



Thrive HealthShare

from Universal Health Fellowship

Please refer to the **Universal HealthShare Sharing Program & Guidelines** for details.

THS50

THS75

THS100

Provider Networks¹¹

Professional & Ancillary Services^{9,11,12}

Multiplan/PHCS Practitioner and Ancillary Network -- Sharing of medical practitioner and ancillary service expenses is available for In-Network Providers, Primary Care Practitioners, and Specialists.

Hospital⁴

This program does not use a hospital network. Sharing of eligible expenses is available for any accredited hospital in the continental United States. Pre-notification is required for all hospital stays and outpatient surgeries.

Annual Non-Sharable Amounts (NSA)⁶

One Member per Household⁶

\$5,000

\$7,500

\$10,000

Two Members per Household⁶

\$10,000
(\$5,000 per member)

\$15,000
(\$7,500 per member)

\$20,000
(\$10,000 per member)

Three or more Members per Household⁶

\$15,000
(\$5,000 per member)

\$22,500
(\$7,500 per member)

\$30,000
(\$10,000 per member)

Application Fee and Monthly Membership Dues

Application Fee (Non-refundable)

\$75

UHF Monthly Membership Dues per Household

\$20

Sharing Restrictions and Maximums

Waiting Period^{1,4,5}

There is no waiting period for Office and ER visits related to accidents, sickness, acute illness, life threatening emergencies.

- 10 month waiting period for maternity.
- 90 day waiting period for everything else.

Pre-Existing Conditions^{1,2}

Restricted sharing for pre-existing conditions. (Elective cosmetic surgery is never eligible for sharing, except for reconstructive mammoplasty as a result of breast cancer.)

Sharable Amount Limit per Medical Incident^{5,8}

\$500,000

	THS50	THS75	THS100
Annual Visit Maximums per Member ^{1,2}	• 12 visits in total for any combination of Primary Care, Specialty Care, and Urgent Care visits. • 9 pre-natal care visits per pregnancy. • 4 visits in total for mental health professional visits for the monitoring and management of psychiatric medications. • 12 sessions in total for any combination of Chiropractic Visits and Physical Therapy Sessions. • 10 sessions in total for any combination of Audiological, Cardiac, Hyperbaric, Naturopathic Care, Occupational, Optometric/Vision, Respiratory and Speech Therapy Sessions. • 2 emergency room visits maximum (up to \$2,000 is sharable per visit for eligible facility and physician charges combined).		
Annual Sharing Maximum Per Member	\$1,000,000		
Consultation Fees			
Telemedicine	Unlimited Use of Telemedicine Available 24/7 No Consultation Fee Annual Non-Sharable Amount (NSA) does not apply to telemedicine visits		
Annual Physical / Well Child Exam and Other Preventive Services ⁷ (Eligible for Sharing Prior to Meeting NSA)	After 90 days, Members are eligible for one Routine Physical (Adults) or Well Child Exam (Children) per year. Sharing for Routine Physical, Well Child Exam and other Preventive Care services combined is limited to \$1,000 per Member per year.		
Primary Care - Office Visits ¹⁰	\$25		
Specialty Care - Office Visits ¹⁰	\$50		
Urgent Care Visits	\$75		
Emergency Room ^{3,10}	\$300		

Footnotes are provided for clarification only. Please refer to the *Sharing Guidelines* for detailed information. In case of any discrepancies, the *Sharing Guidelines* will prevail.

1. The sharing programs have a waiting period of at least 90 days that applies to sharing for all medical services, except those related to Office and Emergency Room visits related to accidents, sickness, acute illness, and life-threatening emergencies. During the first 90 days, after you have paid the consultation fee for an office visit, up to \$300 is eligible for sharing for any combination of Primary Care, Urgent Care, or Specialty Care visit fees and any additional charges incurred during the visit. Telehealth visits with your Primary Care Practitioner or a Specialist will count toward your annual visit limit. If an emergency room visit results in an in-patient admission unrelated to pre-existing conditions, in-patient services unrelated to pre-existing conditions would also be eligible for sharing. In addition to this waiting period, there is restrictive sharing for pre-existing medical conditions. Pre-existing conditions are defined in the *Sharing Guidelines* and are shared as described below in note (2).
2. Conditions that exist at the time of enrollment that have evidenced symptoms and/or received treatment and/or medication within the past 24 months are not eligible for sharing during the first two years of Membership, except where specifically noted within the *Sharing Guidelines*. After the first two full years of continuous monthly membership, medical expenses incurred for a pre-existing condition are eligible for sharing up to the annual program limits inclusive of any other eligible, sharable medical expenses incurred throughout the Program Year, as if the condition was not pre-existing.
3. Emergency room cost sharing is only intended for treatment of medical conditions that are life threatening or could seriously jeopardize the health of the individual. If the member is admitted to the hospital, the consultation fee will be applied to the NSA. Pre-notification is required for all ER visits within forty-eight (48) hours following admission, or on the next business day after admission, to be eligible for sharing.
4. Elective cosmetic surgery is never eligible for sharing, except for reconstructive mammoplasty as a result of breast cancer. All outpatient imaging and diagnostic services otherwise has a 90-day waiting period and are only sharable at a non-hospital facility. Pre-notification is required for all hospital admissions. All Emergency Hospital admissions and Maternity admissions must be reported within forty-eight (48) hours following admission, or on the next business day after admission, to be eligible for sharing.
5. Maternity – For a member who has been Sharing Member continuously for at least ten (10) months; eligible Maternity expenses are shareable. Maternity sharing is limited to \$5,000 for normal delivery or a c-section that is not medically necessary, \$8,000 for c-section that is medically necessary and \$50,000 for combined expenses for the member and newborn arising from complications. Prenatal visits are limited to nine and are eligible for sharing 90 days after sharing program membership begins.
6. Non-Sharable amounts must be met in full before the sharing program begins to share, except where specifically noted in the *Sharing Guidelines*.
7. Annual Physicals, Well Child Exams and other Preventive Services have a 90-day waiting period before becoming eligible for sharing. Please consult the *Sharing Guidelines* for details. The sharing program shares a maximum \$1,000 per member per year for Annual Physical, Well Child Exams and other Preventive Services.
8. Medical Incident means a medically diagnosed condition and all medical treatment(s) received and medical expenses incurred relating to that diagnosis of such condition (i.e., all medical bills of any nature relating to the same diagnosis are part of the same Medical/Incident).
9. Professional & Ancillary (POS) Network - This network access shall be limited to the MultiPlan/PHCS Practitioner and Ancillary Network providers, including Physicians, Laboratory, Pathology, Urgent Care and Radiology facilities. In-Network Providers can be found at: <http://findprovider.universalhealthfellowship.org>. For services that are deemed sharable and received from the Multiplan / PHCS Practitioner & Ancillary Network, charges from medical professionals linked to those services will also be considered sharable, subject to medical necessity and program limitations. If a Facility is in-network and is owned by a hospital, the service will be considered sharable subject to program provisions, waiting periods, medical necessity, and pre-existing conditions. All Hospital Owned Facility expense sharing will be calculated at the lesser of billed charges or 155% of Medicare's allowable amount for services that are determined to be sharable.
10. After your payment of the Consultation Fee, up to \$300 combined for Primary Care, Urgent Care, or Specialty Care visit fees and any additional charges incurred during the visit are eligible for sharing. Other visits requiring a consultation fee, including emergency room visits that don't result in an admission, are subject to non-sharable amounts and are sharable at your program rates.
11. All Primary Care Practitioners including Physicians, General Practitioners, Family Practitioners, Internists, Geriatricians, Pediatricians, and OB-GYNs, regardless of network affiliation, are considered in network. You can always determine in advance whether a practitioner or ancillary facility is in-network by contacting your Customer Service team. UHS programs encourage the utilization of Primary Care services; Universal Health Fellowship recognizes members may have existing relationships with Primary Care Practitioners who do not participate in the PHCS networks. Therefore, Primary Care services will be shareable subject to the specific program provisions regardless of network affiliation. Eligible medical expenses resulting from utilization of Primary Care Practitioners and eligible charges from such Practitioners will be sharable at the lesser of billed charges or 155% of Medicare's allowable amount.
12. Specialist services will be shareable regardless of network affiliation, subject to all specific program provisions. Eligible medical expenses resulting from utilization of Specialists will be sharable at the lesser of billed charges or 140% of Medicare's allowable amount. An out-of-network specialist may or may not accept this referenced based reimbursement as payment in full and could subsequently balance bill the member for the difference.

It Is Important to Understand:

Universal Health Fellowship, Inc., is a health care sharing ministry (“HCSM”) that provides the Universal HealthShare Programs (“UHF Sharing Programs”) for its members. It is important to understand that UHF Sharing Programs are NOT INSURANCE and that there are significant differences between HCSM programs and traditional health insurance plans. These differences are explained in detail within the *Program Sharing Guidelines*.

NOTICE REGARDING FEDERAL AND STATE INDIVIDUAL HEALTH COVERAGE MANDATES

The Affordable Care Act (“ACA”) required most individuals to have qualifying health insurance coverage (an “Individual Mandate”) or make a shared responsibility payment (“Tax Penalty”) when filing their federal income tax return unless they qualified for one of the available exemptions from the Individual Mandate (an “Exemption”). The ACA provided an Exemption for members of a “Health Care Sharing Ministry” (“HCSM”) as defined in the statute. Originally, sharing plans would be reviewed by the Centers for Medicare & Medicaid Services (“CMS”) for purposes of determining if they met the definition of an HCSM for purposes of the provision of certificates of Exemption to members of the sharing program (“Certification”). However, the tax bill signed by President Donald Trump on Dec. 22, 2017, effectively repealed the ACA’s Tax Penalty, and CMS subsequently stopped conducting Certification reviews and approving member Exemptions for HCSM’s because the elimination of the Tax Penalty eliminated the need for an Exemption, which made the review unnecessary.

However, although the ACA Tax Penalty has been eliminated, a number of states (including, as of January 2020, California, Massachusetts, New Jersey, Rhode Island and Vermont, as well as the District of Columbia) have adopted their own Individual Mandate laws, some of which impose a state Tax Penalty on certain residents who do not either have the requisite health insurance coverage or qualify for an Exemption from the state Individual Mandate. In most such states, there is an Exemption for persons who are members of a sharing program that meets the state’s definition of an HCSM. Many such states define an HCSM, in whole or in part, by referring to the ACA’s definition.

It is each individual’s responsibility to determine: (1) if their state of residence has an Individual Mandate; (2) if they are or could be subject to a state Tax Penalty; and (3) whether or not they will qualify for an Exemption. As noted above, certain state Individual Mandates refer to the ACA definition or federal Certification of HCSM’s, but CMS no longer reviews or provides Certification for HCSM’s. Please understand that neither Universal Health Fellowship, Inc. nor any of its affiliates or representatives can guarantee or represent or warrant that participation in any Universal HealthShare Program will satisfy the requirements under the laws and regulations of any particular state for purposes of obtaining an Exemption from a state Individual Mandate or avoiding any Tax Penalty that might be imposed in the absence of an HCSM Exemption.

Health sharing programs are not available in all states. To read the most up-to-date notices from states that have issued legal notices related to sharing programs, click here:

<https://www.universalhealthfellowship.org/state-notices/>

To read the most up-to-date notices from states that have adopted their own Individual Mandate, or “individual shared responsibility” regulations and tax penalties, click here:

<https://www.universalhealthfellowship.org/Mandate-Notice/>