

ASH is not an insurance company, nor does the program represent a 'contract for payment'.



Alliance for Shared Health

A Healthcare Sharing Ministry of BAIC

SUMMIT Sharing Level

Offered through Shared Health Alliance
www.sharedhealthalliance.com



What is
**SHARED
HEALTH
ALLIANCE**

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Shared Health Alliance has long-standing relationships in the health share world and delivers essential benefits and solutions to help make healthcare more affordable and more accessible. We have partnered with industry leading organizations that help our members get and stay healthy.

TAKE CONTROL
Of Your Health Care

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What is ALLIANCE FOR SHARED HEALTH

Alliance for Shared Health (ASH) is an IRS-approved 501(c)3 non-profit health share ministry. ASH facilitates the sharing of member medical needs between members based upon the sharing level at which each member chooses to participate.

- ASH is not a contract for insurance, but rather a community of people that share a common passion to change health care and change lives.
- ASH members have a global vision and are part of an international health share ministry.
- ASH members become international members of Bible Army International Church, however members maintain the church affiliation and/or membership of their choosing in the United States.
- ASH's predecessor has been sharing in health care needs since 1996.

Once you get an idea of the impact in what we are going to be able to do together, you can't help but get excited.

-CURTIS ANDERSON
ASH Board Of Directors



ASH members are part of a global vision to change healthcare and change lives. ASH's health care predecessor is Bible Army International Church (BAIC). They began in 1996, focusing on the widespread outbreak of HIV. Today, the largest killers include neonatal disorders, diarrheal diseases, and lower respiratory infections.

ASH is legally and contractually conjoined to its sharing predecessor – BAIC. ASH members share medical needs through this connection and are literally helping to save lives through the medical treatment it is helping to facilitate.

One dollar (\$1) per household per month from every U.S. based ASH member goes to support medical sharing in Ethiopia. Every U.S. dollar that is sent is the equivalent of \$7 dollars over there. ASH members have helped to fund a new pediatric hospital that will help fight severe malnutrition and neo-natal disorders. Children are living today because of ASH members global commitment.

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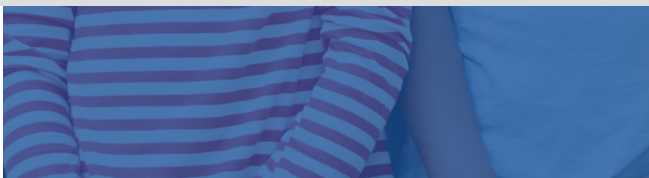
ASH members become part of a community of people that help each other through one of life's biggest challenges - health care access and cost. When you join ASH, you become part of ASH'S collective mission to change health care and change lives.

Mike Hentges
ASH President

Statements of **BELIEFS**

1. Of supreme importance to ASH members is the need to unite in a spirit of compassion, regardless of race, denomination, age, gender, sexual persuasion, or political affiliation. This compassion is displayed specifically in the area of sharing health care expenses.
2. We are bound by a common passion to use our collective resources to help people struggling with the financial, physical, and emotional burden of health care expenses.
3. We believe it is our right to direct our own health care, free from government dictates, restraints, or oversight, and want to be a part of a health share community whose mission is to assist members through their personal health care challenges.
4. ASH members agree to be bound by the established member guidelines and sharing levels, as well committing to monthly contribution levels based upon the sharing level they individually choose.
5. ASH members understand that their participation is voluntary and does not represent a contract for insurance. Members understand that their medical needs will be shared based upon the sharing level in which they choose to participate.

Alliance for Shared Health acts as a neutral third party to facilitate the need request payments, and may use vendors, at its discretion, to strengthen and support membership. ASH has teamed up with Free Market Administrators (FMA) to service the medical sharing needs of the community, distribute payments to providers, and to provide sharing summary statements to participants.



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MEMBER ID CARDS

Please be on the lookout for your ID Cards. This is a copy of the envelopes that you will be receiving. Do not discard!

IMPORTANT PLAN INFORMATION

PERSONAL AND CONFIDENTIAL
IF THIS LETTER IS NOT ADDRESSED TO YOU
DO NOT OPEN
RETURN TO POSTAL CARRIER UNOPENED

FIRST CLASS MAIL
PRESORT
U.S. POSTAGE PAID
RCS

 SHARED HEALTH ALLIANCE
600 Mason Ridge Center Dr.
Floor 2
St. Louis, MO 63141


Member Name
123 Street
City, State, Zip


FIRST CLASS MAIL


Member Assistance:
Customer Service: (800) 511-6388 Option 1
Locate a PHCS Provider: (877) 499-6111 or
visit <https://www.multiplan.com/webcenter/freemarketadmin>
SHARE Connected Care: (833)4
SHARx: Taking a high cost mail
Visit <http://SHARxplan.com/S>


Provider Assistance:
Needs Verification: (800) 511-6
Pre-Cert required for MRI and
Submit Claims to: PO Box 1810,
Payer ID: 88067 Emdeon

29790v01 free market


 **ASH**
CHANGING HEALTHCARE.
CHANGING LIVES.

 **PHCS**
Practitioner &
Ancillary Only

 **ASH**
CHANGING HEALTHCARE.
CHANGING LIVES.

 **SUMMIT**

PCP Visit Fee: \$50 | Specialist Visit Fee: \$75
Membership Level: SUM001
Sharing Level: \$productbenefitlevel
Effective Date: \$effective_short
Member Name: \$membername
Member ID: \$memberid

Group: SHARESCRIPTS01 | BIN: 610268
PCN: PHXM Pharmacy Help Line: (877) 643-2067 

This card is only for identification purposes and does not guarantee coverage. Eligibility verified during online processing.

*Sample ID.

Electronic copies of your ID Card can be downloaded from your member portal.

CLICK HERE
to visit the new Member Portal!

We are committed to providing excellent Customer Service. If you have any questions or concerns about your ID card or healthcare needs, please do not hesitate to call us at 314-594-0600 between the hours of 8:00 am and 5:00 pm (Central).

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SUMMIT SHARING LEVEL

SHARE Connected Care**

SHARE Connected Primary Care - Unlimited Visits; Diagnosis and Treatment of approx. 1500 Conditions	\$0 Encounter Fee
SHARE Connected Urgent Care – 24/7/365	\$0 Encounter Fee

MRAs & Sharing Maximums

Member Responsibility Amount (MRA)	Choose \$500/\$1,000/\$2,500/\$5,000 <small>(3x per membership year for single/ 5x per membership year for family)</small>
Annual & Lifetime Sharing Maximum	\$1,000,000 Annually; Unlimited Lifetime

Outpatient Sharing Services*

Network	PHCS
Preventive Needs Sharing <small>(waiting period applies)</small> Max sharing for mammograms is \$500 and colonoscopies is \$1,500 Waiting Period of 3 months 6 month waiting period on colonoscopies	In-Network: \$0 Visit fee Non-Network: \$100 Visit Fee MRA does not apply
PCP Visits	\$50 Visit Fee with 2 visits per membership year combined with Specialist; MRA per incident after 2 visits
Specialist Visits <small>(Referral from SHARE Connected Care required)</small>	\$75 Visit Fee with 2 visits per membership year combined with PCP; MRA per incident after 2 visits
Urgent Care <small>(Referral from SHARE Connected Care required)</small>	MRA per incident

Maternity*

Maternity sharing is subject to \$5,000 MRA for a normal delivery, then shareable at 100%. Members must have an expected due date for delivery at least 300 days after joining ASH for bills to be eligible for sharing.

Facility/Inpatient Services*

In / Out patient surgery	100% shareable after MRA
Hospital / Facility Services	100% shareable after MRA
Emergency / Ambulance Additional \$1500 MRA applies (waived if admitted)	100% shareable after MRA

Prescription Sharing*

LEVEL 1	Medications under \$50 for 30 Day Supply	\$10 MRA
LEVEL 2	Medications costing \$50 - \$149 for 30 Day Supply	\$20 MRA or 20% min
LEVEL 3	Medications costing \$150 - \$400 for 30 Day Supply	40% MRA (1 Fill Only)

High Cost Medications**

Members needing access to maintenance and specialty medications costing over \$150 per month work with an advocate after registering online. Advocates access these medications using our proprietary program.

*Sharing services facilitated by ASH, please refer to Member Guidelines for sharing limitations and restrictions.

**These programs are accessed through outside vendors not affiliated with ASH.

PREVENTIVE CARE SERVICES

The following table represents the type of preventive medical services currently shared under the Summit Sharing level as well as the permitted interval and any requirements of such preventive medical services. If a preventive medical service does not have a specific interval under law or regulation, the interval for that preventive medical service is once per membership year.

You may have to pay for services that aren't preventive. Preventive sharing is limited to 1 visit per membership year and 1 immunization of each type.

MEDICAL SERVICE	INTERVAL	DESCRIPTION
Abdominal aortic aneurysm screening	1 per lifetime	By ultrasonography in men ages 65-75 years who have ever smoked.
Adult Annual Exam	1	Standard preventive adult annual exam.
Alcohol misuse: screening and counseling	1	Screenings for adults age 18 years or older for alcohol misuse and provide person engaged in risky or hazardous drinking with brief behavioral counseling interventions to reduce alcohol misuse.
Aspirin: preventive medication	As prescribed	Initiating low-dose aspirin use for the primary prevention of cardiovascular disease and colorectal cancer in adults aged 50 to 59 years who have a 10% or greater 10-year cardiovascular risk, are not at increased risk for bleeding, have a life expectancy of at least 10 years, and are willing to take low-dose aspirin daily for at least 10 years.
		Use of low-dose aspirin (81 mg/d) after 12 weeks of gestation in pregnant women who are at high risk for preeclampsia.
Bacteriuria screening	1	Screening for asymptomatic bacteriuria with urine culture in pregnant women at 12 to 16 weeks' gestation or at the first prenatal visit, if later.
Blood pressure screening	1	Screening for high blood pressure in adults aged 18 or older.
BRCA risk assessment and genetic counseling	1	Screening to women who have family members with breast, ovarian, tubal, or peritoneal cancer with one of several screening tools designed to identify a family history that may be associated with an increased risk for potentially harmful mutations in breast cancer susceptibility genes (BRCA1 or BRCA2). Women with positive screening results should receive genetic counseling and, if indicated after counseling, BRCA testing (test is not shareable).
Breast cancer preventive medications	1	Risk-reducing medications, such as tamoxifen or raloxifene for women who are at increased risk for breast cancer and at low risk for adverse medication effects.

MEDICAL SERVICE	INTERVAL	DESCRIPTION
Breast cancer screening	every 1 to 2 years	Screening mammography for women over 40 years. Includes 2D and 3D mammograms. Maximum sharing \$500.
Breastfeeding interventions	2	Interventions during pregnancy and after birth to support breastfeeding.
Cervical cancer screening: with cytology (Pap smear)	1 time every 3 years	Women age 21 to 65 years.
Cervical cancer screening: with combination of cytology and human papillomavirus (HPV) testing	1 time every 5 years	Women age 30 to 65 years who want to lengthen the screening interval.
Child Wellness Exam	Graduated schedule	Standard preventive exam. 6 wellness visits birth to 12 months 7 wellness visits from ages 1-4 1 wellness visit per year from ages 5-17
Chlamydia screening	1	Sexually active women age 24 and younger and in older women who are at increased risk infection.
Colorectal cancer screening	1 time every 5 years	Starting in adults at age 50 years and continuing until age 75 years. Maximum sharing \$1,500.
Contraceptive methods and counseling	As prescribed	Food and Drug Administration (FDA) approved contraceptive methods (GenericOnly), and patient education and counseling for all women with reproductive capacity, not including abortifacient drugs.
Depression screening	1	Screening for major depressive disorder (MDD) in adolescents aged 12 to 18 years. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up. Screening for depression in the general adult population, including pregnant and postpartum women. Screening should be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment, and appropriate follow-up.
Diabetes screening	1	Screening for abnormal blood glucose as part of cardiovascular risk assessment in adults aged 40 to 70 years who are overweight or obese. Clinicians should offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical activity.
Falls prevention: exercise or physical therapy	As prescribed	Community-dwelling adults age 65 years and older who are at increased risk for falls.
Folic acid supplementation	As purchased	Daily supplement containing 0.4 to 0.8 mg (400 to 800 µg) of folic acid for all women planning or capable of pregnancy.
Gestational diabetes mellitus screening	1	Asymptomatic pregnant women after 24 weeks of gestation.
Gonorrhea prophylactic medication	1	Prophylactic ocular topical medication for all newborns for the prevention of gonococcal ophthalmia neonatorum.

MEDICAL SERVICE	INTERVAL	DESCRIPTION
Gonorrhea screening	1	Sexually active women age 24 years and younger and in older women who are at increased risk for infection.
Healthy diet and physical activity counseling to prevent cardiovascular disease	1	Adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors to intensive behavioral counseling interventions to promote a healthful diet and physical activity for CVD prevention.
Hemoglobinopathies screening	1	Screening for sickle cell disease in newborns.
Hepatitis B screening	1	Adolescents and adults at high risk for infection.
		Pregnant women at their first prenatal visit.
Hepatitis C virus (HCV) infection screening	1	Adolescents and adults at high risk for infection.
		Adults ages 18-79.
HIV screening	1	Adolescents and adults aged 15 to 65 years. Younger adolescents and older adults who are at increased risk should also be screened.
		Pregnant women including those who present in labor who are untested and whose HIV status is unknown.
Hypothyroidism screening	1	Screening for congenital hypothyroidism in newborns.
Intimate partner violence screening	1	Women of child bearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services.
Lung cancer screening	1	With low-dose computed tomography in adults aged 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years. Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.
Obesity screening and counseling	1	To children and adolescents 6 years and older and offer or refer them to comprehensive, intensive behavioral interventions to promote improvements in weight status.
		Screening all adults. Clinicians should offer or refer patients with a body mass index of 30 kg/m ² or higher to intensive, multicomponent behavioral interventions.
Osteoporosis screening	1	For women over age 60 or at high risk
Phenylketonuria screening	1	Screening for phenylketonuria in newborns.
Preeclampsia screening	1	Pregnant women with blood pressure measurements throughout pregnancy.
Rh incompatibility screening: first pregnancy visit	1	Rh (D) blood typing and antibody testing for all pregnant women during their first visit for pregnancy-related care.

MEDICAL SERVICE	INTERVAL	DESCRIPTION
Rh incompatibility screening: 24–28 weeks' gestation	1	Repeated Rh (D) antibody testing for all unsensitized Rh (D)-negative women at 24 to 28 weeks' gestation, unless the biological father is known to be Rh (D)-negative.
Sexually transmitted infections counseling	1	Intensive behavioral counseling for all sexually active adolescents and for adults who are at increased risk for sexually transmitted infections.
Skin cancer behavioral counseling	1	Counseling children, adolescents, and young adults aged 10 to 24 years who have fair skin about minimizing their exposure to ultra violet radiation to reduce risk for skin cancer.
Statin preventive medication	As prescribed	Adults without a history of cardiovascular disease (CVD) (i.e., symptomatic coronary artery disease or ischemic stroke) use a low to moderate dose statin for the prevention of CVD events and mortality when all of the following criteria are met: 1) they are aged 40 to 75 years; 2) they have 1 or more CVD risk factors (i.e., dyslipidemia, diabetes, hypertension, or smoking); and 3) they have a calculated 10-year risk of a cardiovascular event of 10% or greater. Identification of dyslipidemia and calculation of 10-year CVD event risk requires universal lipids screening in adults ages 40 to 75 years.
Tobacco use counseling and interventions	2	Ask all adults about tobacco use, advise them to stop using tobacco, and provide behavioral interventions and U.S. Food and Drug Administration (FDA) approved pharmacotherapy for cessation to adults who use tobacco.
		Ask all pregnant women about tobacco use, advise them to stop using tobacco, and provide behavioral interventions for cessation to pregnant women who use tobacco.
		Interventions, including education or brief counseling, to prevent initiation of tobacco use in school-aged children and adolescents.
Tuberculosis screening	2	Adults at increased risk.
Syphilis screening	2	In persons who are at increased risk for infection.
		All pregnant women.
Vision screening	1 time every 2 years	All children aged 3 to 5 years to detect amblyopia or its risk factors.
Well-woman visits	1	Adult women to obtain the recommended preventive services that are age and developmentally appropriate, including preconception care and many services necessary for prenatal care.

We are committed to providing excellent Customer Service. If you have any questions or concerns about your PREVENTIVE Care Services, please do not hesitate to call us at 314-594-0600 between the hours of 8:00 am and 5:00 pm (Central).

PREVENTIVE IMMUNIZATIONS

VACCINE	REQUIREMENT
HepB-1	Newborn
HepB-2	Aged 4 weeks –2 months
HepB-3	Aged 24 weeks –18 months
DTaP-1	Aged 6 weeks –2 months
DTaP-2	Aged 10 weeks –4 months
DTaP-3	Aged 14 weeks –6 months
DTaP-4	Aged 12-18 months
DTaP-5	Aged 4-6
Hib-1	Aged 6 weeks –2 months
Hib-2	Aged 10 weeks –4 months
Hib-3	Aged 14 weeks –6 months
Hib-4	Aged 12-15 months
IPV-1	Aged 6 weeks –2 months
IPV-2	Aged 10 weeks –4 months
IPV-3	Aged 14 weeks –18 months
IPV-4	Aged 4-6
PCV-1	Aged 6 weeks –2 months
PCV-2	Aged 10 weeks –4 months
PCV-3	Aged 14 weeks –6 months
PCV-4	Aged 12-15 months
MMR-1	Aged 12-15 months
MMR-2	Aged 13 months –6
Varicella-1	Aged 12-15 months
Varicella-2	Aged 15 months –6
HepA-1	Aged 12-23 months
HepA-2	Aged 18 months or older
Influenza, inactivated (flu shot)	Aged 6 months or older
LAIV (intranasal)	Aged 2-49
MCV4-1	Aged 2-12
MCV4-2	Aged 11 years, 8 weeks –16
MPSV4-1	Aged 2 or older
MPSV4-2	Aged 7 or older

VACCINE	REQUIREMENT
Td	Aged 7-12
Tdap	Aged 7 or older
PPSV-1	Aged 2 or older
PPSV-2	Aged 7 or older
HPV-1	Aged 9-12
HPV-2	Aged 9 years, 4 weeks –12 years, 2 months
HPV-3	Aged 9 years, 24 weeks –12 years, 6 months
Rotavirus-1	Aged 6 weeks –2 months
Rotavirus-2	Aged 10 weeks –4 months
Rotavirus-3	Aged 14 weeks –6 months
Herpes Zoster	Aged 60 years or older

Preventive and Wellness Sharing: Exclusions

Some health care services are not sharable under this membership. The following is an example of services that are generally not sharable.

- Any medical service, treatment or procedure not specified as shareable under this Sharing Level.
- Office visits, physical examinations, immunizations, and tests when required solely for the following:
 - Sports
 - Camp
 - Employment
 - Travel
 - Insurance
 - Marriage
 - Legal proceedings
- Routine foot care for treatment of the following:
 - Flat feet
 - Corns
 - Bunions
 - Calluses
 - Toenails
 - Fallen arches
 - Weak feet
 - Chronic foot strain
- Rehabilitative therapies
- Dental procedures
- Any other expense, bill, charge, or monetary obligation not shareable under this program, including but not limited to all nonmedical service expenses, bills, charges, and monetary obligations. Unless the medical service is explicitly provided by this Schedule of Sharing or otherwise explicitly provided in the Member Guidelines, this program does not share the medical service or any related expense, bill, charge, or monetary obligation to the medical service.

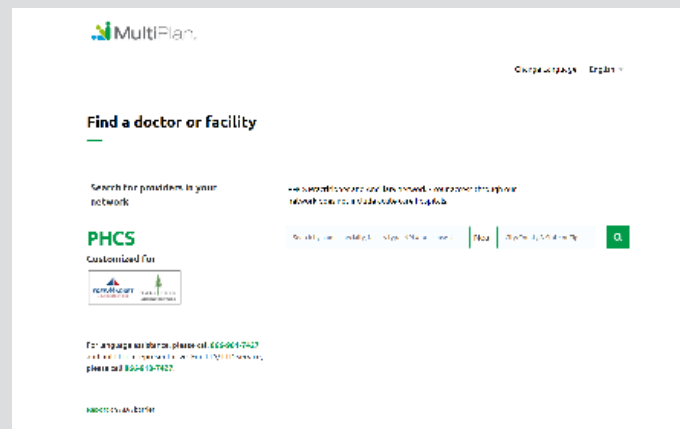
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SHA NETWORK ACCESS



Shared Health Alliance gives you access to providers in the PHCS network–A national PPO network, with over 90,000 ancillary facilities and over 1 million health care professional service locations. Access is wide-ranging –more than 96 percent of people in the United States are within 20 miles of a network provider.



PHCS's provider locator assistance toll-free number:

877-499-6111

Provider locator website address for PHCS:

www.multiplan.com/ashmember

Can I only go to a provider that is in network?

No. Members enrolled in the Summit Sharing Level have the freedom to go to any provider they choose. If you don't have a network provider in your area, you can still go to any provider and ASH will share your expenses per the sharing level you are in based upon reasonable and allowed amounts. This reimbursement methodology is referred to as Reference Based Pricing (RBP).

REFERENCE BASED PRICING FAQ's

What is a Referenced Based Pricing Plan for Medical Facilities?

All payments to any provider are based off of Medicare pricing plus an incentive bonus over and above the Medicare allowable amounts.

Who should I contact for questions about my SHA memberships?

You should call Member Services. There is a dedicated team that is ready to assist you with any questions regarding your sharing level. Call 314-594-0600.

What should I do if scheduling or billing doesn't recognize my membership?

Please tell your provider that your health share membership is contracted under the PHCS Practitioner & Ancillary network and that they may find your health share listed under the Administrator for this membership, Free Market Administrators. If your provider does not participate in the PHCS specified network, let them know that your health share membership does allow for out-of-network providers and that the provider should collect the applicable member responsibility amount and submit the billing need through our Third-Party Processor with the information found on the back of your ID card.

If your provider still has questions regarding your membership, ask them to call your member services team @ 800-511-6388 option 1 to verify your eligibility and sharing allowances. The phone number is also on the back of your member ID card. Please be sure to present your ID card at every visit to your health care providers to help facilitate timely processing and sharing of medical needs submitted on your behalf.

What is a balance bill?

A balance bill is when a provider bills a member for the difference between what the health plan allows for a medical service versus what the provider chooses to charge. In essence, it's when the provider charges more than what the Sharing Summary Statement (SSS) indicates is patient responsibility.

Example

Your hospital charges are \$100 and the membership allowable at 150% of Medicare is \$70.00. If the facility provider bills you the \$30 difference between the charged amount and the allowable amount, they are balance billing. MRA's and visit fees are not examples of balance billing and you are still responsible for these cost sharing items.

What should I do if I receive a balance bill?

If you receive a bill from a hospital or other medical facility, you need to compare it to the SSS that you received from the Third-Party Administrator.

If you are asked to pay more money than what is shown as patient responsibility on your SSS, you need to call Shared Health Alliance Member Services at 314-594-0600. Member Services will likely need you to send the bill via email or fax.

What happens when I contact Shared Health Alliance about a balance bill?

Our Member Services team will work with your provider directly regarding the balance bill. You will be updated along the way.

What should I do if a facility requests payment up front?

Do not pay anything other than your MRA up front. The facility should call Shared Health Alliance Member Services at 314-594-0600.

IMPORTANT:

It is important for members to open any and all mail in order to check for any balance bills. If they receive a balance bill for any medical services, it is VERY important that you call Shared Health Alliance Member Services at 314-594-0600.

SHARE MOBILE APP

An Integrated Approach to Healthcare

ASH is not an insurance company, nor does the program represent a 'contract for payment'.

Find the SHARE App.
Download.
Get Connected!



LEARN MORE

WATCH MORE



LEARN MORE



LEARN MORE



LEARN MORE



LEARN MORE

Visit the ASH Member Portal. Connect to your doctor.
Request a lab. Order an imaging test. Access prescriptions.



SHARE CONNECTED CARE

Powered By AKOS

1

To activate your AKOS account, visit member.akosmd.com or select Share Connected Care icon in the Share App

2

Complete your personalized member profile and member assessment form

3

Connect to your dedicated AKOS provider

- ✓ 24 hours a day, seven days a week
- ✓ Access to Immediate Care
- ✓ Diagnosed in the comfort of your own home
- ✓ No more waiting rooms



What is AKOS?

Akos is your new “doctor in the family,” and we’ll make healthcare easy and convenient for you and your family. As part of your ASH membership, you receive unlimited access to your own dedicated team of healthcare providers giving you the confidence to take care of you and your family.



This is a vendor program offered through Shared Health Alliance and is not a need shared by ASH Members.



SHARE LABS

Powered By Fair Price Labs

1

Visit fairpricelabs.com or choose the Share Labs icon from the Share App

2

Enter the name of the lab test or select one of the categories

3

Once the labs needed have been added to the shopping cart, enter promo code "SHA592"

4

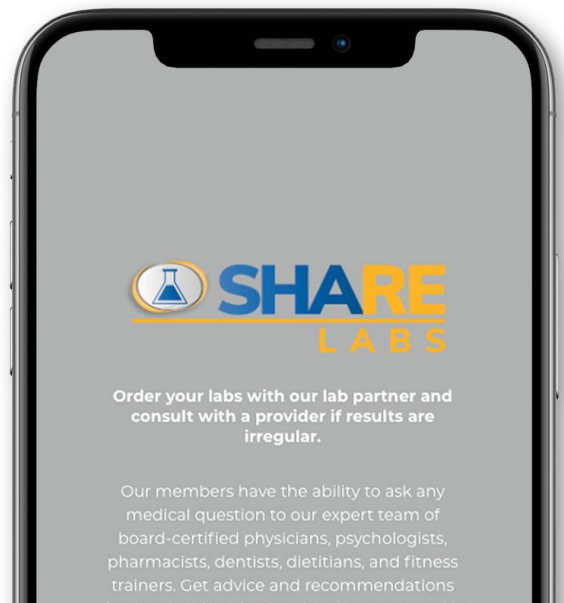
Check out online, print your receipt, and visit your local Quest Diagnostics for the test

150+ TESTS
for **Under \$50**



What is Fair Price Labs?

Fair Price Labs was created to provide cost-effective care for those needing diagnostic laboratory services. Our online service provides a way for members to purchase labs at a discount, then go to any one of Quest Diagnostic's 2400+ locations throughout the US to have the lab drawn. We have cut out the greed in the markups of care and made them direct to you to avoid prices being out-of-reach.



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SHARE IMAGING

Powered By Green Imaging

1

Upon receiving your physician order, visit greenimaging.net or choose the Share Imaging Icon from the Share App

2

Schedule your procedure and you'll receive a voucher for the service

3

At your appointment, show your voucher to begin your imaging service

4

When your imaging service is completed, a report of your exam will be sent to your referring doctor

Imaging Services Performed

MRI
PET/CT
CT Scan
Arthrogram
Ultrasound
X-Ray

Mammogram
Bone Density
Echocardiogram
Myelogram
Nuclear Medicine
Interventional Pain Management



What is Green Imaging?

Green Imaging is a full service virtual medical imaging network owned and operated by a group of board-certified radiologists. We help patients make the most informed decisions about MRIs, CTs, and other imaging procedures. Unlike other imaging facilities, the cash-pay price we provide is the final price you pay. There is no extra charge for the radiologist fee. You pay for your procedures up front, with no surprise bill after the fact.



This is a vendor program offered through Shared Health Alliance and is not a need shared by ASH Members. Facilities may not be available in all areas. Check with you SHARE Connected Care Provider.



SHARE SCRIPTS

Powered By SHARx

1

If you are taking a high cost medication that cost over \$150 dollars per month, then visit www.sharxplan.com/SHARx or select the Share Scripts icon in the Share App

2

Enter your personal information, add your prescriptions, add your provider, sign the HIPPA form

3

One of the experienced SHARx advocates will be in contact with you within three business days

4

Your advocate will review your prescription and determine the best possible option for obtaining your medication(s)

SHARx is...

An alternate Access Point to medications. SHARx is a program that works through multiple avenues to find your medication, providing a way for members to often get their medications for FREE! Drugs that are not free are typically available at 75% to 90% off retail. SHARx can access just about any maintenance medication, as well as specialty medications and orphan drugs. SHARx provides freedom from being financially crippled by high cost drug expenses.

SHARx is not...

SHARx is NOT a Drug Card. SHARx cannot access medication at a pharmacy. SHARx is NOT a discount program. SHARx is NOT insurance. SHARx cannot guarantee access to free medications.

Other information may be requested by the advocates



This is a vendor program offered through Shared Health Alliance and is not a need shared by ASH Members.



SHARE SCRIPTS

1

Choose the Share Scripts icon on the Share App to find a local pharmacy

2

At the pharmacy, present your member ID card and a valid prescription

3

Purchase your medications at the low MRA, based on the corresponding prescription sharing level

Prescription Sharing available to fill your low cost medications at the Pharmacy!

Research your Medications and Pharmacies with the Member Portal Tool!

Coverage Limits and Payment Details Drug Pricing Drug Information Claim History Pharmacy Locator

Drug Pricing

Step 1: Select a drug

meformin 500 mg tablet

Step 2: Select up to five (5) additional retail pharmacies

Search for a Retail Pharmacy

Cvs Pharmacy (last pharmacy used)

Mail Order Pharmacy

Postal Prescription Services

Specialty Pharmacy

Option Care

Tuscaloosa Vamc Pharmacy

Coram Cvs/specialty Infusion Services

Step 3: Set quantity and days supply

Quantity: 30
Enter numeric quantity, e.g. 30

Days Supply: 30
For days supply, enter the total days for the medication, e.g. 30 days, 5 days, etc.

Step 4: Price this drug

Print

Drug Name		Pharmacy		Plan Cost	Member Cost
meformin 500 mg tablet	Cvs Pharmacy			\$0.00	\$7.34
meformin 500 mg tablet	Postal Prescription Services			\$0.00	\$0.56
meformin 500 mg tablet	Option Care			\$0.00	\$0.56
meformin 500 mg tablet	Tuscaloosa Vamc Pharmacy			\$3.63	\$10.00
meformin 500 mg tablet	Coram Cvs/specialty Infusion Services			\$0.00	\$0.56

Disclaimer

Please note that prices are not guaranteed, nor is the display of a price a guarantee of coverage. Coverage and pricing terms are subject to change. Prices and coverage may vary at the time of prescription processing at a pharmacy and pricing at individual pharmacies may vary. Your doctor's instructions on how to take a medication, state and federal dispensing guidelines, or how a medication is packaged may impact the quantity and/or days supply that you can receive from a pharmacy, and therefore may impact pricing. Data provided is based upon current benefit information supplied by your health plan. Please consult your health plan for complete information.

LEVEL 1
\$10
for a
30 DAY SUPPLY

LEVEL 2
\$20^{min}
Or 20% MRA
for a
30 DAY SUPPLY

LEVEL 3
40% MRA
with 1 fill only
for a
30 DAY SUPPLY



ASH is not an insurance company, nor does the program represent a 'contract for payment'.

This is a vendor program offered through Shared Health Alliance and is not a need shared by ASH Members.

FREQUENTLY ASKED QUESTIONS

What is an MRA?

The Member Responsibility Amount (MRA) is the amount members are responsible to pay for a medical event before ASH will share in the cost. ASH shares in 100% of bills for any medical expenses **exceeding** the MRA, as long as all other Guidelines are met. Members that experience multiple medical events within their 12-month membership year are required to pay the first three MRAs at their selected amount. If there is a fourth medical event during the same membership year, no MRA would apply (subject to guidelines). For ASH memberships with two or more members, a maximum of five MRA's apply per 12-month membership year. If there is a sixth medical event during the same membership year, no MRA would apply (subject to guidelines).

What to do at a doctor's visit?

Present your member ID card.
Pay any applicable MRA or visit fees based on your sharing level.
Your provider will submit the need using the information on the back of your member ID card.

What is a pre-existing condition?

A pre-existing condition is any medical condition for which you experience signs, symptoms, testing or treatment within 24 months prior to joining ASH*. (Maintenance medications are considered treatment.)

Medical expenses for outpatient doctor visits have no pre-existing condition restrictions. However, hospital and surgical medical expenses do have pre-existing condition restrictions and will follow a graduated sharing schedule as outlined below.

SHARING SCHEDULE FOR PRE-EXISTING CONDITIONS

Membership Timeframe	Sharing Guidelines
First 12 months	Not shareable
Months 13-24	Shareable to \$15,000
Months 25-36	Shareable to \$30,000
Month 37 and after	Fully shareable

*Cancer is no longer pre-existing if you have gone 5 years without any signs, symptoms, testing or treatment.



CANCELLATION/REFUNDS

Cancellation Policy

You may cancel your membership at any time. All cancellations will be effective at the end of the month in which ASH is notified. There are no retroactive cancellations or refunds. If your membership is cancelled, you can reinstate your membership by catching up on your giving. If you have been an active member with ASH for at least 90 days, then you have 90 days from the date of cancellation to submit any medical bills incurred during your time as an active ASH member. If you cancel your ASH membership within the first 90 days, medical bills submitted after the cancellation date are not eligible for sharing. Any medical expenses incurred after the date of cancellation, or between the time of cancellation and reinstatement, cannot be shared by ASH.

Written notification must be
sent by email to:

memberservices@sharedhealthalliance.com

Refund Policy

You may only receive a refund provided you have submitted a written notice of cancellation to our office. This notice must be received prior to your membership effective date. No refunds are permitted once membership effective date has commenced. No refunds are permitted if any needs have been submitted or filed for any service or product for which you have been enrolled.

DISCLAIMER & LEGAL

Alliance for Shared Health (ASH) is an IRS approved 501(c)3 non-profit health share ministry. ASH facilitates the sharing of member medical needs between members based upon the sharing level at which each member chooses to participate.

- ASH is not a contract for insurance, but rather a community of people that share a common passion to change health care and change lives.
- ASH members have a global vision and are part of an international health share ministry.
- ASH members become international members of Bible Army International Church, however members maintain the church affiliation and/or membership of their choosing in the United States.
- ASH's predecessor has been sharing in health care needs since 1996.

Alliance for Shared Health acts as a neutral third party to facilitate the need request payments, and may use vendors, at its discretion, to strengthen and support membership.

LEGAL NOTICES

The following legal notices are required by state regulation, and are intended to notify individuals that non-profit health sharing entities such as Alliance for Shared Health (ASH) and health care sharing ministry plans are not insurance, and that such entities do not provide any guarantee or promise to pay your medical expenses. ASH's role is to enable self-pay patients to help fellow ministry members through voluntary financial gifts.

GENERAL LEGAL NOTICE

This organization facilitates the sharing of medical expenses but is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Sharing is available for all eligible medical expenses; however, this program does not guarantee or promise that your medical bills will be paid or assigned to others for payment. Whether anyone chooses to pay your medical bills will be totally voluntary. As such, this program should never be considered as a substitute for an insurance policy. Whether you or your provider receive any payments for medical expenses and whether or not this program continues to operate, you are always liable for any unpaid bills. This health care sharing ministry is not regulated by the State Insurance Departments. You should review this organization's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs.

STATE SPECIFIC NOTICES

Alabama Code Title 22-6A-2

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. 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.

Alaska Statute 21.03.021(k)

Notice: The organization coordinating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. 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. Participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive a

payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bill.

Arizona Statute 20-122

Notice: the organization facilitating the sharing of medical expenses is not an insurance company and the ministry's guidelines and plan of operation are not an insurance policy. Whether anyone chooses to assist you with your medical bills will be completely voluntary because participants are not compelled by law to contribute toward your medical bills. Therefore, participation in the ministry or a subscription to any of its documents should not be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this ministry continues to operate, you are always personally responsible for the payment of your own medical bills.

Arkansas Code 23-60-104.2

Notice: The organization facilitating the sharing of medical expenses is not an insurance company and neither its guidelines nor plan of operation is an insurance policy. If anyone chooses to assist you with your medical bills, it will be totally voluntary because participants are not compelled by law to contribute toward your medical bills. Participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you

receive a payment for medical expenses or if this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Florida Statute 624.1265

Alliance for Shared Health is not an insurance company, and membership is not offered through an insurance company. Alliance for Shared Health, LLC. is not subject to the regulatory requirements or consumer protections of the Florida Insurance Code.

Georgia Statute 33-1-20

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. 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.

Idaho Statute 41-121

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. 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.

Illinois Statute 215-5/4-Class 1-b

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation constitute or create an insurance policy. Any assistance you receive with your medical bills will be totally voluntary. 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.

Indiana Code 27-1-2.1

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 nor 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.

Louisiana Revised Statute Title 22-318,319

Notice: The ministry facilitating the sharing of medical expenses is not an insurance company. Neither the guidelines nor the plan of operation of the ministry constitutes an insurance policy. Financial assistance for the payment of medical expenses is strictly voluntary. Participation in the ministry or a subscription to any publication issued by the ministry shall not be considered as enrollment in any health insurance plan or as a waiver of your responsibility to pay your medical expenses.

Maine

ASH does not offer any health care related program, plan, product, or service to Maine residents.

Maryland Article 48, Section 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.

Massachusetts

The plan is not insurance coverage and does not meet the minimum creditable coverage requirements under M.G.L. c. 111M and 956 CMR 5.00.

Michigan Section 550.1867

Notice: Alliance for Shared Health that operates this health care sharing ministry is not an insurance company and the financial assistance provided through the ministry is not insurance and is not provided through an insurance company. Whether any participant in this ministry chooses to assist another participant who has financial or medical needs is totally voluntary. A participant will not be compelled by law to contribute toward the financial or medical needs of another participant. This document is not a contract of insurance or a promise remains personally responsible for the payment of all of his or her medical bills and other obligations incurred in meeting his or her financial needs.

Mississippi Title 83-77-1

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. 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 of medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Missouri Section 376.1750

Notice: This publication is not an insurance company nor is it offered through an insurance company. Whether anyone

chooses to assist you with your medical bills will be totally voluntary, as no other subscriber or member will be compelled to contribute toward your medical bills. As such, this publication should never be considered to be insurance. Whether you receive any payments for medical expenses and whether or not this publication continues to operate, you are always personally responsible for the payment of your own medical bills.

Nebraska Revised Statute Chapter 44-311

IMPORTANT NOTICE. This organization is not an insurance company, and its product should never be considered insurance. If you join this organization instead of purchasing health insurance, you will be considered uninsured. By the terms of this agreement, whether anyone chooses to assist you with your medical bills as a participant of this organization will be totally voluntary, and neither the organization nor any participant can be compelled by law to contribute toward your medical bills. Regardless of whether you receive 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 Nebraska Department of Insurance. You should review this organization's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs

New Hampshire Section 126-V:1

IMPORTANT NOTICE This organization is not an insurance company, and its product should never be considered insurance. If you join this organization instead of purchasing health insurance, you will be considered uninsured. By the terms of this agreement, whether anyone chooses to assist you with your medical bills as a participant of this organization will be totally voluntary, and neither the organization nor any participant can be compelled by law to contribute toward your medical bills. Regardless of whether you receive 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 New Hampshire Insurance Department. You should review this organization's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs.

North Carolina Statute 58-49-1

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. Whether anyone chooses to assist you with your medical bills will be voluntary. 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 liable for the payment of your own medical bills.

Oklahoma

Especially for Oklahoma Residents: This is not an insurance policy. It is a voluntary program that is neither approved, endorsed, or regulated by the Oklahoma Department of Insurance and the program is not guaranteed under the Oklahoma Life and Health Insurance Guaranty Association.

Pennsylvania 40 Penn. Statute Section 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.

South Dakota Statute Title 58-1-3.3

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. 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 payments for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Texas Code Title 8, K, 1681.001

Notice: This health care sharing ministry facilitates the sharing of medical expenses and is not an insurance company, and neither its guidelines nor its plan of operation is an insurance policy. 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 ministry 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 ministry continues to operate, you are always personally responsible for the payment of your own medical bills.

Complaints concerning this health care sharing ministry may be reported to the office of the Texas attorney general.

Utah Statute Title 31A-1-103(3)(c), as last amended by Laws of Utah, Chapter 274.

The title of insurance code does not apply to health benefits provided by a health care sharing organization if the organization is described as a 501(c)(3).

Virginia Code 38.2-6300-6301

Notice: This publication is not insurance, and is not offered through an insurance company. Whether anyone chooses to assist you with your medical bills will be totally voluntary, as no other member will be compelled by law to contribute toward your medical bills. As such, this publication should never be considered to be insurance. Whether you receive any payments for medical expenses and whether or not this publication continues to operate, you are always personally responsible for the payment of your own medical bills.

Washington RCW 48.43.009

Health care sharing ministries are not health carriers as defined in RCW 48.43.005 or insurers as defined in RCW 48.01.050. For purposes of this section, "health care sharing ministry" has the same meaning as in 26 U.S.C. Sec 5000A.

Wisconsin Statute 600.01 (1) (b) (9)

ATTENTION: This publication is not issued by 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 is entirely voluntary. This publication should never be considered a substitute for an insurance policy. Whether or not you receive any payments for medical expenses, and whether or not this publication continues to operate, you are responsible for the payment of your own medical bills.

Wyoming 26.1.104(a)(v)(c)

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Any assistance with your medical bills is completely voluntary. No other participant is compelled by law or otherwise to contribute toward your medical bills. Participation in the organization or a subscription to any its documents shall not be considered to be health insurance and is not subject to the regulatory requirements or consumer protections of the Wyoming insurance code. You are personally responsible for payments of your medical bills regardless of any financial sharing you may receive for the organization for medical expenses. You are also responsible for payment of your medical bills if the organization ceases to exist or ceases to facilitate the sharing of medical expenses.

Shared Health Alliance

*An Integrated Approach
to Healthcare*

Get In Touch

(314) 594-0600

memberservices@sharedhealthalliance.com

www.sharedhealthalliance.com

Alliance for Shared Health (ASH) is a non-profit 501(c)(3) set up to help share in member medical and prescription expenses. ASH is open to people of all faiths that share a common goal of helping each other access more affordable health care solutions.