

SHARED HEALTH
ALLIANCE



PREVENTIVE & PREMIER PROGRAMS

SHAREDHEALTHALLIANCE.COM
(314) 594-0600

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SHARED HEALTH ALLIANCE



Shared Health Alliance has long-standing relationships in the health share world and delivers essential 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.

Alliance for Shared Health (ASH) members share a common deep-seated ethical/religious belief. ASH members place supreme importance on the pursuit of sharing in each other's health care needs and the sharing of expenses as it relates to those needs. ASH reaches across all races, denominations, political spectrums, and all beliefs in God to assist with an innate need we all share - to help each other through the heavy burden of health care access and cost. It is out of this religious spirit that Alliance for Shared Health was formed. While we have needs individually, as we collectively come together, tenaciously pursuing a common spiritual passion to help others in need, our own needs get met. In this way, ASH members positively impact not just their own life, but the life of so many others as well. ASH members share a common set of religious and ethical beliefs as it pertains to the above, and in order to participate in ASH health share programs, members must attest to the following core beliefs.

Statement of Beliefs

Alliance for Shared Health helps teach members how to take control of their health care, and at the same time, every member of the community embraces the concept of supporting each other when they face unforeseen health care expenses. That is meeting health care needs through community. ASH members share the following set of beliefs:



“ TAKE CONTROL Of Your Health Care

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.

We are excited you have chosen to be a part of our community. Please review this guide thoroughly. You will find the guidelines by which members share a willingness to help each other with the medical needs. Please make sure you understand the guidelines, understand how your membership works, and what your participation means.

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.

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



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

FIRST CLASS MAIL

Member Name
123 Street
City, State, Zip

Electronic Payer ID 84594
Payer ID Customer Service: 855-297-4436
Mailing Address: 6635 Rancho Santa Fe Rd, Suite 673, San Marcos, CA 92078

Contact Information:
• Eligibility Verification: 888-644-7535
• Benefits or Status of Bill: 877-459-7535
• First Health's Provider locator at
• Provider locator website: www.firsthealth.com

Pre-Cert is required for MRI and CA

FMA Customer Service **888-644-7535**

SHARE- Taking a high cost maintenance
Visit <http://www.sharedhealthalliance.com>



Free market administrators

Member Name: DEMO USER
Plan ID: SHA008
Member Number: S82877889
Effective Date: 12/1/2018
Coverage: Member Only



No MRA for Preventative Care Services
Dental/Vision Coverage: No

True RX
BIN#: 020958 PCN#: 07960000
Group #: TRUE2015

www.trueRx.com
Rx Member Service: 866-921-4047
Pharmacy Helpdesk: 833-202-8783

*Sample ID is for SHA Preventive and Premier Only.

MEMBER'S IDS

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

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).



SHARED HEALTH ALLIANCE

PREVENTIVE

MONTHLY CONTRIBUTION

SINGLE	SINGLE +1	FAMILY
\$119	\$189	\$235



Virtual PCP Access



Preventive Services



Rx Assistance



Prescription Sharing

Staying healthy needs a plan and action. Your PREVENTIVE sharing level includes sharing for preventive screenings and wellness. The PREVENTIVE sharing level also includes your Rx Assistance and Virtual Primary Care access.

Network – The convenience of a network with the flexibility to see any provider	PHCS
Virtual Primary Care – includes diagnosis and treatment for 1500 Conditions	\$50 MRA
Telemedicine	\$0 MRA
Fair Price Labs - Lab Discount Program	Unlimited Use
Preventive Care Services*	Shared at 100%
Prescription Sharing - No maximum Shareable Limit	
Tier 1 Tier 2 Tier 3 –30-day supply	\$10 MRA 20% MRA (\$20 min MRA) 40% MRA (1 fill only)
Tier 1 Tier 2 Tier 3 –60-day supply	\$20 MRA 20% MRA (\$40 min MRA) SHARx
Tier 1 Tier 2 Tier 3 –90-day supply	\$30 MRA 20% MRA (\$60 min MRA) SHARx
Specialty & Drugs above \$400	SHARx

Tier 1 – Drugs below \$50 per 30-day supply | Tier 2 – Drugs between \$50-\$149 per 30-day supply
 Tier 3 - Drugs between \$150-\$400 per 30-day supply

* Maximum sharing limit for mammograms is \$500 * Maximum sharing limit for colonoscopy is \$1,500

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.



SHARED HEALTH ALLIANCE

PREMIER

MONTHLY CONTRIBUTION

SINGLE	SINGLE +1	FAMILY
\$175	\$286	\$373



Virtual PCP Access



Preventive Services



Rx Assistance



Prescription Sharing



Low MRA to access doctors

Network – The convenience of a network with the flexibility to see any provider	PHCS
Virtual Primary Care – includes diagnosis and treatment for 1500 Conditions	\$0 MRA
Telemedicine	\$0 MRA
Preventive Care Services*	Shared at 100%
Primary Care (max 3 visits per year)	\$30 MRA
Specialist (max 3 visits per year)	\$65 MRA
Urgent Care (max 3 visits per year)	\$75 MRA
Diagnostic X-Ray and Lab (In office,max 5 services) – non-hospital only	\$50 MRA
Cat-Scan or MRI (1 per year) – non-hospital only	50% MRA
Fair Price Labs - Lab Discount Program	Unlimited Use
Outpatient Testing (1 per year) – non-hospital only	50% MRA

Prescription Sharing – No maximum Shareable Limit

Tier 1 Tier 2 Tier 3 –30-day supply	\$10 MRA 20% MRA (\$20 min MRA) 40% MRA (1 fill only)
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PREVENTIVE Care Services

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

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	2	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	As prescribed	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	As purchased	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
Vericella-1	Aged 12-15 months
Vericella-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 membership.
- 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.

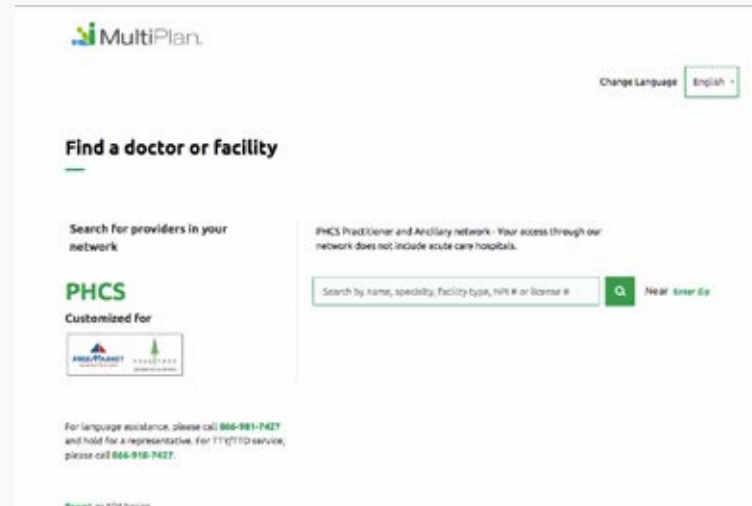
We are committed to providing excellent Customer Service. If you have any questions or concerns about your PREVENTIVE Immunizations, please do not hesitate to call us at 314-594-0600 between the hours of 8:00 am and 5:00 pm (Central).

SHA Member Provisions



Network Access – PHCS

Shared Health Alliance gives you access to providers in the PHCS network—A national PPO network, with more than 5,000 hospitals, 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:

multiplan.com/freemarketadmin

“ Can I only go to a PROVIDER THAT IS IN NETWORK?

No. Members enrolled in the SHA programs 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 sharing level is an open access membership and that there are no reduced out-of-network reimbursements. They should collect any applicable member responsibility amount and submit a claim through the Third-Party Administrator with the information on your ID Card.

If the Provider still has questions, have them call SHA Member Services immediately at 314-594-0600. The phone number is also on the back of your ID card. Make sure you present your ID card at every visit or service.

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 program allowable, 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.

SHARED HEALTH ALLIANCE

Rx Provisions



As your new prescription management company, we will work with you as a team to achieve the best possible value from your prescription program. Our goal is to provide cost-effective solutions without interfering with the quality of your healthcare. Here are some key points to keep in mind:

1. You will be receiving new ID cards with the True Rx pharmacy processing information. It is imperative that you present this card to your pharmacy when filling prescriptions. We also suggest telling the pharmacy staff you have switched to True Rx –this will minimize any confusion and delays in filling your prescription.
2. If you have a Prior Authorization (PA) in place for a medication, please contact our Customer Service staff prior to filling your prescription to ensure no disruption at the pharmacy. If you are not sure if a PA is in place for any of your current medications, please contact us and we will verify if a PA is required.



Our friendly Customer Service staff is available to address any concerns discreetly and with a professional attitude. Please contact your customer service representative toll free at (866) 921-4047 with any questions.

Again, welcome to True Rx and we look forward to a long and successful partnership with you in the future!

TrueRx Member Portal

You will now have access to a new online Member Portal and Mobile App. This new Member Portal will give you and your dependents access to details regarding your prescription plan, prescription claims history, and a list of other useful features to help you manage your prescription benefit. You can access the Member Portal by visiting www.truerx.com, hovering over 'Members', and selecting 'Member Portal' then choose 'BIN: 020958'. Once you have registered through the online member portal, you may download the mobile application by searching "TrueRxMobile" in your phone's app store.

SHARx Prescription Assistance



A SHARED HEALTH ALLIANCE PRODUCT

Taking a high cost maintenance, brand or specialty medication?

We are here to help!

Congratulations! We are thrilled to bring you a program that gives you a personal prescription advocate!

Shared Health Alliance is proud to work on your behalf to save you money on prescription medicine. We believe that you should be able to receive the medicine you need without creating financial duress. Our programs are designed to give you the most assistance on all of your medications so you can concentrate on living life instead of worrying about money.

Many clients get their medications for free!

Others receive their medications at 75% -90% off!

Let's Start the Process!

- 1.The process starts with us getting some preliminary information from you.
- 2.Within 48-72 hours (often sooner) after you submit the enrollment form, one of our advocates contact you directly.
- 3.START SAVING

Use the secure link to fill out our prescription analysis, and get started!

sharedhealthalliance.com/sharx

Here Are Sample High Cost Prescription Drugs

Xaralto	Nexium	Singulair	Cialis	Hydrochlorothiazide	Eliquis	Janumet	Victoza
Vyvanse	Spiriva	Synthroid	Advair Discus	Levothyroxine	FloventHFA	Latuda	Viagra
Lyrica	Invokana	Enbrel	Advair, Albuterol	Prozac	Welchol	Lipitor	
Cymbalta	Humira	Suboxene	Dilantin	Restasis	Abilify	Plavix	
Crestor	Concerta	Celebrex		Effient	Atorvastatin	Seroquel	

AND MANY, MANY MORE!!

Fair Price Labs



How to use your Fair Price Labs Member Card

- 1 Go to: fairpricelabs.com/lab-card
- 2 Register your card to activate the additional discounts provided in your membership.
- 3 You MUST PAY for your lab online prior to having them completed at a Quest Diagnostic Patient Draw Center. **ENTER your member ID in the coupon box at check-out.** You will receive an order confirmation by email.
- 4 You will receive a 2nd email from Fair Price Labs with your Physician Signed Lab Order. Print and take this order with you to your appointment or scan and take in your phone.



**That's
400%
Average
Savings!**



LAB NAME	FAIR PRICE LABS	QUEST DIAGNOSTICS CASH PRICE	HOSPICE/PHYSICIAN POINT OF CARE PRICING
CBC	\$15	\$45.50	\$83
CMP	\$15	\$65.08	\$89
DHEA	\$39	\$128.23	\$240
TSH	\$20	\$130.49	\$175
UA Complete	\$15	\$47.59	\$79
Estradiol	\$49	\$223.85	\$299
PSA Total	\$35	\$148.48	\$295
Testosterone Total	\$30	\$197.97	\$401
Cholesterol Total	\$15	\$39	\$89
A1C	\$19	\$74.25	\$159
Hepatic Function Panel	\$25	\$74.36	\$179
Testosterone Free & Total	\$125	\$283.46	\$1,200
Total	\$402	\$1,458.26	\$3,288
Member Cost with Discount	\$402	\$1,458.26	\$3,288

To Find a Test Center

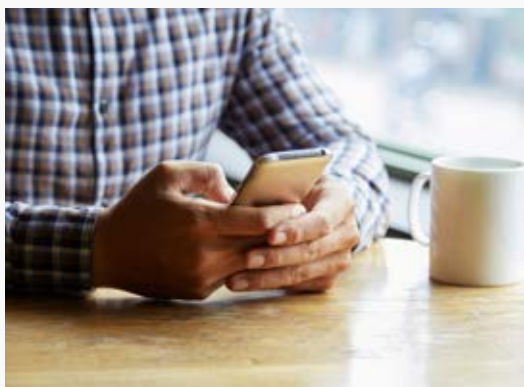
appointment.questdiagnostics.com/patient/confirmation

A LAYERED APPROACH TO HEALTHCARE

We strive to get you the care you need as quickly as possible for as little out of pocket expense as possible.

We have built layers of medical access so that you can get the care you need, when you need it.

If you or your dependent find yourself needing care from a doctor.....



JISEKI

Telemedicine and Virtual Primary Care through Jiseki

JISEKI is care that walks with you, making it easy to get affordable Whole Person Care. You can access our services by using hashtags –it's as simple as texting! Receive care 24 hours a day, seven days a week, get access to Immediate Care, receive diagnoses in the comfort of your own home, and say goodbye to waiting rooms!



SPECIALIST/URGENT CARE

Primary Care/Specialist/Urgent Care

If you have the SHA Premier membership, you have access to your primary care, specialists, and urgent care at a low member responsibility amount. You are limited in the number of visits, so we encourage members to try step 1 first.

If you are experiencing a medical emergency, dial 911.

Telemedicine and Virtual Primary Care - It's as easy as texting!

Your Shared Health Alliance membership gives you access to doctors 24/7/365 at no cost to you!

To get started, text

#doc to **543210**

Jiseki is your new “doctor in the family,” and we’ll make healthcare easy and convenient for you and your family. As part of your SHA 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. Simply text **#doc** to “**543210**” when you have a health issue. You will then be connected to our **Care Concierge** who will connect you with the clinical team. Finally, complete your **episode of care** based on your sharing level. Receive care 24 hours a day, seven days a week, get access to Immediate Care, receive diagnoses in the comfort of your own home, and say goodbye to waiting rooms!

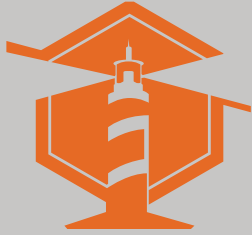
Get Care For These Common Conditions and Many More!

Sore throat
Wet/Dry Cough
Fever

Ear Infection
Minor Sprain
Flu/Cold

Wound Care
Cold
Pink Eye

Skin Infection
Bronchitis
And so much more!



SHARED HEALTH
ALLIANCE

HEALTHY ESSENTIALS

MONTHLY CONTRIBUTION

SINGLE	SINGLE +1	FAMILY
\$48	\$105	\$156



The sharing provisions listed below are optional and only apply to your membership if you selected this option during enrollment.

Dental Sharing Provisions

SHARING PROVISION	Calendar Year Member Responsibility Amount (MRA) (Per Person / Per Family; Applies to Class II, III and IV)	MEMBER RESPONSIBILITY AMOUNT	\$50 / \$150
SHARING PROVISION	Calendar Year Maximum Sharing Amount (Applies to Class I, II and III - Services Combined)	SHARABLE AMOUNT	\$1,250

Dental Sharing Services

Sharable Amount

Class I – Preventive Services	100% - no MRA
Class II – Basic Services (6 month waiting period)	80% - after calendar year MRA
Class III – Major Services (12 month waiting period)	50% - after calendar year MRA
Class IV – Orthodontic Services	Not Sharable

*Sharing based on Usual and Customary at the 90th percentile of the National Dental Advisory Service (NDAS) guidelines.

Vision Sharing Services

Sharable Amount

Vision Exam	\$250 per year maximum sharing amount (combined benefit maximum)
Lenses	
Frames	
Contact Lens	
Contact Lens Fitting	
Lasik Surgery	

Cancellation/Refunds



Cancellation Policy

You may cancel your membership at any time. If your membership is cancelled, you can reinstate your membership by catching up on your giving. However, any medical bills submitted but not yet shared at the time of cancellation—or any medical bills incurred between the time of cancellation and reinstatement—cannot be shared by Alliance for Shared Health. Upon receipt of your cancellation notice, sharing for the services/products listed will be terminated to the last day of the month of your membership period. There are no retroactive cancellations or refunds.

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.

Appendix 1: Member Disclosure Statements

As an ASH Member, ASH wants you to fully understand the non-profit health share ministry to which you have chosen to join. As such, ASH chooses to highlight some further points to make sure the messaging has been made clear to its members:

Section I

1. Alliance for Shared Health (ASH) does not restrict access by state. If you are resident of the U.S. or U.S.V.I. and attest to the ASH Statement of Beliefs, you can be a member.
2. ASH is an IRS-approved 501(c)3 non-profit entity health sharing ministry. It was set up to help members join a community with a common set of ethical / religious beliefs to share in each other's health care expenses per member guidelines and the sharing level selected.
3. ASH meets all the criteria to qualify as a health care sharing ministry under Section 5000A of the Internal Revenue Code. This means that any individual participating in ASH would qualify for an exemption from the mandate on IRS Form 8965.
4. The individual mandate is not currently being enforced at the Federal level. Members should understand the laws in their own state to avoid any penalty for not having ACA required alternatives in place.
5. ASH is NOT a contract for insurance and the member guidelines expressly indicate such.
6. ASH members agree and attest to a common set of ethical/ religious beliefs. If one is not willing to attest to these beliefs, they are not able to be a part of ASH.
7. ASH is NOT legally responsible for paying members' medical bills though ASH desires to share medical needs based upon the sharing level selected.
8. The monthly contributions made by members are voluntary contributions to the sharing funds of ASH.
9. ASH does not pay agents commission for referring participants into ASH sharing programs, though paying of agents is allowed in all but two states (Maryland and Pennsylvania).
10. ASH, unlike other health share programs, does not place pre-existing condition stipulations on its programs, with the exception of catastrophic hospital needs sharing.
11. ASH is not catastrophic health insurance, nor does it seek to represent itself as such.

Section II

1. ASH is a health share ministry to which members agree to the following set of ethical/religious guidelines in order to participate:
 - 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.
 - ASH members are bound by a common passion to use its collective resources to help people struggling with physical needs by sharing in health care needs and expenses.
 - ASH members 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.
 - ASH members understand that the ASH board establishes and approves guidelines and sharing levels, as well contracts with outside vendor consultants for guidance in building a program that is sustainable and operates under its 501(c)3 approved requirements.
 - 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.
2. As long as a prospective member agrees to the ASH Statement of Beliefs, they can join.
3. ASH facilitates the distribution of member funds for the sharing of medical needs.
4. Membership cannot be refused based upon health status.
5. Members are allowed to join ASH at different sharing levels based upon their own situation and voluntary contribution level they wish to participate.
6. Sharing of medical needs is limited or excluded if members choose to use illegal drugs, are under the influence of alcohol that causes a medical need, or pregnant when joining ASH.
7. Health Sharing uses non-insurance terminology. Doing so is one way that it is made clear to members that ASH is not a contract for insurance.
8. Member Responsibility Amount (MRA) is terminology that helps describe what an ASH member must pay before ASH shares in their medical needs from the funds.
9. Member contributions go toward the needs sharing fund to help share in member medical needs per the sharing level selected.

Section II (cont.)

10. ASH, unlike other health share programs, does not place pre-existing condition stipulations on its programs, with the exception of catastrophic hospital needs sharing. Please make sure you understand these limitations when participating in a sharing level that includes hospital sharing.

11. For ASH members, pre-existing condition limitations only apply to hospital needs sharing.

12. Preventive sharing is an important aspect of ASH sharing levels and eligible preventive services performed in free-standing facilities are shared. Eligible Preventive services received and billed through a hospital are shared by ASH, but at RBP. Some eligible preventive services may have a reduced amount shared, such as preventive colonoscopies and mammograms.

13. Members' needs are only shared as long as they remain an "active" member. In order to be an active member, one must pay their contributions continuously and without interruption.

Section III

1. ASH programs may be supplemented by other non-insurance health care access programs. Many of these provide incredible solutions to help our members access care at very reasonable costs.

2. ASH is supported by a number of alternate access solutions. These include:

- High cost maintenance and prescription advocacy services through SHARx
- 24 / 7 telemedicine services
- Discount Lab Programs
- Virtual Primary Care Access

3. ASH welcomes interaction with agents on the members' behalf, and in order to be consistent across all State lines, reminds brokers they are not an "agent for" ASH, the non-profit health share ministry.

4. ASH may share in some low-cost medications depending on the sharing program selected, but high cost meds are only accessed through SHARx. SHARx provides members access to high cost maintenance medications, specialty medications, and drugs that treat orphan conditions. This program is not insurance or a discount plan, but a fee-based member advocacy solution.

5. While SHARx is not specifically an ASH program, ASH wants members to fully understand what SHARx provides to avoid confusion. SHARx helps members get high cost maintenance and specialty medications through alternate points – oftentimes at little to no cost. Procurement of the medication can take anywhere from one to six weeks depending on the access point utilized. It is important to understand that procurement of medication through SHARx does not happen immediately and is a process that requires member follow up of information requests.

6. ASH utilizes an external enrollment portal to collect the voluntary monthly member contributions and it may also collect costs associated with the additional non-ASH solutions such as SHARx, telemedicine, and virtual primary care.

7. Prospective members are expected to enroll themselves voluntarily through the online enrollment portal.⁸ It is important that members read and understand the member guidelines so they can make an informed decision regarding their sharing level and how needs are shared.

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 to pay for the financial or medical needs of a participant by the ministry. A participant who receives assistance from the ministry for his or her financial or medical needs 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 of 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

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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.