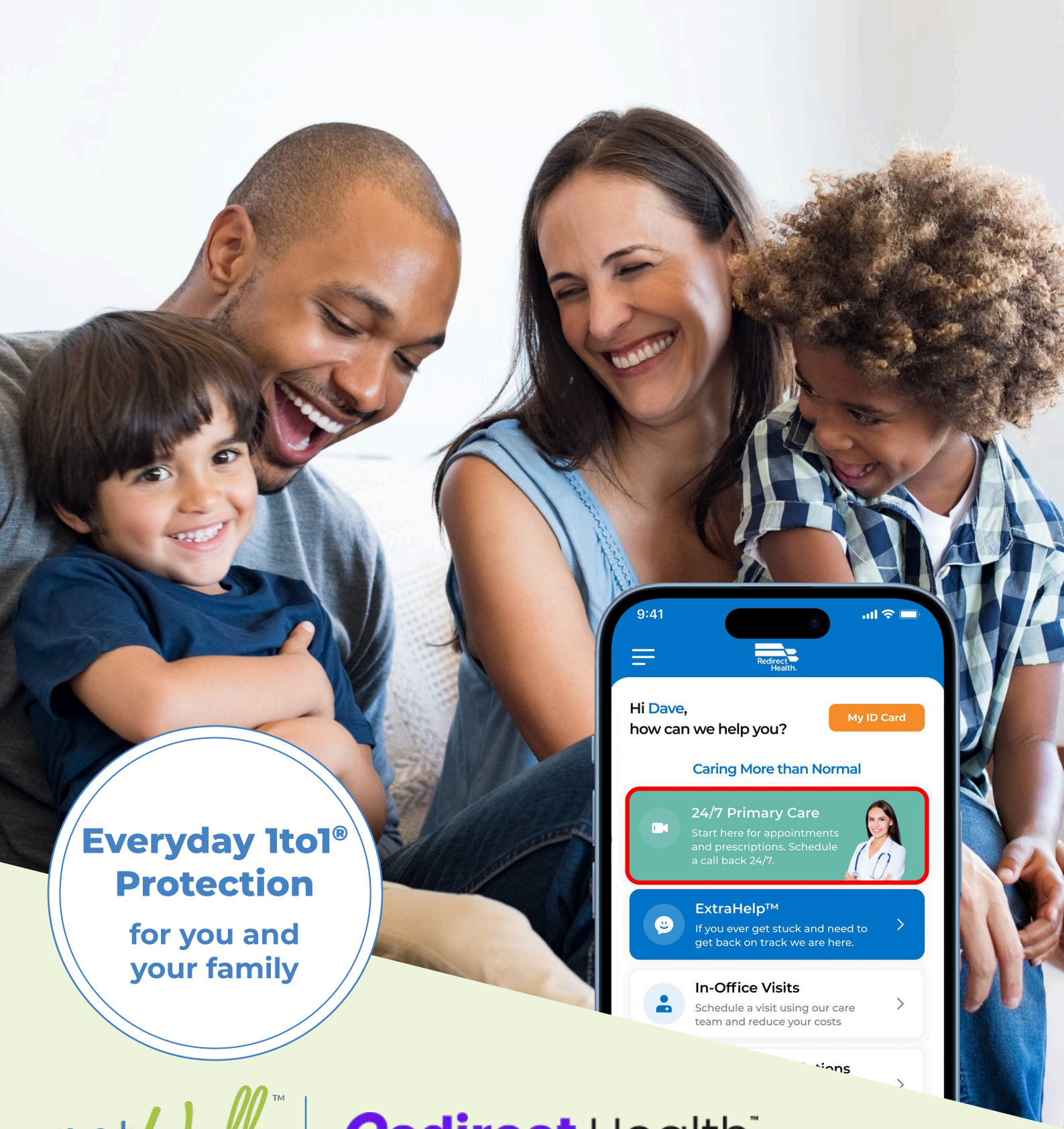


Everyday 1to1® Protection

for you and your family

netWell™ | Redirect Health™

netWell Elite+ 5000

Cost Sharing for Life's Major Medical Events

Concierge Guidance, Clarity, and Control

Welcome to netWell Elite+

Dear netWell™ | Redirect Health Member,

We are excited to welcome you into our netWell™ family and thankful you joined our innovative Health Care Sharing Ministry (HCSM). netWell™ does things differently than most HCSMs, as we believe your healthcare journey is an opportunity and privilege for us to serve you. netWell™ was founded with the passionate mindset of Serving Our Members!

There has never been a better time for individuals who share a common set of Religious and Ethical beliefs to embrace a Christian community of care, which is why this ministry is truly a blessing.

netWell™ members enjoy a modern approach to health care and wellness needs. We are committed to providing a stellar member experience during each interaction. Our coordinators are highly trained and available to answer questions, provide instructions, and help get the most out of the netWell™ membership. The Member Portal provides 24/7 online access to your member account and many resources for managing the membership.

Your membership also includes Everyday 1to1® through our partnership with Redirect Health. Their care team is available 24/7/365 in English and Spanish to answer your questions, guide you to the right kind of care, and coordinate the details. Starting in the Redirect Health Member App saves you time and money and helps you get the most out of your netWell™ benefits. It is also where you access your ID cards, renew prescriptions, review plan details, and submit receipts or billing questions.

Your journey with netWell™ is a blessing today, tomorrow, and every day. We hope to have members who will love their fellow brothers and sisters and share in each others burdens. We do this by sharing directly from member to member. We feel that God has blessed us with experience and knowledge of what matters most to the member, and we hope that you will also believe that netWell™ is a membership that goes above and beyond.

Blessings,
The netWell™ Team

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One Platform for Care, Cost, and Confidence

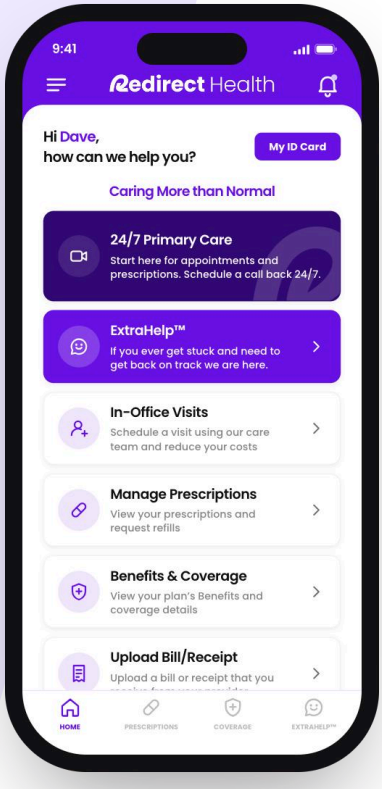
Everyday 1to1® Membership

Your Guide to Affordable Healthcare

Affordable access to basic healthcare for everyone in your entire family. Prevention of chronic and expensive disease starts with children.

Your Family's 24/7 Medical Director

- Medical Professionals ON STAFF with licenses in all 50 states
- Everyone's Complete Electronic Medical Records always at their finger tips
- 24/7 Virtual Primary Care & Virtual Urgent Care
- Virtual Specialist and Emergency Room curbside consults and second opinions
- Enhanced Population Health & Prioritized Pro-active Out-reach
- CareLogistics™ + Care Navigation
- Referral Management
- Rx Management (Insurance vs. Cash)
- Physician-to-Physician Case Management
- Hospital Discharge and Follow-up Management
- Alternative Funding Management for Plan Exclusions and Limitations. Access to Impact Together™ and foundation funds .



Our 3 Promises

1. You will always get the care you need.

2. We will always help you make it affordable.

3. It will be hard sometimes, but we will always be at your side doing the hard work.

You Will Always Know:

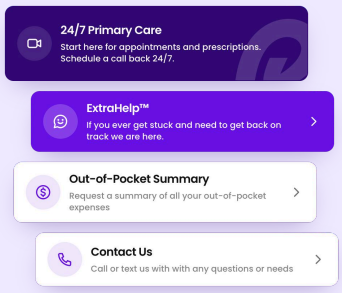
1. The healthcare you need & what you don't.
2. How to get it, where you should go, and when.
3. How to pay the least & if it makes sense to use insurance.

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Simple Access. Trusted Care. Real Support

We Put People First!
CareLogistics™ Works for Everyone.

Finally! Healthcare on your terms – access care anytime, from anywhere, 24/7/365.



Everything You Want in a Healthcare App – and More

- Access Your ID Card(s)
- Speak with a Medical Provider
- Access Plan Details
- Renew Prescriptions
- Update Your Information
- Submit receipts or billing questions

1 Download the Redirect Health Member App

- Available to answer any questions 24/7/365 in English and Spanish.
- If you have a medical need simply use the Member App.
- Our Care Team is made up of healthcare experts and medical providers.





2 Let Us Coordinate Your Care

- We'll help you determine if virtual, in-person, urgent, specialist or emergency care is needed.
- Connect to a virtual medical provider at a convenient time for you. Expert guidance you can count on.
- We'll assist with any next steps, such as in-office visit scheduling or filling prescriptions at a nearby pharmacy so you don't waste time.

3 Follow-Up that Matters

- We find you the right level of care to address your medical needs, so you don't pay more than you should.
- Whether you had a virtual or in-person visit, we follow-up after your visit to make sure your care plan is staying on track.



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Important Disclosure

Important: *Everyday 1to1 services are separate services provided or coordinated by Redirect Health. These services are not insurance and do not constitute or expand medical sharing under netWell's Membership Guidelines. Use of a Redirect Health provider, care-navigation service, referral, scheduling service, mobile application or other Redirect service does not constitute netWell preauthorization, a Request for Sharing, or a determination that any medical expense is eligible for sharing. Eligibility for sharing is determined solely by netWell under the then-current applicable Member Guide. Members must continue to follow netWell's requirements for preauthorization, Requests for Sharing, reimbursement, appeals, and balance-billing matters unless netWell expressly provides an approved alternative procedure.*

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ELITE+
Redirect

GUIDE



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netWell Elite+ 5000

	netWell Elite+ 5000
Membership Basics	
Provider Network	Aetna First Health PPO
Annual Member Responsibility	$5,000 per member, per year
Co-share	90% after MCP
Annual Sharing Limit	$1,000,000
Lifetime Sharing Limit	$2,000,000
Everyday Care	
Office Visits	7 office visits · shareable up to $350 PCP $35 · Specialist / Urgent Care $55
Telehealth	Included
Mental Health	Included
Rx / Prescriptions	Included
Preventive Care	$1,500 per member, per year
Chiropractic	$30 shareable × 6 · 100% after MCP
Dental	Available as an Add-On
PT / OT / Speech Therapy	Shareable 20 visits plus Discount Program
Vision	Discount program
Durable Medical Equipment	Discount program
Imaging, Hospital & Surgical	
X-ray	100% after MCP
Advanced Imaging	100% after MCP
Hospital Coverage	90% after MCP
Out-of-Network Hospital	Shareable at up to 50% of the repriced amount
Outpatient Surgery	90% after MCP
Emergency Room	$500 visit fee · shareable up to $10,000 · no MCP
Cancer	Yr 1 $200,000 · Yr 2 $450,000 · Yr 3+ yearly max
Maternity	6 month waiting period · $15,000 max · no MCP $100,000 for complications
Additional Programs	
CARE Logistics & SCA@Scale	Included
GoodBill	Eligible / ineligible negotiations
WhiskerDocs	24/7 telehealth vet discount program
Alternative Medicine	Shareable · Naturopaths, Functional medicine · 6 visits
Conditions & Waiting Periods	
Pre-Existing Conditions	24-month look back. Limitation period for inpatient and outpatient surgery / hospitalization only
Waiting Period	90 days (except life-threatening / life-altering)

netWell™ is not insurance. Members are 100% responsible for payment of medical treatment and services. This comparison is a summary only — see the Membership Guidelines for full terms, limitations and exclusions. MCP = Member Commitment Portion.

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netWell™'s Mission & Belief Statements

Our Mission

To exemplify God's commandment of LOVING our fellow brothers and sisters (1 John 4:21) by sharing in each other's needs (Galatians 6:2) within a spirited and modern Health Care Sharing Ministry.

"And he has given us this command: Anyone who loves God must also love their brother and sister." ~1 John 4:21, NIV

"Carry each other's burdens, and in this way you will fulfill the law of Christ." ~Galatians 6:2 NIV

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Our Statement Of Religious and Ethical Beliefs

We believe in the God of the Bible and the power of Prayer

“Do not be anxious about anything, but in every situation, by prayer and petition, with thanksgiving, present your requests to God.” ~Philippians 4:6, NIV

We believe it is our Duty to Love and Accept one another.

“A new command I give you: Love one another. As I have loved you, so you must love one another.” ~John 13:34, NIV

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Our Statement Of Religious and Ethical Beliefs (

We believe it is our obligation to God and our fellow members to Live a healthy lifestyle which avoids habits and behaviors that are harmful to the body.

“So whether you eat or drink or whatever you do, do it all for the glory of God.” ~1 Corinthians 10:31, NIV

Our ethical and moral responsibility is to carry each other’s Burdens

“Carry each other’s burdens, and you will fulfill the law of Christ.” ~Galatians 6:2, NIV

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Enrollment Provisions

Authorizations

As a member of netWell™, you are authorized the following upon enrollment:

- Your first voluntary Monthly Commitment Contribution (MCC) to be processed immediately upon completion of your enrollment or on a specified date prior to your Effective Date.
- netWell™ or its designee to collect a voluntary MCC as a recurring monthly transaction until you request otherwise, or your membership is canceled.
- netWell™ to contact providers to obtain your medical records, and the medical records of all participants on the application with appropriate HIPAA authorizations.

Upon receiving an eligible Request for Sharing from a member or provider, netWell™ will assign the Request for Sharing for sharing in accordance with the Membership Guidelines, less the amount required to be pre-shared, which is the Member Commitment Portion (MCP). Voluntary membership contributions are received monthly from each member. Up to 40% of membership contributions may be applied towards administration of the Health Care Sharing Ministry, charitable causes, and general overhead costs. This does not include third-party contracts and distribution compensation.

In any given month, the available sharing funds may or may not equal the amount of eligible expenses submitted for sharing. If eligible expenses exceed the available sharing funds to meet those needs, any of the following actions may be taken:

- A pro-rata sharing of eligible expenses may be initiated, whereby the members share a percentage of eligible medical expenses within that month and hold back the balance of those expenses to be shared the following month, or
- The monthly member contribution may be increased in sufficient proportion to satisfy the eligible expenses. This action may be undertaken temporarily or on an ongoing basis. Administrative costs are subject to change by netWell™.

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Enrollment Provisions (cont.)

Member Enrollment Request

Each membership will complete an honest and accurate medical history review for all individuals enrolling in the netWell™ membership. Any initial waiting periods, member limitations, or additional contributions will be disclosed during the enrollment process. The member enrollment request will include the Member Enrollment Signature Documents, the Enrollment Request Fee, and the Enrollment Charitable Donation. If any inaccurate information is given, the member will be responsible for the applicable share requests, including but not limited to additional fees such as nicotine related or termination of the program.

Member Enrollment Signature Documents

Each membership must acknowledge and agree to initial and sign the Member Acknowledgment Agreement, Limited Power of Attorney, Consent Form, Authorization for Release of Protected Health Information (HIPAA), and Privacy Policy as part of the enrollment process to submit a complete Member Enrollment Request.

Member Transaction Disclosures

Each Monthly Membership Commitment (MCC) made by credit or debit card is subject to a 3.5% transaction fee. Any MCC made by ACH has a $5.00 processing fee.

Members may not initiate chargebacks. All cancellation requests or billing concerns must be submitted to Customer Service, and members must follow the standard cancellation process outlined in the Member Guidelines.

If a chargeback is initiated, an automatic $250 administrative fee will be assessed. If arbitration is initiated, an additional $500 fee will apply, and any pending or future share requests may be denied.

For any returned ACH transaction or failed credit card payment, a $25 fee will be assessed each time a payment is returned or fails.

Enrollment Charitable Donation

Each membership donates an amount designated by netWell™ at enrollment to support charitable organizations associated with netWell™ and its initiatives. This helps fulfill netWell™'s mission to exemplify God's commandment of loving our fellow brothers and sisters.

Enrollment Request Fee

Each membership will submit an amount designated by netWell™ at the date of enrollment which will be used to facilitate a review of the Member Enrollment Request.

Dependent Only Membership

netWell™ memberships are available for dependent children only with the authorization of a parent or the legal guardian. The parent/guardian will be listed as primary contact, but the oldest dependent will be listed as the key member. Dependents must be at least one year of age before enrollment.

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Member Financial Accountability

Monthly Charitable Donation

The funds are voluntarily submitted monthly to help support charitable organizations and their initiatives.

Monthly Commitment Contribution (MCC)

The funds are voluntarily submitted monthly to allow the sharing of eligible medical requests amongst the members. The member's Monthly Commitment Contribution (MCC) is based on the membership option selected by the member.

MCC pricing may be adjusted periodically based on utilization levels to ensure sustainability and fair access. Members will be notified at least 30 days in advance of any pricing changes.

Monthly Membership Fee

The Monthly Membership Fee is included with the Monthly Commitment Contribution (MCC) submitted for participation in the membership instead of an annual renewal fee. Failure to submit the Monthly Commitment Contribution (MCC) for two billing cycles will result in membership termination.

Additional Commitment Contributions

For families of 6 or more, there is a $50 additional Monthly Commitment Contribution per dependent.

Additional Nicotine & Tobacco Product Contribution

Any member who uses tobacco and nicotine products, including but not limited to e-cigarettes, vaping devices, cigars, chewing tobacco or pouches will have an additional $40 Monthly Commitment Contribution (MCC) per member. Not disclosing nicotine and tobacco usage could result in future medical expenses becoming ineligible for sharing. The $40 fee will be removed with proof of smoking cessation after 90 days.

Oldest Member's Age Change

Monthly Commitment Contributions (MCC) will increase on the next contribution cycle when the oldest member of the household enters a new age band. Age Bands are 18-29, 30-39, 40-49, 50-59, 60-64.

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Member Financial Accountability (cont.)

Oldest Member's Residence

Your Monthly Commitment Contribution (MCC) may increase or decrease in accordance with a change in the oldest member's residence. Your Monthly Commitment Contribution, is based upon the oldest member's residence and will be reflected on your next Monthly Commitment Contribution.

Refunds

A new member may cancel their membership for any reason within the first ten (10) days following the effective date of their membership and shall be entitled to a full refund of all amounts paid, excluding the non-refundable one-time Enrollment Request Fee and Charitable Donation. No refund shall be issued if a Request for Sharing has been submitted and deemed eligible for sharing on behalf of the member during this period.

Aging-Up Process

A dependent reaching the age of 27, enrolled in their parent's netWell™ membership, must enroll in their own membership. All limitations, waiting periods, and effective dates will be rolled forward to the new membership. Disabled dependents over 27 who continue to be financially dependent on the Primary Member are eligible to continue on the membership as a dependent. Proof of disability and dependency is required within 30 days following the dependent reaching the age of 27.

Dependent-Only Memberships

Dependent children eligible for enrollment must be between the ages of one (1) year and twenty-seven (27) years, and a legal guardian must be present at the time of enrollment. Memberships for dependent children within this age range shall be priced according to the 18 to 29-year-old age band.

Membership Changes

A member is permitted to modify their membership options once per membership year. Any such modification must be requested through the member portal. Requests for changes to membership options must be submitted at least thirty (30) days prior to the desired implementation date. Changes involving dependents shall become effective as of the next Monthly Commitment Contribution (MCC).

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Using Your Membership

Initial Waiting Period

All memberships are subject to an initial ninety (90) day waiting period, during which time the membership will not share in any medical requests, except in cases of acute illness, injury, or conditions deemed life-threatening or life-altering. The ninety (90) day waiting period shall commence on the member's effective date of membership. Requests for Sharing falling outside of the specified exceptions will only be eligible for sharing after the expiration of this waiting period.

Pre-Existing Conditions

Any injury, illness, or medical condition for which the member has, at any time during the twenty-four (24) months prior to the effective date of membership, received a medical diagnosis, sought or obtained medical advice or treatment, undergone diagnostic services, been prescribed medications, or exhibited signs or symptoms, shall be deemed a pre-existing condition. Such pre-existing conditions shall be ineligible for sharing for a minimum period of twenty-four (24) months following the member's effective date. However, pre-existing condition exclusions shall not apply to the sharing eligibility for maintenance office visits.

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Member Limitations

Any injury, illness, or medical condition diagnosed, symptomatic, or treated prior to the member's effective date shall not be eligible for sharing under the provisions of the Membership Guidelines for the specified membership. Member limitations are determined based on the nature of the medical condition(s) and may range from two (2) years, four (4) years, or be subject to lifetime exclusion. The member may be required to execute a HIPAA-compliant authorization form permitting netWell™ to obtain medical records and reports from healthcare providers for the purpose of determining applicable limitations or reviewing Requests for Sharing. Any medical conditions not explicitly listed will be reviewed, and the applicable limitations will be communicated to the member.

2 Year Limitations

Addison's Disease
Angina Pectoris (stable or unstable)
Asthma
Benign Prostate Hyperplasia
Bell's Palsy
Calculus of Kidney (Kidney Stones)
Cardiac Dysrhythmias
Cushing's Disease
Diverticulitis and Diverticulosis
Endometriosis
Epilepsy
Gallstones
GERD (Gastroesophageal Reflux Disease)
Glaucoma
Grave's Disease
Hashimoto's Disease
Heart Murmur
Hyperglycemia
Hyperlipidemia
Hypertension
Hyperthyroidism
Hypothyroidism
Malaria
Migraines
MRSA/MRDO
Osteoarthritis
Osteoporosis
Ovarian Cysts
Pelvic Inflammatory Disease
Pelvic Organ Prolapse
Polycystic Ovary Syndrome
Radiculopathy
Scoliosis
Shingles
Sleep Apnea
Spinal Stenosis
Spondylosis
Surgery
Tendinitis
Tuberculosis
Type II Diabetes
Uterine Fibroids
Vitiligo

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Member Limitations (cont.)

4 Year Limitations

Barrett's Esophagus
Cerebral Ataxia
Celiac Disease
Chronic Kidney Disease
Crohn's Disease
Cirrhosis
Congestive Heart Failure (CHF)
Coronary Artery Disease
Deep Vein Thrombosis (DVT)
Degenerative Disc Disease
Dysphagia
Embolism
Fibromyalgia
Heart Valve Disease
IBS (Inflammatory Bowel Disease)
Macular Degeneration (Wet or Dry)
Marfan's Syndrome
Meningitis
Mitral Valve Prolapse
Mohs
Pancreatitis
Peripheral Vascular Disease (PVD)
Psoriasis
Pulmonary Hypertension
Rheumatoid Arthritis
Sjogren Syndrome

Lifetime Limitations

ALS
Alzheimer's Disease
Aneurysm
Autism Spectrum Disorders (ASD)
Cancer
Cerebral Palsy
Chronic Obstructive Pulmonary Disease (COPD)
Cystic Fibrosis
Dementia
Diabetes Type I
Down's Syndrome
Ectasia
Emphysema
Fragile X Syndrome
Hepatitis (Chronic Viral B & C)
HIV/AIDS
Lupus
Lyme's Disease
Morbid Obesity (pending weight loss)
Multiple Sclerosis
Muscular Dystrophy
Parkinson's Disease
Sickle-Cell Disease
Spina Bifida

*Please note: there is also a lifetime limitation for tobacco and/or nicotine products, including but not limited to e-cigarettes, vaping devices, chewing tobacco or pouches, or cigars. Once we are provided proof of smoking cessation after 90 days, the $40 smoking surcharge will no longer be included, but the lifetime limitation will remain.

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Services Requiring Preauthorization

Not all services are eligible for sharing under all membership options. Non-emergent services require preauthorization prior to scheduling in order to be eligible for sharing. Preauthorization must be obtained in accordance with the Membership Guidelines and any failure to secure such pre-authorization may result in the denial of sharing for those services. It is the responsibility of the member to ensure that pre-authorization is granted before proceeding with the scheduling of non-emergent services.

Services requiring preauthorization

Advanced Imaging
Cardiac Rehabilitation
Cataracts/Glaucoma/Vitrectomy
Home Health Care
Non-Hospital Admissions
Occupational Therapy
Physical Therapy
Prosthesis
Sleep Studies
Speech Therapy

Preauthorization is required for all inpatient/outpatient hospital stays and outpatient surgical procedures. Requests must be initiated by the Physician requesting services. In emergencies, the physician has 72 hours to request a retro Preauthorization for eligibility consideration. All requests must be submitted directly to netWell™ by fax at (404) 393-8520.

Please allow 7 to 10 business days for processing of Preauthorization requests. Emergent requests shall be accepted, provided they are clearly designated as such by the provider. Such requests are subject to a utilization review process, which shall require two (2) to three (3) business days for completion. The utilization review shall include a retrospective evaluation of the member's medical records for a period of up to two (2) years preceding the request. Final determinations regarding the emergent request shall be communicated to the provider via facsimile.

If a procedure is rescheduled and still falls within a 6 month window, the Preauthorization approval remains valid. If it gets rescheduled past the 6 months then we will need a new/updated Preauthorization.

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Submitting a Request for Sharing

If a medical provider does not or will not submit an eligible Request for Sharing directly to netWell™, members will need to pay for their medical services at the time of service and submit the appropriate paperwork to have their Requests for Sharing considered by the membership.

Members must submit the following within 90 days of the date of service:

1. A HCFA or UB 04 form obtained at time of service from the medical provider or facility.
2. Proof of payment for the visit from the member. This must be a credit card receipt, a copy of the canceled check (front and back), or cash receipt from the provider or facility listed on the bill. The paid amount must zero out the bill. Payment arrangements or installment funding will not be considered an acceptable form of payment.

The form must include:

- Date of service
- All relevant 5-digit Current Procedural Terminology (CPT) codes and the charges for each code
- All relevant ICD-10 codes (diagnosis codes for the visit)
- Any discounts issued by the medical provider or facility

The form must also include provider, and/or facility information including:

- Tax Identification Numbers (TIN)
- National Provider Identification Numbers (NPI)

Please ensure your documents are legible and include all information. Failure to include all required information may result in a delay in processing your request for reimbursement. A self-pay adjustment option is available if you are paying at the time of service. Any adjustments are required and should be included as a separate line item.

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Submitting a Request for Sharing (cont.)

Excess charges deemed unreasonable are not eligible for sharing. We reserve the right on behalf of the members to determine what is reasonable.

Requests for Sharing received more than 90 days after the date of service will be processed as ineligible for sharing by the membership. Requests for Sharing that do not include the above information will result in netWell™ pending your Request for Sharing for additional information. This information must be received within 30 days of the date of disposition (Explanation of Sharing) to be considered eligible for sharing by the membership.

Submitting a Request for Sharing from a Provider

Medical providers and facilities must submit all Requests for Sharing in electronic filing format using the EDI number, provided on your member ID card.

If electronic filing is not an option, medical providers or facilities can submit Requests for Sharing by fax, email, or mail using the appropriate options listed on your member ID card.

If a medical provider or facility does not directly submit Requests for Sharing to netWell™, members should review Submitting a Request for Sharing from a Member.

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Timely Filing Submission

Requests for Sharing must be received within 90 days of the date of service to be considered eligible by the membership. Requests received after 90 days will be processed as ineligible.

All Requests for Sharing pended for additional information (e.g., medical records) must be received within 90 days. If the requested information is not received within 90 days, the Requests for Sharing will be processed as ineligible by the membership. If the provider disagrees with the processing of your Request for Sharing not being received timely, the provider must submit proof of timely filing within 6 months of the Explanation of Sharing (EOS). Only electronic filing reports will be considered as proof of timely filing.

It is the member's responsibility to read all Explanations of Sharing (EOS) and follow up with their provider when additional information is requested.

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Member Reimbursement Requests

Members may request reimbursement for services deemed eligible for sharing by netWell™, provided that the healthcare provider does not accept netWell™ directly and requires payment from the Member at the time of service. Members may also request a self-pay adjustment in such cases. To process a reimbursement request, netWell™ must receive all necessary supporting documentation. The documentation requirements and submission instructions are outlined on page 20.

Reimbursements that pertain to PCP, Specialist, or Urgent Care visits, netWell™ will reimburse the member up to a maximum of $350.00 per visit, as defined in netWell™'s Membership Guidelines.

All reimbursements will be priced according to netWell™'s network fee schedule. The eligible amount will be applied to the member's Maximum Contribution Portion (MCP) or shared up to the repriced amount, in accordance with the Membership Guidelines.

Reimbursements that pertain to a service requiring Pre-Authorization must have a Pre-Authorization request on file and meet all eligibility requirements for sharing.

*Please Note: netWell™ is not responsible for past-due or balance-billed charges, as outlined in its Membership Guidelines.

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netWell™ Network

netWell™ provides members with national network access for medical needs, including hospital, surgical, emergency room, urgent care clinics, primary care physicians, and specialists. Members can access a list of providers and facilities at https://www.netwell.com/provider-search/ to assist in locating a medical provider or facility. Members should use providers and facilities that are in-Network whenever possible. Out-of-network providers and facilities may bill the members for the difference between the billed charges and the membership Maximum Reasonable Guideline (membership-allowed amount), which can result in increased member-sharing responsibility.

netWell™ partners with GoodBill to help members review medical bills for accuracy and identify potential savings. When applicable, members are required to submit a GoodBill application to allow this review to take place.

Participation is required for administrative review purposes only and does not require members to accept any negotiated outcomes or payment arrangements.

For out-of-network providers and facilities, charges will be repriced according to netWell™'s network fee schedule, and eligible expenses will be shared at up to 50% of the repriced amount, in accordance with the Membership Guidelines. Members are responsible for the remaining balance of the repriced amount after netWell™'s share is applied. Out-of-network providers and facilities may also bill members for the difference between the billed charges and the membership-allowed amount, which can result in increased member-sharing responsibility.

Provider Search: https://providerlocator.firsthealth.com/LocateProvider/SelectNetworkType

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Balance Billing

If a medical provider or facility submits a Request for Sharing but will not accept the netWell™ network discount and bills the member the remaining balance, the member may submit the balance bill to sharing@netwell.com.

A netWell™ coordinator will assist with the first balance bill on the member's behalf to get the medical provider to accept the network discount or negotiate a reduction of the balance bill to obtain the provider's discount. Additional balance bill situations will be the member's responsibility.

Balance billed office visits will only be shared up to the $350 maximum sharing limit. Any balance bill remaining over the maximum sharing limit will remain the member's responsibility and will not be applied to the Member Commitment Portion (MCP).

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Eligible for Sharing

All eligible medical requests will be shared up to the maximum limit for that medical service or up to the maximum sharing limit per program year once the Member Commitment Portion (MCP) has been met. A member's MCP is based on the membership option selected by the member.

Alternative Care

Subject to the initial 90-day waiting period from the member's effective date. Non-experimental treatment such as acupuncture, holistic, homeopathic, or naturopathic treatments may provide care that is less invasive and more cost-efficient.

Members are allowed up to 6 visits per member per membership year. These visits are counted as part of their combined PCP, specialist, and urgent care visits.

A MD-accredited healthcare provider must perform services. A visit fee of $35 will apply. The membership will share up to $350 per eligible visit.

Shared at 100% of the allowed amount once the Member Commitment Portion (MCP) has been met.

Ambulance

Medical transportation by ground, air, or water for eligible emergency services to the nearest medical facility, or medical transportation between two medical facilities. Shared up to $15,000 per incident, once the Member Commitment Portion (MCP) has been met.

Cancer

Pre-Authorization is required for any cancer services to be eligible for sharing by the membership.

Eligible cancer medical requests will be shared up to $200,000 during the first membership year, and up to $450,000 during the second membership year. Eligible cancer medical requests will be shared up to the yearly maximum sharing limit during the 3rd membership year and beyond.

Prior medical history and medical records will be required for any new cancer diagnosis. Cancer diagnosed before enrollment in netWell™ will not be eligible for sharing for the lifetime of the netWell™ Membership. Member Commitment Portion (MCP) applies.

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Eligible for Sharing (cont.)

Cataracts, Glaucoma and Vitrectomy

Subject to an initial 365-day waiting period from the member's effective date. Pre-authorization is required for any cataracts, glaucoma, and vitrectomy services, including diagnostic testing, treatment, or surgery to be considered eligible for sharing by the membership. Shared at 100% of the allowed amount once the Member Commitment Portion (MCP) has been met.

Chiropractic Care

Subject to an initial 90-day waiting period from the member's effective date. Members are allowed up to 6 visits per membership year. Services will be shared up to the maximum amount of $30.00 per chiropractic visit and will not be applied to office visits. Shared at 100% of the allowed amount once the Member Commitment Portion (MCP) has been met.

Emergency Room Use

The emergency room is only for emergency, life-threatening, or life-altering medical issues. Non-emergency medical requests will be considered ineligible for sharing by the membership if the member's treatment could have been handled by a primary care physician, specialist, or urgent care. Procedure codes, medical codes, and medical records will be used to make this determination. Unlimited telemedicine is available 24/7. A medical emergency is an acute injury or illness that poses an immediate risk to a member's life or long-term health. It is sometimes referred to as a situation risking "life or limb." If not medically treated immediately, it could cause death, disability, or serious harm to the member.

netWell™ requires all medical records for an emergency room visit to determine if a Request for Sharing is eligible. Failure to provide the medical records needed for determination may result in an ineligible Request for Sharing. The member's symptoms and diagnosis will be reviewed along with the Request for Sharing received on the member's behalf. If follow-up care is needed, the member must follow up with their primary care physician, specialist, or urgent care.

Emergency room visits due to failure to follow medical treatment or advice will be considered ineligible for sharing by the membership.

All members have a $500 ER Visit Fee, and all eligible ER visits are shared at 100% of the allowed amount up to the $10,000 maximum sharing limit.

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Eligible for Sharing (cont.)

Imaging

Subject to an initial 90-day waiting period from the member's effective date. Pre-authorization is required for advanced imaging to be considered eligible for sharing by the membership. If the services are part of a primary care physician, specialist, or urgent care visit, the services will be shared up to the maximum sharing limit of $350. Shared at 100% of the allowed amount once the Member Commitment Portion (MCP) has been met.

Inpatient Hospitalization

Subject to an initial 90-day waiting period from the member's effective date, except in the case of an eligible acute injury, life-threatening, or life-altering illness (e.g. emergency). Pre-authorization is required for any inpatient hospitalization services to be considered eligible for sharing by the membership. Shared at 90% of the allowed amount once the Member Commitment Portion (MCP) has been met. The member will be responsible for the remaining 10%.

Laboratory Services

Subject to an initial 90-day waiting period from the member's effective date. If services are part of a primary care physician, specialist, or urgent care visit, Requests for Sharing will be processed up to the maximum sharing limit of $350. Shared at 100% of the allowed amount once the Member Commitment Portion (MCP) has been met.

Maternity

An active female member may be eligible for maternity sharing when she meets the following maternity provisions:

Female members have been active on a combined membership for six (6) consecutive months before her conception date. *Please note: Eligibility requirements are based on a written confirmation from the provider confirming the conception date is within membership guidelines and limitations. No Membership Commitment Portion (MCP) will apply to Maternity Sharing. The maximum sharing limit for maternity is up to $15,000, including multiple births (e.g. twins and triplets).

Proof of pregnancy is required to be considered eligible for sharing. If the member does not meet the maternity provisions, any Maternity Requests for Sharing will be ineligible for sharing by the membership.

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Eligible for Sharing (cont.)

Maternity (continued)

No Membership Commitment Portion (MCP) will apply. This is a global bill, and maternity office visits will not be included in the office visit count. Any Requests for Sharing for an eligible maternity diagnosis from conception through delivery and hospitalization for the mother and newborn will be applied towards the maternity maximum sharing limit.

All expectant mothers are required to undergo testing for Group B Streptococcus (GBS). A positive test result will render the current maternity, labor, and delivery ineligible from the date the positive result is received. Please note that a previous negative GBS test from a past pregnancy does not apply to the current maternity.

Requests for Sharing of an ineligible maternity or complications from an ineligible maternity will result in all medical requests being ineligible for sharing by the membership.

Life-threatening complications for the mother or the newborn are eligible for sharing up to $100,000 combined on an eligible maternity.

Life-threatening complications threaten the life of the mother, unborn child, or newborn that require care or services not generally rendered during pregnancy or delivery. netWell™ reserves the right to review medical records to determine how the maternity Request for Sharing will be shared. netWell™ appreciates the rights of the mother to choose a licensed midwife for the delivery of her newborn or to choose a natural home delivery but is still subject to Group B Strep testing requirements.

Mental Health

Eight (8) mental health visits are shareable with your counselor or therapist per family. Shareable up to $40.00 per visit with no visit fee or Member Commitment Portion (MCP).

Newborn

An eligible newborn may be added to the membership as of their date of birth. Members must contact netWell™ within the first thirty (30) days of birth requesting to add the newborn. For an eligible maternity, newborn office visits and immunizations are available immediately. Requests for Sharing for an eligible newborn are reviewed under maternity provisions.

Ineligible Newborn

If a newborn is born under an ineligible maternity, the member must complete a Membership Enrollment Request to add their newborn. This may be completed any time after the newborn is thirty (30) days of age. The newborn is subject to any pre-existing or membership limitations per the Member Enrollment Request. Requests for Sharing for an ineligible newborn will be processed as ineligible for sharing by the membership.

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Eligible for Sharing (cont.)

Non-Hospital Admissions

Subject to an initial 90-day waiting period from the member's effective date. Inpatient admission to long-term acute care, hospice care, rehabilitation facility, or skilled nursing facility is eligible for sharing by the membership for up to 15 days if ordered by a licensed medical professional. Pre-authorization is required for any non-hospital admissions services to be considered eligible for sharing by the membership.

A licensed medical professional must perform the requested services for the ordered services to be considered eligible for sharing.

Shared at 100% up to the allowed amount once the Member Commitment Portion (MCP) has been met.

Organ Transplants

Subject to an initial 24-month waiting period from the member's effective date. Organ transplants will be shared at 100% of the allowed amount, up to the maximum sharing limit of $150,000 per member, per lifetime, once the Member Commitment Portion (MCP) has been met.

Sharing for organ transplants will include any expenses associated with the transplant procedure.

Pre-Authorization is required for organ transplant services to be considered eligible for sharing by the membership.

Outpatient Care, Therapy, and Rehabilitation

Initial 90-day waiting period from the member's effective date. Home health care, cardiac rehabilitation, and occupational, physical, or speech therapy may be eligible for sharing by the membership if the treatment is related to an eligible surgery, accidental injury, or in lieu of an upcoming surgery. Treatments will be limited to a combined 20 visits per member, per membership year.

Treatment must be provided by a licensed medical professional.

Pre-authorization is required for any outpatient care, therapy, and rehabilitation services to be considered eligible for sharing by the membership.

Shared at 100% of the allowed amount, once the Member Commitment Portion (MCP) has been met.

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Preventive Screening

- Initial 90-day waiting period from the member's effective date
- No Member Commitment Portion (MCP) applies
- Eligible for sharing up to $1,500 per member, per program year

Adult Preventive Services

A1C diabetes Screening
Anemia Screening
Bacteriuria Screening
Blood Pressure Screening
BRCA Counseling
Breast Feeding Counseling
Cholesterol Screening
Colorectal Cancer Screening
DEXA/Bone Scan
Domestic Violence Screening
Folic Acid
Hepatitis B Screening
Hepatitis C Screening
HIV Screening
Tobacco Cessation Counseling
Mammography
Pap Smear
Prostate Exam
PSA

Child Preventive Services

A1C Diabetes Screening
Anemia Screening
Autism Screening
Behavior Assessment
Depression Screening
Dyslipidemia Screening
Hematocrit Screening
HIV Screening
HPV Screening
Iron Screening
Lead Screening
Obesity Counseling
Phenylketonuria Screening
Tuberculin Screening
Vision Screening (Lazy Eye)

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Preventive Screening (cont.)

Primary Care Physician, Specialist, Urgent Care

Subject to an initial 90-day waiting period from the member's effective date (exception of pediatric immunizations).

- Up to seven(7) combined visits for primary care physician, specialist, or urgent care visits per member per membership year.

Neither pre-existing conditions nor member limitations will apply to primary care physicians, specialists, and urgent care visits. Additional services related to Limitations or Pre-existing conditions will be ineligible for sharing by the membership.

Any medical requests received from a primary care physician, specialist, or urgent care visits after seven (7) visits have been exhausted will be processed as ineligible for sharing by the membership.

Prosthesis

Subject to an initial 90-day waiting period from the member's effective date and must be a result of an eligible accidental injury.

Pre-authorization is required for any services outside of an office visit that relate to prosthesis.

Shared up to $3,000 per member, per membership year, once the Member Commitment Portion (MCP) has been met.

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Preventive Screening (cont.)

Sleep Studies

- Subject to an initial 365 day waiting period.
- Overnight sleep studies are limited to a single night study that must be performed in a licensed medical facility.
- Pre-Authorization is required for any sleep study services to be considered eligible for sharing by the membership.
- Shared at 100% of the allowed amount, once the Member Commitment Portion (MCP) has been met.
- Limit one overnight study per member, per membership year.

Surgery

Subject to an initial 90-day waiting period from the member's effective date.

Preauthorization is required for any surgery-related services outside of an office visit. In certain unforeseen circumstances, an immediate need for surgery due to an emergency may arise. A medical emergency is an acute accident, illness, or injury that poses an immediate risk to a member's life or long-term overall health and, if not treated immediately, could cause death, disability, or severe harm to a member. A retroactive preauthorization is required within 72 hours after an emergency surgery.

Additional surgeries may be eligible for sharing 24 months after the first surgery unless approved as part of the original treatment plan or within 15 days for any medical complications from the initial surgery.

Shared at 90% of the allowed amount once the Member Commitment Portion (MCP) has been met. The member will be responsible for the remaining 10%.

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Ineligible for Sharing

If a Request for Sharing is associated with any diagnosis, procedure, testing or treatment that does not meet the Membership Guidelines, the Request for Sharing will be processed as ineligible for sharing by the membership.

- Abortion not related to a life-threatening condition of mother
- Allergy Testing or Immunotherapy Treatment
- Bariatric Surgery
- Behavioral Health
- Breast augmentation, implant, or reduction
- Dental services and procedures
- Durable Medical Equipment
- Elective Cosmetic Surgery
- Experimental Procedures, Treatments, and Drugs Not Approved or Recognized by the American Medical Association (AMA) or the US Food and Drug Administration (FDA); procedures, treatments, and drugs not approved for a given application; treatments and drugs still in clinical trials; and procedures, treatments, and drugs that are classified as experimental, investigational or unproven interventions and therapies
- Female or male Elective Sterilization or Reversal
- Female or male Hormone Therapy
- Gender Dysphoria
- Genetic Testing
- Home Infusion Services
- Ineligible Newborn
- Injury or illness as a result of active or reserve Military Duty
- Injury or illness as a result of Congenital Birth Defects. See Maternity Care
- Injury or illness as a result of Medical Non-Compliance for failure to follow a physician's recommended treatment plan or advice

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Ineligible for Sharing (cont.)

- Injury or illness as a result of participation in a Civil Disturbance
- Injury or illness as a result of participation in Extreme Activities; participation includes but is not limited to boxing, bungee jumping, fighting, free climbing, cliff diving, extreme skiing, hang gliding, martial arts, parachuting, paragliding, parasailing, rock climbing, or wing suit
- Injury or illness as a result of any Substance Abuse that results in a medical request, regardless if prescribed by a licensed medical provider, including any drugs, fumes, gas, narcotic, or poison
- Injury or illness as a result of participation in professional sports or semi-professional sports; participation includes practicing, competing, officiating, or coaching for which a member receives any compensation or remuneration
- Injury or illness as a result of participation in adventure or extreme racing; participation includes but is not limited to racing by air, auto, motorcycle, or powerboat
- Injury or illness as a result of committing or attempting to commit any illegal act
- Medical Requests are received after 90 days from the date of service
- Medical Tourism
- Pre-existing Cancer
- Pre-existing medical conditions for 24 months prior to the member's effective date
- Preventive services not listed as eligible for sharing under preventive services
- Private duty care
- Routine hearing tests and hearing aids
- Routine vision tests and procedures
- Services associated with Any Form of Birth Control
- Services associated with Fertility Testing or Treatment
- Services incurred as a result of an Ineligible Requests for Sharing, including those for which a pre-existing or a membership limitation applies
- Self-Inflicted Injury
- Sexual Dysfunction Services
- Sexual Transformation Services

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Ineligible for Sharing (cont.)

- Temporomandibular Joint Disorder (TMJ Syndrome)
- Tobacco / Nicotine Use
- Treatment or Care Received or Ordered by an Immediate Family Member or Relative, including family members related by blood, marriage, or adoption
- Weight Management

Work-Related Injuries and Business Operations

Work-related injuries are strictly excluded from eligibility for sharing under the netWell™ program, regardless of the member's employment classification (e.g., employee, independent contractor, sole proprietor).

All members engaging in any form of work or business activity — whether for profit, trade, or self-employment — must obtain and maintain appropriate insurance coverage, including but not limited to workers' compensation or occupational accident insurance, as required by law or prudent business practice. This requirement applies even in jurisdictions where such coverage is not legally mandated.

No sharing will be provided for any illness, injury, or medical condition arising out of, or in the course of, any work-related activity if the member fails to maintain such insurance coverage or fails to disclose the nature of their work when applying for membership or submitting claims.

Furthermore, failure to maintain proper coverage may result in denial of all related claims, suspension of sharing privileges, or termination of membership at the sole discretion of netWell™.

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Ineligible for Sharing (cont.)

Additional non-medical expenses received separately on behalf of the member

- Administration fees
- After-hour fees
- Conveyance fees
- Finance charges or currency exchange fees
- Medical record retrieval fees
- Missed appointment fees
- Shipping and handling fees
- STAT fees
- Telephone or email consultation fees outside of the telemedicine visit

The membership reserves the right to review the member's medical records to determine eligibility of a Request for Sharing. If at any time it is discovered that a member failed to provide an accurate medical history, the membership reserves the right to terminate, request new signatures, assign limitations, and process the Request for Sharing as ineligible for sharing.

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Modifications to Your Membership

Adding a Dependent

A member may choose to add a dependent at any time. The dependent must meet the provisions of the Member Enrollment Request. The new dependent's initial waiting periods and member limitations would start from the membership's next Effective Date. The member will need to login to their Member Portal to submit a completed Member Enrollment Request for the new dependent, and sign an updated e-signature. All other members' initial waiting periods or member limitations are not affected by the new dependent's effective date. The addition of a new dependent may increase the member's Monthly Commitment Contribution.

Removal of Dependent

A member may choose to remove a dependent at any time. The member will need to login to the membership's Member Portal to complete a request, as well as sign an updated e-signature to remove a dependent. The cancellation will take effect as of the next draft date. The removal of a dependent may decrease the member's Monthly Commitment Contribution.

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Modifications to Your Membership (cont.)

Membership Cancellation

Cancellation per member:

If a member chooses to cancel their membership, a member must submit a written notice to netWell™ 72 hours prior to the member's next Monthly Commitment Contribution (MCC). The membership will become inactive as of the last day of their cancellation request or the last day of a member's current month. Canceling your netWell™ membership does not meet the criteria for a Qualifying Life Event (QLE) under the Special Enrollment eligibility for the Affordable Care Act. Cancellation requests may be sent to: cancellation@netwell.com.

Cancellation per netWell™:

netWell™ membership will be canceled if the member's Monthly Commitment Contribution (MCC) is not submitted for more than two months without a successful Monthly Commitment Contribution(MCC). The cancellation date will be the last day of the month that a member's Monthly Commitment Contribution(MCC) was submitted. This date will be considered the date the membership became inactive. Requests for Sharing relating to services received before that date remain subject to the Continued Membership Required for Sharing provision. Receiving services while active or submitting a request within the applicable filing deadline does not, by itself, preserve eligibility for additional sharing or access to the internal Appeal Review Process after membership becomes inactive.

Continued Membership Required for Sharing:

Eligibility to submit a medical expense for consideration does not create a right to payment or guarantee that the expense will be shared. netWell™ is a health care sharing ministry and charitable organization, not an insurance company, and medical expenses are shared voluntarily from contributions made by participating Members in accordance with the Membership Guidelines.

Because sharing is based upon the continuing contributions and participation of the membership community, a Member must maintain active membership, remain current on all required monthly contributions, and continue to comply with the Membership Guidelines while a medical need is being reviewed and shared.

If a Member voluntarily cancels membership, fails to make a required contribution, or otherwise becomes inactive before sharing is completed, netWell™ may discontinue any sharing amounts that have not yet been issued or irrevocably authorized. A medical expense incurred while membership was active does not, by itself, entitle a former Member to receive future charitable sharing payments after the Member has ceased participating in the sharing community.

This provision will not permit netWell™ to recover a sharing payment already issued, and netWell™ will not delay processing for the purpose of causing a Member to lose eligibility. Termination initiated by netWell™ will be administered consistently with these Guidelines and will not be based solely upon the Member's medical condition or the amount of the Member's medical expenses.

Member Termination

netWell™ reserves the right to terminate memberships at any time due to the following: not abiding by Membership Guidelines, failure to disclose medical history (both verbal and written), falsification of documents (including but not limited to release forms, medical records, and explanation of sharing documents), threats to netWell™ employees, abusive language, and failure to follow the Statement of Religious and Ethical Beliefs. Any Requests for Sharing received after termination will not be considered for sharing and will be the member's financial responsibility.

The effect of termination on pending Requests for Sharing and appeals is governed by the Continued Membership Required for Sharing and Appeal Review Process provisions.

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Coordination of Sharing

netWell™ facilitates the sharing of eligible requests for sharing only after any other responsible parties have paid on the member's behalf. If another party is allegedly accountable or liable for a request for sharing, netWell™ may wait to share any eligible requests for sharing until that party has paid in full. The following Coordination of Sharing provisions apply:

Suppose a member has an insurance policy (regardless of self, partial, or fully insured) in addition to participating in the netWell™ membership. The member must submit all requests for sharing to other payers before submitting them to netWell™ for consideration. Once any other responsible party has processed their decision, the member may submit to netWell™ any requests for sharing for an eligibility determination under the Membership Guidelines. Proof of the decision from the other payer is required when submitting the member's requests for sharing, along with a copy of all Explanations of Benefits (EOB). If an Explanation of Benefits (EOB) is not provided, the request for sharing will not be considered for an eligibility determination but will be processed as ineligible for sharing by the membership. The member's eligible request for sharing will be reduced by the amount received from any other responsible party.

If a member participates in more than one Health Care Sharing Ministry (HCSM), the member should only submit requests for sharing to one HCSM at a time. The HCSM in which the member has participated the longest will be considered the primary entity responsible for processing the request for sharing for eligibility determination. Should there be any unshared amounts, the member can submit those to the secondary HCSM for an eligibility determination. The member must provide copies of all Explanations of Sharing (EOS) from the first HCSM to be considered under the netWell™ membership.

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Coordination of Sharing (cont.)

If netWell™ shares an eligible request for sharing for which a third party is wholly or partially responsible or liable, the member agrees to reimburse netWell™ for all such eligible requests for sharing when the responsible third party pays the member for any part of the eligible request for sharing. These amounts will not exceed the amount shared by netWell™ on behalf of the members. Examples of third-party liability include, but are not limited to, commercial or private liability insurance due to injury on another's property (including school accident insurance); motor vehicle insurance (your insurer if you are at fault or both insurers if another is at fault); or if a responsible negligent party can be held accountable via a civil action. This provision applies even if payment to the member by a responsible third party is delayed for any reason, including legal action on the part of the member to recover damages.

Other Available Assistance

If another organization is willing or potentially responsible for covering any portion of an eligible request for sharing and the member declines this assistance, that portion will not be considered for sharing by netWell™. Additionally, any funds raised through crowdfunding for an eligible request for sharing must be reported to netWell™ and applied toward the eligible amount that is outlined in the Membership Guidelines, thereby reducing the shareable amount.

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Appeal Review Process

1. Call netWell™: Many concerns or questions may be resolved by calling netWell™ directly. netWell™ strives to provide excellent member service and member satisfaction. A member must attempt to resolve the issue with netWell™ before submitting an appeal.
   Only active netWell™ members are permitted to submit an appeal. A member must have an active membership at the time the Request for Appeal is submitted. Requests for Appeal submitted by individuals whose membership has been cancelled, terminated, or is otherwise inactive will not be accepted or considered through the appeal process.
   netWell™ can be reached at 1-866-NETWELL (1-866-638-9355).
2. Written Dispute: An active member has 30 days from the date of disposition to submit a Request for Appeal. Appeals may be submitted in the following two ways: By email: appeals@netwell.com By mail: netWell™ PO Box 343 Ringwood, NJ 07456-9998

Any other method of communication will not be considered for purposes of the appeal process. netWell™ will confirm receipt of your appeal after submission. If additional information is needed, a member of the netWell™ team will notify you.

If your Request for Appeal is related to a service you have not yet received (a denial of pre-authorization), you will receive a response within 30 days of an accepted Request for Appeal. If your dispute is related to a service you have already received, you will receive a response within 30 business days after your Request for Appeal is accepted.

netWell™ is a charitable organization and will not consider any Better Business Bureau complaint as an Appeal.

Any additional sharing resulting from an appeal remains subject to the Continued Membership Required for Sharing provision. If a Member becomes inactive while an appeal is pending, netWell may administratively close the appeal to the extent it seeks additional sharing no longer available under that provision. Administrative closure does not affect sharing amounts already issued or irrevocably authorized.

A parent, legal guardian, or authorized representative may submit an appeal on behalf of an active Member. The active-membership requirement applies to the individual whose medical expense or eligibility determination is the subject of the appeal.

This restriction does not prevent administrative review of an allegedly incorrect membership-status designation, a billing or refund inquiry, or correction of netWell's records. Such administrative review does not, by itself, restore membership or eligibility for additional sharing.

netWell™ is a charitable organization and will not consider any Better Business Bureau complaint as an Appeal.

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Arbitration and Dispute Processes/Fees

A. Mandatory Arbitration; Charges for Failure to Follow Dispute Process; Attorneys' Fees

1. Mandatory Arbitration and Initiation Process.

Except to the extent that applicable law prohibits mandatory arbitration, any dispute, claim, or controversy arising out of or relating to a Member's participation in netWell™, these Member Guidelines, or any related communications (each, a "Dispute") shall be resolved exclusively through final and binding arbitration rather than through litigation in court. A Member who elects to pursue a Dispute after netWell™ has issued its final determination must initiate arbitration by filing a demand with the American Arbitration Association ("AAA") in accordance with the AAA's applicable rules and procedures, available at www.adr.org. The Member shall be responsible for all filing fees, administrative fees, arbitrator fees, and other costs associated with initiating and pursuing the arbitration, except to the extent otherwise required by applicable law or the AAA's rules. To the fullest extent permitted by law, netWell™ shall have no obligation to pay or reimburse the Member for any fees, expenses, or costs associated with the filing, administration, or conduct of the arbitration.

2. If Member Files Suit Instead of Timely Electing Arbitration.

If a Member files, initiates, or pursues a lawsuit or other court proceeding concerning a Dispute without first timely electing and initiating arbitration as required by these Guidelines, the Member agrees that netWell™ may charge the Member up to $5,000 as reimbursement for netWell's reasonable initial attorneys' fees and costs incurred in responding to and/or moving to dismiss, stay, or compel arbitration in that non-compliant proceeding, to the maximum extent permitted by Texas and federal law. netWell™ will provide notice of the charge and a brief description of the legal work performed.

3. Prevailing Party Fees if a Suit Proceeds.

If any lawsuit or court proceeding concerning a Dispute is filed and proceeds (whether because arbitration is not compelled, is denied, or otherwise), the prevailing party is entitled to recover its reasonable and necessary attorneys' fees and costs from the non-prevailing party, to the maximum extent permitted by applicable law.

4. Severability / Reformation.

If any portion of this section is found unenforceable, it will be modified to the minimum extent necessary to be enforceable, and the remainder will remain in effect.

This section applies to current and former Members and survives cancellation, termination, or inactive status, subject to applicable law and the applicable AAA rules. If an internal appeal is unavailable or is administratively closed because of membership status, netWell's written notice of that decision constitutes its final determination for purposes of initiating arbitration. A person is not required to complete an internal appeal that is unavailable under these Guidelines.

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Member Acknowledgements

As a member of netWell™, at the time of enrollment, YOU acknowledged and agreed to (by signature) the Member Acknowledgment Agreement, the Statement of Religious and Ethical Beliefs, and the provisions of the Membership Guidelines.

The Primary Member must approve and ensure that all active dependents participating in the netWell™ Membership abide by and agree to the Member Acknowledgment Agreement and the Membership Guidelines.

netWell™ is NOT:

- netWell™ is NOT insurance, and it should NOT be presented as insurance by a netWell™ coordinator or by any third party.
- netWell™ does NOT replace traditional insurance, and members remain responsible for their Requests for Sharing. netWell™ does NOT assume any legal risk, obligation, guarantee, or promise that eligible Requests for Sharing will be shared by the membership.

netWell™ IS:

- netWell™ IS a Health Care Sharing Ministry (HCSM). netWell™ members believe in a common core of religious or ethical beliefs and voluntarily contribute toward members' eligible Requests for Sharing based on those beliefs.
- netWell™ IS an HCSM that facilitates the Requests for Sharing based on Member Commitment Contributions (MCC) and the provisions of the Membership Guidelines.

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Member Acknowledgements (cont.)

Membership Guidelines

- I have or will thoroughly read and understand the most current Membership Guidelines. I acknowledge that I have determined that this membership meets my healthcare needs. I have had the opportunity to voice any questions and receive satisfactory answers.
- I can access the most current Membership Guidelines online and in my Member Portal. I acknowledge that the Membership Guidelines is part of the Member Enrollment Request.
- The Membership Guidelines outlines which of my medical requests may or may not be eligible for sharing but does NOT constitute a contract and carries no promise or guarantee to share in my eligible Requests for Sharing, implied or otherwise.
- The provisions of these Membership Guidelines are in effect on the date of service for any of my Requests for Sharing, even if I have received contradictory verbal communications. Please see the full Explanation of Sharing located in the Member Portal for further details.

Member Duties

- I will honestly, accurately, and thoroughly answer the medical questions on the Member Enrollment Request.
- I will read the most current Membership Guidelines as it is subject to change or update with appropriate written notice.
- I will provide the necessary authorizations and consent to submit my Monthly Charitable Donations, Monthly Commitment Contributions, and Membership Fees.
- I will request a review of any Requests for Sharing that I believe have not been processed correctly. If I am still dissatisfied after such review, I will utilize the provisions in the Membership Guidelines to appeal.
- I will ensure that all active members under my membership abide by the Statement of Religious and Ethical Beliefs. Failure to comply with these beliefs and this Member Acknowledgment Agreement may result in the cancellation of my membership and/or my Requests for Sharing may be processed as ineligible per the Membership Guidelines.
- It is my responsibility as a member of netWell™ to be kind and respectful to netWell™ employees.

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Member Acknowledgements (cont.)

Monthly Commitment Contributions

- Monthly Commitment Contributions (MCC) are based on the size of my membership, the age of the oldest member, and the membership option I have chosen. I understand my membership cost will increase when I age into a new age band.
- My Monthly Commitment Contribution (MCC) changes at certain ages based on the oldest member's age. It can also change if Monthly Commitment Contributions (MCC) change for all members, and I will be notified in advance.
- My Monthly Commitment Contribution (MCC) includes Monthly Membership Fees. It is drafted five days before the Member's Effective Date.

Length of Membership

- My membership can become effective no less than five (5) days or more than sixty (60) days after my enrollment date.
- Cancellation requests must be made in writing within 72 hours of the next Monthly Commitment Contribution (MCC).
- netWell™ can cancel my membership if I fail to follow the Statement of Religious and Ethical Beliefs contained in this Member Acknowledgment Agreement or if I fail to make my Monthly Commitment Contributions (MCC).

Appeal Review Process

- I expect to be treated with respect in my dealings with netWell™ coordinators, and I will treat them with the same respect.
- I will use the Appeal Review Process to resolve disagreements regarding eligibility determinations or how Requests for Sharing have been processed.
- I understand that I must be an active Member to submit an internal appeal. My continued eligibility for appeal review and any additional sharing is governed by the Appeal Review Process and Continued Membership Required for Sharing provisions. Receiving services while my membership is active does not guarantee eligibility to appeal or receive additional sharing after my membership becomes inactive.

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netWell™ Dental Membership

netWell dental

Dental Membership

Flexible Options with access to every affiliated Bento Dentist nationwide.

Get started today at https://www.netwell.com/dental/



	Silver Silver Membership	Gold Gold Membership	MOST POPULAR Platinum Platinum Membership
Services	**$500 Annual Max Sharing/Member**	**$1000 Annual Max Sharing/Member**	**$500 Annual Sharing/MemberMax**
Member Commitment Portion (MCP)	Preventative + Diagnostic: No MCP	Preventative + Diagnostic: No MCP	Preventative + Diagnostic: No MCP
Preventive + Diagnostic Sharing	100% Bento Dentists Only	100% Bento Dentists / 60% Non-Bento Dentists*	100% Bento Dentists / 90% Non-Bento Dentists*
Basic Restorative Sharing	20% Bento Dentists Only	50% Bento Dentists / 40% Non-Bento Dentists*	70% Bento Dentists / 60% Non-Bento Dentists*
Fillings	✔ One per tooth surface every 24 months	✔ One per tooth surface every 24 months	✔ One per tooth surface every 24 months
Prosthetic Maintenance	✔ One per 12 months after 24 months	✔ One per 12 months after 24 months	✔ One per 12 months after 24 months
X-Rays	✔ Bitewing x-rays once every 12 months	✔ Bitewing x-rays once every 12 months	✔ Bitewing x-rays once every 12 months
Routine Cleanings	✔ Twice in 12 months	✔ Twice in 12 months	✔ Twice in 12 months
Periodontal Cleanings	✔ Once every 3 months after active treatment	✔ Once every 3 months after active treatment	✔ Once every 3 months after active treatment
Sealants (Under age 16)	✔ Once per unrestored permanent molar every 36 months	✔ Once per unrestored permanent molar every 36 months	✔ Once per unrestored permanent molar every 36 months
Major Restorative Sharing	-	✔ 25% Bento Dentists Only (90-day waiting period)	✔ 50% Bento Dentists / 25% Non-Bento Dentists* (90-day waiting period)
Crowns	-	✔ Once per tooth in 60 months	✔ Once per tooth in 60 months
Gum Treatment (Periodontics	-	✔ Scaling, root planing once per quadrant in 24 months	✔ Scaling, root planing once per quadrant in 24 months
Oral Surgery	-	✔ Simple tooth extractions	✔ Simple tooth extractions
Implants	-	✔ Once per tooth in 84 months	✔ Once per tooth in 84 months
Root Canal Treatment	-	✔ Once per tooth / Retreatment after 24 months	✔ Once per tooth / Retreatment after 24 months
MCP for Non-Bento Providers	Not reimbursed	✔ Members responsible for difference	✔ Members responsible for difference
Orthodontia	-	-	✔ 50% Bento/ 50% Non-Bento* (180-day waiting period)

powered by bento

netWell™ Dental Membership is not insurance.
This is a Healthcare Sharing Ministry and is governed by separate rules and regulations from insurance, which vary from state to state. Please read our legal disclosures for additional information.

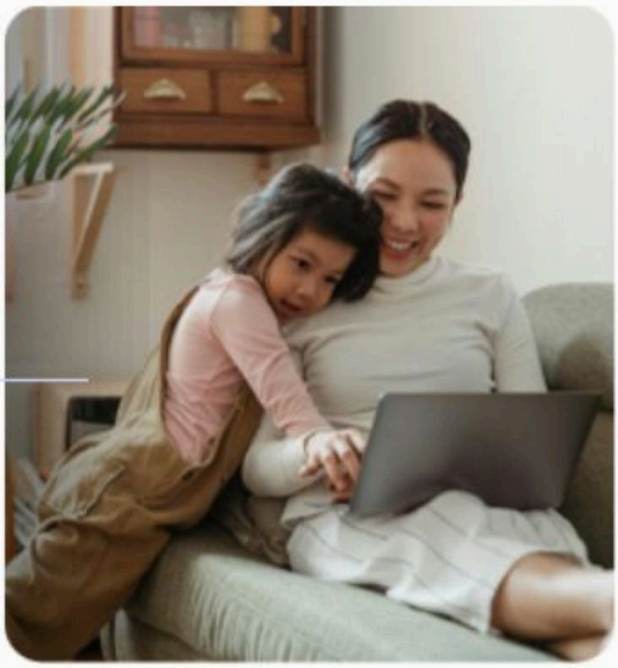
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GoodBill

Goodbill | netWell

Save big on your hospital bills.

You get free access to Goodbill, which **saves you up to 100%** through hospital discounts and negotiation – even for visits that normally aren't eligible.



☆☆☆☆☆

"A fantastic experience. Saved me 25% on my total hospital bill. I will continue to use this service forever!

Carsen S.
Patient

How it works

We get a hospital visit alert
netWell alerts us to your recent hospital visit.

We contact you for info
Our member concierge reaches out to help you complete a few steps.

You save money
We help you apply for discounts and negotiate down your hospital bill.

Frequently Asked Questions

How do you save me money?
Our certified clinicians and coders check your charges against your hospital visit records to flag and remove errors and unnecessary charges. We also find additional discounts that you may qualify for, based on your hospital and income.

How much could I save?
Hundreds or thousands of dollars, even for visits that normally aren't eligible to be shareable through netWell.

TIME · USA TODAY · Money · Modern Healthcare · iHeart PODCASTS · U.S.News

G Questions? Get in touch!

Visit us
goodbill.com/netwell

Email us
help@goodbill.com

Call us
(206) 759-7344

BBB ACCREDITED BUSINESS

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Labcorp



Labcorp

Effective January 1, 2025, Labcorp is the exclusive national laboratory network provider for outpatient, specialty lab and pathology testing services.

Labcorp is your partner for accessible, affordable care and better health-combining our expertise in innovative clinical test technology through our specialized labs.

Labcorp is committed to empowering better patient care through enhanced member experience and access, reducing costs and improving quality.

We believe in harnessing science for human good and promoting affordable care and better outcomes for your members-because we know that one test can have the power to change everything.

Labcorp offers many service enhancements for you and your patients, including:

Improved Member Experience

- Member access tocomprehensive patient services, such as national network of more than 2,000 patient service centers (including over 400 Walgreens locations
- Convenient home sample collection services and digital self-service tools
- Women's health programs
- Employer wellness programs

Access to Personalized Care and Innovation

- Hundreds of scientific resources – including nearly 6,500 clinical laboratory tests, with new tests added each year, and an emphasis on precision medicine testing - allowing more individualized care of members
- Pre-orders and post-service tools for ordering clinicians to aid in efficient selection of lab tests
- Genetic counseling support for test ordering and interpretation

Reduced Costs and Increased Efficiencies

- Single-source diagnostics partner supporting testing needs across the care continuum
- Support for value-based care through decision support tools, lab stewardship dashboards and best practices

Improved Quality Metrics and Outcomes

- Health equity focus on access to routine tests and population health expertise
- Simplified test orders and results through intuitive EHR interfaces, including access to historical Labcorp test results, regardless of ordering physician
- Care management support for chronic conditions
- Gaps in care program access to lab data for utilization analysis

netwell.com
1-866-NETWELL
(638-9355)

For additional information about Labcorp, including a continually updated list of current and new PSCs and hours of operation, please visit Labcorp.com.

netWell™ a 501(c)(3), is not an insurance company but a religious health care sharing ministry.
netWell is not offered in: MA, MD, PA, VT, WA

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Glossary of Defined Terms

Active — a member's status when they have met all Membership Guideline provisions to remain eligible for sharing by the membership.

Adoption — the legal process that establishes a parent/child relationship between individuals who are not related by blood or marriage.

Advanced Imaging — diagnostic imaging procedures including MRI, CT, and nuclear medicine imaging, such as positron emission tomography. Excludes X-rays and ultrasounds.

Allowed Amount — the total amount billed by your provider or facility reduced by any discounts, fees, or other funding sources.

Alternative Care — a non-experimental treatment such as acupuncture, holistic, homeopathic, or naturopathic treatments, which may provide less invasive and more cost-efficient care.

Ambulance — medically necessary ground, air, or water transportation for eligible emergency services to the nearest medical facility or between two medical facilities.

Annual Maximum Sharing Limit — the maximum amount the membership will share on behalf of the member for eligible requests for sharing during a given year on the membership. The maximum amount is determined by the billed charges submitted for sharing consideration.

Appeals Committee — the selected individuals established by netWell™ to resolve an Appeal Review when the member does not agree with an eligibility determination or the processing of their requests for sharing.

Appeal Review — A request submitted by an active Member who believes netWell™ has incorrectly determined the eligibility of an individual medical expense or processed a request for sharing incorrectly. The eligibility of a medical expense is separate from the Member's membership status. Denial of an individual medical request does not, by itself, change the Member's active membership status or eliminate their right to appeal while their membership remains active.

Appeal Review Process — The process established by netWell™ for active Members to seek review and resolution of concerns or disputes regarding eligibility determinations or the processing of requests for sharing. Membership status is determined independently based on enrollment, required membership contributions, cancellation, and termination provisions outlined in the Member Guidelines. Only Members with an active membership are eligible to submit or pursue an Appeal Review. Once a membership has been cancelled or terminated, the Member is no longer eligible to initiate or continue an Appeal Review, regardless of whether the medical request was incurred during an active membership period. A temporary payment hold does not automatically constitute cancellation or termination of membership. Members whose memberships remain active during a temporary payment hold may continue to submit or pursue an Appeal Review, subject to the applicable Member Guidelines.

Arbitration — using a neutral party to settle a disagreement or legal disagreement the member may have with netWell™.

Balance Billing — the difference between what the medical provider or facility bills the member for medical services rendered and what netWell™ allows for the same medical services based on the netWell™ Network. If the medical provider or facility does not accept the netWell™ Network permitted amount, the medical provider or facility may bill the member for this difference, resulting in a balance billing.

Behavioral Health — refers to how our daily cognitive habits affect our overall well-being, emotions, biology, and behavior.

Cancellation Date — the month, day, and year your membership is no longer active due to the member's request or any situation that may have gone against the Statement of Religious and Ethical Beliefs, or for non-receipt of a member's Monthly Commitment Contribution (MCC).

Cancer — the name given to a collection of related diseases. In all types of cancer, some of the body's cells begin to divide without stopping and spread into surrounding tissue.

Combined — the total allowed visits or amount shared.

Combined Membership — a member plus one or more qualified dependents participating in netWell™ under the same membership.

Date of Service (DOS) — the date medical services were rendered.

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Glossary of Defined Terms (cont.)

Dependent — your spouse and any of your unmarried children (by birth, legal adoption, or marriage) through the age of 27, whom you have included on a Membership Enrollment Request or added after your membership effective date.

Effective Date — the month, day, and year a membership begins or the month, day, and year of the most recent membership change. The effective date is used to document when the 365-day membership year begins and ends to reset the Member Commitment Portion (MCP).

Eligible for Sharing — any procedure, service, test, or treatment that has met all the Membership Guidelines for sharing by the membership. Any discounts, fees, or other funding sources will reduce an eligible request for sharing.

Eligible Request for Sharing — a medical request that meets the Membership Guidelines for sharing by the membership. Member Commitment Portion (MCP) and Visit Fees may apply.

Eligible Newborn — a dependent born under an eligible, combined membership meeting the Membership Guidelines to be added to the membership.

Enrollee — a member who has signed up to participate in the membership.

Emergency — a medical emergency is an acute illness or injury that poses an immediate risk to a member's life or long-term health. It is sometimes called a situation risking "life or limb." If not medically treated immediately, it could cause death, disability, or severe harm to the member.

Emergency Room (ER) Visit Fee — all members have an ER Visit Portion for eligible emergency room visits.

Enrollment Fee — a one-time amount designated to set up member-to-member sharing accounts at the date of the Enrollment Request.

Enrollment Charitable Donation — amount designated by netWell™ to be submitted by the enrollee on the date of the enrollment request.

Enrollment Date — the date netWell™ receives a completed Membership Enrollment Request. An enrollee can select the date a membership becomes effective within five (5) calendar days or no more than sixty (60) days after a completed Member Enrollment Request.

Explanation of Sharing (EOS) — a statement provided to the member and the member's provider once a request for sharing has been processed. The EOS will reflect if the request for sharing was eligible, pended for additional information, or was processed ineligible for sharing per the Membership Guidelines. The EOS reflects what Member Commitment Portion (MCP) or Visit Fee you may be responsible for and the membership shared amount.

FDA — the Food and Drug Administration protects public health by assuring the safety, efficacy, and security of human and veterinary drugs, biological products, medical devices, our nation's food supply, cosmetics, and products that emit radiation.

Funds, Funding, or Funded — any reference to any monies, either by or for the member or by or for the membership.

Health Care Sharing Ministry (HCSM) — HCSM members believe in a common core of religious or ethical beliefs and voluntarily contribute toward members' eligible requests for sharing based on those beliefs.

Home Health Care — a wide range of medical services that can be given in your home due to an illness or injury.

Hospital — an institution that is built, staffed, and equipped for the diagnosis of disease, for medical and surgical treatment of the sick and the injured, and their housing during this process.

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Glossary of Defined Terms (cont.)

Illness (acute or chronic) — a disease or period of sickness affecting the body or mind.

Inactive — a member's status when they have failed to meet Membership Guidelines to remain eligible for sharing by the membership.

Incident — an occurrence of an action or situation that is a separate unit of experience.

Ineligible Request for Sharing — a medical request that does not meet the Membership Guidelines for sharing by the membership.

Ineligible Newborn — if a newborn is born under an ineligible maternity, the member must complete a Membership Enrollment Request to add their newborn.

Initial Waiting Period — a period of time that a member must wait beyond the member's effective date before a medical service may be eligible for sharing by the membership.

Injury — damage to body or mind caused by accident or acts of violence.

Laboratory Services — tests on specimens from the body (such as blood or urine) used to diagnose and treat members.

Licensed Medical Professional — an individual who has completed a prescribed program of study in a healthcare field and has obtained a license to practice in that field. Some examples of licensed medical professionals are doctors, nurses, chiropractors, physical therapists, and physician assistants.

Life-threatening or Life-altering — capable of causing death: potentially fatal or life-threatening disease/ condition; having an effect that is strong enough to change someone's life.

Lifetime Maximum Sharing Limit — the maximum amount the membership will share on behalf of the member for eligible requests for sharing during the lifetime of the membership. The maximum amount is determined by the billed charges submitted for sharing consideration.

Maternity — of, relating to, or for the period in which a woman is pregnant or has just given birth to a child.

Maximum Sharing Limit — the maximum amount the membership will share on behalf of the member for a specific eligible request for sharing.

Medical Facility — where sick or injured members are given care or treatment.

Request for Sharing — charges or expenses for medical services provided to you by a medical facility or a licensed medical professional, submitted on the member's behalf.

Medical Review — the practice by which a licensed medical professional reviews a member's medical records to determine if a request for sharing has met the Membership Guidelines for sharing.

Medical Services — all medical and health care services provided to a member, including, but not limited to, medical services that may or may not be eligible for sharing by the membership.

Medical Tourism — the practice of traveling intentionally to another country or region to receive medical care outside the United States.

Medically Necessary — health care services or supplies needed to diagnose or treat an illness, injury, medical condition, disease, or its symptoms that meet accepted medical standards.

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Glossary of Defined Terms (cont.)

Medical Necessity — refers to a decision by netWell™ that your treatment, test, or procedure is necessary for your health or to treat a diagnosed medical problem.

Member — any individual, including all dependents, participating in the membership.

Member Commitment Portion (MCP) — the amount each member is responsible for each membership year before the membership will share toward eligible requests for sharing.

Member Enrollment Request — the enrollment process for enrolling and being accepted onto the netWell™ membership.

Member Limitation — an illness, injury, or medical condition that will not be eligible for sharing under the Membership Guidelines for a specific individual member for a specified length of time.

Member Portal — where a primary member and all dependents are provided online access to manage their membership, make adjustments, access member documents, and view all Monthly Commitment Contributions and requests for sharing.

Member Request for Sharing Review — an initial request to review the processing of a request for sharing on behalf of the member.

Member Signature Documents — all documents requiring signatures as part of the Member Enrollment Request.

Membership Option — the membership option selected at the time of the Member Enrollment Request. Member Commitment Portions (MCP) will vary along with maximum sharing limits based on the membership option chosen by the primary member. The membership option may be changed at the primary member's request and with netWell™'s approval.

Membership Year — 365 days from the member's effective date, including each subsequent program year after that.

Mental Health — includes emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices.

Monthly Charitable Donation — the funds voluntarily submitted monthly to help support charitable organizations and their initiatives.

Monthly Commitment Contribution (MCC) — the funds voluntarily submitted monthly to enable sharing for eligible requests for sharing by the membership. The member's MCC is based on the membership option selected by the member.

Monthly Membership Fee — the funds submitted monthly by a member for participation in the membership.

Office Visit — an in-person visit with a licensed medical professional to discuss new or existing health issues, concerns, worries, or symptoms. Providers may order tests, prescribe medication, or provide advice and education.

Organ Transplant — a medical procedure in which an organ is removed from one body and placed in the recipient's body to replace a damaged or missing organ.

Pre-authorization — the process by which netWell™ determines whether a medication, service, or procedure will be eligible for sharing.

Primary Care Physician — a physician who provides the first contact for a person with an undiagnosed health concern and the continuing care of varied medical conditions, not limited by cause, organ system, or diagnosis.

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Glossary of Defined Terms (cont.)

Pre-existing — injury, illness, or medical condition for which a member has received a medical diagnosis, medical advice, medical treatment, diagnostic services, prescribed medications, or presented signs or symptoms at any time during the 24-month medical review period before the member's effective date.

Prescription — an instruction written by a licensed medical professional that authorizes a patient to be provided a medicine or treatment.

Preventive Services — any medical service that protects against or reduces the likelihood of health emergencies.

Primary Member — the oldest participating member on a membership, whether you are an individual member or a member with dependents.

Prosthesis — an external or implanted device that substitutes for or supplements a missing or defective body part.

Provision — the requirements you acknowledge you must follow to maintain an active membership with netWell™, or the requirements you must meet for medical services to be eligible for sharing.

Rehabilitation Facility — a licensed medical facility that assists in regaining abilities and independence.

Self-Funded (Self-Pay) Member — all members are considered self-funded because netWell™ is NOT insurance, and neither netWell™ nor the membership guarantees or promises sharing. Self-funded members also refer to members who fund medical services because a medical provider or facility will not submit requests for sharing directly to the membership.

Shared / Sharing — the act when the member has met the Membership Guidelines for their request for sharing to be funded on behalf of the other active members.

Sign — an objective observation or finding.

Skilled Nursing Facility — a licensed medical facility specializing in nursing and therapy care to treat, manage, and observe a condition and evaluate care.

Specialist — a licensed medical professional that completed advanced education and training in a specific field of medicine.

Standard of Care — treatment that medical professionals accept as a proper treatment for each diagnosis and that is widely practiced by healthcare professionals.

Symptom — a physical or mental feature which is regarded as indicating a condition of disease.

Telemedicine — the practice of medicine using technology to deliver care at a distance.

Timely Filing Submission — the period between a date of service and the date netWell™ will accept a medical request to consider whether the request for sharing is eligible.

Urgent Care — medical conditions that are serious or acute but pose no immediate threat to life or limb, but which require attention within 24 hours.

Visit Fee — the portion of a request for sharing that the member pays at the time of each visit to a medical provider, collected even after the Member Commitment Portion (MCP) has been met or exceeded. The Visit Fee never applies toward the MCP.

Voluntarily — done, made, or given willingly.

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Disclaimers

netWell™ IS NOT AN INSURANCE COMPANY BUT A RELIGIOUS HEALTH CARE SHARING MINISTRY (HCSM) THAT FACILITATES THE SHARING OF MEDICAL REQUESTS AMONGST MEMBERS.

Under 26 USC § 5000A(d)(2)(B)(ii), netWell™ members are exempt from the ACA's individual mandate. netWell™ does not assume any legal risk or obligation for payment of member medical requests. Neither netWell™, nor its members, guarantee or promise that medical requests will be shared or paid by the membership.

Please check www.netwell.com/legal-notices for the full, complete and most up to date state legal notices.

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State Disclosures

General notice for the following states

Alabama Code Title 22-6A-2, Alaska Statute 21.03.021(k), Arizona Statute 20-122, Arkansas Code 23-60-104.2, Florida Statute 624.1265, Georgia Statute 33-1-20, Idaho Statute 41-121, Illinois Statute 215-5/4-Class 1-b, Indiana Code 27-1-2.1, Louisiana Revised Statute Title 22-318,319, Maine Revised Statute Title 24-A §704 sub-§3, Michigan Legislature Section 550.1867, Mississippi Code Title 83-77-1, Nebraska Revised Statute Chapter 44-311, New Hampshire Section 126-V:1, North Carolina Statute 58-49-12, South Dakota Statute Title 58-1-3.3, Texas Code Title 8, K, 1681.001, Virginia Code 38.2-6300-6301, Wyoming Statutes Title 26.1.104(a)(v)(C):

IMPORTANT NOTICE: This organization facilitating the sharing of medical expenses is not an insurance company, but a Health Care Sharing Ministry (HCSM). Neither this publication, nor its ministry memberships, nor ministry guidelines, nor plan of operation, nor financial assistance provided through the ministry, constitutes or creates an insurance policy and it is not provided through an insurance company. 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. As such, participation in the organization or a subscription to any of its documents should never be considered the purchase of insurance. If you join this ministry by purchasing one of its programs instead of purchasing health insurance, you will be considered uninsured. By the terms of this program, whether any participant in the program chooses to assist you with your medical bills is completely voluntary. Neither the organization nor any other participant can be compelled by law or otherwise to contribute toward your financial or medical bills. 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 and other obligations incurred, regardless of any financial sharing you may receive from the organization for medical expenses. The memberships offered through this organization are not offered through an insurance company and the organization is not subject to the regulatory requirements or consumer protections codes established by States' Departments of Insurance.

Missouri Statute § 376.1750 and Wisconsin Statute 600.01(1)(b)(9)

IMPORTANT NOTICE: This publication is not an insurance company, nor is it offered or issued through an insurance company. This publication does not guarantee or promise that your medical bills will be published or assigned to other subscribers or members for payment. Whether anyone chooses to assist you with your medical bills will be entirely voluntary, as no one will be compelled to contribute towards your medical bills. As such, this publication should never be considered insurance, or 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 always personally responsible for the payment of your own medical bills.

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State Disclosures (cont.)

Kentucky Revised Statute 304.1-120 (7)

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

Montana Code 50-4-111

NOTICE: The health care sharing ministry facilitating the sharing of medical expenses is not an insurance company and does not use insurance agents or pay commissions to insurance agents. The health care sharing ministry's guidelines and plan of operation are not an insurance policy. Without health care insurance, there is no guarantee that you, a fellow member, or any other person who is a party to the health care sharing ministry agreement will be protected in the event of illness or emergency. Regardless of whether you receive any payment for medical expenses or whether the health care sharing ministry terminates, withdraws from the faith-based agreement, or continues to operate, you are always personally responsible for the payment of your own medical bills. If your participation in the health care sharing ministry ends, state law may subject you to a waiting period before you are able to apply for health insurance coverage.

Utah

THIS IS NOT AN INSURANCE POLICY. IT IS A VOLUNTARY PROGRAM THAT IS NEITHER APPROVED, ENDORSED OR REGULATED BY THE UTAH DEPARTMENT OF INSURANCE AND THE PROGRAM IS NOT GUARANTEED UNDER THE UTAH LIFE AND HEALTH GUARANTY ASSOCIATION.

IT IS VERY IMPORTANT THAT YOU REVIEW this organization's guidelines carefully and completely, and that you make sure you understand any limitations that may affect your personal medical and financial needs.

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Amendment

Current Guidelines Control; No Contract or Guarantee of Sharing — Effective 3.3.26

These Guidelines are provided for informational and administrative purposes only and describe netWell™'s general sharing practices and eligibility criteria. These Guidelines do not create a contract, do not create any vested rights, and do not constitute a promise, guarantee, or obligation that any Medical Need, service, or bill will be eligible for sharing or will be shared in any particular amount or at any particular time. All sharing determinations are subject to review and are made in accordance with the Guidelines then in effect.

netWell™ may amend, update, suspend, replace, or otherwise modify these Guidelines at any time, in whole or in part, with or without notice, in its sole discretion. Any amended, updated, or replacement Guidelines will be effective immediately upon adoption by netWell™, unless a different effective date is expressly stated in the revised Guidelines.

The version of the Guidelines in effect at the time netWell™ reviews and processes a Medical Need and/or related bills will govern and will be applied to determine eligibility for sharing, the shareable amount (if any), and any applicable limitations, exclusions, or requirements, regardless of when services were rendered, when a bill was issued, or when a Need was submitted. If these Guidelines change while a Need is pending or after submission, the then-current Guidelines in effect at the time of review will apply.

The most current version of the Guidelines will be made available through netWell™'s member portal and/or website, and that version will control in the event of any inconsistency. If there is any conflict between prior versions of the Guidelines and the current version, the current version controls. Changes are effective as of the "Effective Date" shown on the revised Guidelines, if provided; otherwise, changes are effective upon adoption by netWell™.

Members are responsible for reviewing the most current version of these Guidelines and for complying with all requirements stated in the then-current Guidelines.

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Keep In Touch

netwell.com

Questions? We are here to serve you. You may visit our website by simply scanning the QR code below. Or call us to speak to a netWell™ coordinator today.

Mailing address

netWell™, PO Box 343, Ringwood, NJ 07456-9998

*This is not a share request submission address.

Contact

Telephone: 1-866-NETWELL (1-866-638-9355)

Fax: (404) 393-8520

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