



SHARED HEALTH
ALLIANCE

Health Share

SHARED HEALTH ALLIANCE and a Health Share Program

The following illustration highlights how a typical health share plan works along with Shared Health Alliance. It is not intended as an official representation of any specific Health Share Program. Shared Health Alliance is not an agent for, nor receives compensation from the Health Share Programs.

Important Questions	Answers	Reimbursement or Coverage Provided Through:
"Deductible"	\$500 person (3 x family)	Health Share Program – Health Share Programs do not use the term Deductible. They may use "Member Responsibility" or "Annual Unshared Amount". For the purposes of this illustration we will use "deductible".
Are there other <u>deductibles</u> for specific services?	Yes. \$100 for supplemental accident ambulance benefit	Shared Health Alliance – then the next \$2500 reimbursed at 100%
Is there an <u>out-of-pocket limit</u> on my expenses?	\$500 annually (3x family) Or \$500 per event (3x family)	Health Share Program – expenses reimbursed 100% after hitting member responsibility
Preventive Care	Depends on Health Share – either one visit or no reimbursement at all	Health Share Program
Personal Health Dashboard™	Included – Health and Wellness Guidance	Shared Health Alliance
Biometric Screenings, Health Risk Assessment, Coaching	Either included or offered separately	Shared Health Alliance
Enhanced Preventive Services	100% Coverage No Deductible	Shared Health Alliance – Included with buy-up option.
Does this plan use a <u>network of providers</u> ?	No. Open Access Program.	Health Share Program – requires member to either negotiate discount or uses reference-based reimbursement method.
Medical Bill Saver	Negotiate with Doctors on Member's behalf	Shared Health Alliance (For medical bills over \$400 in gross charges.)

SHARED HEALTH ALLIANCE and a Health Share Program

Common Medical Event	Services You May Need	Health Share Program	Shared Health Alliance	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	Deductible Applies	N/A	
	\$0 Co-pay telemedicine access	No	Yes	
	Other practitioner office visit	Deductible Applies	N/A	
	Patient Advocacy – Member Assistance	No	Yes	
If you have a test	Diagnostic test (x-ray, blood work)	Deductible Applies	Discount Program	
	Imaging (CT/PET scans, MRIs)	Deductible Applies	Discount Program	
If you need monthly maintenance prescriptions More information about <u>prescription drug coverage</u> is available at www.sharedhealthalliance.com/rx	Generic drugs	Not covered	\$10 copay / (\$30 for 90 days)	
	Preferred brand drugs	Not covered	\$35 copay / (\$105 for 90 days)	
	Non-preferred brand drugs	Not covered	\$75 copay / (\$225 for 90 days)	
	Specialty drugs	Not covered	Not Covered	
	Other Prescription Coverage	Incident Related	\$10/\$35/\$75	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	Deductible then 100%	N/A	
	Physician/surgeon fees	Deductible then 100%	N/A	
If you need immediate medical attention	Emergency room services	Deductible then 100%	N/A	
	Emergency medical transportation (life threatening only)	Deductible then 100%	\$2500 Benefit for accident ER	
	Urgent care	Deductible then 100%	\$2500 for Accident Urgent Care	

SHARED HEALTH ALLIANCE and a Health Share Program

Common Medical Event	Services You May Need	Health Share Program	Shared Health Alliance	
If you have a hospital stay	Facility fee (e.g., hospital room)	Deductible then 100%	N/A	
	Physician/surgeon fee	Deductible then 100%	N/A	
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	Not Covered	Therapy Phone Consultants	
	Mental/Behavioral health inpatient services	Not Covered	Not Covered	
	Substance use disorder outpatient services	Not Covered	Therapy Phone Consultants	
	Substance use disorder inpatient services	Not Covered	Not Covered	
If you are pregnant	Prenatal and postnatal care	Deductible then 100%	N/A	
	Delivery and all inpatient services	Deductible then 100%	N/A	
If you need help recovering or have other special health needs	Home health care	30 day limit	N/A	
	Physical / speech / occupational therapy	20 days per year	N/A	
	Weight Loss Program	Not Covered	\$72 copay (NexGen only)	Limited to 4 per year. www.nexgenrestore.com
	Skilled nursing care	30 days	N/A	
	Durable medical equipment	Not Covered	Discount Access	
	Hospice service	Limited to 5 days in any 30 day period	N/A	
If your child needs dental or eye care	Eye exam	Not covered	Discount Access	
	Glasses	Not covered	Discount Access	
	Dental check-up	Not covered	Discount Access	

SHARED HEALTH ALLIANCE and a Health Share Program

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Abortion
- Alcohol/Drugs
- Breast Implants
- Non Emergency Transportation
- Charges before or after membership
- Complications of non-eligible treatments
- Custodial Care
- Illegal Acts
- Self-inflicted
- Sex changes
- Infertility
- Durable Medical Equipment

- Travel or Accommodations
- Occupational or work-related injuries
- Health Share Programs have three year limited pre-existing condition limitation clauses.
- Pre-existing conditions
- Pregnancy prior to joining
- Mental Health Services
- War



- This should not be considered an official SBC or representative of how any health share plan would pay or reimburse.
- This summary looks at several different guidelines and provides a general illustration of how a health share program might reimburse.
- Shared Health Alliance uses several different vendors to provide its member benefits. See member benefit booklet for details.
- Always consult the Health Share Guidelines for specific reference to how they might reimburse medical expenses. They all differ.
- Health Share Programs are ACA Compliant in that they meet the definition of having coverage under the Federal Law.

