

**Member / Customer Guidelines Common Sense 1000 / 2500**

August 2022

*This program is not insurance. This program is a grouping of service providers that provide a comprehensive level of care for everyday needs and catastrophic needs at affordable program rates*



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Welcome to the Common Sense approach to protecting yourself and family for your health care needs. The Common Sense plans were created to help unbenefited people gain the health coverage they need. This is the future of healthcare. HealthEE by HBG has put all the pieces together to create a program that features:

- Wellness & Prevention
- Primary Care
- Specialist visits
- Urgent Care
- Coverage for Large medical events
- Mental Health needs
- Prescription (Generic & Brand)
- 24/7/365 concierge support on plan coverage questions, healthcare needs, and telehealth
- Coverage for the unexpected events of life
- Medical record storage at your fingertips
- 2 IUA options of \$1,000 or \$2500 – similar to a deductible

Our cutting-edge technology brings all the needed pieces together to create a low-cost plan that provides the protection you and or your family need.

### What should I be thinking?

- Think “PPO like” plan on the front end for everyday care, combined with a Health Sharing plan for unexpected medical bills that exceed your IUA (initial unshareable amount)
- Think affordable rates
- Think different terminology but protection and resources that are affordable and easy to use
- 24/7/365 support at your fingertips
- Real coverage for real life health events

### How this works.

HealthEE by HBG, with over 150 years of combined healthcare experience, has had an ongoing quest to solve for healthcare equity, affordability, and reliability. Affording coverage and affording to use the coverage should be at the forefront of any coverage decisions.

The HealthEE by HBG technology brings together the many care components to function as a comprehensive healthcare plan. In the background we use our seamless process to bring some of the best resources in the healthcare market to protect you and your family

### Who should consider buying this plan?

- People who understand that the healthshare program has limitations to pre-membership medical conditions (pages 12&13)
- People who want to take control of their Healthcare costs and get the most for their dollar
- People willing to understand this plan – it is different from a traditional healthcare plan
- People that are comfortable with the doctors in this PHCS / Multiplan network [www.multiplan.com](http://www.multiplan.com)
- People that might not qualify for a government subsidy
- People that are not offered or qualify for Health Coverage from their employer
- Gig workers, contractors, part-time workers, content creators, and freelancers
- People who are not concerned by a \$50/per month/per user tobacco use surcharge – additional limitations apply for those over the age of 50 and use tobacco

### Who should NOT buy this plan?

- People who are concerned with pre-membership medical conditions and their waiting periods
- People with doctors outside of the PHCS / Multiplan network, and who are not willing to change providers
- People not willing to learn how this plan works
- People concerned by the Tobacco user \$50 monthly surcharge

### Rightway Healthcare

Rightway Healthcare is the starting point for all your healthcare needs. The first step is to download the app from the iOS or Google Play stores.

Your Health Guide will work with you on how to:

- Use the plan, find highly rated, in-network doctors
- Get answers to medical questions, such as what to expect for a surgery, prescription review, and more
- Resolve billing issues, know what you're going to pay before the appointment
- Answer plan questions, and research any plan issues and expenses
- On demand, integrated telehealth that is up to speed on your care needs.

The app lives on your smartphone for instant care access.

Minimum Essential Coverage (MEC) plans offer an affordable alternative to traditional high cost health plans. These plans are designed to fit your budget, serve your healthcare needs, remain ACA compliant and eliminate penalties.

**Benefits:**

- Meets ACA individual mandate (NJ, CA, RI, DC & more states to follow)
- Easy to use
- Full preventive care coverage
- Copay plan options with unlimited visits

**Plan Highlights:**

- Primary Care Visits: All wellness and preventive treatments covered at 100%
- Specialist Visits: See a specific kind of doctor such as internal medicine, pediatrician, or a nurse practitioner, etc.
- Urgent Care: Early access to quality healthcare for the times when your primary care physician's offices are closed
- Laboratory & X-Rays: Labs and x-rays are also covered through our plans
- Discount Card: Receive discounts on benefits like dental, vision, durable medical equipment, hearing aids, and fitness
- Virtual Care Membership: \$0 Copay, all access pass to your doctor through virtual office visits, phone calls, text messaging, and even video calls, with a \$0 copay and no deductible.
- Behavioral Health/Therapy: \$50 Copay, talk to a therapist by phone whenever you need one – limited to 3x per year
- A Second Opinion Free: Review your diagnosis with a licensed medical expert by phone and on video chat
- Prescription Coverage: Generic Rx, Brand Rx, and Discount Rx

**Options Plus Telemedicine**

Options Plus Telemedicine provides you and your family with access to board certified physicians around the clock (24/7/365) via telephone or secure video. Telemedicine physicians can give advice, diagnose, treat illness, and even prescribe medication right over the phone. With healthcare costs rising, an office visit with a PCP or Urgent Care Center can range from \$155 to upwards of \$300, and an ER visit can average almost \$1,000\*. With this benefit, there is no cost to you or your family for a consultation.

**Common Conditions Treated Include:**

- |                   |                            |
|-------------------|----------------------------|
| ● Allergies       | ● Headaches                |
| ● Arthritic Pain  | ● Insect Bites             |
| ● Bronchitis      | ● Sprains/Strains          |
| ● Cold/Flu        | ● Respiratory Infections   |
| ● Conjunctivitis  | ● Sinus Infections         |
| ● Diarrhea        | ● Upset Stomach            |
| ● Ear Infections  | ● Urinary Tract Infections |
| ● Gastroenteritis | ● And More                 |

**Options Plus Behavioral Health**

The Options Plus Behavioral Health Benefit makes it easy to receive therapy and counseling from the comfort and privacy of your own home or office. It can be difficult to wait days or weeks until your next appointment. Speak with one of our licensed psychiatrists or therapists online or by app.

Options Plus provides care for many of the most common behavioral health concerns with the added benefits of privacy and convenience

- Abuse
- ADHD/ADD
- Depression & Mood
- Codependency

- Cognitive Behavioral
- Med. Management
- Domestic Violence
- Grief & Loss
- Trauma & PTSD
- OCD
- Relationships
- Bipolar Disorder
- Addiction
- Anger Management Therapy
- Divorce
- Conduct Disorder
- LGBT Issues
- Men's & Women's Issues
- Eating Disorders
- Sexuality
- Parenting Issues
- Anxiety & Stress
- And More

### MEC Companion Card

When you show your MEC Companion Card, you'll save money.

- **Dental: save up to 50%**  
Accepted at over 80,000 provider locations nationwide, and covers dental services and specialties, including orthodontia. Savings can be as high as 50%, and there is no limitation on services or use.
- **Hearing: save up to 70%.**  
Members receive a free hearing test and up to 70% discount on hearing aids at 2,200 providers nationwide.
- **Vision: save up to 50%**  
Accepted by over 11,000 OUTLOOK vision providers. Cardholders receive up to 50% savings on lenses, frames, and other vision needs.
- **Diabetic Care Services: save up to 70%**  
A full line of diabetes testing supplies are delivered directly to the member's home.
- **MRI & Imaging: save up to 75%**  
Members receive concierge appointment service and enjoy savings up to 75% and more on MRI, PET, and CT scans as well as other imaging services at over 4,000 locations nationwide.
- **Lab – save up to 50%**  
Members save up to 50% using the online search tool to locate a lab and order their test. Actual savings are displayed immediately. Test results are available within 48-296 hours
- **Vitamins – save 5%**  
A wide range of vitamin and mineral supplements are delivered directly to the member's home at discounted rates
- **Daily Living Products – save up to 10%**  
A wide range of medical supplies, safety equipment, and health products are delivered directly to the member's home at a discounted rate

### MultiPlan Network

Everyday care, preventive care, and specialist visits are provided through the national MultiPlan network.

- **Wellness & Preventative:** Covered 100%
- **Primary Care Visits:** \$15 Copay / Unlimited
- **Specialist Visits:** \$15 Copay / Unlimited
- **Urgent Care Visits:** \$50 Copay / Unlimited
- **Labs / X Rays:** \$50 Copay/Unlimited

Finding a doctor is easy by contacting your Rightway Healthcare Health Guide through the Rightway Healthcare App.

### MRI/Cat Scans

Are a shareable expense and covered on the health share component of the plan, you will also receive discounts through your MEC Companion Card.

### Smith Rx

For more information on your Rx benefits visit: <https://smithrx.com/support/>

Your prescription options:

- Tier 1: \$10 or Less
- Tier 2: \$25 or Less
- Tier 3: \$50 or Less
- Tier 4: \$75 or Less

### Telemedicine for Behavioral Health Support - MeMD

Behavioral telehealth utilizes technology to give you and your family affordable and convenient access to behavioral health services online. MeMD's providers and therapists are all US-licensed, and board certified. By using MeMD's telehealth service, you can connect with a provider online, and receive a diagnosis and personalized treatment plan, including prescriptions\* for common medications, when medically necessary. Telehealth can help when you need medical attention or behavioral health support after-hours, when your regular provider is not available, or when travel is difficult.

When you have a behavioral health concern, visit the MeMD website, or app available on the iOS and Google Play stores. Once online you will be asked to register and log in. After you've created your account, simply schedule a Behavioral Health video, or phone visit on the website or the MeMD app with one of MeMD's providers.

MeMD schedules therapy appointments Monday through Friday from 9:00 am to 7:00 pm local time. Many patients are able to meet with a therapist within 24 hours of requesting an appointment. Available appointment times are dependent upon provider availability.

The program is available to you, your spouse or domestic partner, and children up to the age of 26. You must be 16+ to have a therapy session.

Below is a sample of some of the concerns the MeMD team can help with:

- Addiction
- Anger Management
- Anxiety
- Bipolar Disorder
- Depression
- Divorce, Relationship Issues, Domestic Disputes or Violence
- Eating Disorders
- Mood Swings
- Obsessive Compulsive Disorder

- Panic attacks
- Performance Coaching
- PTSD
- Stress Management
- Spirituality
- And more!

*\*Prescriptions cannot be written for controlled substances or elective medications*

### Zion Health – Major Medical Events

Our partners at Zion Health have reimagined the Health Share model to simplify the experience for our members and make medical cost sharing more accessible. Our Member Guidelines outline who we are as an organization and how we share in the medical costs of our members.

### Health Share Beginnings

Modern-day medical cost sharing communities, also known as Health Shares, began in the 1980s when a pastor in Ohio was involved in an automobile accident. His congregation came together to pay his medical bills—in full, in just forty-five days. This same community decided to this mission by sharing healthcare costs in a simple yet practical way.

Members of Health Share communities across the country share one another’s medical expenses in a similar fashion. This system has proven to be an effective alternative to traditional—increasingly complex and costly—health insurance. Members enjoy the freedom, flexibility, and stability of community medical cost sharing while keeping more money in their own pockets.

Zion Health began sharing medical costs with its members in 2019 and has since become the fastest-growing, top-rated Health Share in the nation. Learning from the organizations that came before it, Zion Health was founded with the mission to reimagine the medical cost sharing model to fit the needs of its members amid the rapidly changing environment of American healthcare.

### Zion Health’s Mission

Zion Health offers superior-quality service to its community. Our goal is to continually reimagine the Health Share experience as a member-focused community. Zion Health is a community that employees are proud to be a part of, that medical professionals prefer for their patients, and that members love and recommend to their family and friends.

### Principles of Membership

Each member of Zion Health must comply with the following requirements to maintain membership with Zion Health and remain eligible to participate in the medical cost sharing program. Adherence to the Zion Health Principles of Membership minimizes medical risks, encourages good health practices, and ensures member integrity and accountability.

Zion Health community members are expected to act with honor and integrity. Members should not falsify a medical need request, medical records, or use other deceptive practices. If a member abuses the trust of Zion Health and its members, their membership may be revoked.

All Zion Health members must attest to the following statement:

- I believe that a community of ethical, health-conscious people can most effectively care for one another by directly sharing the costs associated with each other’s healthcare needs. I acknowledge that Zion

Health affiliates itself with, and considers itself accountable to, a higher power. I recognize that Zion Health welcomes members of all faiths.

- I understand that Zion Health is a benevolent organization, not an insurance entity, and that Zion Health cannot guarantee payment of medical expenses.
- I have and will continue to practice good health measures and strive for a balanced lifestyle. I agree to abstain from the use of any illicit or illegal drugs and refrain from excessive alcohol consumption, acts which are harmful to the body. I understand that members who use tobacco will have an increased monthly contribution (per household) of \$50.
- I am obligated to care for my family. I believe that mental, physical, emotional, or other abuse of a family member, or any other person, is morally wrong. I am committed to treating my family and others with care, and respect at all times.
- I agree to submit to mediation followed by subsequent binding arbitration, if needed, for any instance of a dispute with Zion Health or its affiliates.

## Membership Eligibility

Membership eligibility in Zion Health is primarily based upon two factors.

1. Adherence to the Zion Health Principles of Membership.
2. Participation in the community by submitting monthly contributions.

After committing to these primary obligations, prospective members are eligible to enroll in the Zion Health community. Membership may begin on a date elected by the prospective member or specified by Zion Health. The prospective member's monthly contribution must be received within 15 days of the agreed-upon start date. The first monthly contribution must be received before the membership is considered active.

- **Commitment**

Members of Zion Health commit to abide by a set of personal standards as outlined in the Zion Health Principles of Membership. If a violation of the Principles of Membership is discovered through review of a member's submitted medical records, all cost sharing for the medical need requests of that member will be put on hold. This hold will begin on the date in which the violation was discovered or recorded in the member's medical records. A notification of the hold and an explanation of the discovery will be issued to the member.

The member will be granted 30 days to submit documentation supporting compliance with the Principles of Membership. If the submitted documentation does not satisfactorily demonstrate compliance with the Principles of Membership, the member will automatically be withdrawn from the sharing program and membership will be revoked. In the event that membership is revoked due to a violation of the Principles of Membership, Zion Health will not return the offending member's contributions received prior to the date of withdrawal.

- **Participation Through Contributions**

To participate in the member-to-member medical cost sharing community, members must submit the monthly contribution amount associated with their level of membership.

Members have multiple options for submitting their monthly contributions. Individual members can make contributions directly to Zion Health. For members who enroll in Zion Health through their workplace or a direct primary care practice (DPC), payments can be made through their employer or DPC practice.

All member contributions are voluntary, but the monthly contribution is required to be active and eligible for sharing. Monthly contributions must be received no later than 30 days after the billing date. If a monthly contribution is not received by the last day of the billing month, the membership will become inactive, and the member will be withdrawn from the medical cost sharing community.



Any member that has been withdrawn may reapply, provided they meet all enrollment and eligibility requirements. Once the member reapplies and membership is reinstated by Zion Health, the member will become eligible to participate in cost sharing. All member medical need requests occurring after the membership is inactive and before reinstatement will be ineligible for cost sharing, and any medical conditions existing before the date of reinstatement will be considered pre-membership medical conditions.

- **Qualification**

To be qualified for membership, an applicant must meet all criteria set forth in the membership guidelines and the membership enrollment form. If at any time it is discovered that a member did not submit a complete membership enrollment form, the incomplete form could result in either a retroactive membership limitation or a retroactive denial of membership.

While member health status has no effect on eligibility for membership, there are limitations on medical cost sharing for some conditions that existed prior to a member's effective date. Members needing requests that do not qualify for medical cost sharing may still be met, whether in whole or in part, through the Additional Giving sharing program (see section titled Additional Giving).

- **Active Membership**

To participate in medical cost sharing with the Zion Health community, a membership must be active. Membership is considered active when the member has paid their monthly contributions on time and is in good standing with Zion Health. For a medical need request to be shared, the membership must be active during the date(s) of service, when medical bills are received, and at the time the IUA is paid. If a membership deactivates before the determination of sharing is made, the bills will not be shared with the community. Any pre-membership medical condition limitations are applied based on the first date of active membership.

## Enrollment Requirements

Zion Health offers different enrollment types for individuals and families. Monthly contributions are based on the enrollment type, initial unshareable amount (IUA), and member age. This section outlines the different household memberships and who is eligible for enrollment therein.

### 1. Determination of Household Membership

There are four tiers of membership, and member contributions are calculated depending on the participating members of a household.

**Member Only:** An individual member of Zion Health

**Member & Spouse:** Two married members or two members in a domestic partnership

**Member & Child(ren):** A member and any eligible dependent children, without membership of a spouse

**Member & Family:** A member, spouse, and any dependent children

### 2. Dependents

An unmarried dependent may participate under a combined membership with the head of household through the age of 25. Children born into a membership due to an eligible maternity need may participate under a combined membership. Under a combined membership, the head of household is responsible for ensuring that each individual participating under the combined membership complies with the Member Guidelines and the Zion Health Principles of Membership.

Once a dependent reaches the age of 26 or marries, that dependent is no longer eligible to participate under the combined membership. A dependent who wishes to continue participating as a member with Zion Health may complete an enrollment form. Any medical need requests that occur between the time when a child leaves their parent's membership and enrolls in their own are not shareable. If a dependent ages out of their Zion Health membership but chooses to re-enroll at a later date, they will be subject to the limitations associated with pre membership medical conditions.

### **3. Newborns**

Newborns whose birth is part of a shareable maternity need must be enrolled by the parent within 30 days of birth. In the case of a change in household enrollment type, the monthly contribution amount will be adjusted automatically for the next billing cycle. If the parent does not enroll their newborn within 30 days, any conditions present at birth or that occur before the child's enrollment date will be considered pre-membership medical conditions.

Newborns who are not born as part of a shareable maternity need must be enrolled manually in a Zion Health membership. The newborn's membership will begin on the date of enrollment but can be no sooner than seven days after delivery. Any genetic conditions or complications for newborns not born as part of a shareable maternity need are considered pre-membership medical conditions and subject to the same limitations as defined in the section "Pre-Membership Medical Conditions."

### **4. Adoption**

Zion Health considers adopted children the same as biological children regarding membership. Any physical conditions of which the adoptive parents are aware prior to the legal adoption of the child are considered pre-membership medical conditions and are subject to the sharing limitations and phase-in period outlined in the Member Guidelines. Adopted children cannot be added to a Zion Health

### **5. Grandchildren**

A grandchild (or grandchildren) may be included as part of their grandparent's membership if they meet the following criteria:

- The grandparent has legal custody of the grandchild.
- The grandchild lives with their grandparents at least nine months out of the year.
- There is no other agency, person, or group responsible for the grandchild's medical needs.

### **6. Tobacco Users**

Zion Health households with one or more tobacco users are required to contribute a higher monthly contribution to maintain membership. The monthly tobacco surcharge is \$50 per household.

A household member who has used any tobacco product one or more times a month within the past year is considered a tobacco user. Tobacco products include, but are not limited to, cigarettes, cigars, chewing tobacco, snuff, vape products, and pipe tobacco. Smoked cannabis products are considered tobacco for the purposes of the tobacco surcharge. Tobacco Use Over 50 Medical Cost Sharing for the medical need request of tobacco users 50 years of age and older is limited to \$50,000 for each of the following four disease categories:

- Stroke

- Cancer
- Heart Conditions
- Chronic Obstructive Pulmonary Disease (COPD)

### Determination of a “Medical Need”

This section explains how the shareable amount of a member’s medical expenses will be determined.

Medical need requests are submitted on a per member, per incident basis. A medical need may be an injury or illness that results in medical expenses. These medical expenses may be incurred by receiving medically necessary treatment from licensed medical professionals and facilities, such as physicians, emergency rooms, and hospital facilities. Expenses related to the same medical condition, whether expenses for a single incident or separate incidents, will be shared as one medical need request.

When a member has a medical expense to be shared, the member must submit a medical need request. Once their medical need request is open, the member must submit original, itemized bills for the medical expense within six months of treatment. Bills submitted more than six months after the service date of treatment may be considered ineligible for sharing. There is no lifetime limit on the number of conditions or the total dollar amount that may be shared.

#### 1. **Medical Need Request Process**

The process by which Zion Health makes sharing decisions about healthcare expenses. To be shared with the community, expenses must be eligible according to the Member Guidelines.

#### 2. **Maximum Shareable Amount**

There is no annual or lifetime maximum shareable amount for any member or membership household. Zion Health has a systematic way to handle large medical need requests and has budgeted to account for them.

#### 3. **Insurance Companies**

Insurance companies are primarily responsible for the payment of a member’s medical expenses. Members who are eligible for benefits through their insurance coverage must contact a Zion Health member advisor before submitting their medical need request.

Failure to disclose insurance coverage may result in ineligibility for sharing. This includes primary insurance through a non-member spouse, family member, or employer. If you have primary insurance coverage, some expenses not covered by insurance may be shareable. Supplemental insurance policies are not considered relevant for this purpose.

#### 4. **Appeals**

If a member believes that a limitation was incorrectly placed on member sharing, an appeal may be submitted. Members may submit an appeal and provide supporting medical evidence to have the membership limitation removed. All appeals are reviewed by a committee that includes at least one Zion Health board member, as well as trained medical professionals.

Appeal requests must be submitted within 30 days of the need request determination and must be submitted by the member, not the member’s providers. Zion Health can request additional information from providers.

To file an appeal, send the medical evidence, an explanation of why you feel that the limitation was placed unfairly, and any supporting documentation to [needs@zionhealth.org](mailto:needs@zionhealth.org).

## The Initial Unshareable Amount

### 1. Initial Unshareable Amount (IUA)

The initial unshareable amount, or IUA, is the amount that a member will pay **per medical need** before the Zion Health community shares in medical expenses. The IUA is also known as the member's responsibility. Zion Health has three primary levels of personal responsibility: \$1,000, \$2,500, and \$5,000. The lower your personal responsibility (or IUA), the higher your monthly contribution will be.

After the IUA is met, additional qualifying medical expenses are shareable with the Zion Health community. There is no annual or lifetime limit. You will not need to pay the IUA for a single medical need request again until you are symptom free for 12 months. Additionally, you will not be responsible for more than three IUAs in a rolling 12-month period.

### 2. Changing Your IUA

Members may choose to change their IUA once per membership year. If an IUA is lowered, a 60-day waiting period will apply to all medical need requests other than those resulting from an accident.

### 3. Multiple Medical Need Requests in a 12-Month Period

Zion Health provides a safeguard for households that experience more than three shareable needs in a 12-month period. After the member has paid three IUAs in that period, any additional shareable expenses of \$500 or more will be shared with no IUA responsibility.

## Submission of Medical Need Requests

Zion Health strives to share in its members' medical expenses in a timely, accurate manner. To do this, it is crucial for members to submit medical need requests correctly and include all required documentation.

- **Submitting a Medical Need Request**

Medical need requests should be submitted through the Member Portal or Zion Health website. Need requests should be submitted as soon as possible. Most non-emergency need requests, such as surgical procedures, should be submitted prior to the date of service. For any help with this process, members may contact Zion Health directly (888-920-9466 or [needs@zionhealth.org](mailto:needs@zionhealth.org)) during business hours.

Contact the Medical Advocacy team for early sharing requests. The Medical Advocacy Service is complimentary to all Zion Health members. Our team of experts is here to help you find quality providers and facilities. We can even schedule appointments, help members obtain self-pay discounts, and pay ahead of time for eligible expenses. Contact the Medical Advocacy team (888-399-0017, [advocacy@zionhealth.org](mailto:advocacy@zionhealth.org))

- **Required Documentation**

When submitting a need request, members should submit any documentation received. Zion Health may request other documents that may be required through the needs process. Document types can include receipts, proof of payment, bills, and statements.

- **Time Limit for Providing Documentation**

Original, itemized bills should be submitted promptly to Zion Health along with the medical need request form for Zion Health to process your medical need request as soon as possible. To be shared, need requests

must be submitted within six months of the date of service.

- **Meeting the IUA**

Medical expenses are only shareable with Zion Health after the member has met their IUA. Members should provide documentation to Zion Health of all payments that may contribute toward the member's IUA. The IUA must be paid within six months of the date of service or bills may become ineligible for sharing. Consideration will be given for situations where the cost of treatment has not exceeded the IUA after six months for a specific medical need request. Members must communicate with their Member Needs team representative about a timeline for IUA payment.

- **Paying at the Time of Service**

Zion Health is not insurance, so members should tell their provider they are a self-pay patient. This way, they can obtain self-pay discounts on services, which allows Zion Health to keep membership contributions low. Members should obtain itemized bills and receipts to request payment or reimbursement from Zion Health. In some cases, prepayment may be an option. Contact the Zion Health Medical Advocacy team before receiving a medical service for prompt payment at the time of service.

- **Requesting Discounts**

Sharing may take place prior to, at the time of, or after healthcare services are performed. For all purposes, members should present as self-pay patients and communicate costs and discounts as soon as possible to Zion Health.

### Pre-Membership Medical Conditions

To keep membership contributions low for all members, Zion Health implements a waiting period for sharing of medical conditions that exist prior to enrollment in a Zion Health membership. This section defines pre-membership medical conditions and outlines the sharing limitations.

#### 1. Definition of Pre-Membership Medical Condition

A pre-membership medical condition is any illness or injury for which a person has

- been examined,
- been diagnosed,
- taken medication,
- had symptoms,
- or received medical treatment within 24 months prior to the effective date of membership. Medical need requests related to conditions that existed prior to membership are only shareable if the condition was regarded as cured and did not require treatment or present symptoms for 24 months prior to the effective date of membership.

Please Note: medical conditions that existed prior to membership may still qualify for sharing through the Additional Giving fund.

#### 2. Pre-Membership Medical Condition Phase-In Period

Pre-membership medical conditions have a phase-in period wherein sharing is limited. Starting from the initial enrollment date, members have a one-year waiting period before pre-membership medical conditions are shareable. After the first year, pre-membership medical condition need requests are eligible for sharing. The shareable amount increases with each membership year.

Shareable amounts for pre-membership medical conditions:

- **Year One:** \$0 (waiting period)

- **Year Two:** \$25,000 maximum per need request
- **Year Three:** \$50,000 maximum per need request
- **Year Four:** \$125,000 maximum per need request

After year four of membership, expenses related to pre-membership medical conditions will remain shareable at a maximum of \$125,000 in a 12-month period which resets each membership year.

3. **Exceptions for High Blood Pressure, High Cholesterol, and Diabetes:** High blood pressure, high cholesterol, and diabetes (types 1 and 2) will not be considered pre-membership medical conditions as long as the member has not been hospitalized for the condition in the 12 months prior to enrollment and is able to control it through medication or diet

### How You're Covered Through The Common Sense Health Plans

*\*\*All Shareable expenses are subject to a member's IUA*

Common Medical Needs	Options Plus	Health Share	MeMD	Notes
Wellness & Preventive	✓			Covered by the MEC plan
Primary Care Visits	✓			\$15 copay   Unlimited
Specialist Visits	✓	✓		\$15 copay   Unlimited by the MEC Plan, or a shareable expense once your IUA is met
Urgent Care Visits	✓			\$50 copay   Unlimited
Laboratory Services	✓			\$50 copay   Unlimited
X-Rays	✓			\$50 copay   Unlimited
Telemedicine	✓			\$0 copay   Unlimited
Imaging (CT/PET Scans, Ultrasounds, MRIs)		✓		Contact Rightway Healthcare
Generic Rx	✓			Tier 1: \$10 or less Tier 2: \$25 or less
Brand Rx	✓			Tier 3: \$50 or less Tier 4: \$75 or less
Preventive Care / Screening / Immunization	✓			Preventive services are required to be

				in network with PHCS
Out-Patient Surgery – Facility Fee		✓		Included with HealthShare
Out-Patient Surgery – Physician/Surgeon Fees		✓		Included with HealthShare
Emergency Room Care		✓		Included with HealthShare
Emergency Medical Transport		✓		Included with HealthShare
Hospital Stay – Facility Fee		✓		Included with HealthShare
Hospital Stay – Physician/Surgeon Fees		✓		Included with HealthShare
Mental/Behavioral Health – Outpatient Services			✓	\$38 per Telehealth Session
Mental/Behavioral Health – Inpatient Services				Not Covered
Pregnancy – Office Visits		✓		Included with HealthShare
Pregnancy – Childbirth/Delivery/Professional Services		✓		Included with HealthShare
Pregnancy – Childbirth/Delivery/Facility Services		✓		Included with HealthShare
Home Health Care		✓		Included with HealthShare
Rehabilitation Services		✓		Included with HealthShare
Habilitation Services		✓		Included with HealthShare
Skilled Nursing Services		✓		Included with HealthShare
Durable Medical Equipment		✓		Included with HealthShare
Hospice Service		✓		Included with HealthShare

**Medical Expenses Eligible for Sharing**

The following list reflects limitations on sharing for certain conditions or requirements for certain expenses to

become eligible. All shareable expenses are subject to the member's IUA.

**Alcohol and Drug Abuse Treatment:** Treatment for alcohol abuse, substance abuse, or chemical dependency is shareable up to \$3,000 per member.

**Alternative or Integrative Medical Practices:** Alternative medical treatments may be shared with the Zion Health community with prior written approval from Zion Health. Alternative medical treatments without written approval may not be shareable. To be considered a viable alternative to a traditional treatment plan, these treatments must be considered safe and effective by Zion Health. A member is also required to demonstrate the proposed value of the alternative treatment.

What is needed for Zion Health to consider an alternative medical need request?

- Explanation of why the alternative medical treatment was selected
- Doctor notes on current condition (Zion Health can help obtain doctor notes)
- Estimated costs (Zion Health can help obtain the estimated costs, if appropriate)

Zion Health considers alternative medical treatment plans on an individual basis and may put a cap on visits or shareable costs depending on the service. Once approved, sharing for the same medical need request may be limited if the member decides to return to traditional care methods.

**Ambulance Transportation:** Medical transportation, including air and ground, is shareable as part of a medical need request when it is required in relation to a specific shareable illness or injury. Every effort should be made to be transported to the closest appropriate facility.

**Arthritis Treatment:** Degenerative and arthritic conditions are considered pre-membership medical conditions and may be shareable beginning in the second year of membership. Any treatment costs, including but not limited to joint injections, physical therapy, and chiropractic manipulations, are subject to the pre-membership medical condition phase-in period.

**Audiological:** Audiological treatment to correct hearing loss is shareable.

**Automobile Accidents:** Zion Health will only consider bills for sharing after any relevant insurers have processed claims. This could include auto insurance after a car accident, a traditional health insurance policy, workers compensation, or liability insurance. Members should notify Zion Health about any insurance policies they hold. Supplemental insurance policies are not considered relevant for this purpose.

**Basal and Squamous Cell Cancer:** Each individual location of a squamous cell or basal cell cancer requires a separate medical need request and separate IUA.

**Breast Implant Removal:** Breast implant removal is shareable only upon prior written approval from Zion Health.

**Cataract Surgery:** Cataract surgery is treated as a pre-membership medical condition and subject to a one-year waiting period before it is shareable. Each eye requires a separate medical need request and is subject to an



individual IUA.

**Chiropractic Services:** Services related to the treatment of a specific musculoskeletal injury or disease are shareable for up to 25 office visits per need request. All other chiropractic services will be treated as alternative medical practices and are subject to the limitations as outlined.

**Congenital Conditions:** Congenital conditions of children born outside a shareable maternity need request will be considered pre-membership medical conditions and therefore subject to the waiting period for cost sharing. See the Maternity Need Requests section for more information.

**Cosmetic Surgery:** Expenses related to cosmetic surgery are shareable only for disfigurement due to a shareable injury or illness.

**Contraception:** Male and female contraceptive costs are not considered shareable. This includes but is not limited to IUDs, implantable contraceptive methods, and emergency contraception. Members can use Zion Health's discount program, RxShare, for prescribed oral contraceptive medications that are all available at a pharmacy. IUDs and other hormonal treatments for non-contraceptive purposes may be eligible for sharing.

**Emergency Visits:** Emergency room (ER) visits are generally shareable, whether or not they are in conjunction with an eligible medical need related to an illness, injury, or accident. The first ER visit for a medical condition is treated as a normal need request. Each additional visit related to the same condition requires the member to take on a personal responsibility of \$500 in addition to the member's IUA.

Members with nonemergency needs should seek out other treatment options such as doctor visits, telemedicine, urgent care clinics, or other appropriate care. Seeking proper non-emergency care reduces emergency room visits and the financial strain on the entire community.

**Genetic Mutation:** Medical need requests resulting from a genetic mutation that existed prior to membership are subject to the same limitations as other pre-membership medical conditions. If the member did not receive a diagnosis, require treatment, present symptoms, or take medication for the genetic mutation in the 24 months prior to membership, need requests related to the condition are considered for sharing without pre-membership medical condition limitations.

**Genetic Testing:** Genetic testing will only be considered for sharing if it is required for the personal treatment of a shareable condition, such as breast cancer.

**Home Healthcare:** Home healthcare expenses are shareable when related to an accident, illness, or injury and when the care has been prescribed by a licensed physician. Sharing of home healthcare expenses is limited to 30 days and \$5,000.

**Hospice Care:** Hospice care is shareable for 90-day periods when ordered by, and under the care of, a licensed medical professional and upon physician approval or certification of terminal illness.

**Hyperbaric Therapy:** Inpatient or outpatient hyperbaric therapy may be shareable for the treatment of a specific illness or injury. Outpatient hyperbaric therapy is shareable for up to 35 therapy sessions.

**Injections:** Injections related to a shareable medical need request are shareable up to \$5,000. Hormone therapy injections related to a shareable need request are shareable up to \$3,000. Injections related to gender transitioning or sex reassignment therapy are not shareable.

**International Medical Treatment:** Medical expenses for emergency and acute care incurred outside the United States will be considered for sharing based on the Member Guidelines. Preventive or nonemergency services are not shareable without prior written approval from Zion Health.

**Joint Replacement Treatment:** Beginning in the second year of membership, joint replacement treatment and surgery for degenerative arthritis conditions may be shareable. See “Arthritis Treatments” for more information.

**Laboratory Tests and Checkups:** Laboratory tests and checkups are considered part of a shareable need request when prescribed by a licensed medical provider.

**Long-Term Care and Skilled Nursing:** Long-term care and skilled nursing are shareable when prescribed by a licensed medical provider for recovery from a shareable injury or illness. Sharing for these services is limited to 90 days per medical need request.

**Maternity:** See the Maternity section of these guidelines for more details. Pages 21-23.

**Medical Equipment:** Medical equipment, including durable medical equipment (DME), is shareable if it is prescribed by a licensed medical provider and if it is related to a shareable need request.

**Medical Supplies:** Medical supplies that directly aid in the treatment of, or recovery from, a shareable medical need request is generally shareable for up to 120 days from the treatment start date as prescribed by a licensed medical provider. Medical supply costs must be over \$100 per item to be shared. Zion Health will share the retail costs (or fair costs when applicable) and, thus, encourages members to use alternative vendors such as local pharmacies or medical supply stores.

**Nutritionists:** Expenses related to nutritionist services are not shareable unless prescribed by a licensed medical provider. Zion Health must provide approval for nutritionist services prior to sharing.

**Occupational Therapy:** Occupational therapy is shareable for inpatient treatment and up to 35 outpatient sessions per medical need request, up to \$7,500.

**Organ Transplants:** Organ transplants are shareable; however, they are subject to limitations for conditions existing prior to membership.

**Pain Therapy:** Pain therapy and treatment related to an eligible medical need may be shareable and subject to limitations described in our Member Guidelines for

- Injections
- Physical therapy
- Occupational therapy
- Chiropractic services
- And therapeutic massage

**Physical Therapy:** Physical therapy is shareable for inpatient treatment and up to 35 outpatient sessions per medical need request, up to \$7,500.

**Prescriptions:** Prescriptions for medications related to an eligible need request and billed by a provider are considered shareable.

Prescriptions filled at a pharmacy will be considered for sharing under the following conditions: 1) prior

approval is given by Zion Health, 2) the prescription is related to the treatment of a shareable medical need request, and 3) prescription costs exceed \$500 monthly. Sharing for these prescriptions is limited to 12 months.

Other prescription costs are generally not shareable. Members can receive prescription discounts through the Rx Share program. Many generic medications are available to members with Rx Share for \$5 or \$15 per month.

**Speech Therapy:** Speech therapy in relation to a shareable illness, injury, or accident is shareable for 35 outpatient visits per condition, up to \$3,000. Speech therapy for conditions such as speech delays or learning impairments not caused by injury or accident is not shareable.

**Sports:** Medical expenses related to recreational sporting activities are generally shareable. Illness or injury resulting from practicing, or participating in, any semi-professional or professional competitive athletic contest for which the member receives any compensation is not shareable.

**Suicide and Attempted Suicide:** Zion Health encourages members to take advantage of our LifeWorks program as a mental health resource. However, we understand that in the event of a dependent suicide, financial assistance can slightly ease the burden on our members. For this reason, Zion Health will share in expenses related to the suicide or attempted suicide of an adolescent up to age 18. Up to \$25,000 may be shared after one year of continuous membership.

**Therapeutic Massage:** Expenses related to therapeutic massage are shareable if the therapy is related to an eligible medical need request and prescribed by a licensed medical provider. Massage therapy is shareable for 25 sessions per need request, up to \$3,000.

**Tobacco Use over 50:** Medical cost sharing for the medical need requests of tobacco users 50 years of age and older is limited to \$50,000 for each of the following four disease categories:

- Stroke
- Cancer
- Heart conditions
- Chronic obstructive pulmonary disease (COPD).

**Varicose Veins:** Beginning in the second year of membership, evaluation and treatment for varicose veins may be shareable and is subject to the pre-membership medical condition phase-in period.

**Weight Reduction:** Beginning in the second year of membership, expenses related to weight reduction are shareable if prescribed by a licensed medical provider and approved by Zion Health, up to \$3,000 per medical need request.

**Medical Expenses Ineligible for Sharing – please note: some medical needs that are not shareable could be covered or discounted through your MEC plan with Options Plus – please consult Rightway Healthcare for more information.**

The Zion Health community chooses not to share in some medical expenses. Decisions for sharing eligibility are made to benefit the community as a whole, to keep monthly contributions low for our members, and to share in medical expenses based on our Principles of Membership. The following expenses are excluded from sharing with the Zion Health community.

**Abortion:** Expenses for abortions are not shareable. For more information on how to obtain a safe abortion please visit: <https://www.plannedparenthood.org/learn/abortion>

**ADHD, ADHS, and SPD Treatment:** Expenses for prescriptions related to ADHD, ADHS, and SPD are not shareable. Members can use Zion Health's discount prescription program, Rx Share, for any prescribed medications that are available at a pharmacy.

**Allergy Treatments:** Allergy testing and medication is excluded from sharing. Members can take advantage of the Rx Share program to receive prescription discounts. Medical need requests that arise out of non-seasonal allergies, such as an emergency room visit for an allergic reaction, may be considered for sharing.

**Dental:** Tooth damage caused by an accident or injury may be considered for sharing. Other dental services, such as caps, crowns, root canals, fillings, wisdom tooth extraction, and cleanings are not shareable.

**Diabetic Medication & Supplies:** Any medical expenses related to supplies, testing, medication, or other implements used to treat insulin-dependent diabetes are not shareable.

**Fertility:** Expenses related to fertility evaluations and treatments are not shareable.

**Genetic Screening:** Genetic screenings are not eligible for sharing.

**Hearing Aids:** Expenses related to hearing aids are not shareable.

**Injuries Obtained from Certain Acts:** Injuries or illnesses resulting from participation in a riot, criminal act, euthanasia, assisted suicide, or other such acts are not shareable.

Injuries or illnesses resulting from being under the influence of alcohol or drugs while committing a criminal act, such as operating a motor vehicle while impaired, are not shareable.

**Late Fees and Interest:** Any late payment fees or interest charges that may accrue to medical bills before the member meets their IUA are the member's responsibility—they are not shareable. Additionally, any late payment fees or interest charges caused by a member's delay in providing necessary documentation to Zion Health are not shareable.

**Medical Noncompliance:** Failure or refusal to comply with a physician treatment plan or leaving a facility against medical advice (AMA) may result in ineligibility for sharing for the medical need request and any complications that arise.

**Medically Stable Conditions:** A shareable medical need may be considered medically stable when the treating provider determines that the condition is chronic and further treatment will not likely result in improvement. At this point, the need request is subject to review and may result in a determination of ineligibility for future sharing.

**Mental Health:** Expenses related to medications or other treatment for any mental health illness or condition are not shareable. Mental health conditions may include anxiety, depression, mental illnesses, and other psychological conditions. Through LifeWorks, Zion Health members may have access to regular, preventive mental health consultations. LifeWorks is available as an add-on to any membership. Members can use Zion Health's discount prescription program, Rx Share, for any prescribed medications that are available at a pharmacy.

**Sleep Apnea:** Sleep apnea equipment and testing are not shareable with the Zion Health community.

**Sterilization:** Elective sterilization, such as tubal ligation and vasectomy, is not shareable.

**Surrogacy:** Expenses related to a surrogate pregnancy, whether or not the surrogate is a member, are not shareable.

**Vision:** Vision expenses related to hardware, such as glasses and contacts, are ineligible for sharing. Annual optometry wellness exams may be eligible for sharing.

**Vitamins and Supplements:** The cost of vitamins and supplements is not shareable.

### Preventive Services

Zion Health shares preventive services in a limited capacity with the Essential Membership, or with the Preventive Sharing add-on for the Essential Membership. Preventive services are not subject to the IUA. Please consult your Rightway Healthcare Health Guide to find out what is covered through your MEC plan with Options Plus

See the Preventive Medical Sharing Guide for more details.

**Annual Provider Visit:** Annual provider visits are shareable upon membership activation, and may be used for preventive visits, specialist visits, or other services as outlined in the Preventive Medical Sharing Guide. Zion Health will share the member's first qualifying submission; all other subsequent provider visits are the member's responsibility until 12 months have passed since the qualifying visit.

Any additional services provided during the visit will be considered the member's responsibility, including x-rays, labs, and other services. For these services, members may seek lower cost options through online or independent lab facilities by presenting as self-pay patients. Members should take advantage of the Medical Advocacy Service as a complimentary resource to help them locate low-cost facilities.

**Colonoscopies:** Colonoscopies are shareable after six months of continuous membership. Colonoscopies are shareable every 10 years starting at age 45.

A member's first colonoscopy as a member of Zion Health over age 45 is shareable. Future preventive colonoscopies may be shareable according to the guidelines in the Preventive Medical Sharing Guide. Zion Health colonoscopy sharing guidelines are based on recommendations from the US Preventive Services Task Force for colorectal cancer screening. Outside of these guidelines, colonoscopies are considered diagnostic and may be shareable as part of an eligible medical need request. Colonoscopies for high-risk members under 45 may be shareable with prior written approval from Zion Health.

**Mammograms:** A yearly preventive mammogram is shareable beginning at age 40. Zion Health mammogram sharing guidelines are based on recommendations from the US Preventive Services Task Force. Additional mammograms are considered diagnostic and may be shareable as part of an eligible medical need request. Mammograms for high-risk members under 40 may be shareable with prior written approval from Zion Health.

Zion Health follows the guidelines of the American Cancer Society in determining high risk. Should you choose to have a mammogram before the age of 40, for us to consider those costs for sharing, we will require a referral from a licensed medical provider which must include a statement of your breast cancer risk. This statement may include risk factors such as: you have a BRCA1 or BRCA2 mutation; you are an untested family member of someone who has a BRCA1 or BRCA2 mutation; you have a history of chest radiation which occurred before age

30; that your lifetime breast cancer risk is 20% or greater based on your family history; you have a first degree relative with breast cancer; or that you have Li-Fraumeni syndrome, Cowden syndrome, or Bannayan-Riley-Ruvalcaba syndrome, or have first-degree relatives with one of these symptoms.

**Youth Immunizations:** Youth immunizations (up to 18 years old) are shareable after six months of continuous membership.

**Well Child Visits:** Well child visits and their associated immunizations are shareable. Following the Centers for Disease Control and Prevention guidelines, and recommendations from the American Academy of Pediatrics, Zion Health will share in:

- Up to six well child visits before the age of 12 months
- Three between 12 months and 24 months
- Two between 24 months and 36 months

Yearly visits after can be shared as the annual provider visit; sharing is limited to \$250 for the office visit cost.

Zion Health limits payment toward vaccinations and administration fees, using the costs published on the CDC website as a guide. Immunizations must be given within 6 months of the age recommended by the CDC.

### Maternity Need Requests

As a general rule, maternity need requests are shareable and are treated like any other medical need request. View Zion Health's Maternity Guide to learn more.

**General :** As with any other medical need request, expectant mothers pay a single IUA for all expenses related to their maternity need request. Shareable expenses may be related to miscarriage, prenatal care, postnatal care, and delivery. Please submit your maternity need request as soon as possible, but no later than six months from pregnancy confirmation so we can best assist you with your maternity need.

**Waiting Period:** Pregnancy is considered to have existed prior to membership if conception occurs prior to or within the first 60 days of the membership.

Conception that occurs prior to membership or within the first 60 days of membership is not shareable. The conception date will be confirmed by medical records.

Newborns who are not born as part of a shareable maternity need must be enrolled manually in a Zion Health membership. The newborn's membership will begin on the date of enrollment but can be no sooner than seven days after delivery. Any complications that the newborn may have, or any medical conditions present at birth, will be considered pre-membership medical conditions. Such conditions are subject to the same waiting periods as other pre-membership medical conditions.

### What is Shareable?

- PRENATAL
  - Routine office visits
  - Routine Lab work
  - Fetal non-stress test (after 36-weeks)
  - Up to three standard ultrasounds (unless an unexpected complication requires additional

- o scans)
- o STD/STI screenings prescribed by a licensed practitioner as part of routine prenatal care
- DELIVERY
  - o OB/GYN labor and delivery
  - o Cesarean
  - o Multiple births
  - o Hospital labor and delivery
  - o Hospital room and board
  - o Anesthesiologist
  - o Legally practicing midwives
  - o Home births
  - o Birthing centers
  - o Charges related to unexpected complications with mother
  - o One in-hospital pediatrician visit, including routine immunizations, routine lab work, and routine hearing tests (these are shareable when the baby is added to the membership within 30 days of delivery and when these services occur prior to discharge from hospital)
- POSTNATAL
  - o Mother's six-week postpartum checkup with pap test
  - o 2-week cesarean post-op appointment

#### **What is Unshareable?**

- PRENATAL
  - o 3D & 4D ultrasounds
  - o Most immunizations (such as flu shots)
  - o Non-prescription supplements
  - o Genetic testing, including but not limited to:
    - o Amniocentesis
    - o Inhibin A
    - o Alpha-Fetoprotein Serum (AFP)
  - o Any type of Nuchal Translucency (NT) ultrasounds
    - o NIPT testing
    - o Services by companies providing genetic testing
- DELIVERY
  - o Doula services
  - o Birthing tubs (or other items related to midwife delivery)
  - o Placenta encapsulations
  - o Circumcision
  - o Diagnostic Hearing Screening (including Evoked auditory tests, BAEP, ABR, or BAER)

*Other services may be ineligible as determined by Zion Health. If you have questions about a specific service, please contact Zion Health prior to receiving care.*

- POSTNATAL
  - o Breast pumps
  - o Lactation consultant
  - o Mother's immunizations
  - o Postpartum counseling
  - o Additional postpartum services

If you have questions about a specific service, please contact Zion Health prior to testing. All genetic testing will be the responsibility of the member.

Check-ups for the baby after delivery are not part of the maternity need request. They would be considered a separate need request and subject to Member Guidelines eligibility determination.

Complications related to the baby would be considered a separate need request and subject to eligibility determination based on the Member Guidelines.

**IUA Payment:** Like any other shareable medical expense, the IUA must be paid prior to any cost sharing. The IUA must be paid within six months of the first date of service, or the maternity need request may become ineligible for sharing. Consideration will be given for situations where the cost of treatment has not exceeded the IUA after six months. Please contact the Maternity Needs Department in this situation. Any late payment fees or interest charges incurred because of a late IUA payment are not shareable.

Zion Health can take a one-time IUA payment over the phone, paid directly to us, to meet your IUA. Please speak with our Maternity Needs team to make an IUA payment over the phone. Members can also make payments directly to providers. Payments made directly to providers can count towards your IUA for shareable services. In the event of overpayment, IUA reimbursements can be given to the member. Zion Health has two reimbursement periods: midway through the pregnancy and after delivery.

**Home Births:** Home births typically incur fewer expenses. If the costs are significantly lower for a home birth than for a hospital birth and the member is under the care of a licensed care provider, Zion Health may partially waive the IUA for the maternity need request.

**Separate Need Requests:** Any additional need request of the baby after birth, whether the condition existed before or after birth (including congenital conditions), is separate from the mother's maternity need request and will require a new medical need request submission and IUA for each baby. Expenses for any pregnancy or birth-related complications of the mother are considered for sharing as part of the maternity need request.

**Premature Birth:** The baby's eligible need requests are considered shareable as part of an eligible maternity need, even if the baby is born prematurely. Any services not included in a standard maternity need would be considered a separate need for the baby and will require a new medical need request submission and new IUA for each baby.

**In Vitro Fertilization (IVF):** Expenses related to fertility treatments are not shareable. For pregnancies occurring by IVF or other "non-traditional" fertilization methods, Zion Health defines date of conception as the date the fertilized embryo is implanted in the uterus.

**Miscarriage:** Any expenses related to a miscarriage that is associated with an eligible maternity need are shareable if the costs exceed your IUA. Expenses related to a miscarriage that is not associated with an eligible maternity need are shareable as a regular need request.

**Gestational Diabetes:** Gestational diabetes is considered a complication of pregnancy, and members who develop this condition are encouraged to follow the recommendations of their treating providers.

Gestational diabetes is not considered insulin dependent. Therefore, costs of medications prescribed to treat



gestational diabetes, including insulin, can be shared according to our prescription sharing guidelines.

Members are encouraged to seek counsel from their OBGYN on dietary changes and exercise. Glucometers and test strips can be purchased at local pharmacies or online at reasonable costs. For these reasons, nutritionists, other therapists, and testing supplies are not shareable.

### **Additional Giving**

Members are encouraged to contribute funds in addition to their standard monthly contributions. One hundred percent of Additional Giving contributions are placed in the Additional Giving fund, which is used solely to assist members who have a medical need request that would not normally qualify for sharing. Additional Giving funds are not subject to any administrative costs. Additional Giving is not mandatory, and members may contribute however much they feel is appropriate.

All members who fulfill their membership responsibilities and follow the Member Guidelines are eligible to apply for assistance through Additional Giving via an Additional Giving request. Members may apply when they have a need request that does not meet sharing eligibility guidelines.

### **Guidelines for Additional Giving**

Medical need requests that do not meet the sharing guidelines may be eligible for an Additional Giving request for sharing from the Additional Giving fund.

- Members and other contributors may give additional funds to share within the community for a general or specific medical need request. Members are encouraged to share out of their surplus.
- Members looking to request sharing from the Additional Giving fund must still meet their IUA before the medical need request becomes eligible for sharing.
- Members who apply for sharing from the Additional Giving fund may only have part of their costs shared.

### **End of Life Assistance**

If a member, or a member's dependent, dies after one year of uninterrupted membership, financial assistance will be provided to the surviving family. The Zion Health member community will provide assistance upon receipt of a copy of the death certificate.

Financial assistance will be provided to the surviving family as follows:

- \$10,000 upon the death of a primary member
- \$10,000 upon the death of a dependent spouse
- \$2,500 upon the death of a dependent child

**Important Questions:**

Question	Answer
<p>What is the overall <u>deductible</u>?</p>	<p>This plan does not have a deductible, it has an <u>Initial Unshareable Amount (IUA)</u>. The IUA is \$1000 or \$2500 depending on the plan you have selected.</p> <p>This is the amount that you as a member are responsible for paying when you incur medical expenses.</p> <p>All qualifying medical expenses submitted after the IUA is met are shareable with the health share community at 100%.</p> <p>Visit and Rx <u>copays</u> do not contribute to IUA amounts.</p>
<p>Are there services covered before you meet your IUA?</p>	<p>Preventive, primary care, specialist visits, and Urgent Care are covered before meeting your IUA amount.</p>
<p>What is the <u>out-of-pocket limit</u> for this plan?</p>	<p>This plan has an <u>out-of-pocket limit</u> – Members are responsible for up to 3 IUA's in a rolling 12-month period. Any additional medical expenses above \$500 are fully shareable</p>
<p>What is not included in the out-of-pocket limit?</p>	<p>Everyday coverage provided by Multiplan/MEC and Rx utilization do not count toward your IUA.</p>
<p>Will you pay less if you use an in-<u>network provider</u>?</p>	<p>This plan uses the <u>PHCS provider network</u>. You will pay less if you use a <u>provider</u> in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services. Check with your provider before you get services. It is not required to use the PHCS network.</p>
<p>Are there <u>prescription</u> services?</p>	<p>Yes, prescription services available through SmithRx. The pharmacy help desk can be reached at 844-454-5201. Start using features on your prescription card by going to the <u>SmithRx Portal</u></p>
<p>Do you need a <u>referral</u> to see a <u>specialist</u>?</p>	<p>No, you can see a specialist you choose without a referral. It is recommended that you consult with Rightway Healthcare to confirm network.</p>

**Excluded Services & Other Covered Services:**

**Services your plan generally does NOT cover (check your policy or plan document for more information and a list of any other excluded services)**

Injuries Obtained from Certain Acts Injuries or illnesses resulting from participation in a riot, criminal act, euthanasia, assisted suicide, or other such acts are not shareable. Injuries or illnesses resulting from being under the influence of alcohol or drugs while committing a criminal act, such as operating a motor vehicle while impaired, are not shareable.	<ul style="list-style-type: none"><li>• Essure</li><li>• Genomic Sequencing Procedures</li><li>• Cosmetic procedures</li><li>• ADHD, ADHS, and SPD</li></ul> <p><b>It is recommended that Rightway Healthcare be contacted for any plan and/or coverage issue.</b></p>	<ul style="list-style-type: none"><li>• Tubal Ligation</li><li>• Vasectomy</li><li>• Expenses related to fertility evaluations and treatments</li></ul>
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**Other covered Services (limitations may apply to these services. This is not a complete list. Please see your plan document.)**

- All covered services are limited by number allowed per plan year and maximum payable amount, per visit/lab/test
- Preventive services/care are required to be in-network with PHCS. Out-of-network preventive care is not covered

**Your rights to continue coverage:** There are agencies that can help if you want to continue your coverage after it ends. To continue coverage after it ends, contact: HealthEEbyHBG Member Services at [info@hbgnow.com](mailto:info@hbgnow.com) or schedule a call [here](#). Other options to continue coverage are available to you too, including buying individual coverage through the [Health Insurance Marketplace](#). For more information about the [marketplace](#), visit [www.healthcare.gov](http://www.healthcare.gov) or call 800-318-2596.

**Your grievance and appeals rights:** There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: Planstin Member Services at 888-920-7526 or [member@planstin.com](mailto:member@planstin.com).

**Does this plan provide Minimum Essential Coverage? YES.**

If you do not have [Minimum Essential Coverage](#) for a month, you will have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

**Does this plan meet the minimum value coverage standards? NO.**

If your plan does meet [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a plan through the [marketplace](#).

**Out of network Claims Processing:**

Except as otherwise required under state or Federal regulations, the maximum amount the plan is obligated to pay for services provided by a non-primary PPO provider will be the lesser of the provider's billed charges for covered services and an amount determined by one or more of the following, which we may sometimes modify to maintain the reasonableness of the Allowed Amount:

- Using current publicly available data reflecting fees typically reimbursed to providers for the same or similar professional services
- Using amounts calculated based on what Medicare would reimburse for services billed
- Using the rates negotiated with the provider for all services provided under a non-primary network contract or claim specific agreement.

About these coverage examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (IUA, copayments, and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

<b>Peg Is Having a Baby</b> (9 months of in-network pre-natal care and a hospital delivery)	<b>Managing Joe's type 2 Diabetes</b> (a year of routine in-network care of a well- controlled condition)	<b>Mia's Simple Fracture</b> (in-network emergency room visit and follow up care)																												
<table border="0"> <tr> <td>The plan's overall IUA of \$1,000 or \$2500</td> <td style="text-align: right;">\$IUA</td> </tr> <tr> <td>Specialist Visit Copay</td> <td style="text-align: right;">\$15</td> </tr> <tr> <td>Imaging Copay</td> <td style="text-align: right;">\$20</td> </tr> <tr> <td>Lab Copay</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td>Hospital (facility) [Not Covered]</td> <td style="text-align: right;">0%</td> </tr> </table>	The plan's overall IUA of \$1,000 or \$2500	\$IUA	Specialist Visit Copay	\$15	Imaging Copay	\$20	Lab Copay	\$0	Hospital (facility) [Not Covered]	0%	<table border="0"> <tr> <td>The plan's overall deductible</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td>Primary Care Visit Copay</td> <td style="text-align: right;">\$15</td> </tr> <tr> <td>Tier 2 Rx Copay</td> <td style="text-align: right;">\$25</td> </tr> <tr> <td>Lab Copay</td> <td style="text-align: right;">\$50</td> </tr> <tr> <td>Durable Med Equipment [Not Covered]</td> <td style="text-align: right;">0%</td> </tr> </table>	The plan's overall deductible	\$0	Primary Care Visit Copay	\$15	Tier 2 Rx Copay	\$25	Lab Copay	\$50	Durable Med Equipment [Not Covered]	0%	<table border="0"> <tr> <td>The plan's overall deductible of \$1000 or \$2500</td> <td style="text-align: right;">\$IUA</td> </tr> <tr> <td>Specialist Copay</td> <td style="text-align: right;">\$50</td> </tr> <tr> <td>ER Facility Services [Not Covered]</td> <td style="text-align: right;">\$0</td> </tr> <tr> <td>Durable Med Equipment [Not Covered]</td> <td style="text-align: right;">\$0</td> </tr> </table>	The plan's overall deductible of \$1000 or \$2500	\$IUA	Specialist Copay	\$50	ER Facility Services [Not Covered]	\$0	Durable Med Equipment [Not Covered]	\$0
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<p><small>This EXAMPLE event includes services like:                      Specialist office visits (prenatal care) x5                      Diagnostic tests (ultrasounds) x2                      Diagnostic tests (blood work labs) x10                      Childbirth/Delivery Professional Services                      Childbirth/Delivery Facility Services (including anesthesia)</small></p>	<p><small><b>This EXAMPLE event includes services like:</b>                      Primary care physician office visits (including disease education) x2                      Diagnostic tests (blood work labs) x5                      Prescription drugs (monthly) x12                      Durable medical equipment (glucose meter)</small></p>	<p><small><b>This EXAMPLE event includes services like:</b> Rehabilitation                      Specialist services (physical therapy) x5                      Emergency room care (including supplies)                      Emergency room Diagnostic test (x-ray)                      Durable medical equipment (crutches)                      Accident Plan may pay to member</small></p>																												
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Additional features of the Common Sense Health Plans:  
 Rightway Healthcare  
 Foot Print ID

## Appendix A: Defined Terms

### 1. **Additional giving**

Voluntary contributions by members for the purpose of offsetting expenses for other members' unshareable medical expenses.

### 2. **Annual limit**

The maximum amount shared for eligible need requests per participating member per year. Zion Health does not have annual or lifetime sharing limits for our members unless specifically stated in the Member Guidelines.

### 3. **Application date**

The date Zion Health receives a complete membership application.

### 4. **Benevolent organization**

An organization whose primary purpose is to care for the needs of the people who make up the membership. A benevolent organization is not an insurance company.

### 5. **Benevolent fund**

A fund maintained by Zion Health created from the contributions of members for the exclusive purpose of reimbursing eligible medical expenses of members.

### 6. **Congenital condition**

Any disease or physical abnormality present at birth or that is identified or diagnosed within the first year of life.

### 7. **Contribution list**

A list of members who are being billed by payroll deduction through a company, as opposed to direct billing from Zion Health.

### 8. **Date of service**

The day medical services were rendered on behalf of a participating member.

### 9. **Dependent**

The head of household's spouse or unmarried child(ren) under the age of 26, who are the head of household's dependent by birth, legal adoption, or marriage, and who are participating under the same combined membership. Unmarried children under 26 years of age may participate in the membership as a dependent.

### 10. **Effective date**

The date a person's membership begins. Zion Health Direct members also have the effective date as the billing due date.

### 11. **Eligible medical need request**

A medical need request that qualifies for sharing via the contributions of Zion Health members.

### 12. **Head of household**

The oldest participating member in the household.

### 13. **Household membership**

One or more family members participating under the same membership.

### 14. **Inactive member**

A contributor, and contributor's dependents if applicable, who has not submitted monthly contributions in the manner established by the Member Guidelines. An inactive member is not eligible for sharing.

**15. Ineligible medical need request**

A medical need request disqualified from voluntary sharing of contributions from member contributions due to a policy set forth in the Member Guidelines.

**16. Initial Unshareable Amount**

The specified financial amount that members are required to bear on their own prior to any amount that may be eligible for sharing. The Initial Unshareable Amount is also known as the IUA.

**17. Licensed medical professional**

An individual who has successfully completed a prescribed program of study in a variety of health fields and who has obtained a license or certificate indicating their competence to practice in that field (MD, DO, ND, NP, PT, PA, Chiropractor, etc.).

**18. Lifetime limit**

The maximum amount shared for eligible need requests over the course of an individual member's lifetime of membership.

**19. Maternity need request**

A need request that must be submitted within six months of confirmation of pregnancy from a licensed medical professional.

**20. Maximum shareable amount**

The maximum dollar amount (limit) that can be shared for any one medical need request. Certain medical need requests have a maximum shareable amount as described in the Member Guidelines.

**21. Medical cost sharing**

A membership-based, non-insurance arrangement established for the purpose of sharing legitimate healthcare expenses between members.

**22. Medically necessary**

A service, procedure, or medication necessary to restore or maintain physical function and that is provided in the most cost-effective setting consistent with the member's condition. The fact that a provider may prescribe, administer, or recommend services or care does not make it medically necessary. This applies even if it is not listed as a membership limitation, or in the Member Guidelines. To help determine medical necessity, Zion Health may request medical records and information from licensed medical professionals.

**23. Member(s)**

A person or people (or dependent thereof) who has agreed in writing to abide by the requirements of Zion Health and is thereby eligible to participate in the sharing of medical expenses with other members in accordance with the Member Guidelines and their membership type.

#### **24. Membership**

This term applies to the collective body of all active, participating members of Zion Health.

#### **25. Membership cancellation request**

A request by a member to Zion Health that their membership be canceled. The request must include the reason for cancellation and the requested month in which the cancellation of the membership is to be effective. Zion Health requires 15-day notice prior to your payment draft date. Zion Health does not prorate cancellations or give refunds. Cancellations become effective on the last day of your monthly billing anniversary following the timely receipt by Zion Health of your membership cancellation request.

Members have 30 days from the membership cancellation date to reactivate membership in order to qualify for continuous membership. For example, an employee whose employer-sponsored membership has been canceled.

#### **26. Membership commitment**

The required principles and ongoing behavioral code attested to by members as required for membership. This includes the Zion Health Principles of Membership and the Member Guidelines.

#### **27. Member responsibility amounts**

Amounts needed to be paid by the member for medical costs that are not shareable with the Zion Health community.

#### **28. Membership update**

A communication from the member to Zion Health providing any changes to the details of their membership information (e.g., change of address, phone number, etc.) or requesting that their membership be changed. The change request or update may take up to three business days to complete. Once a representative of Zion Health approves the requested changes, the approved changes may go into effect on the monthly membership anniversary.

#### **29. Membership limitation**

A specified medical condition for which medical need requests arising from or associated with the condition are ineligible for reimbursement from the Benevolent Fund. An associated condition is one that is caused directly and primarily by the medical condition that is specifically ineligible. The membership limitation will be issued during the application process and may be subject to medical record review. Membership limitations (excluding cancer) do not apply to provider visits and urgent care.

#### **30. Member plan**

A variety of sharing options are available with different initial unshareable amounts and sharing limits, as selected in writing on the membership application or enrollment portal and approved by Zion Health.

#### **31. Membership withdrawal**

When a membership has been (or will be) canceled due to the submission of a Membership Cancellation Request Form, violation of Zion Health's Principles of Membership, or non-receipt of a monthly contribution or annual membership fee for more than 10 days past the payment due date.

### **32. Monthly contributions**

Monetary contributions given voluntarily and placed in the care of Zion Health by a member to maintain active membership and to be disbursed each month for the eligible medical expenses of fellow members in accordance with the Member Guidelines.

### **33. Medical need request**

A request that is required to process medical expenses for accidents, injuries, or medical conditions that result in medical costs. Medical need requests can be submitted online at [zionhealth.org](http://zionhealth.org) or by calling Zion Health at (888) 920-9466. The medical need request must be submitted to Zion Health within six months of first treatment to be eligible for sharing.

### **34. Provider visit**

Sick visits, wellness visits, specialist visits, and urgent care visits are generally considered to be provider visits. The medical bill must include an office visit CPT code for the medical expenses to qualify as a provider visit. Provider visits may be subject to other eligibility qualifications as outlined in the Member Guidelines.

### **35. Plan administration**

A collaborative process of planning, evaluating, facilitating, coordinating, and advocating for options and services to meet a participating member's eligible medical needs through available resources to promote quality, cost-effective results.

### **36. Pre-membership medical condition**

Any illness or accident for which a person has been diagnosed, received medical treatment, been examined, taken medication, or had symptoms for 24 months prior to the effective date. For information on sharing for pre-membership conditions, see the section of the Member Guidelines titled "Pre-Membership Medical Conditions."

### **37. Proration**

If shareable medical expenses are ever significantly greater than shares available in any given month, Zion Health may prorate the shareable amount requested for medical expenses. This involves an across-the-board percentage reduction of medical need request payments but does not necessarily mean that all member medical need requests will not be met in that month.

### **38. Shareable amount**

The amount of the medical need request that remains after the member's initial unshareable amount has been satisfied and falls within the sharing guidelines.

### **39. Explanation of sharing (EOS)**

Correspondence that is delivered to the participating members and their providers once medical need requests have been processed, are pending, or have been rejected. The Sharing Summary will state their member responsibility amount as well as any amounts shared by the Benevolent Fund on the member's behalf.



#### **40. Additional Giving need requests**

Medical need requests that do not fall within the definition of eligible expenses but are not a violation of the member requirements and may be eligible for Additional Giving; (e.g., a prior medical condition).

#### **41. Unusual, customary, and reasonable costs (UCR)**

The general cost of medical services in a geographic area, as determined by Zion Health, based on what providers in the area usually charge for the same or a similar medical service.

#### **42. Unshareable amount(s)**

A medical expense incurred by a member that is not shareable for one or more of the following reasons 1) a member's violation of the Zion Health's Principles of Membership, 2) non-current membership status, or 3) any other condition or requirement that is excluded by the Member Guidelines.

### **Frequently Asked Questions**

#### **What is Zion Health?**

Zion Health is a Utah nonprofit corporation with administrative offices in St. George, Utah. Zion Health is not an insurance company. Zion Health provides the framework and administrative support for a medical cost sharing membership program.

When members have financial needs due to illness that are greater than they can bear individually, the goal of the Zion Health community is to assist members in carrying one another's burdens. The method by which Zion Health seeks to facilitate the sharing of members' medical costs is to teach and apply these principles of community and responsibility as an integral part of its sharing philosophy.

#### **Is Zion Health an insurance company?**

No. Insurance arrangements are a contract whereby one party agrees to be legally responsible for and accept another party's risk of loss in exchange for a payment—a premium. Medical cost sharing is an arrangement whereby members agree to share medical expenses through the act of voluntary giving. Zion Health does not assess applicants' health risks because neither Zion Health nor its members are assuming financial liability for any other member's risk. Unlike insurance, the focus of Zion Health is to provide an avenue for members to help each other bear their immediate healthcare expenses.

When health care costs are paid by someone other than the person receiving care, as is typically the case when an insurance company or government entity agrees to cover such costs, the healthcare model can be undermined. Zion Health believes many of the current problems with the healthcare system are the direct result of restricting personal freedom and responsibility through dependence on third-party payers. Zion Health is designed to allow members to help one another while maintaining freedom of choice and personal responsibility.

#### **Is Zion Health legal?**

As a nonprofit corporation, Zion Health is required to abide by certain state and federal regulations. The health sharing program administered by Zion Health may be legally operated in all fifty states.

### **How does Zion Health handle medical claims?**

Because there is no transfer of risk, as defined in applicable insurance rules and regulations, with respect to Zion Health's medical cost sharing program, no "claim" is ever owed by a Zion Health on behalf of any member. When members incur medical expenses, they submit medical need requests that may or may not be eligible for reimbursement from the Benevolent Fund. Members are required to submit proof of their medical expenses to Zion Health. Zion Health then evaluates each submission for eligibility or ineligibility based on the Member Guidelines. Eligible medical need requests are designated for sharing using the funds accumulated through monthly member contributions.

**What if I have an insurance policy in addition to my Zion Health membership?** If you have a health insurance, workers compensation, or liability insurance policy, you must disclose them to Zion Health. Since your Zion Health membership is not insurance, when you have traditional insurance coverage your insurance company is primarily responsible for the payment of your medical expenses.

Zion Health will only consider bills for sharing after your insurers have processed claims. The same applies for auto insurance after a car accident. Failure to disclose your relevant insurance coverage to Zion Health may result in sharing ineligibility.

If you have a medical need arise, and you are eligible for benefits through either insurance or government assistance, please contact Zion Health to speak with a member advisor before you submit a medical need request.

**Do all the monthly contributions go toward members' medical expenses?** Over 90% percent of all monthly contributions go toward sharing in medical need requests. Each month, less than 10% of contributions are retained by Zion Health for administrative costs. An audit of Zion Health's finances is conducted each year by an independent firm and made available online.

**Will Zion Health share medical costs incurred outside the United States?** Yes. For members who are traveling abroad, acute/emergent, eligible medical expenses can be shared no matter where in the world they were incurred and treated. Members interested in medical tourism need prior written approval from Zion Health before treatment.

### **Who can join Zion Health?**

Anyone who agrees to follow the Member Guidelines and abide by the Principles of Membership can join Zion Health. Membership expires when an individual reaches the age of 65. Newborns who are not born under an eligible maternity need request have a seven-day waiting period before they can be added to the family's membership.

### **What happens if Zion Health need request expenses exceed the monthly contributions received?**

Zion Health keeps funds to share member expenses if medical need requests exceed the monthly contributions received. To date, all eligible medical expenses have been shared in full without need to draw from the saved funds.

However, if the rare event occurs that all medical need requests cannot be met for a given month, Zion Health uses a prorating method to evenly distribute the available funds among members with medical need requests. For example, if the monthly contributions received for a given month amounts to 80% of the expenses for medical need requests submitted for that month, each member would have 80% of their eligible expenses

shared that month. The Zion Health community has not needed to prorate member expenses in the past and has prepared for the event that expenses exceed member contributions.

### **Can I offer Zion Health through my company or group?**

Yes. Although Zion Health is an individual and family medical cost sharing program, we allow for a company contribution list. Employees who participate can be added or removed from the contribution list at any time and billed directly.

Participation in Zion Health's program is always voluntary, both from the company's and the employee's perspectives. Business owners choose to work with Zion Health because they value community and personal responsibility and because they want to use a cost sharing approach to ensure provision of quality healthcare for their employees. There are numerous factors that contribute to Zion Health's greater efficiencies for both companies and employees.

**Does Zion Health comply with the Affordable Care Act requirements?** Zion Health is not a substitute for insurance as defined by the Affordable Care Act and therefore is not subject to the regulatory requirements or consumer protections of your particular state's Insurance Code or Statutes.

### **Disclaimer**

Zion Health is not an insurance company. Neither this publication nor membership in Zion Health are issued or offered by an insurance company. The purpose of these Member Guidelines is to help members understand and identify medical need requests that qualify for potential sharing and the process by which payments are made. The Member Guidelines are not for the purpose of describing to prospective members what amounts will be reimbursed by Zion Health. While Zion Health has shared all eligible expenses of its members to date, membership does not guarantee or promise that your eligible need requests will be shared. Rather, membership in the Zion Health community merely guarantees the opportunity for members to care for one another in a time of need and present their medical need requests to other members as outlined in these Member Guidelines. The financial assistance members receive will come from other members' monthly contributions and not from Zion Health.

This publication and membership in Zion Health should never be considered a substitute for a health insurance policy. If the membership is unable to share in all or part of a member's eligible medical expenses, each member will remain solely financially liable for any and all unpaid medical expenses. These guidelines do not create a legally enforceable contract between Zion Health and any of its members. Neither these guidelines, nor any other arrangement between members and Zion Health, create any rights for any member as a reciprocal beneficiary, a third-party beneficiary, or otherwise. An exception to a specific provision of these guidelines only modifies that particular provision and does not supersede or void any other provisions. The decision by Zion Health to reimburse a member's eligible need requests does not and shall not constitute a waiver of this provision or establish by estoppel or any other means any obligation on the part of Zion Health to reimburse a member's eligible need requests.

### **Coverage Examples: (How the plan works)**

Rightway Healthcare is always someone there to help you through using and understanding your coverage and support your care. You are not alone.

**I want to go to the doctor for my checkup:** Click, call, or chat with your Rightway Healthcare app to help locate your doctor in the Multiplan network. Rightway Healthcare will help you set up your appointment.

**I need to see a Doc because I don't feel well:** Click, call, or chat with your Rightway Health Guide to help locate your doctor in the Multiplan network. Rightway will help you set up your appointment or give you the option to utilize telehealth. Your choice at your convenience.

**I broke my leg playing soccer:** Go to ER and when ready contact Rightway Healthcare to coordinate the accident insurance and health share to understand your IUA (deductible) and follow up care.

**I have a heart attack or Stroke:** Go to ER and when ready contact your Rightway Healthcare Team to coordinate the health share to understand your IUA (deductible) and follow up care.

**I am having a baby:** Congratulations! Call or chat with your Rightway Health Guide to help locate your doctor in the Multiplan network. Rightway will help you set up your care and cover the details of the comprehensive pregnancy coverage.

**I get into a car accident:** Your coverage will be a combination of the med pay on your auto insurance, your health plan and the accident plan in your Common Sense. Contact your auto insurance carrier and Rightway to coordinate your care and coverage.

**I see my doctor and they recommend surgery (ex: Knee Surgery):** Call or chat with your Rightway Health Guide. Rightway will help you understand and use your coverage to get the best care possible. If the injury is the result of an accident, Rightway will help you coordinate the accident insurance portion of your health coverage.

**I get a bill or EOB and I don't understand it:** Open your Rightway app, take a picture and Rightway will support you in understanding the bill or EOB, and make sure it is correct.

**I have records and doctor info, where do I keep all this stuff?** In your Rightway app is a link out to FootprintID. FootPrintID helps you keep all of your medical records in one place, quickly access your health information when needed and share your records with emergency responders, physicians, family members and friends. It's like having a health record in your pocket! Healthcare information storage

**Are domestic partners covered:** YES

**Are there annual or lifetime maximums:** NO

**Are there out of pocket max for the IUA?** In a Health Share program there are IUAs, not deductibles. Though similar to a deductible in terms what you need to pay before the Health Share pays, The Initial Unshareable Amount (IUA) is the amount that a member will pay per medical need before the Zion Health community shares in medical expenses. Zion Health provides a safeguard for households that experience more than three shareable needs in a 12-month period. After the member has paid three IUAs in that period, any additional shareable expenses of \$500 or more will be shared with no IUA responsibility.

**What are the preexisting conditions (Pre-Membership Medical Condition) of the plan?**

A pre-membership medical condition is any illness or injury for which a person has

- Been examined
- Been diagnosed
- Taken medication
- Had symptoms
- Or received medical treatment within 24 months prior to the effective date of membership. Medical need requests related to conditions that existed prior to membership are only shareable if the condition was

regarded as cured and did not require treatment or present symptoms for 24 months prior to the effective date of membership.

*Please Note: medical conditions that existed prior to membership may still qualify for sharing through the Additional Giving fund.*

Pre-membership medical conditions have a phase-in period wherein sharing is limited. Starting from the initial enrollment date, members have a one-year waiting period before pre-membership medical conditions are shareable. After the first year, pre-membership medical condition need requests are eligible for sharing. The shareable amount increases with each membership year.

Shareable amounts for pre-membership medical conditions:

- Year One: \$0 (waiting period)
- Year Two: \$25,000 maximum per need request
- Year Three: \$50,000 maximum per need request
- Year Four: \$125,000 maximum per need request

After year four of membership, expenses related to pre-membership medical conditions will remain shareable at a maximum of \$125,000 in a 12-month period which resets each membership year.

Exceptions for High Blood Pressure, High Cholesterol, and Diabetes (types 1 and 2) will not be considered pre-membership medical conditions as long as the member has not been hospitalized for the condition in the 12 months prior to enrollment and is able to control it through medication or diet.