



Advantage

Superior

Elite+

Comprehensive Member Guide



Dear netWell Member,

I am so excited to welcome you into our netWell family and am so thankful you have joined our innovative Health Care Sharing Ministry (HCSM). As you will learn, netWell does things differently than most HCSMs as we believe your health care 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 that share a common set of Religious and Ethical beliefs to embrace a community of care which is why this ministry is truly a blessing and a dream come true for me!

While growing up I always remember my dad emphasizing how important our health was to being productive and flourishing in life. My dad was an avid believer in the need for fresh air, exercise and, of course, amazing Italian food! My family has always been one of the driving forces in my life, accompanied by my faith in God. That is why my hope and prayer, along with my netWell team, is that you and your family stay happy and healthy! However, if there is ever a time that you or your family need assistance, please allow our netWell coordinators to be of service to you. netWell’s sole focus is to be an extension of your well-being.

netWell members enjoy a modern approach to their wellness and health care needs and we are committed to providing you with a stellar member experience with each interaction. Your membership offers sharing of many medical services including the ever-popular Telemedicine Visits. Our coordinators are highly trained and available to answer questions, provide instructions and help you get the most of your membership. Your Member Portal provides 24/7 online access to your member account and many resources for managing your membership. Free discounts services outside your membership provisions are the balance to a complete well-being package.

I am mindful that today, tomorrow and every day that you journey along with netWell is a blessing. Our daily hope is to have members that will love their fellow brothers and sisters and share in each other's burdens. 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,

A handwritten signature in black ink, appearing to read 'Victoria Damone', with a long, sweeping flourish extending to the right.

Victoria Damone
netWell CEO

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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*.

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

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

Our Statement of Religious and Ethical Beliefs

We believe in the God of the Bible and the Power of Prayer.

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

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

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

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.

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

We believe it is our ethical and moral responsibility to Carry each other's Burdens.

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

ENROLLMENT PROVISIONS

Member Enrollment Request

(Also known as *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 for the *enrollee* to make a final decision if they would like to submit their *Member Enrollment Request*. The *Member Enrollment Request* will also include the *Member Enrollment Signature Documents, the Enrollment Request Fee, the Enrollment Banking Fee* and the *Enrollment Charitable Donation*.

Member Enrollment Signature Documents

Each *membership* must acknowledge and agree to initial and sign the Member Acknowledgement Agreement, Member Banking 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*.

Enrollment Banking Fee

Each *membership* will submit an amount designated by Lime-Bank at enrollment to set up the individual *members'* member-to-member *sharing bank account*.

Enrollment Charitable Donation

Each *membership* donates an amount designated by netWell at enrollment to help support charitable organizations associated with netWell and their initiatives. This serves to help 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.



MEMBER FINANCIAL ACCOUNTABILITY

Monthly Banking Fee

The funds submitted monthly to facilitate member-to-member *sharing*. LimeBank generates monthly transactions which members can review in their Member Portal.

Monthly Charitable Donation

The *funds voluntarily* submitted monthly to help support charitable organizations and their initiatives. One organization netWell holds close to our heart is the Tim Tebow Foundation for their celebration of people with Special Needs.

Monthly Commitment Contribution (MCC)

The *funds voluntarily* submitted monthly to allow *sharing of eligible medical requests* amongst 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* in lieu of an annual renewal fee.

Additional Commitment Contributions

For families of seven (7) or more, there is a \$50 additional *Monthly Commitment Contribution per dependent*.

Additional Nicotine & Tobacco Product Contribution

Any *member* who uses tobacco and/or nicotine products will have an additional \$80 *Monthly Commitment Contribution per member*.

Oldest Member's Age Change

Your *Monthly Commitment Contribution* will increase the month following the date the oldest *member* meets the next age band or the next *contribution cycle* following the date the oldest *member* hits the next age band.

Oldest Member's Residence

Your *Monthly Commitment Contribution* 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

Within the first ten days of a new *member's effective date*, the *member* is entitled to a full refund, excluding the one-time *Enrollment Request Fee, Banking Fee, and Charitable Donation*. However, if a *medical request* has been processed as *eligible for sharing* on the *member's* behalf, a refund will not be issued.



USING YOUR MEMBERSHIP

Initial Waiting Period

Once a *member's membership* has become effective, some *medical services* must meet an established amount of time that the *member* will need to wait beyond the *member's effective date* before a medical service may be *eligible* for *sharing* by the *membership*. [See *Eligible for Sharing for your membership option*](#)

Pre-Existing Conditions

For purposes of the netWell *membership*, *injuries*, *illnesses*, or medical conditions for which a *member* has received a medical diagnosis, medical advice, medical treatment, or diagnostic services, was prescribed medications, or presented *signs* or *symptoms* at any time during the 24-month *medical review* period prior to *member's effective date* will not be *eligible* for *sharing* for 24 months from the *member's effective date*. *Pre-existing condition* exclusions do not apply to *eligibility* for *sharing* of *Office Visits*. Certain medical conditions may be subject to *member limitations* that exceed 24 months. [See *Member Limitations, pages 19 and 20*](#)



Member Acknowledgements

As a *member* of netWell, at the time of enrollment, YOU acknowledged and agreed to (by signature) the Member Acknowledgement Agreement and the Statement of Religious and Ethical Beliefs. See page 9

All *active members* aged 18 years and older must agree to the following acknowledgements to participate in the netWell membership.

It is a *member's* duty to understand and agree to the following Member Acknowledgement Agreements along with the provisions of the Member Guide.

netWell is NOT:

netWell is **NOT** insurance and netWell has **NOT** been presented to me as insurance either by a netWell coordinator or by any third party.

netWell does **NOT** replace traditional insurance and *members* remain responsible for their own *medical requests*. netWell does **NOT** assume any legal risk or obligation, nor do its *members* guarantee or promise that *eligible medical requests* will be *shared* or *funded* by the membership.

netWell IS:

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

netWell **IS** an HCSM that facilitates *sharing* of *eligible medical requests* based on *Member Commitment Contributions* and the provisions of the Member Guide.

Member Guide:

I have or will fully read and understand the most current Member Guide. I acknowledge that I have determined that this *membership* meets my healthcare needs. I acknowledge that I have had the opportunity to voice any questions and received satisfactory answers.

I have access to the most current Member Guide online, in my Welcome Email and in my *Member Portal*. I acknowledge that the Member Guide is part of the *Member Enrollment Request*.

The Member Guide 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 medical requests*, implied or otherwise.

The *provisions* of the Member Guide in effect on the date of service for any of my *medical request* controls, even if I have been given verbal communications that are contradictory.

Member Duties:

I will honestly, accurately and completely answer the medical questions on the *Member Enrollment Request*.

I will read the most current Member Guide as it is subject to change or update with appropriate written notice.

I will make the necessary authorizations and consents for my *Monthly Charitable Donations*, *Monthly Commitment Contributions*, and *Monthly Membership Fees* to be submitted.

I will request a review of any *medical request* that I believe has not been processed correctly and, if I am still dissatisfied after such review, I will utilize the *provisions* in the Member Guide to make an appeal.

I will ensure that all *active members* under my *membership* abide by the Statement of Religious and Ethical Beliefs and failure to abide by these beliefs and/or this Member Acknowledgment Agreement may result in the cancellation of my *membership* and/or my *medical requests* may be processed *ineligible* for *sharing* per the Member Guide.

Monthly Commitment Contributions:

My *Monthly Commitment Contribution* is based on the size of my *membership*, the age of the oldest *member*, my place of residence and the *membership option* I have chosen.

My *Monthly Commitment Contribution* changes at certain ages based on the oldest *member's* age and if I change my place of residence. It can also change if *Monthly Commitment Contributions* change for all *members* and I am notified in advance.

My *Monthly Commitment Contribution* includes *Monthly Membership Fees* that are itemized on my *Monthly Commitment Contribution Request*.



Length of Membership:

My *membership* can become effective not less than seven (7) days after nor more than sixty (60) days after my enrollment, the date to be chosen by me.

My *membership* is *voluntary* and I may *cancel* my *membership* at any time as provided in the Member Guide.

My *membership* can be canceled by netWell if I fail to follow the Statement of Religious and Ethical Beliefs contained in this Member Acknowledgement Agreement or if I fail to make my *Monthly Commitment Contribution*.

Appeal Review and Arbitration Process:

I expect to be treated with respect in my dealings with netWell coordinators and I will treat the coordinators with the same respect.

I will use the *Appeal Review Process* to resolve any disagreements I may have regarding any *eligibility* determination or how any *medical request* has been processed.

I will hold netWell, its partners, its employees or directors harmless and will not file a lawsuit for any reason related to my participation in the netWell *membership*.

In the event of an unresolved disagreement, I will submit said disagreement for *arbitration* as outlined in the Member Guide.

Any request for *arbitration* will be handled with either American Arbitration Association (AAA) or Institute for Christian Conciliation (ICC) at the mutual agreement between myself and netWell and will be held in Atlanta, GA unless an alternate city is mutually agreed.

Member Limitations

An *injury, illness, or medical condition* that will not be *eligible for sharing* under the *provisions* of the Member Guide for an individual *member* for a specified length of time. *Member limitations* vary between **two (2)**, **four (4)** or **lifetime** limitations and are based on a *member's* medical condition(s) diagnosed prior to becoming an *active 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
Cataracts
Cushing's Disease
Diverticulitis and Diverticulosis
Endometriosis
Epilepsy
Gallstones
Glaucoma
GERD (Gastroesophageal Reflux Disease)
Grave's Disease
Hashimoto's Disease
Heart Murmur
Hyperglycemia
Hyperlipidemia
Hypertension

Hyperthyroidism
Hypothyroidism
Iodine Deficiency
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
Tendinitis
Tuberculosis
Type II Diabetes
Uterine Fibroids
Vitiligo

Member Limitations (continued)

4 Year Limitations

Barrett's Esophagus
Cancer
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
Pancreatitis
Peripheral Vascular Disease (PVD)
Psoriasis
Pulmonary Hypertension
Rheumatoid Arthritis
Sjogren Syndrome
Surgery
Ulcerative Colitis

Lifetime Limitations

ALS
Alzheimer's Disease
Aneurysm
Autism Spectrum Disorders
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

Services Requiring Pre-Authorization

Not all services are *eligible* for sharing on all membership options

- Advanced Imaging
- Cancer
- Cardiac Rehabilitation
- Cataracts/Glaucoma
- Equipment Related Injury
- Home Health Care
- In-Patient Hospitalization
- Non-Hospital Admissions
- Occupational Therapy
- Organ Transplant
- Physical Therapy
- Prosthesis
- Recreational Vehicle Injury
- Sleep Studies
- Speech Therapy
- Surgery
- Work Related Injury



Submitting a Medical Request from a Member

If your medical provider will not submit *medical requests* directly to netWell, then *members* will need to *fund* their *medical services* in advance and submit the appropriate paperwork to have their *medical request* be considered *eligible* for *sharing* by the *membership*.

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

1. An itemized bill from the medical provider or facility. The bill must include the *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) and any discounts issued by the medical provider or facility.
2. Proof of *funding* from the *member*. This must be a credit card receipt to the provider or facility listed on the bill or a copy of the canceled check (front and back) that *funded* the bill or a receipt from the provider showing cash was submitted. In all cases, the *funded* amount must zero out the bill. Installment *funding* will not be considered *eligible* for *sharing*.

Medical requests received more than 90 days after the *date of service* will be processed as *ineligible* for *sharing* by the *membership*. *Medical requests* that do not include the above information will result in netWell pending your *medical request* for additional information. This information must be received within 30 days of the *Explanation of Sharing (EOS)* in order to be considered *eligible* for *sharing* by the *membership*. See [Timely Filing Submission, page 24](#)

Submitting a Medical Request from a Provider

Medical providers and facilities are requested to submit all *medical requests* in electronic filing format using our EDI number which is provided on your *member ID card*.

Medical providers or facilities can submit their *medical request* by fax, email, or mail to the appropriate options listed on your *member ID card*, if electronic filing is not an option.

If a medical provider or facility will not submit *medical requests* directly to netWell, then *members* should review Submitting a Medical Request from a Member. [See page 22](#)



Timely Filing Submission

All *medical requests* must be received within 90 days of the *date of service* in order to be considered *eligible* for *sharing*. All *medical requests* received after 90 days from the *date of service* will be processed as *ineligible* for *sharing* even if they otherwise would have been *eligible* for *sharing* by the *membership*.

All *medical requests* that are pended for additional information (i.e., medical records, etc.) must have the additional information received within 30 days of the date of *Explanation of Sharing (EOS)*. If the requested information is not received within the 30 days of the *EOS*, your *medical request* will be processed as *ineligible* for *sharing* by the *membership*.

If the provider disagrees with the processing of your *medical request* not being received timely, the provider must submit proof of timely filing within 30 days of the *Explanation of Sharing (EOS)*. Only electronic filing reports will be considered on such submissions as proof of timely filing.

It is the responsibility of the *member* to read all *Explanations of Sharing (EOS)* they receive. It is the responsibility of the *member* to follow-up with their provider when additional information is requested and not assume that their medical provider or facilities will comply with requests for additional information in a timely manner.



netWell Network

As a *member* of netWell, *members* may elect to see any provider or visit any facility of their choosing regardless of network affiliation. *Members* can also access a list of providers and facilities at [netWell.network](#) to assist them in locating a medical provider or facility.

The *netWell Network* consists of providers that have previously engaged with netWell's cost containment partner, Medical Cost Saving Solution (MCS), experts in the Reference Based Pricing (RBP) model. MCS actively identifies providers that do or do not accept Reference Based Pricing (RBP). *Members* utilizing the provider search ensure a *member* is going to a provider that has embraced Reference Based Pricing (RBP) and will provide the most substantial discounts available on behalf of the *members* of netWell. MCS has an extensive database of over 1.5 billion *medical requests* and growing. This data allows netWell *members* transparency about the providers that have historically accepted Reference Based Pricing (RBP) and not *balance billed members* as well as providers who will or have *balance billed members* the difference between the Reference Based Pricing (RBP) amount, and the provider billed charges to assist the *member* in selecting the right provider for their needs. MCS has a 95% acceptance rate of Reference Based Pricing (RBP) across the country. MCS has directly contracted with providers to avoid *balance billing* and continues to grow the MCS network of providers based on high provider utilization patterns and analytics.

Members can make an informed choice as to which provider or facility they wish to see using this feature. As all *members* are considered *self-funded (self-pay) members*, this means the *member* is no longer tied to a specific network, nor does netWell penalize a *member* for going to a provider considered outside of a contracted regional or national network. *Members* are encouraged to try and secure a *self-funded (self-pay)* or cash discount for their *medical services*. See [Balance Billing, page 26](#)

Balance Billing

In the event a medical provider or facility submits a *medical request* but will not accept the *netWell Network* discount provided by netWell and bills the *member* for the balance, the *member* may submit the *balance billing* to netWell at bb@netwell.com. An experienced netWell coordinator will exhaust all efforts 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 most substantial discount.

Balance billed Office Visits may only be shared up to the \$500 maximum sharing limit. Any *balance bill* remaining over the maximum sharing limit will remain the *member's* responsibility and will not be applied to any *Member Commitment Portion (MCP)*.

For services outside the scope of an *Office Visit*, a *balance bill* is the *members'* responsibility; the *membership* does not share on a *balance billed medical request*, nor does the *membership* share in the remainder of a *balance bill* after the negotiation has been completed. A *balance bill* funded by the *member* will not be applied to any *Member Commitment Portion (MCP)*.



netWell

Advantage

Catastrophic Option



ELIGIBLE FOR SHARING: Advantage

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.

Ambulance

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

Cancer

- *Initial 90-day waiting period from the member's effective date*
- *Medical requests related to cancer treatment may be eligible for sharing if the cancer diagnosis was received after the initial 90-day waiting period*
- *Pre-authorization is required for any Cancer services to be considered eligible for sharing by the membership*
- *Eligible cancer medical requests will be shared up to \$250,000 during 1st program year*
- *Eligible cancer medical requests will be shared up to \$500,000 during 2nd program year*
- *Eligible cancer medical requests will be shared up to the yearly maximum sharing limit during 3rd program year and beyond.*
- *Member Commitment Portion (MCP) applies*

Emergency Room Use

The use of the emergency room is for emergency, *life-threatening*, or *life-altering* medical issues only. Any 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, urgent care*, or wellness provider. You may utilize your unlimited Telemedicine visits 24/7 with \$0 *Visit Fee* to the *member*.

A medical emergency is an acute *injury* or *illness* that poses an immediate risk to a *member's* life or long-term health, sometimes referred to as a situation risking "life or limb". If not medically treated immediately, could cause death, disability, or serious harm to the *member*.

netWell has the right to request all medical records pertaining to an emergency room visit to determine if a *medical request* is *eligible* for *sharing* by the *membership*. The *member's* presenting *symptoms* will be reviewed, along with the diagnosis on the *medical request* received on *member's* behalf. If follow-up care is needed, the *member* needs to follow-up with their *primary care physician, specialist*, or at an *urgent care*.

Emergency room visits as a result of your 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 \$5,000 *maximum sharing limit*.

Member Commitment Portion (MCP) does not apply to ER Visits. Emergency room visits resulting in an inpatient hospitalization admit will be reviewed under Inpatient Hospitalization.

Equipment Related Injury

- *Initial 90-day waiting period* from the *member's effective date*. Must be part of an emergency room, pre-admission, inpatient, or outpatient surgery visit
- *Injury or illness* as a result of usage of farm implements, machinery, tractors, or construction equipment in a non-compensated manner
- *Pre-authorization* is required for any Equipment Related Injury services to be considered *eligible* for *sharing* by the *membership*, except in an emergency
- *Shared* up to \$10,000 during 1st *program year*, up to \$25,000 during 2nd *program year*, and up to \$100,000 during 3rd *program year* and beyond, once the *Member Commitment Portion (MCP)* has been met

Imaging

- *Initial 90-day waiting period* from the *member's effective date*
- Services must be related to a pre-admission, emergency room, inpatient hospitalization, or outpatient surgery visit
- *Pre-authorization* is required for *advanced imaging* 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
- Imaging services included in one of the three (3) *specialist* visits will be *shared* up to the *maximum sharing limit* of \$500

Inpatient Hospitalization

- *Initial 90-day waiting period* from the *member's effective date*
- Exception in the case of an *eligible acute injury or illness* that is *life-threatening* or *life-altering*
- *Pre-authorization* is required for any Inpatient Hospitalization 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

Laboratory Services

- *Initial 90-day waiting period from the member's effective date*
- *Services must be related to a pre-admission, emergency room, inpatient hospitalization, or outpatient surgery visit*
- *Shared at 100% of the allowed amount, once the Member Commitment Portion (MCP) has been met*
- *Laboratory services included in one of the three (3) specialist visits will be processed up to the maximum sharing limit of \$500*

Occupational or Work-Related Injury

- *Initial 90-day waiting period from the member's effective date. Must be part of an emergency room, pre-admission, inpatient, or outpatient surgery visit*
- *Injury or illness as a result of employment, subject to Workers' Compensation, will be shared up to \$10,000 during 1st program year, up to \$25,000 during 2nd program year, and up to \$100,000 during 3rd program year and beyond, once the Member Commitment Portion (MCP) has been met*
- *Pre-authorization is required for Occupation or Work-Related Injury services to be considered eligible for sharing by the membership, except in an emergency*

Organ Transplants

- *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 and all expenses associated with the actual transplant procedure*
- *Pre-authorization is required for any Organ Transplant services to be considered eligible for sharing by the membership. Medical requests for organ transplants may be monitored by a medical case coordinator*

Prosthesis

- *Initial 90-day waiting period* from the *member's effective date* and must be a result of an *accidental injury*
- *Pre-authorization* is required for any Prosthesis services to be considered *eligible* for sharing by the *membership*
- *Shared* up to \$3,000 per *member*, per *program year*, once the *Member Commitment Portion (MCP)* has been met

Recreational Vehicle Injury

- *Initial 90-day waiting period* from the *member's effective date*. Must be part of an emergency room, pre-admission, inpatient, or outpatient surgery visit
- *Injury or illness* as a result of using a recreational vehicle which is defined as licensed or unlicensed motorized vehicle operated on land or water (including ATVs, dirt bikes, motorcycles, motorized self-balancing vehicles, motorized scooters, snowmobiles, boats, and jet skis)
- *Pre-authorization* is required for any Recreational Vehicle Injury services to be considered *eligible* for sharing by the *membership* except in an emergency
- *Shared* up to \$10,000 during 1st *program year*, up to \$25,000 during 2nd *program year* and beyond, once *Member Commitment Portion (MCP)* has been met

Specialist

- A *member* is given three (3) visits to see a specialist provider per *member*, per *program year* only after an inpatient hospitalization or outpatient surgery visit
- A *Member Commitment Portion Visit fee (MCPV)* of \$55 for *specialist* visit will apply
- The *membership* will share up to \$500 per *eligible* visit
- Neither *pre-existing* conditions nor *membership limitations* will apply to *specialist* visits

Surgery

- *Initial 90-day waiting period from the member's effective date*
- *Pre-authorization is required for any Surgery services to be considered eligible for sharing by the membership.*
- *Exception in the case of an eligible acute injury or illness that is life-threatening or life-altering*
- *A second surgery may be eligible for sharing 24 months from the date of 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 100% of the allowed amount, once the Member Commitment Portion (MCP) has been met*



INELIGIBLE FOR SHARING: Advantage

If a *medical request* is associated with any diagnosis, procedure, testing or treatment, that does not meet the Member Guide *provisions*, the *medical request* 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

Alternative care

Bariatric surgery

Behavioral health

Breast augmentation, implant, or reduction

Cataracts

Chiropractic care

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

Glaucoma

Home infusion services

Injury or illness as a result of active or reserve **military duty**

Injury or illness as a result of an **act of war**

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 committing or attempting to commit any **illegal act**

Injury or illness as a result of **congenital birth defects**

Injury or illness as a result of **medical non-compliance** for failure to follow a physician's recommended treatment plan or advice

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 wingsuit.

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 participation in **professional sports or semi-professional sports**; participation includes practicing, competing, officiating, or coaching for which a member receives any compensation or remuneration.

Maternity care

Medical requests received after 90 days from *date of service*

Medical tourism

Mental health

Non-hospital admissions

Outpatient care

Pre-existing medical conditions for 24 months from *member's effective date*

Preventive services

Private duty care

Podiatry services

Rehabilitation

Routine hearing tests and hearing aids

Routine screening

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 medical request**, including those for which a *pre-existing* or a *membership limitation* applies

Self-Inflicted injury

Sexual dysfunction services

Sexual transformation services

Sleep apnea

Temporomandibular Joint Disorder (TMJ Syndrome)

Therapy

Treatment or care received or ordered by an immediate family member or relative; including family members related by blood, marriage, or adoption

Weight management

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 *medical requests*. If at any time it is discovered that a *member* failed to provide an accurate medical history for any *member*, the *membership* reserves the right to process the *medical request* as *ineligible* for sharing by the *membership*.



netWell

Superior

Primary Care Option



ELIGIBLE FOR SHARING: Superior

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.

Cataracts and Glaucoma

- Initial 365-day waiting period from the member's effective date
- Eligible medical requests associated with diagnostic testing or treatment will be eligible ONLY when the services are part of a *primary care physician, specialist, or urgent care* visit and processed up to the *maximum sharing limit* of \$500

Equipment Related Injury

- Initial 90-day waiting period from the member's effective date
- Injury or illness as a result of usage of farm implements, machinery, tractors, or construction equipment in a non-compensated manner will be eligible ONLY when the services are part of a *primary care physician, specialist, or urgent care* visit and processed up to the *maximum sharing limit* of \$500

Imaging

- Initial 90-day waiting period from the member's effective date
- If services are part of a *primary care physician, specialist, urgent care, or wellness* visit processed up to the *maximum sharing limit* of \$500. If outside of a *primary care physician, specialist, or urgent care* visit, then shared up to \$300 per member, per program year

Laboratory Services

- *Initial 90-day waiting period from the member's effective date*
- *If services are part of a primary care physician, specialist, urgent care, or wellness visit processed up to the maximum sharing limit of \$500. If outside of a primary care physician, specialist, urgent care visit, then shared up to \$300 per member, per program year*

Occupational or Work-Related Injury

- *Initial 90-day waiting period from the member's effective date*
- *Injury or illness as a result of employment, subject to Workers' Compensation, will be eligible ONLY when the services are part of a primary care physician, specialist, or urgent care visit and processed up to the maximum sharing limit of \$500*



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
- Domestic violence screening
- Folic Acid
- Hepatitis B screening
- Hepatitis C screening
- HIV screening
- Tobacco cessation counseling

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)

Mammogram, pap smear, prostate exam, or PSA are allowed as part of your three (3) visits per *program year* to a *primary care physician, specialist, or urgent care*.

Primary Care Physician, Specialist, Urgent Care, and Wellness Visits

- A member is given three (3) combined visits to see a primary care physician, specialist, and urgent care provider per member, per program year
- A Visit Fee of \$35 for primary care physician visit will apply
- A Visit Fee of \$55 for specialist or urgent care visit will apply
- The membership will share up to \$500 per eligible visit
- Neither pre-existing conditions nor member limitations will apply to primary care physician, specialist, and urgent care visits
- Wellness visits for children, including approved AMA immunizations and wellness visits for adults (mammogram, pap smear, prostate exam, and/or PSA), will be counted towards three (3) combined visits
- If the member exhausts all three (3) visits in a program year, the member will be responsible for any and all additional visits for the remainder of that program year
- Any medical requests received from a primary care physician, specialist, urgent care or wellness visit after the three (3) visits have been exhausted will be processed as ineligible for sharing by the membership
- The ineligible medical request will NOT be applied to your Member Commitment Portion (MCP) for the program year

Recreational Vehicle Injury

- Initial 90-day waiting period from the member's effective date
- Injury or illness as a result of using a recreational vehicle which is defined as a licensed or unlicensed motorized vehicle operated on land or water (including ATVs, dirt bikes, motorcycles, motorized self-balancing vehicles, motorized scooters, snowmobiles, boats, and jet skis) will be eligible ONLY when the services are part of a primary care physician, specialist, or urgent care visit and processed up to the maximum sharing limit of \$500

INELIGIBLE FOR SHARING: Superior

If a *medical request* is associated with any diagnosis, procedure, testing or treatment, that does not meet the Member Guide *provisions*, the *medical request* will be processed as *ineligible for sharing* by the membership.

Abortion not related to a life-threatening condition of the mother

Allergy testing or immunotherapy treatment

Alternative care

Ambulance

Bariatric surgery

Behavioral health

Breast augmentation, implant, or reduction

Cancer

Chiropractic care

Dental services and procedures

Durable medical equipment

Elective cosmetic surgery

Emergency room

Experimental procedures, treatments, and drugs not approved or recognized by the American Medical As-

sociation (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

Injury or illness as a result of active or reserve **military duty**

Injury or illness as a result of an **act of war**

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 committing or attempting to commit any **illegal act**

Injury or illness as a result of **congenital birth defects**

Injury or illness as a result of **medical non-compliance** for failure to follow a physician's recommended treatment plan or advice

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 wingsuit.

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 participation in **professional sports or semi-professional sports**; participation includes practicing, competing, officiating, or coaching for which a member receives any compensation or remuneration.

In-patient hospitalization

Maternity care

Medical requests received after 90 days from *date of service*

Medical tourism

Mental health

Non-hospital admissions

Outpatient care

Organ transplant

Podiatry services outside of allowed *specialist* visits

Pre-existing medical conditions for 24 months from *member's effective date*

Preventive services not listed as *eligible* for *sharing* under *Preventive Services*

Private duty care

Prosthesis

Rehabilitation

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 medical request**, including those for which a *pre-existing* or a *membership limitation* applies

Self-Inflicted injury

Sexual dysfunction services

Sexual transformation services

Sleep apnea

Surgery

Temporomandibular Joint Disorder (TMJ Syndrome)

Therapy

Treatment or care received or ordered by an immediate family member or relative; including family members related by blood, marriage, or *adoption*

Weight management

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

netWell reserves the right to review the *member's* medical records to determine *eligibility of medical requests*. If at any time it is discovered that a *member* failed to provide an accurate medical history for any *member*, the *membership* reserves the right to process the *medical request* as *ineligible for sharing* by the *membership*.

netWell

Elite⁺

All-Inclusive Option



ELIGIBLE FOR SHARING: Elite+

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.

Adoption

netWell offers members assistance in the adoption process by sharing up to \$5,000 on behalf of the membership. netWell members must meet the Member Guide provisions for adoption to be eligible for sharing and submit proper legal documentation once the adoption is finalized.

Adoptions do not have a Member Commitment Portion (MCP) to meet however the members must be on a combined, active Elite + membership for 24 months prior to the adoption being finalized to be eligible for sharing. The child(ren) being adopted may not be related to the member, spouse, or a dependent by blood or marriage.

The member's adopted child may enroll in the netWell membership by completing a Member Enrollment Request and by meeting all the provisions of the enrollment process to become a member.

netWell believes strongly in the Power of Love and how it impacts the lives of children with special needs. netWell will offer an additional \$3,000 for the adoption assistance of a child with special needs for a maximum of \$8,000 shared on member's behalf. If the adoption qualifies for one of the below resources, the member will receive the additional \$3,000 for the adoption assistance from netWell.

We also encourage members specifically seeking the adoption of a child with special needs to apply for additional resources through Show Hope (www.showhope.org) and/or Lifesong for Orphans (www.lifesong.org), both official ministry partners of the Tim Tebow Foundation, netWell's leading charitable beneficiary. These trusted organizations journey alongside Christ-following families responding to the call to adopt a child, including those with special needs.

Alternative Care

- *Initial 90-day waiting period from the member's effective date*
- Non-experimental treatment such as acupuncture, holistic, homeopathic, or naturopathic treatments which may provide care that is less invasive and more cost-efficient
- *Members are allowed up to six (6) visits per member, per program year*
- Services must be performed by an accredited healthcare provider
- *Shared at 100% of the allowed amount, once the Member Commitment Portion (MCP) has been met*

Ambulance

- *Medically necessary 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

- *Initial 90-day waiting period from the member's effective date*
- *Medical requests related to cancer treatment may be eligible for sharing if the cancer diagnosis was received after the initial 90-day waiting period*
- *Pre-authorization is required for any Cancer services to be considered eligible for sharing by the membership*
- *Eligible cancer medical requests will be shared up to \$250,000 during 1st program year*
- *Eligible cancer medical requests will be shared up to \$500,000 during 2nd program year*
- *Eligible cancer medical requests will be shared up to the yearly maximum sharing limit during 3rd program year and beyond*
- *Member Commitment Portion (MCP) applies*

Cataracts and Glaucoma

- *Initial 365-day waiting period from the member's effective date*
- *Eligible medical requests associated with diagnostic testing, treatment, or surgery*
- *Pre-authorization is required for any Cataracts and Glaucoma 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*

Chiropractic Care

- *Initial 90-day waiting period from the member's effective date*
- *Members are allowed up to six (6) visits per program year*
- *Shared at 100% allowed amount, once the Member Commitment Portion (MCP) has been met*

Emergency Room Use

The use of the *emergency room* is for *emergency, life-threatening, or life-altering* medical issues only. Any 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, urgent care, or wellness provider*. You may utilize your unlimited Telemedicine visits 24/7 with \$0 Visit Fee to the member.

A medical *emergency* is an acute *injury or illness* that poses an immediate risk to a member's life or long-term health, sometimes referred to as a situation risking "life or limb". If not medically treated immediately, could cause death, disability, or serious harm to the member.

netWell has the right to request all medical records pertaining to an *emergency room* visit to determine if a *medical request* is eligible for sharing by the membership. The member's presenting symptoms will be reviewed, along with the diagnosis on the *medical request* received on member's behalf. If follow-up care is needed, the member needs to follow-up with their *primary care physician, specialist, or at an urgent care*.

Emergency room visits as a result of your failure to follow medical treatment or advice will be considered *ineligible* for sharing by the membership.

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

Member Commitment Portion (MCP) does not apply to ER Visits. *Emergency room* visits resulting in an inpatient hospitalization admit will be reviewed under Inpatient Hospitalization.

Equipment Related Injury

- *Initial 90-day waiting period from the member's effective date*
- *Injury or illness as a result of usage of farm implements, machinery, tractors, or construction equipment in a non-compensated manner*
- *Pre-authorization is required for any Equipment Related Injury services to be considered eligible for sharing by the membership, except in an emergency*
- *Shared up to \$10,000 during 1st program year, up to \$25,000 during 2nd program year, and up to \$100,000 during 3rd program year and beyond, once the Member Commitment Portion (MCP) has been met*

Imaging

- *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, except if the services are incurred as part of an office visit*
- *If the services are part of a primary care physician, specialist, urgent care, or wellness visit, the services will be shared up to the maximum sharing limit of \$500*
- *Shared at 100% of the allowed amount, once the Member Commitment Portion (MCP) has been met*

Inpatient Hospitalization

- *Initial 90-day waiting period from the member's effective date*
- *Exception in the case of an eligible acute injury or illness that is life-threatening or life-altering*
- *Pre-authorization is required for any Inpatient Hospitalization services to be considered eligible for sharing by the membership, except in an emergency*
- *Shared at 100% of the allowed amount, once the Member Commitment Portion (MCP) has been met*

Laboratory Services

- *Initial 90-day waiting period from the member's effective date*
- *If services are part of a primary care physician, specialist, urgent care, or wellness visit processed up to the maximum sharing limit of \$500*
- *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 provision:

Female member has been active on a combined Elite+ membership for six (6) consecutive months prior to her conception date.

When a member confirms she is expecting, netWell asks that the member notify a netWell coordinator to ensure that her maternity is eligible for sharing under the Member Guide. The netWell coordinator will update the member's dashboard to start tracking all eligible maternity medical requests.

If the member does not meet the maternity provisions, the member's dashboard will be updated to process any maternity medical requests as ineligible for sharing by the membership.

No Membership Commitment Portion (MCP) will apply. Maximum sharing limit per maternity up to \$15,000 for Elite+ members, including multiples.

Any medical requests directly related to 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 expecting mothers must be tested for Group B Strep (GBS). Complications to the mother or newborn arising from Group B Strep (GBS) will make any *medical requests ineligible* for *sharing* by the *membership* if the mother was not tested prior to delivery. A previous negative test for Group B Strep from a past delivery will not count as a negative test for the present *maternity*.

Sharing in *medical requests* of an *eligible maternity* that results in a miscarriage will be subject to the *maternity maximum sharing limit*.

Medical requests for an *ineligible maternity* or complications from an *ineligible maternity* for the mother or newborn will result in all *medical requests* being *ineligible* for *sharing* by the *membership*. See [Ineligible Newborn, page 57](#)

Life-threatening complications for the mother or for 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 requires care or services not normally rendered during pregnancy or delivery. netWell reserves the right to review medical records to determine how the *maternity* medical request 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 requirement.

Newborn

An *eligible* newborn will be automatically added to your *membership* as of his or her date of birth unless you contact a netWell coordinator within the first thirty (30) days of birth requesting to NOT add the newborn. Notification can be from the *member* or a medical request on the newborn's behalf. *Medical requests* for an *eligible* newborn are reviewed under *maternity provisions*. *See Maternity, page 55*

Ineligible Newborn: If a newborn is born under an *ineligible maternity*, the *member* will need to complete a *Membership Enrollment Request* to add their newborn. This may be completed any time after the newborn is one month of age. The newborn is subject to any *pre-existing or membership limitations* per the *Member Enrollment Request*. *Medical requests* for an *ineligible* newborn will be processed as *ineligible for sharing* by the *membership*.



Non-Hospital Admissions

- *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 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
- Services must be performed by a *licensed medical professional*. The *medical request* for which these services were ordered must be *eligible* for sharing per the Member Guide
- *Shared* at 100% up to the *allowed amount*, once the *Member Commitment Portion (MCP)* has been met

Occupational or Work-Related Injury

- *Initial 90-day waiting period* from the *member's effective date*
- *Injury or illness* as a result of employment, subject to Workers' Compensation, will be *shared* up to \$10,000 during 1st *program year*, up to \$25,000 during 2nd *program year*, and up to \$100,000 during 3rd *program year* and beyond, once the *Member Commitment Portion (MCP)* has been met
- *Pre-authorization* is required for any Occupational or Work-Related Injury services to be considered *eligible* for sharing by the membership, except in an *emergency*

Organ Transplants

- *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 and all expenses associated with the actual transplant procedure*
- *Pre-authorization is required for any Organ Transplant services to be considered eligible for sharing by the membership. Medical requests for organ transplants may be monitored by a medical case coordinator*

Outpatient Care, Therapy, and Rehabilitation

- *Initial 90-day waiting period from the member's effective date*
- *Home health care; occupational, physical or speech therapy; cardiac rehabilitation 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 program 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*

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
- Domestic violence screening
- Folic Acid
- Hepatitis B screening
- Hepatitis C screening
- HIV screening
- Tobacco cessation counseling

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)

Mammogram, pap smear, prostate exam, or PSA are allowed as part of your 12 visits per *program year* to a *primary care physician, specialist, or urgent care*.

Primary Care Physician, Specialist, Urgent Care, and Wellness Visits

- A member is given 12 combined visits to see a primary care physician, specialist, and urgent care provider per member, per program year
- A Visit Fee of \$35 for a primary care physician visit will apply
- A Visit Fee of \$55 for specialist or urgent care visit will apply
- The membership will share up to \$500 per eligible visit
- Neither pre-existing conditions nor member limitations will apply to primary care physician, specialist, and urgent care visits
- Wellness visits for children, including approved AMA immunizations and wellness visits for adults (mammogram, pap smear, prostate exam, and/or PSA), will be counted towards 12 combined visits
- If the member exhausts all 12 visits in a program year, the member will be responsible for any and all additional visits for the remainder of that program year
- Any medical requests received from a primary care physician, specialist, urgent care, or wellness visit after the 12 visits have been exhausted will be processed as ineligible for sharing by the membership.
- The ineligible medical request will NOT be applied to your Member Commitment Portion (MCP) for the program year

Prosthesis

- Initial 90-day waiting period from the member's effective date and must be a result of an 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 program year, once the Member Commitment Portion (MCP) has been met

Recreational Vehicle Injury

- *Initial 90-day waiting period from the member's effective date*
- *Injury or illness as a result of using a recreational vehicle which is defined as licensed or unlicensed motorized vehicle operated on land or water (including ATVs, dirt bikes, motorcycles, motorized self-balancing vehicles, motorized scooters, snowmobiles, boats, and jet skis)*
- *Pre-authorization is required for any services outside of an Office Visit that relate to a Recreational Vehicle Injury*
- *Shared up to \$10,000 during 1st program year, up to \$25,000 during 2nd program year and beyond, once Member Commitment Portion (MCP) has been met*

Sleep Apnea

- *Initial 365-day waiting period from the member's effective date*
- *Overnight sleep studies are limited to a single night study that must be performed in a licensed medical facility*
- *If a home study is completed but requires additional testing in a facility, the overnight sleep study must be medically necessary, and the medical request will be subject to review by a licensed medical professional*
- *Pre-authorization is required for any Sleep Apnea 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 program year*

Surgery

- *Initial 90-day waiting period from the member's effective date*
- *Pre-authorization is required for any services outside of an office visit that relate to Surgery*
- *Exception in the case of an eligible acute injury or illness that is life-threatening or life-altering*
- *A second surgery may be eligible for sharing 24 months from the date of 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 100% of the allowed amount, once the Member Commitment Portion (MCP) has been met*



INELIGIBLE FOR SHARING: Elite+

If a *medical request* is associated with any diagnosis, procedure, testing or treatment that does not meet the Member Guide *provisions*, the *medical request* 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

Injury or illness as a result of active or reserve **military duty**

Injury or illness as a result of an **act of war**

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 committing or attempting to commit any **illegal act**

Injury or illness as a result of **congenital birth defects** [See Maternity Care, page 55](#)

Injury or illness as a result of **medical non-compliance** for failure to follow a physician's recommended treatment plan or advice

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 wingsuit

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 participation in **professional sports or semi-professional sports**; participation includes practicing, competing, officiating, or coaching for which a *member* receives any compensation or remuneration

Medical requests received after 90 days from *date of service*

Medical tourism

Mental health

Newborn *See Maternity Care, page 55, or Ineligible Newborn, page 57*

Pre-existing medical conditions for 24 months from *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 medical request**, including those for which a *pre-existing* or a *membership* limitation applies

Self-Inflicted injury

Sexual dysfunction services

Sexual transformation services

Temporomandibular Joint Disorder (TMJ Syndrome)

Treatment or care received or ordered by an immediate family member or relative; including family *members* related by blood, marriage, or *adoption*

Weight management

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

netWell reserves the right to review the *member's* medical records to determine *eligibility* of *medical requests*. If at any time it is discovered that a *member* failed to provide an accurate medical history for any *member*, the *membership* reserves the right to process the *medical request* as *ineligible* for *sharing* by the *membership*.

netWell

General Provisions



MODIFICATIONS TO YOUR MEMBERSHIP

Adding a Dependent

A member may choose to add a *dependent* at any time. The *dependent* will have to meet the provisions of the *Member Enrollment Request*. The new *dependent's* initial waiting periods and member limitations would start from the new *dependent's* member effective date. The member will need to login to their *Member Portal* to submit a completed *Member Enrollment Request* for the new *dependent*. All other member's 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*. See [Member Financial Accountability, page 12](#)

Removal of Dependent

A member may choose to remove a *dependent* at any time. The *dependent* will become *inactive* and can remain *inactive* for up to 60 days. If the *dependent* is *inactive* for more than 60 days, the *dependent* will have to meet the provisions of the *Member Enrollment Request* again if they wish to rejoin. All initial waiting periods and member limitations would apply. The member will need to login to their *Member Portal* to complete a request to remove a *dependent*. The removal of a *dependent* may decrease the member's *Monthly Commitment Contribution*. See [Member Financial Accountability, page 12](#)

Membership Cancellation

Cancellation per member - If a member chooses to cancel their *membership*, a member must submit a written notice to netWell 48 hours prior to the member's next *Monthly Commitment Contribution* request date. 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 per netWell - Your netWell membership will be canceled if a member's Monthly Commitment Contribution is not submitted for more than sixty days. The cancellation date will be the last day of the month that a member's Monthly Commitment Contribution was submitted. This date will be considered the date the membership became inactive and any medical request incurred prior to the member's inactive date will be processed for sharing per provisions of the Member Guide.



netWell Rx

This free discount service applies to the **Advantage**, **Superior**, and **Elite+** membership options.

One of the most comprehensive discount drug card programs available!

- Discounts on generic, brands & specialty medications
- All therapeutic drug classes available
- Mobile app available for use, including a drug look up tool
- Both retail & mail order delivery options
- No age restrictions or maximums on utilization!
- Includes new to market drugs

THIS IS NOT INSURANCE. The Plan provides *members* with **discount rates** for the cost of *prescriptions*. The Plan does not make payments directly to the providers of *prescription* services. The Plan *member* is obligated to pay for all *prescription* services but will receive discount rates on *prescriptions* from those *prescription* providers who have contracted with the discount plan organization. Product is administered by PRAM Insurance Services, Inc. CA LIC# 0812797 - (800) 262-7726

The above discount services are not a *shared request*.

Specifically included with netWell Rx

Discounts on:

- Generic
- Preferred Brand
- Non-Preferred Brand
- Specialty
- ACA Required Drugs

Type of Fill:

- Retail, 30-day supply
- Retail, 90-day supply
- Mail Order, 90-day supply

New-to-Market Drugs & Compounds are INCLUDED

Pet Medications

Discounts on medications prescribed for pets, stocked by a pharmacy and regularly dispensed for humans qualify



MEMBERSHIP TELECOUNSELING SERVICES

This free discount service applies to the **Superior** and **Elite+** membership options only.

MAP and Work-Life Services

Life presents us with challenges at work and at home on a daily basis. You do not have to face these challenges alone, even if you're far away.

The MAP Can Help with Almost Any Issue

MAP benefits are available to all *members* and their families at NO COST to you. Help is just a phone call away. The MAP offers confidential advice, support, and practical solutions to real-life issues. You can access these confidential services by calling the toll-free number and speaking with a consultant.

MAP Services for Employees and Families

Confidential Counseling: Up to 4 face-to-face, video or telephonic counseling sessions for relationship and family issues, stress, anxiety, and other common challenges. **24-hour Crisis Help:** Toll-free access for you or a family *member* experiencing a crisis.



Tess, AI Chat-bot: 24/7 chatbot for emotional support and check-ins to boost wellness. Text “Hi” to +1 650 825 9634 to get started.

24-hour Crisis Help: Toll-free access for you or a family member experiencing a crisis.

Peer Support Groups: Online support groups for addiction, depression, bipolar, anxiety, parenting, LGBTQ+, and frontline workers.

Behavioral Health Coaching App

Learn the top skills for resilience and stress management to improve your mental fitness.

- Access an AI-driven chatbot to learn skills quickly and interactively.
- Access a library of the most effective skills to self-manage mental fitness via 4 min videos.
- Track your wellbeing and stress levels over time and get recommended activities.
- Download the Uprise app on Google Play or the App Store.

Your MAP provides a wide range of work-life balance services to help you survive a variety of challenges

Childcare Services: Childcare professionals provide information and support on parenting, school issues, *adoption*, college planning, teenager challenges, summer camps, daycare, and other important issues for parents.

Adult and Eldercare Services: *Specialists* assist in finding quality information and services including transportation, meals, exercise, activities, *prescription* drug information, in-home care, daytime care, and housing.

Online Legal Forms: Create, save, print, and revise online legal forms including wills, contracts, leases, and many more.

MAP and Work-Life Services (*continued*)

Legal Services: Access a free, half-hour consultation, by phone or in person, for any non-work related issue, followed with a 25% discount in legal fees.

Financial Help: 30 consecutive days of free phone consultations for debt counseling, budgeting, college/retirement planning, and taxes, including 25% off certified public accountant services for tax preparation.

Mediation Services: Request free consultations for personal, family, and non-work related issues such as divorce, neighbor disputes, or real estate.

College Planning Program: Access a free 15-minute consultation with a college planning *specialist* to assist with SAT/ACT prep, scholarships, grants, financial aid and other college related issues followed by a 30% discount in program fees.

Identity Theft Services: Access support in planning the recovery process or restoring your identity and credit after an *incident*.

MEMBERSHIP TELEMEDICINE SERVICES

This service applies to the **Advantage**, **Superior**, and **Elite+** membership options.

Telemedicine

DialCare Physician Access:

Consult Fee is shared by the membership with \$0 Visit Fee to the member

DialCare Physician Access is a modern, easy-to-use telemedicine solution for non-emergency *illnesses* and general care. *Members* have direct access to state-licensed and fully credentialed doctors, via phone or video consultations, to receive treatment and advice for common ailments, including colds, the flu, rashes and more. Doctors are available 24 hours a day, 365 days a year, allowing *members* and their families convenient access to quality care from home, work or on the go. When medically appropriate, a DialCare doctor may prescribe a short term, non-DEA controlled medication that they can pick up at the pharmacy of their choice.



When to use DialCare Physician Access

- For non-emergency medical issues and questions
- During or after normal business hours, nights, weekends and holidays
- If member lives a significant distance from a primary care doctor
- When a primary care doctor is not available
- When traveling and in need of non-urgent medical care or advice

What conditions can be treated?

Allergies
Fever
Respiratory infections
Asthma
Gout
Sinus infections
Bronchitis
Insect bites
Skin inflammations

Cold & flu
Sore throat
Digestive issues
Joint aches & pains
Sports injuries
Ear infections
Rashes
Urinary tract infections
And more!



These free discount services apply to the **Elite+** membership option only and are not a shared request.

Careington POS Dental Network

Members may take advantage of savings offered by an industry leader in dental care. Careington International Corporation is one of the most recognized professional dental networks in the nation and boasts one of the largest dental networks nationally with a focus on neighborhood dentists. Careington networks are a leader in *member-transparent* pricing with robust fee schedules.

Careington Dental Plan Features

- Save 20% to 50% on most dental procedures including routine oral exams, unlimited cleanings, and major work such as dentures, root canals, and crowns
- 20% savings on orthodontics including braces and retainers for children and adults
- 20% reduction on *specialist's* normal fees. Specialties include: Endodontics, Oral Surgery, Pediatric Dentistry, Periodontics, and Prosthodontics where available
- Cosmetic dentistry such as bonding and veneers also included
- All dentists must meet highly selective credentialing standards based on education, background, license standing and other requirements
- *Members* may visit any participating dentist on the plan and change providers at any time

Careington Dental Network POS Sample Savings Chart

Procedure Description	Regular Cost*	Plan Cost**	Savings Amount	Savings Percentage
Adult Cleaning	\$132	\$63	\$69	52%
Child Cleaning	\$94	\$46	\$48	51%
Routine Checkup	\$78	\$33	\$45	58%
Extensive Oral Exam	\$136	\$56	\$80	59%
Four Bitwing X-Rays	\$89	\$42	\$47	53%
Composite (White) Filling	\$210	\$98	\$112	53%
Crown (porcelain fused to noble metal)	\$1,498	\$804	\$694	46%
Complete Upper Denture	\$2,152	\$1,067	\$1,085	50%
Molar Root Canal	\$1,459	\$777	\$682	47%
Extraction (single tooth)	\$255	\$109	\$146	57%

*Regular cost is based on the average of the 80th percentile usual and customary rates as detailed in the 2018 FAIR Health Report in the Los Angeles, Orlando, Chicago & NYC metropolitan areas.

**These fees represent the average of the assigned POS fees in the Los Angeles, Orlando, Chicago & NYC metropolitan areas.

Prices subject to change.

These free discount services apply to the **Elite+** membership option only and are not a shared request

ChooseHealthy – Plus Fitness

The ChooseHealthy® program provides *members* with savings on a wide variety of specialty health and wellness services.

Members save 25% on services from specialty *health care providers*. The ChooseHealthy program's full musculoskeletal provider network features more than 70,000 participating *providers* nationwide.

Members can also choose from more than 10,000 participating fitness centers with the Active&Fit Direct program for \$25 a month*.

Please note that the ChooseHealthy program is not insurance. You should check any insurance benefits you have before using this discount program, as those benefits may result in lower costs to you than using this discount program. The ChooseHealthy program provides for discounts from specialty health care providers. You are obligated to pay for all services from those providers but will receive a discount from those participating providers for services included in the program. The ChooseHealthy program also includes the Active&Fit Direct program, which provides discounted access to fitness centers. The ChooseHealthy program does not make any payments directly to participating providers or to the Active&Fit Direct program. The ChooseHealthy program has no liability for providing or guaranteeing services and assumes no liability for the quality of services rendered. Discounts on products and services available through the ChooseHealthy program are subject to change; please consult the website for current availability.

The programs described above are provided by ChooseHealthy, Inc. and American Specialty Health Fitness, Inc., subsidiaries of American Specialty Health Incorporated (ASH). ChooseHealthy, Active&Fit and Active&Fit Direct are trademarks of ASH and used with permission herein. Other names and logos may be trademarks of their respective owners.

*Plus, a \$25 enrollment fee and applicable taxes.

**Enrollment fee is the member's responsibility

DirectLabs®

Lab Discount Plan (DLS) is the leader in direct access laboratory testing.

DLS offers a wide variety of important health and wellness blood chemistry tests at discounted prices, saving *members* 10% to 80% off regular retail pricing at over 3,000 certified labs nationwide. *

**Services not available in NJ, NY, and RI*

EPIC Hearing Care

Careington *members* have access to hearing aid discounts from 30% to 60% at over 5,500 network providers nationwide. The latest in hearing aid technology by name brand manufacturers is available.

Satisfaction guarantee: *Members* have a 45-day, no-obligation trial period on products purchased. If not completely satisfied, the *member's* money will be refunded (less applicable professional service fees).

HOMELINK

Diabetic Care and Supplies

As a *member*, you'll save between 5% and 40% on a wide variety of durable medical equipment and services.

QualSight LASIK

Serving you with Choice, Quality and Savings

Members will receive savings of 40% to 50% off the overall national average cost for Traditional LASIK surgery through QualSight. *Members* can receive significant savings on newer procedures like Custom Bladeless (all laser) LASIK.

QualSight has more than 1,000 locations, so *members* can choose the provider and the LASIK procedure that meet their vision care needs.

The QualSight program is not an insured program.

These free discount services apply to the **Elite+** membership option only and are not a shared request

Teledentistry

DialCare Teledentistry offers convenient, robust care through 24/7/365 virtual consultations with licensed dentists via phone or video chat for advice and diagnoses on a wide variety of oral health ailments, *urgent care*, dental-related questions and second opinions.

State availability may vary. Please visit dialcare.com/states for up-to-date information.

**A consultation fee of \$50 applies to all consults*

***Consult fee is funded by the member and is not shared by membership*

VSP

Vision Savings Pass is a discount vision program that offers savings on eye care and eyewear. Members receive Exclusive Member Extras and special offers in addition to access to discounts through trusted, private-practice VSP doctors on eye and contact lens exams, glasses, and sunglasses.

This plan is not insurance. Not available in WA.



MEMBERSHIP AGREEMENTS & DISCLOSURES

Discount Plan Organization:
Careington International Corporation (Careington)
7400 Gaylord Parkway Frisco, TX 75034

Description of Services

Please see the enclosed materials for a specific description of the DialCare program and discount services included with your netWell *membership*. DialCare Physician Access is a *shared request*. DialCare Teledentistry and discount services are not a *shared request*.

Term: *Program year*

Total Fees: There is no additional cost for this plan.

Membership and Renewal Conditions

Upon joining netWell, you indicate you read the terms and conditions of the netWell *membership* and discount plan. This *membership* will automatically renew at the end of your *program year* as a netWell *member*.

Cancellation

netWell and DialCare reserve the right to terminate plan *members* from its plan for any reason. If for any reason during your *membership* you are not satisfied with your *membership* and would like to cancel, you must submit a *cancellation request* to cancellation@netwell.com, by fax at 404-393-8520 or mail to us at P.O. Box 35339, Canton, OH 44735. Please include the *key member* name, *member* ID number and the reason you chose to cancel.

If at any time a *membership* is cancelled at the request of the *member* or at the request of netWell, the *key member*, spouse, and all *dependents* will no longer be *eligible* for any of the DialCare plan discounts or services.

MEMBERSHIP TELEMEDICINE SERVICE AND DISCOUNT FEATURES AGREEMENT

Limitations, Exclusions & Exceptions

This plan is a discount *membership* program offered by DialCare. DialCare is not a licensed insurer, health maintenance organization or other underwriter of health care services. No portion of any provider's fees will be reimbursed or otherwise paid by DialCare. DialCare is not licensed to provide and does not provide health care services or items to individuals. You will receive discounts for services at certain health care providers who have contracted with the plan. You are obligated to pay for all health care services at the time of service. Savings are based upon the provider's normal fees. Actual savings will vary depending upon location and specific services or products purchased. Please verify such services with each individual provider. The plan's discounts may not be used in conjunction with any other discount plan or program. All listed or quoted prices are current prices by participating providers and subject to change without notice. Any procedures performed by a non-participating provider are not discounted. From time to time, certain providers may offer products or services to the general public at prices lower than the discounted prices available through this plan. In such event, members will be charged the lowest price. Discounts on professional services are not available where prohibited by law. This plan does not discount all procedures. Providers are subject to change without notice and services may vary in some states. It is the member's responsibility to verify that the provider participates in the plan. At any time DialCare may substitute a provider network at its sole discretion. DialCare cannot guarantee the continued participation of any provider. If the provider leaves the plan, you will need to select another provider. Providers contracted by DialCare are solely responsible for the professional advice and treatment rendered to members and DialCare disclaims any liability with respect to such matters.

Discount Plan Complaint Procedure

If you would like to file a complaint regarding your discount plan, you must submit your complaint in writing to: DialCare, P.O. Box 2568, Frisco, TX 75034. You have the right to request an appeal if you are dissatisfied with the complaint resolution. After completing the complaint resolution process, if you remain dissatisfied you may contact your state insurance department regarding your discount plan.

Discount Plan Disclosure

THIS DISCOUNT PLAN IS NOT INSURANCE and is not intended to replace health insurance. This plan does not meet the minimum creditable coverage requirements under M.G.L. c.111M and 956 CMR 5.00. This plan is not a Qualified Health Plan under the Affordable Care Act. This is not a Medicare *prescription* drug plan. The range of discounts will vary depending on the type of provider and service. The plan does not pay providers directly. Plan members must pay for all services but will receive a discount from participating providers. The list of participating providers is available at netwell.telemedsimplified.com. A written list of participating providers is available upon request. Discount Plan Organization and Administrator: Careington International Corporation, 7400 Gaylord Parkway, Frisco, TX 75034; (800) 441-0380. The Discount Plan is not available in, MA, MD, UT, VT, WA.

Telemedicine Disclosure

The Telemedicine plan from DialCare is not insurance and is not intended to replace health insurance. Doctors do not write *prescriptions* for DEA-controlled substances or other classes of medication such as mood-altering drugs, including anti-depressants, anti-anxiety or lifestyle medications. DialCare operates within state regulations.

COORDINATION OF SHARING

netWell facilitates the *sharing of eligible medical requests* only after any and all other responsible parties have paid on the *member's* behalf. If another party is allegedly responsible or liable for a *medical request*, netWell may wait to *share any eligible medical requests* until that party has paid in full.

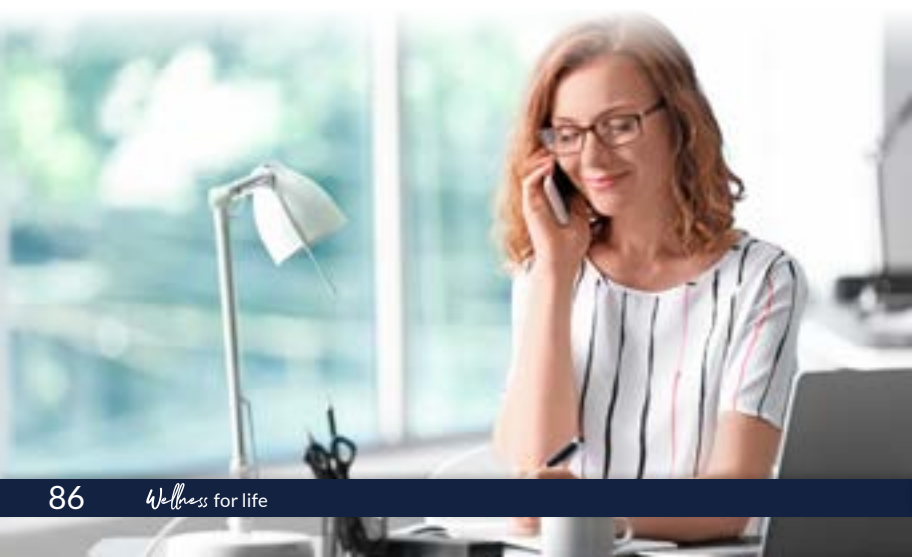
The following Coordination of Sharing provisions apply:

If a *member* has an insurance policy (regardless of self, partial or fully insured) in addition to participating in the netWell *membership*, the *member* must first submit all *medical requests* to other payers in advance of submitting to netWell for consideration. Once any other responsible party has processed their decision, the *member* may then submit to netWell any *medical requests* for an *eligibility* determination under the Member Guide. Proof of the decision from the other payer is required when submitting the *member's medical request* and a copy of all Explanation of Benefits. If an Explanation of Benefits is not provided, the *medical request* will not be considered for an *eligibility* determination but will be processed as *ineligible for sharing* by the *membership*. The *member's eligible medical request* 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 *medical requests* to one HCSM at a time. The HCSM the *member* has participated in the longest will be considered the primary entity responsible for processing the *medical request* for an *eligibility* determination. Should there be any unshared amounts, the *member* can then submit those to the secondary HCSM for an *eligibility* determination. The *member* must provide copies of all Explanations of Sharing from the first HCSM to be considered, under the netWell *membership*.

If netWell shares on an *eligible medical request* for which a third-party is wholly or partially responsible or liable, the *member* agrees to reimburse netWell for all such *eligible medical requests shared* when the responsible third-party pays the *member* for any part of the *eligible medical requests* in question. These amounts will not exceed the amount *shared* by netWell on behalf of the *member*. 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 any other organization is willing or potentially responsible to pay any portion of an *eligible medical request* and the *member* refuses to accept this assistance, the *member* has chosen not to have that portion of the *eligible medical request shared*. Funds raised by crowdfunding for an *eligible medical request* must be reported to netWell and applied towards the amount *eligible* under the provisions of the Member Guide to reduce the *shareable* amount.



GLOSSARY OF DEFINED TERMS

Active - a *member's* standing when they have met all Member Guide *provisions* to remain *eligible* for *sharing* of *medical requests* by the *membership*

Adoption - the legal process that establishes a parent/child relationship between individuals who are not related by blood

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

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

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

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

Appeals Committee - the selected individuals established by netWell to resolve an *Appeal Medical Request Review* when the *member* does not agree with an eligibility determination or the processing and *sharing* in their *medical requests*

Appeal Medical Request Review - when the *member* has submitted a *Medical Request Review* and the *member* still believes that netWell has processed their *medical request* incorrectly

Appeal Review Process - the process established by netWell for the *member* to have their concerns or questions resolved as to either eligibility determination or the processing and *sharing* in their *medical requests*

Arbitration - the use of 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 allowed 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*

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*

Complications of Pregnancy/Labor/Delivery - *See, Eligible for Sharing, Maternity, page 55-57*

Date of Service (DOS)- the date *medical services* were rendered for a *member*

Dependent - your spouse and/or any of your unmarried children (by birth, legal *adoption*, or marriage) through the age of 26, whom you have included on a *Membership Enrollment Request* or added after your *member effective date*

Effective Date - the month, day, and year a *member's membership* begins or the month, day, and year of the most recent *membership* change. *Effective date* is used to document when the 365-day *program 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 Member Guide *provisions* for *sharing* by the *membership*. An *eligible medical request* will be reduced by any discounts, fees, or other sources of *funding*. The *sharing* of *eligible medical requests* is processed according to the Member Guide

Eligible Medical Request - a *medical request* that meets the Member Guide *provisions* for *sharing* by the *membership*. *Member Commitment Portion (MCP)* and *Visit Fees* may apply

Eligible Newborn - a *dependent* born under an *eligible, combined membership* that has met the Member Guide *provisions* to be added to the mother's *membership*

Enrollee - a *member* who has signed up for participation 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, sometimes referred to as a situation risking "life or limb". If not medically treated immediately, could cause death, disability, or serious harm to the *member*

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

Enrollment Banking Fee - a one-time amount designated by LimeBank to set up member-to-member *sharing* bank accounts at the date of the *Enrollment Request*

Enrollment Charitable Donation - amount designated by netWell to be submitted by *enrollee* at date of the *Enrollment Request*

Enrollment Date - the date netWell receives your completed *Membership Enrollment Request*. An *enrollee* can select that their *membership* becomes effective, not less than seven (7) calendar days after nor more than sixty (60) days after their completed *Member Enrollment Request*

Enrollment Request Fee - amount requested to be submitted by *enrollee* as part of the *Member Enrollment Request*

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

FDA - the Food and Drug Administration is responsible for protecting 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 - *Health Care Sharing Ministry* (“HCSM”). HCSM *members* believe in a common core of religious or ethical beliefs and *voluntarily* contribute toward *members eligible medical requests* based on those beliefs

Home Health Care - a wide range of *medical services* that can be given in your home as a result of an *illness* or *injury*

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

Illness - acute or chronic - a disease or period of sickness affecting the body or mind

Inactive - a *member’s* standing when they have failed to meet Member Guide *provisions* to remain *eligible* for *sharing* of *medical requests* by the *membership*

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

Ineligible Medical Request - a *medical request* that does not meet the Member Guide *provisions for sharing* by the *membership*

Ineligible Newborn - if a newborn is born under an *ineligible maternity*, the *member* will need to complete a *Membership Enrollment Request* to add their newborn

Initial Waiting period - the initial amount of time a *member* will 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

Key Member - the oldest participating *member* on your *membership*, whether you are an individual *member* or a *member* with *dependents*

Laboratory Services - tests on specimens from the body (such as blood or urine) that are used to diagnose and *treat members*

Licensed Medical Professional - an individual who has successfully completed a prescribed program of study in a healthcare field and who 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 medical requests* during the *member's membership* or lifetime

Maternity - of, or 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 specific *eligible medical requests*

Medical Facility - a place where sick or injured *members* are given care or treatment

Medical Requests - charges or expenses for *medical services* that are provided to you by a *medical facility* or by 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 medical request has met the Member Guide *provisions for sharing*

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

Medical Tourism - the practice of traveling intentionally to another country or region with the primary purpose of receiving 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* and that meet accepted standards of medicine

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 *key member's membership*

Member Commitment Portion (MCP) - the amount each *member* is responsible for each *program year* before their *eligible medical requests* will be *shared* by the *membership*

Member Enrollment Request - the online 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 Member Guide for a specific individual *member* for a specified length of time

Member Portal – where a *key member* and all *dependents* are provided online access to manage their *membership*, make adjustments, access *member* documents, and view all processing of *Monthly Commitment Contributions* and *medical requests*

Member Request Review - an initial request to review the processing of a *medical request* on behalf of the *member*

Member Signature Documents – all documents requiring signatures as part of the *Member Enrollment Request*

Membership Option - Advantage, Superior, Elite+ *membership options* that a *member* selects at the time of their *Member Enrollment Request*. *Member Commitment Portions (MCP)* will vary along with *maximum sharing limits* based on the *membership option* chosen by the *key member*. The *membership option* may be changed at the request of the *key member* and with approval from netWell

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 allow *sharing* of *eligible medical requests* amongst the *membership*. The *member's MCC* is based on the *membership option* selected by the *member*

Monthly Banking Fee –the *funds* submitted monthly to facilitate member-to-member *sharing credits* and *sharing debits*

Monthly Membership Fee - the *funds* submitted monthly by a *member* for participation in the *membership*

netWell Network - Medical Cost Saving Solution (MCS) and the Reference Based Pricing (RBP) model provided by netWell allowing *members* to use the medical provider and facilities of their choice

Office Visit - an in-person visit with a *licensed medical professional* designed to discuss new or existing health issues, concerns, worries, or *symptoms*. Your provider 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 body of a recipient, to replace a damaged or missing organ

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

Pre-authorization - the process by which netWell determines whether or not a medication, service, or procedure will be *eligible* for *sharing*. See [Pre-authorization for list of services, page 21](#)

Pre-existing - *injury, illness, or medical condition* for which a *member* has received a medical diagnosis, medical advice, medical treatment, or diagnostic services, was prescribed medications, or presented *signs* or *symptoms* at any time during the 24-month medical review period prior to *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

Program Year - the 365-days from the *member's effective date*, including each subsequent *program year* thereafter

Prosthesis - a device, either external or implanted, that substitutes for or supplements a missing or defective part of the body

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 specializes in helping you get your abilities back and regain independence

Self-Funded (Self-Pay) Members - all *members* are considered *self-funded* due to the fact that netWell is NOT insurance and neither netWell nor the *membership* makes any guarantee or promise of *sharing*. *Self-funded members* also refer to *members* who *fund* their *medical services* at the time of service because their medical provider or facility will not submit *medical requests* directly to the *membership* for *sharing*

Shared/Sharing - the act when the *member* has met the *provisions* of the Member Guide in order for their *medical request* to be *funded* on behalf of the other *active members*

Sharing Credits - *funds* transferred into a *member* account from other *members* for the purpose of *sharing* the recipient *member's eligible medical requests*

Sharing Debits - *funds* that leave a *member's* account for the *sharing* of other *member's eligible medical requests*

Sign - an objective observation or finding

Skilled Nursing Facility - a licensed *medical facility* that specializes in nursing and therapy care to treat, manage, and observe your condition and evaluate your care

Specialist - a *licensed medical professional* who has completed advanced education and training in a specific field of medicine

Standard of Care - treatment that is accepted by medical professionals as a proper treatment for each diagnosis and that is widely practiced by healthcare professionals

Symptom - a subjective experience, observation, or finding

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

Timely Filing Submission - the period of time between your *date of service* and the last date netWell will accept a *medical request* to consider whether the *medical request* is *eligible for sharing*

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 *medical request* that a *member funds* at each visit to a medical provider, which is 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

Wellness Visit - a yearly appointment with your primary care provider to create or update a personalized prevention plan based on your current health and risk factors

REVIEW, APPEALS, AND ARBITRATION PROCESS

netWell is an innovative *Health Care Sharing Ministry* (HSCM) which facilitates member-to-member *sharing of eligible medical requests*. Upon enrollment, *members* acknowledge their understanding that all *members* are considered *self-funded (self-pay)* and that neither netWell nor its *membership*, make any promise or guarantee of *sharing* in your *medical requests*. All *members* of netWell participate in and *fund* their *membership* voluntarily. Your participation in netWell is also based on your agreement and adherence of our common set of Religious and Ethical Beliefs.

One of our goals at netWell is to provide a stellar *member* experience, including properly processing and *sharing* in your *medical requests* based on the *provisions* of the Member Guide. Occasionally, *members* may not agree with either an *eligibility* determination or how their *medical request* was processed. As a *member* of netWell, *members* agree not to utilize the legal system to resolve disagreements but to use the *Appeal Review Process* as the only means for settling all disagreements, including legal disagreements. Additionally, the *member* agrees not to file a lawsuit against netWell, its partners, nor its employees or directors for any reason related to their participation in the netWell *membership*.

In the spirit of LOVING our fellow brothers and sisters (1 John 4:21) netWell provides the following *Appeal Review Process* for having their concerns heard and resolved:

1. A *member* may call a netWell coordinator. Many concerns can be addressed by the *member* making a phone call to 866-netWell and explaining their concern or question. The *member* may only need to have an explanation of how to understand the *Explanation of Sharing* or what Member Guide *provision* was applied. If more is required, the netWell coordinator may determine that a *medical request*

merits additional review or reprocessing. The netWell coordinator may also request additional information from the *member* and submit this information in the *member's* behalf to the netWell *medical request* coordination team.

2. If a member does not believe that the phone call has resolved the issue, then the member must submit a written request (*Member Request Review*) within sixty (60) days of the phone call. The member must submit the request, in writing, by mail (P.O. Box 35339, Canton, OH 44735), fax (404) 393-8520, or email at review@netwell.com. A netWell coordinator who was not part of processing this *medical request* will review and provide the *member* with a decision within fifteen (15) days from the receipt of the request submitted by the *member*.
3. If the *member* still believes that netWell has processed their *medical request* incorrectly, the *member* may submit an appeal (*Appeal Medical Request Review*) within sixty (60) days of the date of the *Member Request Review*. The *member* must submit the request, in writing, by mail (P.O. Box 35339, Canton, OH 44735), fax (404) 393-8520, or email at appeal@netwell.com. All *Appeal Medical Request Reviews* will be considered by an *Appeals Committee*. This request MUST contain the following information from the *member*: any additional information the *member* believes netWell did not have access to in processing the *medical request*, including if *member* believes a Member Guide provision has been inappropriately applied to their *medical request*. Any documentation that the *member* believes will assist netWell in evaluating this request must be included at the time of the request. The *member* will be notified within thirty (30) days from the receipt of the request and required documentation as mentioned above of the *Appeals Committee's* determination.
4. If the *member* remains unsatisfied with the determination of the netWell *Appeals Committee*, the final option is to request an arbitrated resolution in accordance with the Member Acknowledgement Agreement which each

adult *member* signs upon enrollment for themselves or on behalf of their family. *Members* agree to handle all unresolved disagreements through *arbitration*. If the *member* wishes to invoke their right to this *provision*, the *member* must send a written notification to netWell's legal department and work with netWell to submit an *arbitration* request. netWell and the *member* will mutually agree to have the *arbitration* request heard by either the American Arbitration Association (AAA) or Institute for Christian Conciliation (ICC). The *member* will be responsible to *fund* one half of the costs of the selected *arbitration* program (AAA or ICC), and all the *member's* incidental or legal costs. The *arbitration* shall be held in Atlanta, Georgia unless the *member* and netWell agree to a new city and/or state. One arbitrator shall preside over the *member's* disagreement and shall be selected by mutual agreement between the *member* and netWell. If the parties cannot agree on an arbitrator, the selected *arbitration* program (AAA or ICC) will appoint the arbitrator. <https://www.adr.org> or www.instituteforchristianconciliation.com



DISCLAIMERS

NETWELL IS NOT AN INSURANCE COMPANY BUT A RELIGIOUS HEALTH CARE SHARING MINISTRY (HCMSM) 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.

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 (HCMSM). 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' Department of Insurance. Should you have complaints concerning this Health Care Sharing Ministry, you may report them to the office of the States' Attorney General.

GENERAL NOTICE FOR THE FOLLOWING STATES: 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.

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.

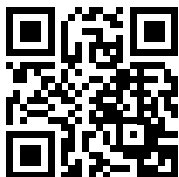
IT IS VERY IMPORTANT THAT YOU REVIEW this organization's guidelines carefully and completely, and that you make sure you understand any limitations that may affect your personal medical and financial needs.

KEEP IN TOUCH

Effective May 1, 2021

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.

netwell.com



netWell

P.O. Box 35339
Canton, OH 44735

FAX (404) 393-8520
TEL 1-866-NETWELL
(638-9355)



NOTES



P.O. Box 35339
Canton, OH 44735

Member Name
123 Address
State ZIP