

ShareRight is the most innovative and comprehensive program in the nation. Compare for yourself.

| | | Option 1 | Option 2 | Option 3 |
|--|--|--------------------------------|----------|----------|
| | | SHARERIGHT A PROGRAM OF IHS | | |
| QUALIFICATIONS FOR MEMBERSHIP | | | | |
| Religious/Faith Requirements | None | | | |
| Health Requirements | None | | | |
| Shared Beliefs & Ethics | YES | | | |
| Tobacco/Vaping Use | Allowed with fee | | | |
| Current Pregnancy | Permitted to join although current Maternity would not be shared | | | |
| ELIGIBLE MEDICAL EXPENSES | | | | |
| Hospitalization | YES | | | |
| Medical Treatments | YES | | | |
| Medical Procedures | YES | | | |
| Doctor Visits | YES | | | |
| Maternity | YES | | | |
| Wellness/Preventative | YES | | | |
| Mental Health | YES | | | |
| Pre-Existing Conditions (Pre-X) | YES with restrictions | | | |
| ADDITIONAL SERVICES, VALUES & FEATURES | | | | |
| RX Discounts & Pricing | Wholesale Direct | | | |
| Telehealth | YES | | | |
| Income Opportunities | YES | | | |
| SHARING PROCESS | | | | |
| Monthly Share Payment | Electronic | | | |
| Visit Any Medical Provider | YES (Unlimited) | | | |
| Medical Bill Submission | Provider Submits (not Member) | | | |
| Medical Discounts & Repricing | Impact Manages (not Member) | | | |
| Provider Payments | Impact Manages (not Member) | | | |

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| | | SHARERIGHT <small>A PROGRAM OF IHS</small> | | |
| SHARING LIMITS & RESTRICTIONS | | | | |
| Lifetime Maximum | NONE | | | |
| Event Maximum | NONE | | | |
| Annual Maximum | \$500,000 (per member) | | | |
| Maternity Maximum | \$150,000 (per delivery) | | | |
| Motorcycle Accidents | \$100,000 | | | |
| Mental Health | YES | | | |
| Preventive/Wellness | YES - One annual/well visit per membership year. Includes \$150 allowance for routine labs. Plus Preventative testing. See Guidelines for details and schedule. | | | |
| Pre-X Limits | Must be signs, symptoms, testing, diagnosis, or treatment (including medication) free for 36 consecutive months prior to membership | | | |
| SHARE AMOUNTS & FEES | | | | |
| Annual Membership Fee | \$0 | | | |
| One-Time Application Fee | \$79 | | | |
| Annual Primary Responsibility | YES (per household, not per member) | | | |
| Primary Responsibility Choices | \$1,000 (65 years and older only) \$2,500, \$5,000, \$7,500, \$10,000 | | | |
| Co-Share Amount | 10% | | | |
| CREDIBILITY AND TRANSPARENCY | | | | |
| Full Sharing Transparency | YES | | | |
| Distributed Reserves in Member-Owned Accounts | YES | | | |
| Voluntary Sharing | YES | | | |
| Transparent Member-to-Member Sharing | YES | | | |
| Majority of Contributions Directly Benefit Members | YES | | | |
| Independent Annual Audit | YES | | | |
| Independent Board of Directors | YES | | | |

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