



OneShare Health *Complete* Programs



Health Care Sharing Programs for
Individuals & Family

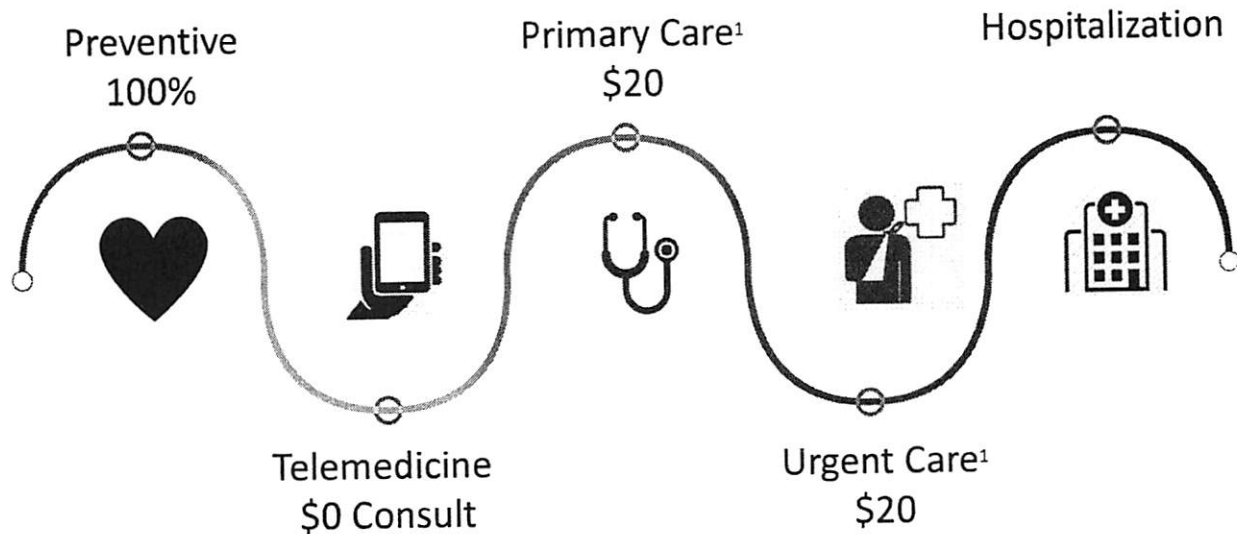
www.OneShareHealth.com

833.546.4478

Why Choose OneShare Health

Your health is our mission!

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



✓ Multiplan PHCS Network	OneShare Health provides you access to the largest PPO Network in the nation with over 1 million providers.
✓ Healthcare Sharing Eligibility	Your sharing includes services such as primary care, specialists, urgent care, hospitals and more!
✓ Telemedicine	Talk to a doctor 24/7 for your acute care needs and even get a prescription if medically appropriate. Not available for sharing.
✓ Membership Discount Services²	
✓ Prescription Discount Services	You have access to over 60,000 pharmacies. Show them your card and receive 15% to 80% savings on generic drugs and 15% - 25% on brand name drugs.
✓ Vision Discount Services	Members save 20% - 40% off the retail price of eyewear with the EyeMed Vision Care Access Plan D discount program. Discounts on exams, eyewear, and contact lenses from more than 90,000 providers nationwide.
✓ Dental Discount Services	Save 20% – 60% on most dental procedures including routine oral exams, unlimited cleanings, and major work such as root canals, crowns and dentures. 20% savings on orthodontics and more!
✓ Diabetic Discount Supplies	20% – 30% off retail price. Disposable Medical Supplies – 20% to 40% off retail price and more!

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

OneShare Health Complete Basic



SHARING SERVICES	BASIC In Network	BASIC Out of Network
Individual ISA	\$1,000 / \$2,500 / \$5,000 / \$10,000	
Family ISA	\$3,000 / \$7,500 / \$15,000 / \$30,000	
Individual Out of Pocket Max	\$3,000 / \$7,500 / \$15,000 / \$30,000	
Family Out of Pocket Max	\$9,000 / \$22,500 / \$45,000 / \$90,000	
Preventive Services	100%	50% after ISA
Primary Care Physician, Pediatric, OB/GYN ¹	\$50 Visit Fee	50% after ISA
Urgent Care Facility	\$100 Visit Fee	50% after ISA
Diagnostic / X-Ray Labs	60% after ISA	50% after ISA
Specialists	\$125 Visit Fee \$0 visit fee after ISA	50% after ISA
Telemedicine	\$0 Consult Fee	\$0 Consult Fee
Prescription Discount Program ²	EnvisionRX	EnvisionRX
Emergency Room	\$500 Visit Fee	\$500 Visit Fee
Maternity ³	\$5,000 Maximum	Not Included unless life threatening emergency.
In/Out Patient Surgery	60% after ISA 2 month waiting period ⁴	50% after ISA 2 month waiting period ⁴
Hospitalization	60% after ISA	50% after ISA
Maximum Limit Per Incident	N/A	N/A
Lifetime Sharing Maximum	\$1,000,000	\$1,000,000
End of Life Sharing Death certificate required	Primary Member \$10,000. Spouse \$6,000, Dependent \$2,000. Must be enrolled in the Program. There is a 12 month waiting period for End of Life Sharing.	

See Program Disclosures for full details, limitations and applicable ISA for all Sharing Services. ¹OB/GYN for well woman visits only.

² 50% Eligible sharing when the member has a minimum of \$1,200 in prescriptions expenses within the program year. Sharing Maximum limit of \$3,000. ³Natural Delivery. ⁴Life threatening emergency, sharing is eligible immediately.

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This program is ACA exempt. See www.OneShareHealth.com for full disclosures of Programs.

OneShare Health *Complete* Enhanced

SHARING SERVICES	Enhanced In Network	Enhanced Out of Network
Individual ISA	\$1,000 / \$2,500 / \$5,000 / \$10,000	
Family ISA	\$3,000 / \$7,500 / \$15,000 / \$30,000	
Individual Out of Pocket Max	\$3,000 / \$7,500 / \$15,000 / \$30,000	
Family Out of Pocket Max	\$9,000 / \$22,500 / \$45,000 / \$90,000	
Preventive Services	100%	60% after ISA
Primary Care Physician, Pediatric, OB/GYN ¹	\$35 Visit Fee	60% after ISA
Urgent Care Facility	\$75 Visit Fee	60% after ISA
Diagnostic / X-Ray Labs	70% after ISA	60% after ISA
Specialists	\$75 Visit Fee \$0 visit fee after ISA	60% after ISA
Telemedicine	\$0 Consult Fee	\$0 Consult Fee
Prescription Discount Program ²	EnvisionRX	EnvisionRX
Emergency Room	\$300 Visit Fee	\$500 Visit Fee
Maternity ³	\$5,000 Maximum	Not Included unless life threatening emergency.
In/Out Patient Surgery	70% after ISA 2 month waiting period ⁴	60% after ISA 2 month waiting period ⁴
Hospitalization	70% after ISA	60% after ISA
Maximum Limit Per Incident	N/A	N/A
Lifetime Sharing Maximum	\$1,000,000	\$1,000,000
End of Life Sharing Death certificate required	Head of Household \$10,000. Must be enrolled in program. Spouse \$6,000, Dependent \$2,000.	

See Program Disclosures for full details, limitations and applicable ISA for all Sharing Services. ¹OB/GYN for well woman visits only.

² 50% Eligible sharing when the member has a minimum of \$1,200 in prescriptions expenses within the program year. Sharing Maximum limit of \$3,000. ³Natural Delivery. ⁴Life threatening emergency, sharing is eligible immediately.

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OneShare Health Complete Crown



SHARING SERVICES	Crown In Network	Crown Out of Network
Individual ISA	\$1,000 / \$2,500 / \$5,000 / \$10,000	
Family ISA	\$3,000 / \$7,500 / \$15,000 / \$30,000	
Individual Out of Pocket Max	\$3,000 / \$7,500 / \$15,000 / \$30,000	
Family Out of Pocket Max	\$9,000 / \$22,500 / \$45,000 / \$90,000	
Preventive Services	100%	70% after ISA
Primary Care Physician, Pediatric, OB/GYN ¹	\$20 Visit Fee	70% after ISA
Urgent Care Facility	\$75 Visit Fee	70% after ISA
Diagnostic / X-Ray Labs	80% after ISA	70% after ISA
Specialists	\$75 Visit Fee \$0 visit fee after ISA	70% after ISA
Telemedicine	\$0 Consult Fee	\$0 Consult Fee
Prescription Discount Program ²	EnvisionRX	EnvisionRX
Emergency Room	\$150 Visit Fee	\$300 Visit Fee
Maternity ³	\$5,000 Maximum	Not Included unless life threatening emergency
In/Out Patient Surgery	80% after ISA 2 month waiting period ⁴	70% after ISA 2 month waiting period ⁴
Hospitalization	80% after ISA	70% after ISA
Maximum Limit Per Incident	N/A	N/A
Lifetime Sharing Maximum	\$1,000,000	\$1,000,000
End of Life Sharing Death certificate required	Head of Household \$10,000. Must be enrolled in program. Spouse \$6,000, Dependent \$2,000.	

See Program Disclosures for full details, limitations and applicable ISA for all Sharing Services. ¹OB/GYN for well woman visits only.

² 50% Eligible sharing when the member has a minimum of \$1,200 in prescriptions expenses within the program year. Sharing Maximum limit of \$3,000. ³Natural Delivery. ⁴Life threatening emergency, sharing is eligible immediately.

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OneShare Health *Complete* Monthly Contributions



Age	Basic			Enhanced			Crown		
\$1,000 Individual Sharing Amount <i>per program year</i>									
Age Bands	Member	Member +1	Family	Member	Member +1	Family	Member	Member +1	Family
18-29	328.70	493.05	657.40	394.44	591.66	788.88	438.27	657.40	876.53
30-39	410.87	616.32	821.75	493.05	739.58	986.10	547.83	821.75	1095.66
40-49	451.96	677.95	924.47	542.36	813.54	1109.36	602.62	903.93	1232.63
50-59	554.68	955.28	1129.91	665.62	1146.34	1355.89	739.58	1273.71	1506.55
60-64	719.04	1253.17	1335.34	862.84	1503.80	1602.41	958.71	1670.89	1780.46
\$2,500 Individual Sharing Amount <i>per program year</i>									
18-29	294.69	442.04	589.40	353.64	530.45	707.27	392.93	589.40	785.85
30-39	368.37	552.55	736.75	442.04	663.07	884.09	491.16	736.75	982.32
40-49	405.20	607.82	828.84	486.25	729.38	994.60	540.28	810.42	1105.11
50-59	497.30	856.46	1013.02	596.76	1027.76	1215.62	663.07	1141.95	1350.70
60-64	644.65	1123.53	1197.21	773.58	1348.24	1436.64	859.53	1498.05	1596.27
\$5,000 Individual Sharing Amount <i>per program year</i>									
18-29	272.03	408.04	544.05	326.43	489.65	652.87	362.70	544.05	725.41
30-39	340.03	510.05	680.07	408.04	612.07	816.09	453.38	680.07	906.76
40-49	374.04	561.05	765.08	448.85	673.27	918.10	498.71	748.08	1020.11
50-59	459.04	790.58	935.10	550.86	948.69	1122.11	612.07	1054.11	1246.79
60-64	595.07	1037.11	1105.11	714.08	1244.53	1326.13	793.42	1382.81	1473.48
\$10,000 Individual Sharing Amount <i>per program year</i>									
18-29	217.63	326.43	435.24	261.15	391.72	522.29	290.16	435.24	580.33
30-39	272.03	408.04	544.05	326.43	489.65	652.87	362.70	544.05	725.41
40-49	299.23	448.85	612.07	359.08	538.61	734.47	398.98	598.46	816.09
50-59	367.24	632.46	748.08	440.69	758.95	897.69	489.65	843.29	997.44
60-64	476.04	829.68	884.09	571.26	995.62	1060.91	634.74	1106.24	1178.79

Families of 6 or more, additional contribution amount of \$45 per additional child. Tobacco users, additional \$60 contribution amount per member.

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100% Preventive Services USPSTF

Evidence based items or services rated A or B in the United States Preventive Services Task Force recommendations.

Recommendations of the Advisory Committee on Immunization Practices adopted by the Director of the Centers for Disease Control and Prevention.

Comprehensive guidelines for infants, children, and adolescents supported by the Health Resources and Services Administration (HRSA); and Comprehensive guidelines for women supported by the Health Resources and Services Administration (HRSA).



ADULTS

- Blood Pressure Screening
- Cholesterol Screening
- Colorectal Cancer Screening
- Depression Screening
- Type II Diabetes Screening
- Diet Counseling
- HIV Screening



CHILDREN

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



IMMUNIZATIONS AND INJECTIONS

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



WOMEN

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

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

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and its product should never be considered insurance, and neither its guidelines nor plan of operation is an insurance policy. If you join this organization instead of purchasing health insurance, you will be considered uninsured. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills. This organization is not regulated by the State's Department of Insurance, though complaints concerning this Health Care Sharing Ministry may be reported to the office of the State Attorney General. You should review this organization's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs.

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

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

Kentucky Revised Statute 304.1-120(7):

NOTICE: UNDER KENTUCKY LAW, THE RELIGIOUS ORGANIZATION FACILITATING THE SHARING OF MEDICAL EXPENSES IS NOT AN INSURANCE COMPANY, AND ITS GUIDELINES, PLAN OF OPERATION, OR ANY OTHER DOCUMENT OF THE RELIGIOUS ORGANIZATION DO NOT CONSTITUTE OR CREATE AN INSURANCE POLICY. PARTICIPATION IN THE RELIGIOUS ORGANIZATION OR A SUBSCRIPTION TO ANY OF ITS DOCUMENTS SHALL NOT BE CONSIDERED INSURANCE. ANY ASSISTANCE YOU RECEIVE WITH YOUR MEDICAL BILLS WILL BE TOTALLY VOLUNTARY. NEITHER THE ORGANIZATION OR ANY PARTICIPANT SHALL BE COMPELLED BY LAW TO CONTRIBUTE TOWARD YOUR MEDICAL BILLS. WHETHER OR NOT YOU RECEIVE ANY PAYMENTS FOR MEDICAL EXPENSES, AND WHETHER OR NOT THIS ORGANIZATION CONTINUES TO OPERATE, YOU SHALL BE PERSONALLY RESPONSIBLE FOR THE PAYMENT OF YOUR MEDICAL BILLS.

Maryland Article 48, §1-202(4):

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

Pennsylvania 40 Penn. Statute §23(b):

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

Our Statement of Beliefs

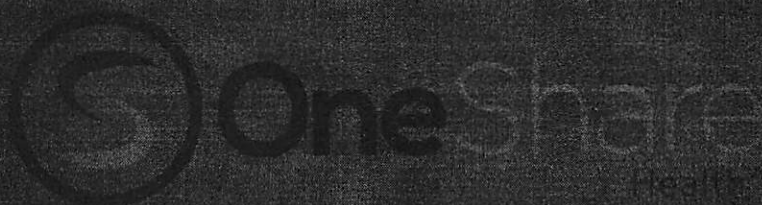
We believe in the sanctity and dignity of every human life, and that every life has a special meaning and purpose.

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

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

We believe that every person has the fundamental right to make their own choices about healthcare.

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



Made with ♥ in Texas

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