emergency Room | \$150 Visit Fee | | \$300 Visit Fee | |
| Diagnostic/X-Ray/Labs | 80% after ISA | | 70% after ISA | |
| Hospitalization In/Outpatient Surgery ² | 80% after ISA | | 70% after ISA | |
| Maternity/Natural Delivery | \$5,000 Maximum | | Not eligible unless life threatening emergency. | |
| Lifetime Sharing Maximum | \$1,000,000 | | \$1,000,000 | |
| End of Life Sharing | Primary Member \$10,000 Spouse \$6,000 Dependent \$2,000 Primary Member/dependents must be enrolled in the program for 12 continuous months. | | | |
| Available Now | | | | |
| Prescription Discount Program ³ | EnvisionRX | | EnvisionRX | |
| Telemedicine ⁴ | \$0 Consult Fee | | \$0 Consult Fee | |

*Unless stated otherwise, there is a 90 day waiting period for any medical expenses, other than accidents, injuries and acute illnesses. 24/24 Pre-Existing limitation applies to Sharing Services. Review Membership Guide for full details such as, waiting periods, limitations, pre-existing, and applicable ISA for all Sharing Services. ¹OB/GYN for PCP visits only. ²Life threatening emergency immediately available. ³50% Eligible sharing when the member has a minimum of \$1,200 in prescriptions expenses within the program year. Sharing Maximum limit of \$3,000. ⁴Not eligible for sharing.

Monthly Contributions

| AGE | BASIC | | | ENHANCED | | | CROWN | | |
|---|----------|------------|------------|----------|------------|------------|------------|------------|------------|
| \$1,000 Individual Sharing Amount <i>per program year</i> | | | | | | | | | |
| Age Bands | Member | Member + 1 | Family | Member | Member + 1 | Family | Member | Member + 1 | Family |
| 18-29 | \$361.57 | \$542.36 | \$723.14 | \$433.88 | \$650.83 | \$867.77 | \$482.10 | \$723.14 | \$964.18 |
| 30-39 | \$451.96 | \$677.95 | \$903.93 | \$542.36 | \$813.54 | \$1,084.71 | \$602.61 | \$903.93 | \$1,205.23 |
| 40-49 | \$497.16 | \$745.75 | \$1,016.92 | \$596.60 | \$894.89 | \$1,220.30 | \$662.88 | \$994.32 | \$1,355.89 |
| 50-59 | \$610.15 | \$1,050.81 | \$1,242.90 | \$732.18 | \$1,260.97 | \$1,491.48 | \$813.54 | \$1,401.08 | \$1,657.21 |
| 60-64 | \$790.94 | \$1,378.49 | \$1,468.87 | \$949.12 | \$1,654.18 | \$1,762.65 | \$1,054.58 | \$1,837.98 | \$1,958.51 |
| \$2,500 Individual Sharing Amount <i>per program year</i> | | | | | | | | | |
| 18-29 | \$324.16 | \$486.24 | \$648.34 | \$389.00 | \$583.50 | \$778.00 | \$432.22 | \$648.34 | \$864.44 |
| 30-39 | \$405.21 | \$607.81 | \$810.43 | \$486.24 | \$729.38 | \$972.50 | \$540.28 | \$810.43 | \$1,080.55 |
| 40-49 | \$445.72 | \$668.60 | \$911.72 | \$534.88 | \$802.32 | \$1,094.06 | \$594.31 | \$891.46 | \$1,215.62 |
| 50-59 | \$547.03 | \$942.11 | \$1,114.32 | \$656.44 | \$1,130.54 | \$1,337.18 | \$729.38 | \$1,256.15 | \$1,485.77 |
| 60-64 | \$709.12 | \$1,235.88 | \$1,316.93 | \$850.94 | \$1,483.06 | \$1,580.30 | \$945.48 | \$1,647.86 | \$1,755.90 |
| \$5,000 Individual Sharing Amount <i>per program year</i> | | | | | | | | | |
| 18-29 | \$299.23 | \$448.84 | \$598.46 | \$359.07 | \$538.62 | \$718.16 | \$398.97 | \$598.46 | \$797.95 |
| 30-39 | \$374.03 | \$561.06 | \$748.08 | \$448.84 | \$673.28 | \$897.70 | \$498.72 | \$748.08 | \$997.44 |
| 40-49 | \$411.44 | \$617.16 | \$841.59 | \$493.74 | \$740.60 | \$1,009.91 | \$548.58 | \$822.89 | \$1,122.12 |
| 50-59 | \$504.94 | \$869.64 | \$1,028.61 | \$605.95 | \$1,043.56 | \$1,234.32 | \$673.28 | \$1,159.52 | \$1,371.47 |
| 60-64 | \$654.58 | \$1,140.82 | \$1,215.62 | \$785.49 | \$1,368.98 | \$1,458.74 | \$872.76 | \$1,521.09 | \$1,620.83 |
| \$10,000 Individual Sharing Amount <i>per program year</i> | | | | | | | | | |
| 18-29 | \$239.39 | \$359.07 | \$478.76 | \$287.27 | \$430.89 | \$574.52 | \$319.18 | \$478.76 | \$638.36 |
| 30-39 | \$299.23 | \$448.84 | \$598.46 | \$359.07 | \$538.62 | \$718.16 | \$398.97 | \$598.46 | \$797.95 |
| 40-49 | \$329.15 | \$493.74 | \$673.28 | \$394.99 | \$592.47 | \$807.92 | \$438.88 | \$658.31 | \$897.70 |
| 50-59 | \$403.96 | \$695.71 | \$822.89 | \$484.76 | \$834.85 | \$987.46 | \$538.62 | \$927.62 | \$1,097.18 |
| 60-64 | \$523.64 | \$912.65 | \$972.50 | \$628.39 | \$1,095.18 | \$1,167.00 | \$698.21 | \$1,216.86 | \$1,296.67 |

Families of 6 or more, additional contribution amount of \$50 per dependent. \$30 monthly administration fee applies.

Eligible for Sharing 90 Day Waiting Period



ADULTS

- ✓ Blood Pressure Screening
- ✓ Cholesterol Screening
- ✓ Colonoscopy
- ✓ Depression Screening
- ✓ Prostate Exam
- ✓ PSA Screening
- ✓ Type II Diabetes Screening
- ✓ HIV Screening



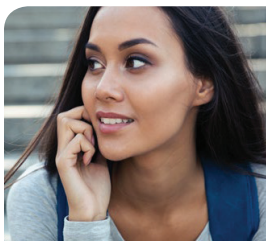
CHILDREN

- ✓ Alcohol and Drug Use Assessment
- ✓ Autism Screening
- ✓ Behavioral Assessment
- ✓ Blood Pressure Screening
- ✓ Cervical Dysplasia Screening
- ✓ Congenital Hypothyroidism Screening
- ✓ Depression Screening
- ✓ Dyslipidemia Screening
- ✓ Height, Weight, and BMI Measurement
- ✓ Hematocrit/Hemoglobin Screening
- ✓ Hemoglobinopathies/Sickle Cell Screening
- ✓ HIV Screening
- ✓ Lead Screening
- ✓ Obesity Screening/Counseling
- ✓ Phenylketonuria Screening
- ✓ STI Counseling/Screening
- ✓ Tuberculin Testing



IMMUNIZATIONS AND INJECTIONS

- ✓ DtaP
- ✓ Hemophilus
- ✓ Hepatitis A, B
- ✓ Herpes Zoster
- ✓ Human Papillomavirus
- ✓ Inactivated Poliovirus
- ✓ Influenza
- ✓ Influenza Type B
- ✓ Measles, Mumps, Rubella
- ✓ Meningococcal
- ✓ Pneumococcal
- ✓ Rotavirus
- ✓ Tetanus
- ✓ Varicella



WOMEN

- ✓ Anemia Screening
- ✓ Bacteriuria & Urinary Tract Infection Screening
- ✓ BRCA Counseling
- ✓ Breast Cancer Screening
- ✓ Breast Cancer Chemoprevention Counseling
- ✓ Cervical Cancer Screening
- ✓ Chlamydia Infection Screening
- ✓ Contraception Counseling
- ✓ Domestic Violence Screening
- ✓ Gestational Diabetes Screening
- ✓ Gonorrhea Screening
- ✓ HPV Testing, every 3 years
- ✓ Tobacco Screening/Counseling
- ✓ STI Counseling
- ✓ Syphilis Screening

General Notice for the following states: **Alabama** Code Title 22-6A-2, **Arizona** Statute 20-122, **Arkansas** Code 23-60-104.2, **Florida** Statute 624.1265, **Georgia** Statute 33-1-20, **Idaho** Statute 41-121, **Louisiana** Revised Statute Title 22-318,319, **Maine** Revised Statute Title 24-A, §704, sub-§3, **Michigan** Legislature §550.1867, **Mississippi** Code Title 83-77-1, **Nebraska** Revised Statute Chapter 44-311, **New Hampshire** §126-V:1, **North Carolina** Statute 58-49-12, **South Dakota** Statute Title 58-1-3.3, **Texas** Code Title 8, K, 1681.001, **Virginia** Code 38.2-6300-6301, **Washington** Revised Code 48.43.009, and **Wyoming** Statutes Title 26.1.104(a)(v)(C):

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and its product should never be considered insurance, and neither its guidelines nor plan of operation is an insurance policy. If you join this organization instead of purchasing health insurance, you will be considered uninsured. Whether anyone chooses to assist you with your medical bills will be totally 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. This organization is not regulated by the State's Department of Insurance, though complaints concerning this Health Care Sharing Ministry may be reported to the office of the State Attorney General. You should review this organization's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs.

Specific Notice for the following States: **Indiana** Code 27-1-2.1, **Illinois** Statute 215-5/4-Class 1-b, **Missouri** Statute §376.1750 and **Wisconsin** Statute 600.01(1)(b)(9):

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 totally 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 TOTALLY 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.



OUR STATEMENT OF BELIEFS

WITH OUR ORIGINS IN THE ANABAPTIST FAITH:

We believe in the sanctity and dignity of every human life, and that God created every life for a special meaning and purpose.

Psalms 139:13-14

We believe that every individual has the constitutional and religious right to worship God in freedom.

2 Corinthians 3:17

We believe and agree in the biblical and ethical principle of sharing with those who are less fortunate and who experience medical needs.

Galatians 6:2

We believe and agree that it is our responsibility to God and our fellow members to engage in accountable healthy living, and to avoid habits and behaviors which are harmful to the body.

1 Corinthians 6:19-20

We believe in the power of prayer to save lives, to heal lives, and to unite our members in a common purpose and community, and we believe that prayer should be a fundamental practice of daily life.

1 John 5:14; Philippians 4:6-7

Made with ❤️ in Texas

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OneShare Health Catastrophic v.102919.AHS

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