JOPPA HEALTH SHARE

Bethany Essential Member Guidelines

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

Joppa Health Share, a 501(c)(3), is not an insurance company but a religious health care sharing ministry.

Joppa Health Share FAQ's

Needs Processing

Cornerstone Preferred Resources is Joppa Health Share's Needs Processor, which is a neutral third-party for eligible needs to be shared after a Member received medical care. Cornerstone Preferred Resources shares eligible needs according to the Joppa Health Share Member Guidelines. Present Providers your Joppa Health Share ID card at the time of service. The Provider's office is directed to submit medical bills for sharing to: Joppa Health Share, Attn: Needs Processing Dept. P.O. Box 680468 Houston, TX 77268-0468 Payor ID CB695

Am I required to use a specific list of Providers for healthcare?

As a Joppa Health Share Member enrolled in the Bethany Program, you have access to the PHCS Specific Services Network. Providers and Facilities participating in the PHCS Network have negotiated discounts that can reduce your medical costs and result in significant savings for you. Using an Out-of-Network Provider or Facility is still your choice. The Out-of-Network services can result in higher Medical bills.

What should I do if I need to receive care?

Present your Joppa Health Share ID card to the Provider or Facility at the time of service. The Membership card directs the Provider's office or Facility to submit medical bills to the Needs Processor to be shared. Providers and Facilities are encouraged to call for clarification as to whether you are a participant in good standing and how your need would potentially be shared. Joppa Health Share programs are designed to pay the Provider or Facility directly after Visit Fee is paid to the Provider or Facility by the Member.

What should I do if the Provider scheduling or billing does not recognize my Membership?

Always present your ID card at every visit or service and ask your Provider to read the note on your Member ID card as Joppa Health Share programs are set up to pay Providers a satisfactory amount directly. The Provider should collect any Visit Fee at the time of service, then submit a sharing request through the Needs Processor listed on the back of your ID card. If the Provider still has questions, have them call (888) 479-0378 8am-4:30pm CST, Monday-Friday.

What should I do if my physician's office requests payment up front?

Most of the time, the Provider will submit bills to the Needs Processor for eligible needs to be shared. In most cases, when your treatment/ visit is eligible under the Member Guidelines, then you should not be asked for more than your Visit Fee unless the Provider does not accept the amount as payment in full or does not recognize your Membership. Please refer the Provider to call: (888) 479-0378 8am-4:30pm CST, Monday-Friday.

How will I know that my Needs Request has been shared?

After any submitted Needs Request, you will receive an Explanation of Sharing in the mail from Joppa Health Share's Need Processor. The statement will show a breakdown of what medical treatments were billed and what needs were shared, along with indicating what you, the Member is responsible for. After the eligible need is shared according to your Member Guidelines, there could be a balance remaining due to the Provider.

What happens when I have a balance bill?

Our Member Advocacy Team will collaborate with your Provider or the Facility directly regarding the balance bill to negotiate on your behalf. You will be updated along the way. The goal is to reduce or eliminate the balance bill completely; however, if this is not possible, you will be responsible for any remaining balance. Call the Member Advocacy Team at (888) 479-0378 8am-4:30pm CST, Monday-Friday.

Who should I call for questions about my Health Share Membership?

Call Bethany Member Support. This is a dedicated Member Support Team that is ready to assist you with any questions regarding your Membership program. Call (800) 269-3563 8am-5pm CST, Monday-Friday.

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I. About Joppa Health Share

Welcome to Joppa Health Share – A Unified Body that will be Blessed. Joppa Health Share is a healthcare sharing ministry, a subsidiary of Revivalmakers, based on a biblical model. As the largest Latino Christian organization in America, we lead millions of Born-Again Hispanic Christ followers via our 40,118 Evangelical Congregations by providing leadership, networking, fellowship, strategic partnerships, and public policy advocacy platforms to our three directives: Life, Religious Liberty and Biblical Justice. Revivalmakers is a not-for-profit corporation that is recognized as tax exempt under Internal Revenue Code 501(c)(3).

Joppa Health Share exists to bring Christians together to share each other's burdens and to share in God's blessings. For centuries, Christians all over the world have shared their lives, resources, and blessings as first outlined in the book of Acts. ***"All the believers were united in heart and mind. And they felt that what they owned was not their own, so they shared everything they had. The apostles testified powerfully to the resurrection of the Lord Jesus, and God's great blessing was upon them all." —Acts 4:32–33***

Members of Joppa Health Share make fixed monthly contributions to the health sharing community according to the sharing level elected. Eligible medical bills are shared with the funds of all Members who faithfully share. The Guidelines, which follow, explain the program requirements and how Joppa Health Share facilitates medical bill sharing.

Board of Directors

The Revivalmakers Board of Directors aims to strengthen the Joppa Health Share program and/or protect its Members. The Board may modify these Guidelines from time to time. Guideline changes by the Board of Directors must be presented to the Members.

Revivalmakers and Joppa Health Share are not insurance or insurance companies. The sharing of your medical needs through Joppa Health Share or otherwise is not guaranteed in any way. Joppa Health Share is not, and should never be construed as, a contract for insurance or a substitute for insurance. There is no transfer of risk for any purpose from a Member to Joppa Health Share or from a Member to other Members; nor is there a contract of indemnity between Joppa Health Share and any Member or between the Members themselves. Revivalmakers has engaged with The Galilee Group for administrative services of day-to-day operations and Member Sharing facilitation for Joppa Health Share.

Health Sharing Not a Substitute for Insurance Required by Law

You have elected to enroll in a Health Care Sharing Ministry. Joppa Health Share Programs are not insurance and Joppa Health Share is not an insurance company. Health Care Sharing Ministry Members, under 26 USC § 5000A(d)(2)(B)(ii), are exempt from the ACA individual mandate. Members must not certify that Joppa Health Share is insurance to avoid purchasing insurance required by law, rule, or regulation (e.g., worker's compensation insurance or sports activity insurance).

Assumed Liability and Responsibility

Joppa Health Share is not insurance. Joppa Health Share is a Healthcare Sharing Ministry as outlined in the Patient Protection Affordable Care Act. Each Joppa Health Share Member is always solely responsible for the payment of his or her own medical bills. Neither Joppa Health Share nor Members of Joppa Health Share (a.) guarantees payment of a Member's medical bill, or (b.) assumes liability for the payment of a Member's medical bill.

Voluntary Membership

Enrollment in Joppa Health Share is not a contract for insurance and Member participation is voluntary.

II. Membership Requirements

Statement of Religious and Ethical Beliefs

Joppa Health Share Membership is built on a foundation of like ideals agreed upon by the Members. The peace of mind of knowing the people sharing your contributions are not using your money for things that conflict with your faith is a blessing Members enjoy.

Adult Members must affirm the following Member Shared Beliefs to qualify for Joppa Health Share Membership:

- We believe it is our right to make our own decisions regarding healthcare, in consultation with physicians, family and/or other valued advisors, free from government dictates, restraints and oversight.
- We believe that the Bible is God's Word to teach, correct, and train us to live. —2 Timothy 3:16-17.
- We believe our actions must be in accordance with biblical teachings.
- We believe it is our spiritual duty to God and our ethical duty to others to maintain a healthy lifestyle and avoid foods, behaviors or habits that produce sickness or disease to ourselves or others. —1 Corinthians 6:19-20
- We believe it is our biblical and ethical obligation to assist others with medical needs according to our available resources and opportunity. —Galatians 6:2

Healthy Lifestyle

Joppa Health Share Members highly value the biblical principle that our physical bodies are temples of the Holy Spirit and should be kept pure. Members should strive to maintain healthy lifestyles, as this glorifies God while keeping medical costs down.

All Members commit to the following lifestyle choices:

- Live by Biblical standards
- Bear one another's burdens
- Attend and actively support a fellowship of believers regularly
- Refrain from unhealthy lifestyles, including but not limited to:
    - Use of Illegal Drug
    - Misuse of Alcohol
    - Living an Immoral Lifestyle

Tobacco Use:

If a Member uses tobacco in any form, including vaping of any nicotine products, any health-related issues related to tobacco usage will be treated as a Pre-Exiting Condition and any needs request submitted related to tobacco usage will be subject to the Pre-Existing Condition Limitation.

III. Eligible Primary Members and Dependents of Primary Members

Eligible Members

- Primary Member must be minimum age 18.
- Non-US Citizens who are age 18 and live full-time in the US.
- Applicants who are 65 or older are ineligible for Joppa Health Share.

Eligible Dependents of Members

The following family members may be included or added to the Membership:

- **Spouse:** The Member's Spouse as defined by a Biblical Christian Marriage.
- **Dependent Children:** The unmarried child or children of the Member or the Member's spouse who are under 26 years of age; and the unmarried handicapped dependent child of the Member who has attained age 26, provided such child is mentally handicapped or physically incapable of earning his or her own living. Proof of incapacity must be furnished to Joppa Health Share but not more than once in any 12-month period. Dependent Children includes a stepchild, foster child, legally adopted child, child for whom the Insured is a party to a suit for adoption, child who has been placed in the Insured's home for adoption and child under the Insured's legal guardianship, if such child depends primarily on the Insured for support. Dependent will also include a child for whom the Insured is legally required to support due to court order or divorce decree.

Family Status Changes (adding/deleting or ending Membership)

Marriage/Divorce of a Member

- **Marriage:** A spouse can be added as a Dependent by contacting Bethany Member Support Team to request the change. The spouse's effective date will be the start of the next billing cycle/membership cycle following the change.
- **Divorce:** Members who are experiencing a divorce or whose marriage has ended in divorce should contact Bethany Member Support Team for information regarding making changes to their Membership.

Members Attaining Age 65:

Membership will terminate for Members who reach age 65, at the end of the billing cycle in which the Member attained 65. Memberships that include dependents may be rewritten on a new membership containing an updated primary member. Any required change in Monthly contributions as a result, will occur at the next billing cycle/membership cycle.

Adult Children:

- Children are eligible to participate on the Member's program up to their 26th birthday.
- Children can elect to apply for his or her own Membership after their 18th birthday.
- Biblical Christian Marriage of a Dependent Child.
    - A dependent Child Member may no longer participate under the Member Household of the parent(s) as of the billing cycle/ membership cycle following the Marriage and must apply for their own Membership.

Adding Dependent Children:

- A child may be added to an existing Membership by contacting Bethany Member Support Team.
- A newborn may be a Member from birth when Bethany Member Support Team is notified, up to 30 days before the due date or 30 days after birth. If Bethany Member Support Team is not notified within 30 days of birth, the newborn's effective date will be the start of the next billing cycle/membership cycle and Pre-Existing Limitations may apply. An adopted a child or otherwise has obtained legal custody with legal responsibility for a child's medical care, that child can be added to the Membership by contacting Bethany Member Support Team with forms of proof listed below:
    - Valid, signed court order of adoption
    - Valid pre-adoption placement order issued by a licensed child placement agency
    - Adoption certification
    - Adoption placement and petition for adoption

IV. Cancellations and Withdrawals

Cancelling Membership

If Members wish to cancel their Membership, notice is required at least 24 hours prior to the end of the current monthly billing cycle/membership cycle. Members should contact Bethany Member Support Team to request cancellation, at (800) 269-3563, Monday-Friday, 7am-6pm CST.

Cancellation Due to Non-Payment of Monthly Contributions

Joppa Health Share Membership will be suspended if a Member is more than 30 days behind in making their monthly contributions. Only Eligible medical expenses incurred on or before the last day of the monthly Membership period in which the Member's last contribution amount was paid through will be considered for sharing. Membership will be cancelled if a Member does not submit their Monthly contributions within 60 days. The cancellation date will be the date of last billing cycle/membership cycle paid in full.

Membership Cancellation, for any reason, does not meet the requirements for a Qualifying Life Event (QLE) under the Special Enrollment eligibility for the Affordable Care Act.

V. Reapplication After Cancellation

Members who cancel their Membership are welcome to reapply. All medical conditions arising before the date of reapplication will be subject to the Pre-Existing Condition limitation. This includes the medical conditions that arose during the prior Joppa Health Share Membership.

VI. Member Responsibility

Member Guidelines and Acknowledgement

It is the Member's responsibility to review the Member Guidelines and updates when notified, and to abide by the terms of their Membership. The Member Guidelines that are in effect as of the date of service govern the Program, not the Member Guidelines in effect when a Member joined. The current version of the Member Guidelines are available in the Member Portal.

As a Member of Joppa Health Share, you acknowledge:

- The information provided at the time of enrollment is true and accurate. If medical records show that you have provided inaccurate information regarding age, tobacco use or any medical condition, we reserve the right to cancel the Membership.
- You agree to commit to abide by the Healthy Lifestyles and affirm the Statement of Religious and Ethical Beliefs.
- That the Joppa Health Share Program is not health insurance or a substitute for health insurance and that any shared Medical expenses do not come from an insurance plan, but are voluntary contributions from Joppa Health Share Members.
- That the Member Guidelines may be adjusted at any time.

Maintain an Active Membership

It is the Member's responsibility to meet their Membership financial commitments. The Member is responsible for the first month's contribution at time of enrollment. Recurring Monthly Contributions must be made at the beginning of each billing cycle.

Sharing Guidelines

The Joppa Health Share Program provides defined sharing amounts for eligible Needs Requests submitted by Members and is not intended to share in all medical expenses. Members are responsible for their medical expenses. Our Member Advocacy Team will work with the Member regarding the balance bill to negotiate on the Member's behalf with the goal to reduce the balance bill; however, if this is not possible, Members are responsible for any remaining balance.

Visit Fees

It is the Member's responsibility to pay the applicable Visit Fee at time of service or upon being billed by the Provider when the needs request is processed. The Visit Fee is an initial payment applied toward the total eligible needs request.

Using the Preferred Provider Organization (PPO)

Members have access to one of the largest PPO Providers in the nation. PHCS has negotiated discounted rates with participating Providers and Facilities. Whenever possible, Members should use a participating PPO Provider. Using this Network may offer significant savings, both for the Member, in the form of lower medical expenses and Member responsibility, and for the entire Membership.

To Locate a PHCS Network Provider

- Visit http://www.multiplan.com/joppappp
- Enter the desired search criteria for the Provider or Facility and the Zip Code to search near
- Click the "Search" button

It is the Member's responsibility to confirm a Provider's continued participation in the PHCS Specific Services Network and always provide the information on your ID card at the time of scheduling an appointment.

Out-of Network Providers

Members are not required to use a PHCS Provider for their healthcare needs; however, by doing so, a Member will have the optimal plan sharing. For services provided by an Out-of-Network Provider, eligible expenses will be shared as follows:

- **Physicians and Other Professionals:** If a Member uses an Out-of-Network Provider, medical expenses eligible for sharing are limited to the Usual and Customary (U&C) charge for that services provided based on independent norms. Charges above this amount are the Member's responsibility.
- **Hospitals and Other Facilities:** ~~If a Member uses an Out-of-Network hospital or other facility, medical expenses eligible for sharing are limited to the Referenced-Based Pricing (RBP) amount for the services. Charges in excess of this amount are the Member's responsibility~~.

Balance Billing

After the Needs Request has been processed in accordance with the Member Guidelines, Members are responsible for the Visit Fees and the remaining amount of billed medical expenses. The balance bill is the difference between the total billed amount and the sharing amount that the Member Guidelines allow. Our Member Advocacy Team will collaborate with the Member's Provider or the Facility directly regarding the balance bill to negotiate on the Member's behalf. Members will be updated along the way. The goal is to reduce or eliminate the balance bill completely; however, if this is not possible, Members are responsible for any remaining balance.

VII. Pre-Notification

Members are recommended to pre-notify Joppa Health Share for certain needs to be considered eligible for sharing. Providers or the Member should use the phone number printed on the Member's ID card to pre-notify Joppa in advance of any of the following:

- Inpatient Hospitalization

Pre-notification of medical bills does not guarantee eligibility or sharing. Upon receipt of the Member's Needs Request, final determination will be made based on considerations such as Membership status, Pre-Existing Conditions, Program limitations and frequencies.

Member's are recommended to contact Joppa Health Share whenever treatment is recommended. Members may request to receive a preliminary determination of the proposed treatment to determine whether the treatment is eligible for sharing under the Bethany Essential Program's limited sharing design.

The preliminary determination is done by requesting a medical history review to determine if the condition is related to a pre-existing condition. To request a review, Members should call (888) 479-0378.

VIII. Determining Eligibility for Sharing

Eligibility for Sharing

The eligibility of a medical bill for sharing is determined after medical services are rendered and a Needs Request is submitted. Medical and lifestyle information help determine eligibility. Medical records from 24 months prior to Membership may also be needed. The requirement for medical records is determined by the nature of the illness or the circumstances of the injury. If access to requested medical records is refused, the medical bill(s) will not be shared.

Lifestyle

Members must follow the Christian lifestyle and agree to the Statement of Religious and Ethical Beliefs. This is essential for Eligible Medical Bills to be shared. Examples of behavior that can lead to non-sharing and/or cancellation of Membership include, but are not limited to:

- Use of Illegal Drugs
- Abuse of drugs including legal drugs, such as alcohol, prescription, over the counter medications, and recreational Marijuana use.
- Sexual Relations outside of Biblical Christian Marriage.
- Participation in Activities that represent a willful disregard for personal safety and/or gross negligence.

Pre-Existing Conditions

Pre-Existing Condition means any illness, or injury for which a Member received medical treatment, advice, care, or services including any diagnostic measures, took prescribed drugs or showed signs and symptoms, whether treated or not, within 24 months before the Member's Effective Date.

Sharing eligibility for a Pre-Existing Condition has a 24-Month Waiting Period which will be applied to Inpatient Hospital Room and Board.

Medical expenses submitted for these needs are subject to pre-existing condition review, including but not limited to, request for medical notes/records, hospital records, surgical records, and other relevant medical history information.

The Pre-Existing Limitation does not apply to Primary Care Physician, Specialist Office, and Urgent Care Visits.

Waiting Periods

There is 90-Day Waiting Period from each Member's Effective Date for Preventive Services to be eligible for sharing.

There is a 6-Month Waiting Period for Colorectal Cancer Screening.

There is a 10-Month Waiting Period for Maternity Inpatient Hospital Room and Board.

IX. Bethany Essential Sharing Program Overview

Services per Member

This program provides Member access to limited sharing for injury and illness medical needs. This program shares the specified amounts listed below and is not intended to share in all medical expenses.

Network Provider	PHCS Specific Services

Day-to-Day Care

In-Office Visits[1]:	

Physician Office Visits:
Primary Care Physician (PCP); or Specialist; or Urgent Care Facility
	• Combined, up to 7 Visits per Program Year per Member (PCP, Specialist, or Urgent Care)
	• Member Responsibility:
	  • $25 Visit Fee per PCP Visit;
	  • $75 Visit Fee per Specialist or Urgent Care Visit
	• After the Visit Fee, Eligible Expenses are shared up to $250 Sharing Limit per Visit

Preventive Services: Primary Care Physician (PCP); or Specialist *90-Day Waiting Period after the Member's Effective Date*	• Eligible Expenses Shared at 100%, up to the limits specified • Up to $2,500 Preventive Sharing Limit per Program Year, per Member

[1]Out-of-Network Sharing is subject to the U&C or RBP Maximum Allowed Charges.

Hospitalization

Hospital Sharing Services[2]	
Inpatient Hospital Room and Board Outpatient Emergency Room Services	Up to $1,000 Sharing Limit per day; Up to 10 days per Program Year, per Member
Hospitalization Sharing Maximum	$10,000 Sharing Maximum per Program Year per Member

[2]Out-of-Network Sharing is subject to the U&C or RBP Maximum Allowed Charges.

X. Bethany Essential Program Eligible Sharing Explanations and Limitations

Day-to-Day Care

Primary Care Physician (PCP), Specialist, and Urgent Care Facility Visits	7 visits per Program Year per Member for any combination of Primary Care (PCP), Specialist Care, and Urgent Care Facility Visits

Non-Surgical Services provided by a PCP, Specialist or at an Urgent Care Facility are eligible for sharing under the Day-to Day Sharing, after the Member pays the applicable Visit Fee as shown in the Program Overview Schedule, medical expenses are shared up to $250 Sharing Limit per visit. Members are responsible for the Visit Fee for each Primary Care, Specialist and Urgent Care visit. Eligible services performed during one visit by the Provider include, but are not limited to exams and consultations. Eligible services also include technical services for diagnostic testing, but only if the service is routinely performed and completed in conjunction with an office visit. Physician office visits for prenatal and postnatal care are considered Specialist Visits and may be shared as Specialist Visit, subject to the maximum allowed visits per program year.

Whenever possible, Members should utilize the PHCS Specific Services Provider Network to access the negotiated Provider discounts available, reducing their medical expenses and responsibility. Out-of-Network U&C Limits apply to eligible services provided by an Out-of- Network Provider.

Preventive Services There is a 90-Day Waiting Period from each Member's Effective Date	• Eligible Expenses Shared 100% up to the limits specified • Up to $2,500 Preventive Sharing Limit per Program Year, per Member

Preventive Services and 1 Well Woman Visit as provided by or prescribed by a Primary Care Physician or Specialist are eligible for sharing after 90 Days of continuous membership, from the Member's Effective Date, up to $2,500 Preventive Sharing Limit per Program Year, per Member. These services are prevention focused and not medically necessary to treat an illness or injury and are not submitted by the Member's Provider as diagnostic services. Services coded as preventive services and listed as eligible for sharing, up to the $2,500 preventive program year maximum are not applied to any other Program Year Maximum. Preventive Services not included in the listed services are not eligible for sharing. Out-of-Network Sharing is subject to the U&C or RBP Maximum Allowed Charges.

Eligible Preventive Health Services: Limitations, Intervals, and Requirements

Eligible Expenses	Interval Per Program Year	Description
Office Visit Exam - Wellness Only	1	Limited to preventive diagnosis only.
Blood pressure screening	1	Screening for high blood pressure in adults every two years for ages 18 to 39; once per year for ages 40-65.
Breast cancer screening	1 time every 2 years	Mammography Screening once every 2 years for women ages 50-65. Coverage limited to 2D mammograms. Limit $500 per Screening.
Cervical cancer screening: with cytology (Pap smear)	1 time every 3 years	Screening once every 3 years for women ages 21-65.
Cervical cancer screening: with combination of cytology and human papillomavirus (HPV) testing	1 time every 5 years	Screening once every 5 years for women ages 30-65, in lieu of regular cytology alone (without HPV testing).
Chlamydia screening	1	Once per year if screening is performed during Annual Well Woman Visit only
Colorectal cancer screening	1 time every 5 years	Screening once every 5 years for adults ages 50-65, after a 6-month waiting period. Limit $1,500 per Screening.

Eligible Expenses	Interval Per Program Year	Description
Diabetes screening	1	Screening for abnormal blood glucose as part of cardiovascular risk assessment in adults who are overweight or obese.
Gonorrhea screening	1	Once per year if screening is performed during Annual Well Woman Visit only
Healthy diet and physical activity counseling to prevent cardiovascular disease	1	Adults who are overweight or obese and have additional cardiovascular disease (CVD) risk factors; Counseling interventions to promote a healthful diet and physical activity for CVD prevention.
Hemoglobinopathies screening	1	Screening for sickle cell disease in newborns.
Hepatitis B screening	1	Adolescents and adults at high risk for infection. Pregnant women at their first prenatal visit.
Hepatitis C virus (HCV) infection screening	1	Adolescents and adults at high risk for infection. Adults ages 18-65.
HIV screening	1	Adolescents and adults at risk due to a non-sexual encounter. All pregnant women.
Hypothyroidism screening	1	Screening for congenital hypothyroidism in newborns.
Intimate partner violence screening	1	Women of childbearing age for intimate partner violence, such as domestic violence, and provide or refer women who screen positive to intervention services.
Lung cancer screening	1	With low-dose computed tomography in adults, ages 55-65 who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years.
Phenylketonuria screening	1	Screening for phenylketonuria in newborns.
Skin cancer behavioral counseling	1	Counseling children, adolescents, and young adults aged 10 to 24 years who have fair skin about minimizing their exposure to ultraviolet radiation to reduce risk for skin cancer.
Tuberculosis screening	1	Adults at increased risk.
Syphilis screening	1	Once per year if screening is performed during Annual Well Woman Visit. All pregnant women.
Vision screening	1 time every 2 years	All children aged 3 to 5 years to detect amblyopia or its risk factors.

Immunizations

Vaccine	Requirements
HepB-1	Newborn
HepB-2	Aged 4 weeks-2 months
HepB-3	Aged 24 weeks-18 months
DTaP-1	Aged 6 weeks-2 months
DTaP-2	Aged 10 weeks-4 months
DTaP-3	Aged 14 weeks-6 months
DTaP-4	Aged 12-18 months
DTaP-5	Aged 4-6
Hib-1	Aged 6 weeks-2 months
Hib-2	Aged 10 weeks-4 months
Hib-3	Aged 14 weeks-6 months
Hib-4	Aged 12-15 months
IPV-1	Aged 6 weeks-2 months
IPV-2	Aged 10 weeks-4 months
IPV-3	Aged 14 weeks-18 months
IPV-4	Aged 4-6
PCV-1	Aged 6 weeks-2 months
PCV-2	Aged 10 weeks-4 months
PCV-3	Aged 14 weeks-6 months
PCV-4	Aged 12-15 months
MMR-1	Aged 12-15 months
MMR-2	Aged 13 months-6
Vericella-1	Aged 12-15 months
Vericella-2	Aged 15 months-6
HepA-1	Aged 12-23 months
HepA-2	Aged 18 months or older
Influenza, inactivated (flu shot)	Aged 6 months or older
Administration of COVID -19 Vaccination	At Recommended Age
LAIV (intranasal)	Aged 2-49
MCV4-1	Aged 2-12
MCV4-2	Aged 11 years, 8 weeks-16
MPSV4-1	Aged 2 or older
MPSV4-2	Aged 7 or older
Td	Aged 7-12

Vaccine	Requirements
Tdap	Aged 7 or older
PPSV-1	Aged 2 or older
PPSV-2	Aged 7 or older
HPV-1	Aged 9-12
HPV-2	Aged 9 years, 4 weeks-12 years, 2 months
HPV-3	Aged 9 years, 24 weeks-12 years, 6 months
Rotavirus-1	Aged 6 weeks-2 months
Rotavirus-2	Aged 10 weeks-4 months
Rotavirus-3	Aged 14 weeks-6 months
Herpes Zoster	At Recommended Age

Day-to-Day Not Eligible For Sharing

Including, but not limited to:

Office visits, physical examinations, immunizations, and tests when required solely for the following:

- Sports
- Camp
- Employment
- Travel
- Insurance
- Marriage
- Legal proceedings

Routine foot care for treatment of the following:

- Flat feet
- Corns
- Bunions
- Calluses
- Toenails
- Fallen arches
- Weak feet
- Chronic foot strain

Rehabilitative therapies

Additional Limitations and Not Eligible for Sharing are outlined in the Medical Conditions And Services Ineligible For Sharing Section of the Member Guidelines

Hospital Sharing Services

Needs requests for all Hospital Sharing Services are subject to the Pre-Existing Condition Limitation and the 24-month waiting period from the Member's effective date will apply. Hospitalization related to Maternity Care is subject to a 10-month waiting period and the due date must be at least 10-months from the effective date of coverage to be eligible for sharing.

The Program provides Members access to limited sharing for medical needs for the injury or illness and is not intended to share in all medical expenses.

Inpatient Hospital Room and Board Outpatient Emergency Room Services	• Up to $1,000 Sharing Limit per day; Up to 10 days per Program Year *Hospital Sharing Services Program Year Maximum: Up to $10,000 per Program Year*

The Hospital Sharing Services daily share amount is available to Members admitted to a Hospital as an Inpatient or on an Outpatient basis in an Emergency Room for an eligible injury or illness, up to the $1,000 Sharing limit per day, and subject to the Program Year Maximum per Member. The Program Year Maximum is determined by accumulating the total number of hospitalization days that are eligible for sharing and applies to all hospital confinements during the Program year. For a continuous hospital confinement that spans multiple Program Years, the Hospitalization Program Year Maximum for each year will apply and the New Program Year Maximum will apply to remaining Hospitalization sharing.

Hospital Sharing Services for eligible Labor and Delivery (Room and Board) resulting in childbirth is combined with all other eligible Hospital Sharing Services, and subject to the maximum limits allowed for Hospital Sharing Services per Program Year. Limit 1 Maternity Event resulting in childbirth per Program Year.

Out-of-Network Sharing is subject to the U&C or RBP Maximum Allowed Charges.

XI. Medical Conditions And Services Ineligible For Sharing

Listed below are the treatments, medical conditions, procedures, and services that are ineligible for sharing:

- Abortion.
- Advanced Diagnostic Testing including, but not limited to CT Scans, Pet Scans, MRI, MRA, Ultrasound.
- Alcohol and drug related injuries and illnesses, including but not limited to prescription and over the counter medications, recreational use of marijuana (regardless of the legal status where consumed or used).
- Alternative Care such as:
  - Acupuncture
  - Chiropractic
  - Experimental or investigational treatment
  - Massage Services
- Ambulance.
- Any medical expenses or services related to a diagnosis, treatment or procedures that is ineligible for sharing or medical expenses that would not be needed if an ineligible service had not been received.
- Any medical expenses or services as a result of war, an act of war or while on active or reserve military duty.
- Any medical expenses as a result of participation in civil unrest or riot or while committing or attempting to commit an illegal act.
- Any medical expenses or services received prior to the Member's Effective date or after the Member's cancellation date.
- Any medical expense or services that are not Medically Necessary and/or arise from services and/or supplies that are not Medically Necessary.
- Any medical expense or services that exceeds the Program maximums, frequencies or limits.
- Birth control procedures such as IUDS and/or related supplies.
- Behavioral/Mental Health Care.
- Billing Irregularities.
- Counseling or consultation expenses, except as included in Preventive Services, including, but not limited to:
  - Dietary counseling
  - Diabetic counseling
  - Lactation counseling
  - Genetic counseling
- Custodial Care/Long-term Care.
- Delayed submissions– including, but not limited to:
  - Bills are to be received by Joppa Health Share within 12 months from the date of service to be considered for sharing.
  - Additional information requested from the Member and/ or Provider needs to be received by Joppa Health Share within the 12 months of service or the 90 days from the date requested, whichever is greater.
- Dental and Periodontal services, including, but not limited to:
  - Removal of wisdom teeth
  - Orthodontic/oral surgery
  - Complication or infections related to dental procedure
  - Repair or replacement of bridges, dentures, and appliances
  - Routine Exams
- Elective Cosmetic procedures such as breast augmentation or reduction (unless for post cancer reconstruction if recommended for purposes of symmetry).
- Durable Medical Equipment (DME).
- Educational services and materials, including, but not limited to:
  - Lamaze classes
  - Breast feeding classes
  - Early childhood intervention
- Exercise Programs.
- Experimental, Investigational, Unproven or Unapproved Services-Care and treatment that is either experimental, investigational, or unproven, or that has not been approved by the American Medical Association, FDA, CMS, or other industry recognized authoritative bodies, or that is illegal by U.S. law.
- Extreme Sports and/or Hazardous Activities injuries resulting from activities, perceived as having a high level of danger, often involving speed, height, a high level of physical exertion, and specialized gear are not eligible for sharing. Including, but not limited to bungee jumping, cliff diving, fighting, competitive martial arts, parachuting, hang/paragliding, parkour, free climbing, solo climbing, wingsuit flying.
- Fertility/Infertility-Diagnostic, treatment or services, including, but not limited to:
  - Infertility testing and treatment
  - Sterilization or reversals (vasectomy and tubal ligation)
  - Embryo donation or adoption
  - Medication or treatment for sexual health or dysfunction

    - Surrogacy-Expenses related to a surrogate pregnancy, whether or not the surrogate is a Member
- Gastric Bypass Gastric bypass/sleeve or other types of bariatric/weight loss surgery.
- Gross Negligent Acts, Hazardous Activities, Illegal acts, Self-Inflicted Injury Expenses resulting from an illness or injury where the Member has acted with gross negligence or with reckless disregard to safety, as evidenced by medical records and other documentation reviewed. Care and treatment of an injury or illness that results from engaging in a hazardous activity is not eligible for sharing.
- Hearing Aids.
- Hearing Exams – including but not limited to Comprehensive hearing evaluation, tinnitus evaluation and treatment, counseling, and rehabilitation for hearing loss.
- Home Health Care.
- Hospice Care.
- Improper need request submissions, including, but not limited to:
    - Improperly coded or submitted bills will not be shared
    - Excessive or unnecessary Provider Charges will not be shared
- International Care – Any medical expenses or services received outside of the United States.
- Maternity Care if due date is within the first 10-months of membership.
- Missed Appointment Fees - or charges.
- Motor Vehicle or Aircraft Accidents:
    - If a motor vehicle or aircraft accident occurs, there are additional considerations for sharing eligibility. Diagnosis and treatment of injuries will not be eligible to be shared if any of the following applies:
        - There was abuse of alcohol or legal drugs, or the use of Illegal Drugs.
        - The vehicle or aircraft was used in a race, to perform a stunt, or practice or in the commission of a crime.
        - The minimum operator age recommended by the manufacturer or required by law was not followed.
        - These apply regardless of whether the Member was operating the vehicle or was a passenger.
- Newborn initial well-baby care and Newborn inpatient hospital services.
- Non-Emergency Transportation.
- Non-prescription (over the counter) drugs and medical supplies/equipment.
- Participation in a Clinical Trial.
- Postage, Shipping, Handling Charges, Etc. – That are for any postage, shipping or handling charges which may occur in the transmittal of information to the Third-Party Administrator, including interest or financing charges.
- Preventive Services not listed under the Day-to-Day Care sharing descriptions.
- Professional and Semi-Professional Athletics – Medical expenses in connection with any Injury or Illness arising out of or in the course of any employment for wage or profit, or related to professional or semiprofessional athletics, including practice.
- Routine and corrective optometric services, exams, or tests, including eyeglasses, contacts, eye refraction, LASIK surgery, cornea replacement, surgery, or other services when done primarily for corrective or cosmetic reasons unrelated to illness or injury.
- Services, supplies, medical care, or treatment, provided by a Member's immediate Family Member or relative of the Member by blood or marriage; or who reside in the household of the Member.
- Services, supplies, medical care, or treatment for which there are no charges made to the Member. This includes medical expenses which could be provided for at no cost to the Participant through any program or agency, in accordance with the laws or regulations of any government, or where care is provided at government expense, unless there is a legal obligation for the Participant to pay for such treatment or service in the absence of the Joppa Health Share Membership.
- Sexual Dysfunction medical expenses.
- Sexual Transformation medical expenses.
- Sexually transmitted diseases, except Preventive Screening shared subject to Preventive Services Limitations.
- Sleep Studies.
- Suicide or intentionally self-inflicted injuries.
- Surgical Services – Inpatient and Outpatient Surgical medical expenses are not eligible for sharing, including Anesthesia medical expenses.
- Temporomandibular joint dysfunction (TMJ) medical expenses for the diagnosis, treatment, and appliances.
- Therapy, including but not limited to:
    - Physical Therapy
    - Occupational Therapy
    - Speech Therapy
- Tobacco cessation treatment, programs, procedures, or supplies.
- Veteran Administration care and treatment.
- Vitamins/Supplements.
- Visit Fees.
- Xrays – Except as provided by Primary Care Physician (PCP), Specialist or Urgent Care, subject to Visit Fee and Sharing Maximum.

XII. Preferred Provider Network

PHCS
Specific Services.
Call to Confirm

PHCS, the nation's largest PPO Network consists of more than 700,000 healthcare professionals and 4,500 hospitals nationwide. PHCS has negotiated discounted rates with these healthcare Providers and Facilities. Members simply search for a participating Provider online, inform the Provider that they are a Member of the PHCS Specific Services Network, and present their Member ID card at their visit to receive the special discounted rate.

Whether in or outside the local area, a PHCS logo on your ID card tells the Participating Provider that a discount applies.

How to Locate a PHCS Network Provider:

- Visit http://www.multiplan.com/joppappp
- Enter the desired search criteria for the Provider or Facility and the Zip Code to search near
- Click the "Search" button

Before an appointment

It is the patient's responsibility to confirm a Provider's continued participation in the PHCS Specific Services Network and accessibility under the Joppa Health Share program. Members should always provide the information on their Member ID card at the time of scheduling an appointment.

If assistance is needed

For help locating an In-Network Provider, Members may call Bethany Member Support Team at (800) 269-3563, Monday-Friday 7am-6pm CST.

XIII. Impartiality

Joppa Health Share serves Members who share in the burdens of fellow Christians. Joppa Health Share does not gain financially by determining medical bills are ineligible for sharing among Members. Joppa Health Share, as a subsidiary of Revivalmakers, is a not-for-profit corporation, recognized as tax exempt under Section 501(c)(3) of the Internal Revenue Code. Joppa has no owners, stockholders, or investors. Joppa Health Share impartially carries out the wishes of the Members as expressed in these Joppa Health Share Member Guidelines.

XIV. Coordination of Sharing

Joppa Health Share facilitates the sharing of eligible medical expenses only after any other responsible parties have paid. If another party is responsible or liable for the Member's medical expenses, Joppa Health Share may wait to share any medical expenses until that party has paid in full.

- If a Member has an insurance policy, Medicaid, or other government programs, private grants, or by any liable party such as employer liability, workers compensation, auto insurance or homeowners Insurance, in addition to participating in the Joppa Health Share, all medical expenses must be first submitted to the other responsible party. Once a decision has been made by the other party, the Member may then submit the expenses for an eligibility determination under their Joppa Health Share Program. The Member Needs Request will be reduced by the amount that was received from the other party. Proof of decision from the other party will be required when submitting the expense. If proof is not submitted, the Needs Request will not be considered. If there is a delayed reimbursement from another responsible party, the amount received must be forwarded to Joppa Health Share to help with other Members' needs, and this amount must be up to, or equal to, the amount that was shared by Joppa Health Share.

- If a Member participates in more than one Health Care Sharing Ministry, expense sharing may only be requested from one of the ministries at a time. The program where the Member has participated the longest will have first responsibility to review the medical expense for eligibility and make their determination. Should there be any unshared amounts remaining , those can then be submitted to the second ministry for sharing. Proof will be required of the amount shared by the first ministry for consideration under the Joppa Health Share.

- Funds raised by crowdfunding for shareable medical expenses must be reported to Joppa Health Share and will be applied to reduce the eligible shareable amount.

- If government assistance is available, the Member must (a) accept it, or (b) forfeit sharing eligibility for the portion that the government program would have covered, unless the Member can show that accepting the assistance would violate their Religious and Biblical convictions.

XV. Stewardship

Joppa Health Share facilitates the sharing of Members' eligible medical expenses. Upon receiving the Monthly Member Contributions, Joppa Health Share allocates a portion of the Monthly Contributions to eligible Needs Requests and a portion of the Monthly Contributions towards the administrative costs of delivering, managing, and administering Joppa Health Share on behalf of the Joppa Health Share Membership. In addition, the Member Enrollment Fees are utilized by Joppa Health Share to offset administrative costs.

Upon receipt of an eligible Needs Request submitted from a Member or on their behalf from a Provider, Joppa Health Share will assign the needs processing in accordance with the Member Guidelines of the selected Member Program.

If monthly Member Needs Requests ever significantly exceed the Membership contributions and the sharing funds available to meet those needs, the following steps may be taken:

- A pro-rata sharing of eligible medical expenses may be initiated to evenly share the burden, whereby the Membership shares a percentage of eligible Needs Requests within that month and hold back the balance of those expenses to be shared the following month.

- If the need to pro-rate sharing of eligible Needs Requests continues for 2 consecutive months, or for 3 months within a 6 month period, Members Monthly Contributions may be adjusted to satisfy the eligible Needs Requests. The increased amount to the Monthly Contribution will be used solely for Needs Funding. The adjustment may be made on a temporary basis or on an ongoing basis.

XVI. Appeals

Joppa Health Share is a voluntary Membership of the faithful who come together to share each other's burdens by sharing Member's medical expenses. As a Health Care Sharing Ministry, Joppa Health Share facilitates the sharing between Members. Joppa Health Share does not contract with Members to provide medical care, it does not offer insurance, it makes no assumptions of risk, and it does not promise or guarantee that medical expenses will be shared among Members. Unpaid medical bills are always the Member's responsibility.

However, when a Member has a concern, or if a Needs Request decision has been made with which the Member does not agree, Joppa Health Share has a pathway for addressing any unresolved concerns or disputes.

By becoming a Member of Joppa Health Share, each Member agrees to use the following process as the exclusive means for resolving concerns or disputes.

1. Step One: Bethany Member Support Team.
Most Member concerns and appeals can be resolved by calling the Customer Service Team. Joppa Health Share strives to provide first class member support and provide immediate answers to the Member's concern or appeal.

2. Step Two: Joppa Health Share Review Committee.
If Bethany Member Support Team is unable to resolve the concern, Members may send a mailed, written request for a 30-day review by a Joppa Health Share Review Committee. To ensure that the Joppa Health Share Review Committee is working with complete information, Members should include a written summary of appeal, actions taken to resolve the matter, and any relevant documentation supporting their position. Members should include the sections of the Member Guidelines which may be applied to their case. The Joppa Health Share Review Committee will review the appeal and respond in a timely manner.

All Step Two appeals must be mailed to The Galilee Group:

Joppa Health Share
c/o The Galilee Group
Attention: Joppa Health Share Review Committee
539 W. Commerce St #4410
Dallas, TX 75208

3. Step Three: Joppa Executive Resolution Committee
If the Member is still unsatisfied with the decision of the Health Share Review Committee, the Member can request a final appeal. The appeal will be submitted to the Board of Executives, who will review the matter and constitute the Executive Resolution Committee. Within 60 days the Executive Resolution Committee will complete their review of the appeal and will notify the member.

4. Step Four: Arbitration
The final legal option is to submit the appeal to Arbitration in accordance with the Arbitration Agreement which each Member signs upon enrollment. The Member may submit the dispute for arbitration to either the Institute for Christian Conciliation (ICC) or the American Arbitration Association (AAA). The member will be responsible to bear one-half of the fees of the member's selected arbitration program (ICC or AAA), and all of the member's own incidental or legal costs. The arbitration shall be held in Dallas, Texas unless the parties otherwise agree. One arbitrator shall preside over the dispute and shall be selected by mutual agreement between the parties. If the parties cannot agree on an arbitrator, the selected arbitration program (ICC or AAA) will appoint the arbitrator. If the Member wishes to invoke this provision, please send a written request to member services.

All Step Four appeals must be submitted online at: https://www.instituteforchristianconciliation.com or https://www.adr.org

XVII. Need Requests

THIRD PARTY ADMINISTRATOR
Cornerstone Preferred Resources
P.O. Box 680468
Houston, TX 77268-0468
EDI PAYOR ID: CB695

When Needs Requests Must Be Filed—Post-service health Needs Request which must be Clean Needs Request, must be filed with the Third-Party Administrator within 365 days of the date charges for the service(s) and/or supplies were incurred. Shared Needs processing are based upon the Program's Guidelines at the time the charges were incurred. Needs Requests filed later than that date shall be denied.

A Preliminary Pre-Determination Needs Request may be filed to determine if recommended treatment or services is in accordance with the Member Guidelines. This is not a precertification or guarantee of payment.

A Post-service Needs Request is filed when the following information is received by the Third-Party Administrator, together with the CMS HFCA 1500 and/or a UB-04 form, available from the Provider:

- The date of service
- The name, address, telephone number and tax identification number of the Provider of the services or supplies
- The place where the services were rendered.
- The diagnosis and procedure codes
- Any applicable pre-negotiated rate
- The name of the Program
- The name of the Primary Member
- The name of the patient
- The date of birth of the patient

Upon receipt of this information, the Needs Request will be deemed to be initiated with the Program. The Third-Party Administrator will determine if enough information has been submitted to enable proper consideration of the Needs Request, a Clean Needs Request. If not, more information may be requested as provided herein. This additional information must be received by the Third-Party Administrator within 45 days from receipt by the Member. Failure to do so may result in claims being declined or reduced.

Needs Request Audit—In addition to the Program's Medical Record Review process, Joppa Health Share may use its discretionary authority to utilize an independent bill review and/or Needs Request audit program or service for a complete Needs Request. While every Needs Request may not be subject to a bill review or audit, Joppa Health Share has the sole discretionary authority for selection of claims subject to review or audit.

The analysis will be employed to identify charges billed in error and/or charges that exceed the Maximum Allowable Charge or services that are not Medically Necessary and may include a patient medical billing records review and/or audit of the patient's medical charts and records. Upon completion of an analysis, a report will be submitted to Joppa Health Share or its agent to identify the charges deemed in excess of the Maximum Allowable Charge or other applicable sharing guidelines, as outlined in the Member Guidelines.

XVIII. Glossary of Terms

Annual Hospitalization Sharing Maximum—The peak amount of eligible medical expenses shared for one Member in an enrolled Membership per Program Year.

Biblical Christian Marriage—A marriage which is a union of one man and one woman. (Genesis 2:22-24, Matthew19:5, Ephesians 5:22-32)

Balance Bill—The difference between the amount billed by the Provider and the amount that is eligible for sharing under the Program.

Bill Eligible for Sharing—An Eligible Medical Bill that meets the criteria for sharing in the Guidelines and meets the other conditions for sharing, including pre-existing condition limitations and if other sharing limits have not been exceeded.

Billing Date/Billing Cycle—The date that your Monthly Contribution is due. The Billing Date must be at least five days prior to the Primary Member's Effective Date.

Cancellation Date—The month and day membership ends for any reason. Any medical expenses incurred after the Cancellation Date are not eligible for sharing.

Confined/Confinement—Means the Member is admitted to a Hospital as a registered bed patient. The Confinement must be Medically Necessary and be ordered by a Physician. Confinement does not include treatment received in a Hospital emergency room, a free-standing Surgical Facility, or the Outpatient department of a Hospital.

Effective Date—The month and day that a member is eligible for sharing medical needs under the program guidelines. Effective dates can either be the 1st or the 15th day of the month.

The Primary Member Effective Date is also used to determine when the program year (12-month period) begins and ends for purposes of program frequencies and maximum limitations and is applied to all Members included in the Membership. Each individual Member's Effective Date is used for the determination of a Pre-Existing Condition.

Eligible for Sharing—Any testing, treatment, procedure, or service that meets the criteria for sharing as established in the Guidelines, and subject to limitations.

Eligible Medical Bill—An incurred Medical bill that meets the criteria for Sharing as established in the Guidelines. The Eligible Medical Bill will be reduced by any discounts, fees, or other sources of payment.

Emergency Room (ER)—The department of a Hospital or a Free-standing Emergency Facility responsible for the provision of medical care to patients arriving in need of immediate care.

Explanation of Sharing (EOS)— A statement provided to Members and Providers that reflects how medical expenses were shared.

Hospital—Hospital means an institution that meets all the following requirements:

- it must be operated according to law;
- it must give 24-hour medical care, diagnosis, and treatment to the sick or injured on an Inpatient basis;
- it must provide diagnostic and surgical facilities supervised by Physicians;
- registered nurses must be on 24-hour call or duty; and
- the care must be given either on the Hospital's premises or in Facilities available to the Hospital on a pre-arranged basis.

Hospital does not mean a convalescent, nursing, skilled nursing, rest or extended care Facility or a Facility operated exclusively for treatment of the aged, drug addict or alcoholic, even though such Facility is operated as a separate institution by a Hospital.

Hospitalization—Means the Member is confined as an inpatient in a Hospital when eligible services are received.

Illegal Drugs—Drugs which are classified as Schedule 1 in Title 21 United States Code Controlled Substances Act.

Incident—The occurrence of an illness or an injury of a member, requiring a diagnosis of symptoms and treatment of a specific condition.

Illness—Means a disease or sickness, or more than one disease or sickness resulting from the same or related causes or conditions, including all complications, all related conditions and recurrences resulting in medical expenses shared under the Program or otherwise resulting in a needs request while the Membership is active. Illness does not include Pregnancy or Complication of Pregnancy (shared under the Maternity guidelines), or any condition listed under the not eligible for sharing guidelines.

Injury—Bodily Injury sustained by a Member directly and independently

of all other causes, that occurs while the Membership is active. All Injuries sustained by a Member in any one Accident are considered a single Injury.

Inpatient—Means the Member admitted to the Hospital and confined when covered services are received.

Maternity Care—Medical needs of a mother during pregnancy, labor and delivery, and postnatal care. Maternity needs have a 10-month waiting period from the effective date of coverage to be considered eligible for sharing. Maternity Care related to a pregnancy with a due date within the first 10-months of coverage will be deemed Pre-Existing.

Medically Necessary—A service, procedure, or treatment that is necessary to restore or maintain your physical health, as a result of injury or illness, in accordance with the accepted standards of medical practice.

Member—Any Member of Joppa Health Share, including a Primary Member and each family member participating in the Membership.

Member Portal—A member's personal online Membership access where Members can review their Guidelines and manage their Membership.

Membership Cycle—The day of the month that coincides with the day of the month of the Primary Member's Effective Date.

Monthly Contribution—The dollar amount that a Member voluntarily gives each month as his or her contribution to the Membership. The monthly contribution is apportioned to share in the Members' medical needs and for the administration of the Membership program and guidelines as provided by Joppa Health Share. The Monthly Contribution is subject to change with 30 day written notice.

Needs Request—Medical Expenses submitted to Joppa Health Share's Needs Processor Cornerstone Preferred Resources for needs processing.

Notification of Sharing—The act of notifying the Membership of an Eligible Medical Bill that is approved for sharing.

Pathology—Laboratory and/or other diagnostic testing and studies used to diagnose illness, mostly through analysis of tissue, cell, and body fluid samples.

Pre-Existing—Any illness or injury for which a Member received medical treatment, advice, care, or services, including any diagnostic measure, took prescribed drugs or showed signs or symptoms, whether treated or not, 24 months before each Member's Effective Date.

Pre-Existing Condition Limitation 24/24—Pre-Existing Condition means any illness, or injury for which a Member received medical treatment, advice, care, or services including any diagnostic measures, took prescribed drugs or showed signs and symptoms, whether treated or not, within 24 months before the Member's Effective Date of their Program.

Sharing eligibility for a Pre-Existing Condition has a 24-Month Waiting period which will be applied to Hospitalization.

Primary Member—The Member who applied and completed the Membership Application and is responsible for the Monthly Contribution.

Program Year—Program Year is defined as twelve (12) months from the Primary Member's Effective Date. Each additional Program Year will begin on the anniversary of the Primary Member's Effective Date.

Referenced Base Pricing (RBP)—A defined pricing structure applied to Out-of-Network Needs request based on more economical reimbursement levels designed to be fair and reasonable to providers based on various pricing data sets, most notably Medicare.

Sign—An objective observation or finding.

Standard of Care—Treatment that is accepted by medical experts as a proper treatment for a certain type of disease and that is widely used by healthcare professionals.

Symptom—A subjective experience, observation or finding.

U&C (Usual, Customary, and Reasonable)—The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service based on CPT codes and provider zip code.

Urgent Care Facility—Same-day clinics that can handle a variety of medical problems that need to be treated right away but are not considered true emergencies.

Visit Fee—The portion of a medical bill that a Member pays at each visit to a Provider or Facility. The Visit Fee is an initial Member payment applied toward the eligible medical expenses submitted for needs processing.

Waiting Period—The continuous period of time from each Member's Effective Date that a Member must wait before a Needs Request can be considered as eligible for sharing.

XIX. Legal Notices

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

GENERAL LEGAL NOTICE

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

STATE SPECIFIC NOTICES

Alabama Code Title 22-6A-2

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Alaska Statute 21.03.021(k)

Notice: The organization coordinating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. Participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive a payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bill.

Arizona Statute 20-122

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

Arkansas Code 23-60-104.2

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

Florida Statute 624.1265

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor its plan of operation is an insurance policy. Membership is not offered through an insurance company, and the organization is not subject to the regulatory requirements or consumer protections of the Florida Insurance Code. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant is compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payments for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Georgia Statute 33-1-20

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Idaho Statute 41-121

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

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

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines

nor plan of operation constitute or create an insurance policy. Any assistance you receive with your medical bills will be totally voluntary. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Whether or not you receive any payments for medical expenses and whether or not this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Indiana Code 27-1-2.1
Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor its plan of operation is an insurance policy. Any assistance you receive with your medical bills will be totally voluntary. Neither the organization nor any other participant can be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Whether or not you receive any payments for medical expenses and whether or not this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Kentucky Revised Statute 304.1-120 (7)
Notice: UNDER KENTUCKY LAW, THE RELIGIOUS ORGANIZATION FACILITATING THE SHARING OF MEDICAL EXPENSES IS NOT AN INSURANCE COMPANY, AND ITS GUIDELINES, PLAN OF OPERATION, OR ANY OTHER DOCUMENT OF THE RELIGIOUS ORGANIZATION DO NOT CONSTITUTE OR CREATE AN INSURANCE POLICY. PARTICIPATION IN THE RELIGIOUS ORGANIZATION OR A SUBSCRIPTION TO ANY OF ITS DOCUMENTS SHALL NOT BE CONSIDERED INSURANCE. ANY ASSISTANCE YOU RECEIVE WITH YOUR MEDICAL BILLS WILL BE TOTALLY VOLUNTARY. NEITHER THE ORGANIZATION NOR ANY PARTICIPANT SHALL BE COMPELLED BY LAW TO CONTRIBUTE TOWARD YOUR MEDICAL BILLS. WHETHER OR NOT YOU RECEIVE ANY PAYMENTS FOR MEDICAL EXPENSES, AND WHETHER OR NOT THIS ORGANIZATION CONTINUES TO OPERATE, YOU SHALL BE PERSONALLY RESPONSIBLE FOR THE PAYMENT OF YOUR MEDICAL BILLS.

Louisiana Revised Statute Title 22-318,319
Notice: The ministry facilitating the sharing of medical expenses is not an insurance company. Neither the guidelines nor the plan of operation of the ministry constitutes an insurance policy. Financial assistance for the payment of medical expenses is strictly voluntary. Participation in the ministry or a subscription to any publication issued by the ministry shall not be considered as enrollment in any health insurance plan or as a waiver of your responsibility to pay your medical expenses.

Maine Revised Statute Title 24-A, §704, sub-§3 Notice: The organization facilitating the sharing of medical expenses is not an insurance company and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. Participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Maryland Article 48, Section 1-202(4)
Notice: This publication is not issued by an insurance company nor is it offered through an insurance company. It does not guarantee or promise that your medical bills will be published or assigned to others for payment. No other subscriber will be compelled to contribute toward the cost of your medical bills. Therefore, this publication should never be considered a substitute for an insurance policy. This activity is not regulated by the State Insurance Administration, and your liabilities are not covered by the Life and Health Guaranty Fund. Whether or not you receive any payments for medical expenses and whether or not this entity continues to operate, you are always liable for any unpaid bills.

Michigan Section 550.1867
Notice: Joppa Health Share is not an insurance company and the financial assistance provided through the ministry is not insurance and is not provided through an insurance company. Whether any participant in this ministry chooses to assist another participant who has financial or medical needs is totally voluntary. A participant will not be compelled by law to contribute toward the financial or medical needs of another participant. This document is not a contract of insurance or a promise to pay for the financial or medical needs of a participant by the ministry. A participant who receives assistance from the ministry for his or her financial or medical needs remains personally responsible for the payment of all of his or her medical bills and other obligations incurred in meeting his or her financial needs.

Mississippi Title 83-77-1
Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment of medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Missouri Section 376.1750
Notice: This publication is not an insurance company nor is it offered through an insurance company. Whether anyone chooses to assist you with your medical bills will be totally voluntary, as no other subscriber or member will be compelled to contribute toward your medical bills. As such, this publication should never be considered to be insurance. Whether you receive any payments for medical expenses and whether or not this publication continues to operate, you are always personally responsible for the payment of your own medical bills.

Montana SB 149:
Notice: The health care sharing ministry facilitating the sharing of medical expenses is not an insurance company and does not use insurance agents or pay commissions to insurance agents. The health care sharing ministry's guidelines and plan of operation are not an insurance policy. Without health care insurance, there is no guarantee that you, a fellow member, or any other person who is a party to the health care sharing ministry agreement will be protected in the event of illness or emergency. Regardless of whether you receive any payment for medical expenses or whether the health care sharing ministry terminates, withdraws from the faith-based agreement, or continues to operate, you are always personally responsible for the payment of your own medical bills. If your participation in the health care sharing ministry ends, state law may subject you to a waiting period before you are able to apply for health insurance coverage.

Nebraska Revised Statute Chapter 44-311
IMPORTANT NOTICE. This organization is not an insurance company, and its product should never be considered insurance. If you join this organization instead of purchasing health insurance, you will be considered uninsured. By the terms of this agreement, whether anyone chooses to assist you with

your medical bills as a participant of this organization will be totally voluntary, and neither the organization nor any participant can be compelled by law to contribute toward your medical bills. Regardless of whether you receive payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills. This organization is not regulated by the Nebraska Department of Insurance. You should review this organization's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs.

New Hampshire Section 126-V:1
Notice: This organization is not an insurance company, and its product should never be considered insurance. If you join this organization instead of purchasing health insurance, you will be considered uninsured. By the terms of this agreement, whether anyone chooses to assist you with your medical bills as a participant of this organization will be totally voluntary, and neither the organization nor any participant can be compelled by law to contribute toward your medical bills. Regardless of whether you receive payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills. This organization is not regulated by the New Hampshire Insurance Department. You should review this organization's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs.

North Carolina Statute 58-49-1
Notice: The organization facilitating the sharing of medical expenses is not an insurance company and neither its guidelines nor its plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be voluntary. No other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally liable for the payment of your own medical bills.

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

Pennsylvania 40 Penn. Statute Section 23(b)
Notice: This publication is not an insurance company nor is it offered through an insurance company. This publication does not guarantee or promise that your medical bills will be published or assigned to others for payment. Whether anyone chooses to pay your medical bills will be totally voluntary. As such, this publication should never be considered a substitute for insurance. Whether you receive any payments for medical expenses and whether or not this publication continues to operate, you are always liable for any unpaid bills.

South Dakota Statute Title 58-1-3.3
Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payments for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Texas Code Title 8, K, 1681.001
Notice: This health care sharing ministry facilitates the sharing of medical expenses and is not an insurance company, and neither its guidelines nor its plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the ministry or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this ministry continues to operate, you are always personally responsible for the payment of your own medical bills. Complaints concerning this health care sharing ministry may be reported to the office of the Texas attorney general.

Utah Statute Title 31A-1-103(3)(c), as last amended by Laws of Utah, Chapter 274.
Notice: The title of insurance code does not apply to health benefits provided by a health care sharing organization if the organization is described as a 501(c)(3).

Virginia Code 38.2-6300-6301
Notice: This publication is not insurance and is not offered through an insurance company. Whether anyone chooses to assist you with your medical bills will be totally voluntary, as no other member will be compelled by law to contribute toward your medical bills. As such, this publication should never be considered to be insurance. Whether you receive any payments for medical expenses and whether or not this publication continues to operate, you are always personally responsible for the payment of your own medical bills.

Washington RCW 48.43.009
Notice: Health care sharing ministries re not health carriers as defined in RCW 48.43.005 or insurers as defined in RCW 48.01.050. For purposes of this section, "health care sharing ministry" has the same meaning as in 26 U.S.C. Sec 5000A.

Wisconsin Statute 600.01 (1) (b) (9)
Notice: This publication is not issued by an insurance company, nor is it offered through an insurance company. This publication does not guarantee or promise that your medical bills will be published or assigned to others for payment. Whether anyone chooses to pay your medical bills is entirely voluntary. This publication should never be considered a substitute for an insurance policy. Whether or not you receive any payments for medical expenses, and whether or not this publication continues to operate, you are responsible for the payment of your own medical bills.

Wyoming 26.1.104(a)(v)(c)
Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Any assistance with your medical bills is completely voluntary. No other participant is compelled by law or otherwise to contribute toward your medical bills. Participation in the organization or a subscription to any its documents shall not be considered to be health insurance and is not subject to the regulatory requirements or consumer protections of the Wyoming insurance code. You are personally responsible for payments of your medical bills regardless of any financial sharing you may receive for the organization for medical expenses. You are also responsible for payment of your medical bills if the organizations ceases to exist or ceases to facilitate the sharing of medical expenses.

How to Have A Personal Relationship With Jesus Christ

If you do not know what it means to be Born Again, then it's by no accident that you're reading this page right now. The decision to be Born Again is the most important decision of your life—it will determine where you will spend eternity.

Being Born Again means that one has been born spiritually and has received the gift of eternal life through a personal relationship with Jesus Christ.

Jesus Christ wants to have a personal relationship with you. In order to have this relationship, you must first acknowledge that nobody is good enough to earn his or her way into heaven. "For all have sinned and fall short of the glory of God"—Romans 3:23

No matter how good we are, it is impossible for us to meet God's standard, and our best efforts will only earn us death—which means eternal separation from God in hell. "By For the wages of sin is death, but the gift of God is eternal life in Christ Jesus our Lord."—Romans 6:23

The word "But" in the verse above is very important. We cannot earn entrance to Heaven, BUT God provided a way for us to spend eternity with Him—and by His grace, offers it to us as a free gift! "For it is by grace you have been saved, through faith—and this is not from yourselves, it is the gift of God—not by works, so that no one can boast."—Ephesians 2:9

God exists in three persons: the Father, the Son, and the Holy Spirit. God loves you so much, that God the Father sacrificed His Son, Jesus Christ—the second Member of the Godhead—as your substitute. Jesus took on human form when He was born as a baby in Bethlehem 2,000 years ago. Though He was 100% human, He was also 100% God. Jesus faced the same temptations we all face, but He lived a perfect, sinless life, meeting the Father's standard to enter heaven—something only He could do. Then, He died on the cross, taking the full penalty for your sins upon Himself in your place.

On the third day (what we know as Easter Sunday), Christ rose from the dead and lives today as proof of His Deity—to demonstrate that the Father accepted His sacrifice on our behalf, and to show us that God has the power to raise us from the dead. "For God so loved the world that he gave his one and only Son, that whoever believes in him shall not perish but have eternal life."—John 3:16

In order to receive this free gift of salvation—to be forgiven of your sins and have eternal life you must simply accept Christ as your Savior, trusting that He paid the penalty for your sins in-full through His death on the Cross, then rose from the dead. You can do this through a simple prayer like this:

"Dear Jesus, I acknowledge that I'm a sinner and that I could never earn my way into heaven. I believe You died in my place on the cross, paying the penalty I deserve for my sins. Right now, I place my complete faith and trust in You as my Savior. Thank You for forgiving my sins and giving me the gift of eternal life—Amen"

If you prayed a prayer like this and have placed trust in Christ as your Savior, you have been born again and now have a personal relationship with Christ. We suggest that you tell someone whom you know to be a fellow Believer and seek a Bible-believing church. For more information about what to do next, please visit https://goingfarther.net.

JOPPA HEALTH SHARE

(844) 884-7526
www.joppahealth.org

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

Joppa Health Share, a 501(c)(3), is not an insurance company but a religious health care sharing ministry.