

K HealthShare is a faith-based medical needs sharing membership. Medical needs are only shared in by the members according to these Membership Guidelines. Our members agree to the Statement of standards and voluntarily submit monthly contributions into an escrow account facilitated by K HealthShare acting as a neutral escrow agent between members.

#### Member Statement

I agree to live a clean and healthy lifestyle and share the following ethical or religious beliefs:

- > lives healthy life
- > abstain from tobacco, any smoking device or substitutionary smoking device
- > abstain from the illegal use of drugs
- > follow biblical principles regarding the use of alcohol

#### Contact Information

For general information, help with your application, monthly contribution, or medical needs, please contact us.

PHONE 714-335-9585

EMAIL [info@khealthshare.com](mailto:info@khealthshare.com)

ONLINE : [www.khealthshare.com](http://www.khealthshare.com)

MAIL : 1151 N. Magnolia Ave. Suite 109 Anaheim, CA 92801

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## 1. The Purpose and Use of the Membership Guidelines

The guidelines are provided as an outline for eligible needs in which contributions are shared. They are not for the purpose of describing to potential members what amounts will be shared on their behalf, and do not create a legally enforceable right on the part of any member. Neither these guidelines, nor any other arrangement between members and K HealthShare, creates any rights for any member as a reciprocal beneficiary, a third party beneficiary, or otherwise.

## 2. Monthly Contribution Amount (MCA)

Monthly contribution amount (MCA) is voluntary contribution that is non-refundable. A member's first month's contribution must be received by the day of join. Recurring monthly contributions are due on the 1st of each participating month by automatic bank withdrawal. On the 1st day of the second participating month that a contribution has not been received, the member is considered ineligible for sharing until that previous participating month's contribution has been received. If a member's monthly contribution is past due for 3 consecutive months from the last participating month's due date, the member becomes ineligible for sharing and the membership will be terminated.

## 3. Additional Contribution

As a non-insurance membership, K HealthShare or the membership is not liable for any part of an individual's medical need. In the event that the escrow account does not provide for eligible needs submitted for any sharing month, additional contributions may be requested from the membership. The additional contributions requested will be spread equally amongst that month's participating members. To date, K HealthShare has never requested additional contributions from the membership to share in eligible medical needs.

## 4. Upgrade membership

Members desiring to upgrade their current membership plan may be subject to the enrollment process to determine eligibility. K HealthShare has the sole discretion to approve or decline membership changes. Changes to the membership must be submitted using the Membership Update Form. The form must be received by the 20th day of the current month for changes to be processed for the next month. Approved changes go into effect on the 1st day of the following month.

## 5. Cancel membership

Members wishing to discontinue participation in the membership must submit a Membership Cancellation Request Form by the 20th day of the month for the cancellation to apply to the following month or future requested month. Cancellations become effective on the 1st day of the requested month. Contributions will continue to be processed until the cancellation is effective. Should the

member fail to follow the Membership Guidelines as they pertain to the membership and later wishes to reinstate their membership, a new application must be submitted for membership as a new applicant.

#### 6. final authority for the interpretation of the Membership Guidelines

By submitting monthly contributions, members instruct K HealthShare to share escrowed funds in accordance with the Escrow Instructions. K HealthShare has no gain or loss financially in determining if a need is eligible or ineligible; therefore, members designate K HealthShare as the final authority for the interpretation of the Membership Guidelines. By participating in this membership, the member accepts these conditions as enforceable and binding.

#### 7. Membership Qualifications

##### (1) QUALIFICATION

The person who are currently enrolled in the Health Care Sharing Ministry.

##### (2) APPLICATION, ACCEPTANCE, AND EFFECTIVE DATE

The person must submit a membership application and be accepted into the membership by meeting the criteria of the Membership Enrollment Manual. The membership begins on a date specified by K HealthShare.

##### (3) DEPENDENT(S)

A dependent may participate under a combined membership with the Head of Household; however, a dependent who is 20 through 24 years of age may participate in such a combined membership only if he/she is either a full-time student or a full-time service volunteer. Proof of full-time student or full-time service volunteer status is required with his/her membership application.

K HealthShare on behalf of the dependent, needs will be ineligible for sharing after 6 months from the date of service. Full-time student or full-time service volunteer status under a combined membership ends when a dependent reaches his/her 25th birthday, however, if the dependent has an ongoing need on his/her 25th birthday, participation ends an additional 90 days after the dependent's birthday. Dependents may continue their combined membership if they are medically unable to continue as either a fulltime student or a full-time service volunteer because of an illness or injury: physical or mental. A physician or qualified health professional must verify this disability. A dependent who wishes to continue participating in the membership but who no longer qualifies under a combined membership must apply and qualify for a membership based on the criteria set forth in the Membership Enrollment Manual. Children born into the membership, due to an eligible maternity need, can become a member under a combined membership without having to meet any criteria in the Membership Enrollment Manual. Under a combined membership, the Head of Household is responsible to ensure that each individual participating under the combined membership meets and complies with the Membership Statement and the Membership Guidelines.

##### (4) OTHER CRITERIA

Children between 12 months and 18 years of age may qualify for membership without their parent's mutual participation on a case-by-case basis as determined by K HealthShare. In these cases, the child's parent or guardian must complete and sign the membership application and any associated materials for the child, and is responsible to ensure that all application requirements, Membership Guidelines, and Membership Statement are met.

An adopted child may qualify as a dependent or member, but will not receive preferential treatment under the Membership Enrollment Manual. Non-U.S. citizens under 65 may also qualify for membership, as determined by K HealthShare on a case-by-case basis.

## 8. Eligible Needs

Only needs incurred on or after the member's 90-day waiting period are eligible for sharing. The 90-day waiting period begins on the 1st day the membership becomes active. The member's provider, or the member, must submit a request for sharing in the manner and format specified by K HealthShare. This includes but is not limited to: Needs Processing Form, industry standard billing forms (CMS 1500 and/or most recent UB form), or itemized statements, if billing forms are not available. If an itemized statement is being submitted for a need(s), the statement must have: Provider's tax ID and name, diagnosis code (DX), procedure code (CPT), billed charges and the date of service (DOS). This is the minimum acceptable information that K HealthShare requires regarding an itemized statement submitted for the sharing of a member's need(s). One or more of these forms may be required, and medical records may be requested.

## 9. Needs Sharing

K HEALTHSHARE has five Sharing types : KH-10, KH-20, KH-30, KH-40, KH-50.

(1) KP-10 : \$10 per unit, per month

- Sharing MRA (Member Responsible Amount) for any medical incident that the Bronze plan paid more than \$5,000.

(2) KP-20 : \$10 per unit, per month

- Sharing outpatient treatment and examination incurred after discharge for any medical incident that the Bronze plan paid more than \$5,000.

(3) KP-30 : \$10 per unit, per month

- Sharing ER care for any medical incident exceeding \$5,000 that the Bronze plan does not pay.

(4) KP-40 : \$10 per unit, per month

- Each year Sharing limit increases by \$100,000, up to \$1 million per incident.

(5) KP-50 : \$10 per unit, per month

- Each year Sharing lab test for prevention with doctor's consultation.

## 10. Appeals

If a need is denied as ineligible, and there is a dispute, the aggrieved member may seek reconsideration only through the appeal procedure described herein. Regardless of the potential outcome of an appeal, the existence of this appeal procedure should not be interpreted as creating any expectation of sharing or a legally enforceable right or entitlement since there are no contractual promises of sharing under the Membership Guidelines. Rather, the procedure is a method by which the member can be sure that

K HealthShare is sharing monthly contributions in accordance with the Escrow Instructions and Membership Guidelines.

(1) Most situations can be resolved simply by calling K HealthShare.

(2) Member Services representative will try to resolve the matter, usually within 10 business days.

(3) Denials due to a retroactive decline for membership or a membership limitation are reviewed again only if the aggrieved party submits a formal appeal.

(4) The aggrieved party may formally appeal any denied need by contacting the Member Services Department for a complete description of the formal appeal procedure.

(5) To qualify for an appeal, a member's appeal should address at least one of the following three questions:

01. What information does K HealthShare have that is either incomplete or incorrect?

02. How does the member believe K HealthShare has misinterpreted the information already on hand?

03. What provision in the K HealthShare Membership Guidelines does the member believe K HealthShare applied incorrectly?

(6) Appeals submitted more than 90 days from the date of denial will not be considered.

(7) The appeal is reviewed first by a supervisor at K HealthShare, then, if necessary, by the Appeals Board.