

jhs
community



Community Information Guide

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Disclaimer:

JHS Community is a 501(c)(3) non-profit Health Care Sharing Ministry (HCSM). The members of JHS Community voluntarily share in one another's eligible medical needs based on the acceptance of the Community Information Guide (CIG). All members accept responsibility for their own medical needs as JHS Community is not an insurance company and is not regulated as insurance. Any program or offering from JHS Community should not be considered a substitute for an insurance policy. JHS Community nor any member of JHS Community assume any legal obligation to share in the eligible medical needs incurred by any other JHS Community member.



Welcome to *jhs community!*

Jericho Health Share (JHS Community) is a 501(c)(3) nonprofit Health Care Sharing Ministry (HCSM).

JHS Community consists of individuals and families that believe in a common set of Religious and Ethical Beliefs and who choose to inspire grace and compassion in others. Our members voluntarily contribute and share in the financial burden of one another's eligible medical needs according to these beliefs, and the Community Information Guide (CIG).

JHS Community membership is cost-effective and allows our members to choose from a variety of sharing options that fit their needs and budget. Just a few of the options provided are everyday office visits, child and adult wellness services, inpatient hospitalization, outpatient surgery, and much more.

The focus within JHS Community is to ensure that all members have an exceptional experience being part of JHS Community.

Again, we are honored that you have chosen to put your trust in us and become part of JHS Community.

STATEMENT OF RELIGIOUS AND ETHICAL BELIEFS

I **believe** every member has a fundamental and religious right to worship God in their own way.

I **believe** it is my religious and ethical obligation to share in the burden of others when they need assistance according to my current resources and opportunities.

I **believe** in sharing in a common, caring community of like-minded individuals with the need to come together regardless of race, age, gender, or political affiliation.

I **believe** it is my obligation to care for my family, and that emotional, mental, and physical abuse of any kind to a family member, or to anyone else, is morally wrong.

Enrollment Acceptance

Community members are responsible for submitting a one-time enrollment fee once their enrollment application is successfully processed. Members will receive an electronic Member Agreement Form that will be emailed prior to their program effective date. Once the member accepts the terms listed in the Member Agreement Form, a Welcome Email will be sent to the email address on file within 24-hours of their enrollment date. The Welcome Email contains information that includes but is not limited to, membership details, electronic member ID cards, access to the Community Information Guide (CIG) through the member portal, and access to their ShareBox, etc.

Monetary Responsibility

RECURRING MONTHLY CONTRIBUTIONS

Monthly contributions are due on either the 1st or the 15th of the month prior to the next statement date. All monthly contributions will be automatically drafted using the funding method on file five (5) days prior to statement date. By enrolling in a JHS Community program and/or offering, members authorize JHS Community, in writing, to automatically draft and process their monthly contributions each month using the funding method on file until their membership is canceled by the primary member as outlined in the cancellation guidelines listed on page six (6). If a monthly contribution cannot be processed on the first try, members authorize JHS Community to re-process their monthly contribution up to five (5) times prior to the next statement date to prevent their membership from becoming inactive.

Failure to submit your monthly contribution by your next statement date will result in your membership becoming inactive and eligible medical needs will be ineligible for sharing by the membership for the period the account was inactive. If monthly contributions due are not submitted in full 30 days from due date, your membership and services will become inactive as the last day that your monthly contribution was applied to.

REFUNDS

All member effective dates begin on the 1st or the 15th of the month. All requests for refunds prior to the next statement date must be made in writing via memberservices@jhscommunity.org or by contacting Member Services at (866) 414-4939 five (5) days prior to their statement date.

If a member is not satisfied with their membership, they may cancel within 30 days from their effective date and may be eligible to receive a full refund of their monthly contribution submitted minus the enrollment fee. If any medical needs have been processed as eligible for sharing, by the membership and/or the member utilized any services of the programs and/or offerings the member will not be eligible for a refund.

Cancellations

VOLUNTARY CANCELLATION

All cancellations must be made in writing via email to memberservices@jhscommunity.org or by calling Member Services at (866) 414-4939. The primary member and/or authorized representatives with valid, executed legal documentation may cancel the membership. The email must include the primary member's full name and member ID number. To avoid being billed for next month's monthly contribution, all cancellation requests must be received no later than five (5) business days prior to the next statement date of the 1st or the 15th based on the member's account. Cancellation requests received after this time frame will be canceled as of the last day before the next statement date.

INVOLUNTARY CANCELLATION

If a member's monthly contribution is not received within the specified time frame above, the membership will become inactive.

If a voluntary or involuntary cancellation occurs, the primary member and eligible dependents must wait at least 90 calendar days from their cancellation date before re-enrolling in a program or offering.

Maximum Age Reached

Members may remain active on JHS Community membership until their 65th birthday or a dependent child may remain active until their 26th birthday, except for disabled dependents as per SSA standards. A dependent child may choose to roll onto their own membership at that time as a primary member.

Program

OVERVIEWS



Campus OVERVIEW

ADULT AND CHILD WELLNESS SERVICES

No Visit Fee. Eligible at 100% up to a maximum of \$500 annually for wellness services per membership year, per member.

PRIMARY CARE PHYSICIAN, SPECIALIST, OR URGENT CARE VISITS

\$25 Visit Fee for all eligible outpatient office visits with a primary care physician, specialist, or urgent care provider.

Membership shares up to a maximum of \$100 per eligible office visit.

MAXIMUM OFFICE VISITS - FOUR (4) per membership year, per member.

PHCS Network, MDLIVE Telehealth, & Paramount Rx

<i>Campus</i>	SERVICES	Days per Membership Year	Maximum Amount Shared per Membership Year, per Member	Visit Fee due by Member
OUTPATIENT SERVICES	Emergency Room	1	\$100	\$25
	Primary Care Physician, Specialist, N/A Urgent Care Visits		\$100 (4 Visits)	\$25
OTHER CARE SERVICES	Ambulance	1	\$100	\$0
	Labs	Annual	\$100	\$25
	Imaging	Annual	\$100	\$25
	Wellness	Annual	\$500	\$0





1 • 2 • 3 OVERVIEW

ADULT AND CHILD WELLNESS SERVICES

No Visit Fee. Eligible at 100% up to a maximum of \$500 or \$1,000 annually for wellness services per membership year, per member based on the Canon 1, 2, or 3 program selected.

PRIMARY CARE PHYSICIAN, SPECIALIST, OR URGENT CARE VISITS

\$25 Visit Fee for all eligible outpatient office visits with a primary care physician, specialist, or urgent care provider.

Membership shares up to a maximum of \$100, \$200, or \$300 per eligible office visit.

MAXIMUM OFFICE VISITS - FOUR (4), SIX (6), or EIGHT (8) PER MEMBERSHIP YEAR, per member, based on the Canon 1, 2, or 3 program option selected.

PHCS Network, MDLIVE Telehealth, & Paramount Rx

<i>Canon</i>	SERVICES	Days per Membership Year	<i>Canon 1</i>	<i>Canon 2</i>	<i>Canon 3</i>	Visit Fee due by Member
INPATIENT SERVICES	Hospital Admission	1	\$200	\$400	\$800	\$100
	Hospital Confinement	10	\$100	\$200	\$400	N/A
	ICU Admission	1	\$200	\$400	\$800	\$100
	ICU Confinement	5	\$100	\$200	\$400	N/A
	Inpatient Surgery	1	\$200	\$400	\$800	N/A
	General Anesthesia	1	\$100	\$200	\$400	N/A
OUTPATIENT SERVICES	Outpatient Surgery	1	\$200	\$200	\$400	\$100
	General Anesthesia	1	\$100	\$100	\$200	\$25
	Emergency Room	2	\$100	\$200	\$400	\$25
	Primary Care Physician, Specialist, Urgent Care Visits	N/A	\$100 (4 Visits)	\$200 (6 Visits)	\$300 (8 Visits)	\$25
OTHER CARE	Ambulance	2	\$200	\$200	\$400	N/A
	Labs	Annual	\$200	\$200	\$400	\$25
	Imaging	Annual	\$200	\$400	\$800	\$25
	Wellness	Annual	\$500	\$500	\$1,000	N/A

Please Note: there is a waiting period of 12-months for any pre-existing condition(s) for all inpatient services and/or outpatient surgery services.

Pre-Existing Condition: a disease or physical condition for which medical advice, treatment or diagnosis was received and/or a prescription was prescribed during the 12-month period preceding the member's effective date.



1 • 2 • 3 OVERVIEW

ADULT AND CHILD WELLNESS SERVICES

No Visit Fee. Eligible at 100% up to a maximum of \$1,000 annually for wellness services per membership year, per member.

PRIMARY CARE PHYSICIAN, SPECIALIST, OR URGENT CARE VISITS

\$25 Visit Fee for all eligible outpatient office visits with a primary care physician, specialist, or urgent care provider.

Membership shares up to a maximum of \$200, \$300, or \$400 per office visit.

MAXIMUM OFFICE VISITS OF SIX (6), EIGHT (8), or TEN (10) PER MEMBERSHIP YEAR, per member, based on the Capstone 1, 2, or 3 program option selected.

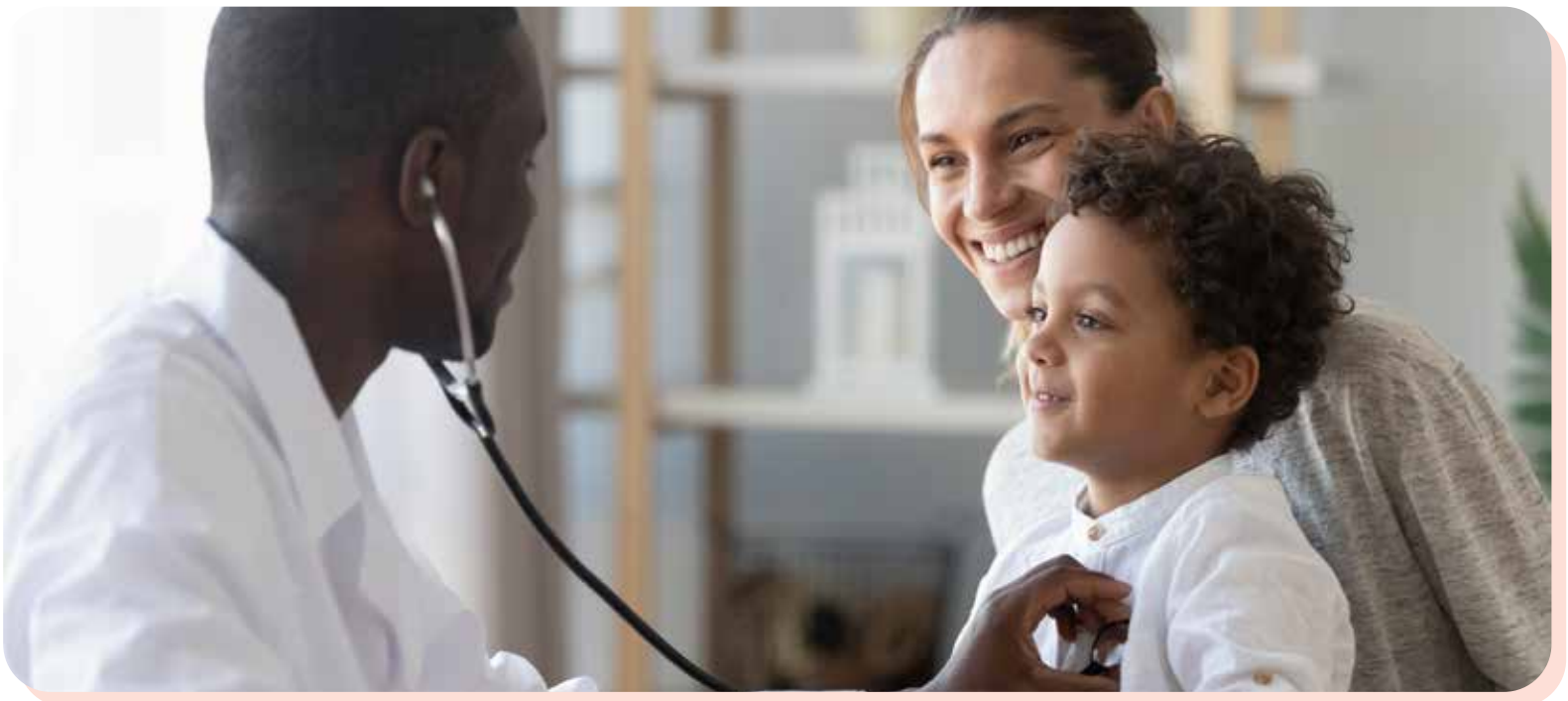
PHCS Network, MDLIVE Telehealth, & Paramount Rx



	SERVICES	Days per Membership Year	Capstone 1	Capstone 2	Capstone 3	Visit Fee due by Member
INPATIENT SERVICES	Hospital Admission	2	\$3,000	\$4,000	\$5,000	\$500
	Hospital Confinement	30	\$500	\$1,000	\$2,000	N/A
	ICU Admission	1	\$1,000	\$2,000	\$3,000	\$500
	ICU Confinement	5	\$500	\$1,000	\$2,000	N/A
	Inpatient Rehabilitation	10	\$500	\$1,000	\$1,500	\$500
	Skilled Nursing Facility	10	\$500	\$1,000	\$1,500	\$500
	Hospice Facility	10	\$500	\$1,000	\$1,500	\$500
	Substance Abuse Facility	10	\$500	\$750	\$1,000	\$500
	Mental Health Facility	10	\$500	\$750	\$1,000	\$500
	Inpatient Surgery	3	\$1,000	\$2,000	\$3,000	N/A
OUTPATIENT SERVICES	General Anesthesia	3	\$500	\$1,000	\$1,500	N/A
	Outpatient Surgery	3	\$1,000	\$2,000	\$3,000	\$250
	General Anesthesia	3	\$500	\$1,000	\$1,500	N/A
	Emergency Room	4	\$500	\$1,000	\$1,500	\$250
	Observation Room	2	\$500	\$1,000	\$1,500	\$250
	Primary Care Physician, Specialist, Urgent Care Visits	N/A	\$200 (6 Visits)	\$300 (8 Visits)	\$400 (10 Visits)	\$25
	Substance Abuse	10	\$100	\$150	\$200	N/A
OTHER CARE SERVICES	Mental Health Disorder	10	\$100	\$150	\$200	N/A
	Occupational, Physical, Cardiac Rehab, Speech Therapy	5	\$100	\$150	\$200	N/A
	Ambulance	3	\$500	\$1,000	\$1,500	N/A
	Chiropractic Care	5	\$25	\$50	\$75	N/A
	Home Health Care	10	\$25	\$50	\$75	N/A
	Labs	Annual	\$250	\$500	\$750	\$25
Imaging	Annual	\$500	\$750	\$1,000	\$25	
Wellness	Annual	\$1,000	\$1,000	\$1,000	N/A	

Please Note: there is a waiting period of 12-months for any pre-existing condition(s) for all inpatient services and/or outpatient surgery services.

Pre-Existing Condition: a disease or physical condition for which medical advice, treatment or diagnosis was received and/or a prescription was prescribed during the 12-month period preceding the member's effective date.



Campus

Canon

Capstone

PROGRAM COMPARISONS

	<i>Campus</i>	<i>Canon</i>	<i>Capstone</i>
Primary Care Physician, Specialist, Urgent Care Visits	✓	✓	✓
Emergency Room	✓	✓	✓
Ambulance	✓	✓	✓
Laboratory	✓	✓	✓
Imaging	✓	✓	✓
Wellness and Preventative	✓	✓	✓
Telemedicine	✓	✓	✓
Hospitalization		✓	✓
Inpatient and Outpatient Surgery		✓	✓
Chiropractic Care			✓
Occupational, Physical, Cardiac Rehab, Speech Therapy			✓
Inpatient and Outpatient Mental Health Services			✓

Ineligible Services

Please Note: Some health care services are ineligible for sharing by the membership such as charges arising from the following medical services, supplies, and/or treatment or as specifically stated.

Active Duty: medical services, supplies, and/or treatment required as a result of the member serving in any armed forces.

Administrative Costs: charges solely for and/or applicable to administrative costs of completing medical need forms, reports, or for providing records wherever allowed by applicable law and/or regulation.

After the Cancellation Date: medical needs that are incurred by the member after the cancellation date, even if otherwise deemed eligible for sharing in accordance with the Community Information Guide (CIG).

Alcohol: medical services, supplies, and/or treatment required as a result of a member taking part in any activity involving alcohol. This does not apply if the injury:

- (a) resulted from being the victim of an act of domestic violence.
- (b) resulted from a documented medical condition including both physical and mental health conditions.

Broken Appointments: charges solely due to the member failing to honor an appointment.

Complications of Ineligible Medical Services: medical services required because of complications from a medical need that is deemed ineligible for sharing by the membership.

Confined Members: medical services, supplies, and/or treatment for any member incurred while confined and/or arising from confinement in a prison, jail, or other penal institution with said confinement exceeding 24 consecutive hours.

Cosmetic Surgery: medical needs incurred in connection with the care and/or treatment of surgical procedures which are performed for plastic, reconstructive, or cosmetic purposes or any other service or supply which is primarily used to improve, alter, or enhance appearance, whether for psychological or emotional reasons, except to the extent where it is needed for:

- (a) repair or alleviation of damage resulting from an accident.
- (b) infection or illness.
- (c) congenital disease, developmental condition, or anomaly of an eligible dependent child which has resulted in a functional defect.

A treatment will be considered cosmetic for either of the following reasons:

- (a) its primary purpose is to beautify.
- (b) there is no documentation of a clinically significant impairment, meaning decrease in function or change in physiology due to injury or illness.

Custodial Care: non-medical care that helps individuals with activities of daily living and basic care needs.

Durable Medical Equipment (DME): charges solely for DME. Medical needs for DME incurred in connection with eligible medical services and billed together will be considered eligible for sharing if program features have not been exhausted.

Elective Abortion: medical needs in connection with the voluntary interruption of pregnancy before viability.

Excess: medical needs that exceed membership sharing limits set forth herein and including (but not limited to) the maximum allowed amount based on the program selected and as determined by the membership in accordance with the Community Information Guide (CIG).

Experimental: medical services, supplies, and/or treatment that are experimental or investigational.

Family Member: medical services, supplies, and/or treatment performed by someone who is related to the member as a spouse or domestic partner, parent, child, brother, or sister, whether the relationship exists by virtue of "blood" or "in law".

Foreign Travel: medical services, supplies, and/or treatment received outside of the United States, unless otherwise approved by the membership or stated in the Community Information Guide (CIG).

Government: medical services, supplies, and/or treatment a member obtains, but which is paid, may be paid, is provided, or could be provided at no cost to the member 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 member to pay for such treatment or service in the absence of sharing on behalf of the membership. This does not apply when otherwise prohibited by law, including laws applicable to Medicaid and Medicare.

Government-Operated Facilities That Meet the Following Requirements:

- (a) are furnished to the member in any veteran's hospital, military hospital, institution, or facility operated by the United States government or by any state government or any agency or instrumentality of such government.
- (b) can be paid for by any government agency, even if the patient waives his rights to those services or supplies.

NOTE: This does not apply to treatment of non-service-related disabilities or for inpatient care provided in a military or other federal government hospital to dependents of active-duty armed service members or armed service retirees and their dependents. This does not apply where otherwise prohibited by law.

Handling and Conveyance Fees: charges for handling and/or conveyance of specimens in connection with a transfer from an office to a laboratory.

Illegal Acts: medical services, supplies, and/or treatment for any injury or illness which is incurred while taking part or attempting to take part in an illegal activity, including but not limited to misdemeanors and felonies. It is not necessary that an arrest occur, criminal charges be filed, or, if filed, that a conviction result. Proof beyond a reasonable doubt is not required to be deemed an illegal act. This does not apply if the injury:

- (a) resulted from being the victim of an act of domestic violence.
- (b) resulted from a documented medical condition including both physical and mental health conditions.

Ineligible Provider: medical services, supplies, and/or treatment performed by providers that do not satisfy all the requirements per the provider definition as defined within the Community Information Guide (CIG).

Injury Resulting From:

- (a) flying in ultra-light, hang gliding, parachuting, or bungee-cord jumping, by flight in a space craft or any craft designed for navigation above or beyond the earth's atmosphere.
- (b) traveling or flying by air, except as a fare-paying passenger and not as a pilot or crew member, on a commercial airline.
- (c) while driving or riding on vehicles for off-road use including but not limited to all-terrain vehicles (ATV's), competing in motor sports, or testing any motorized vehicle on racetrack or speedway.
- (d) participating or competing in a rodeo or any other activity with dangerous animals.
- (e) participating or competing in water sports, water skiing, surfboarding, winter sports, snow skiing, snowboarding, roller blading, or skateboarding.
- (f) scaling up cliffs or mountain walls or spelunking (exploring caves).
- (g) handling, storing, or transporting explosives.

Long Term Care: medical needs related to long term care.

Medical Necessity: medical needs that arise from medical services, supplies, and/or treatment that are not medically necessary.

Member Responsibility Amount (MRA): amounts applied towards the satisfaction of a member's responsibility amount before medical or dental needs are deemed eligible for sharing as defined in accordance with the Community Information Guide (CIG).

Military Service: medical needs related to conditions determined by the Veteran's Administration to be connected to active service in the military of the United States, except to the extent prohibited or modified by law.

Negligence: medical needs resulting from negligence, misfeasance, malfeasance, nonfeasance, or malpractice on the part of any caregiver, institution, member, or provider, as determined by the membership, in its discretion, considering applicable laws and evidence available to the membership at the time of injury.

No Legal Obligation: medical services, supplies, and/or treatment provided to a member for which the provider of a service does not and/or would not customarily render a direct charge, or charges incurred for which the member has no legal obligation to pay, or for which no charges would be made including but not limited to medical needs for services not actually rendered, fees, care, supplies, or services for which a member, company, or any other entity except the member, may be liable for necessitating the fees, care, supplies, or services.

Non-Prescription Drugs: charges for drugs for use outside of a hospital or other inpatient facility that can be purchased over the counter and without a physician's written prescription or drugs for which there is a non-prescription equivalent available.

Not Acceptable: medical services, supplies, and/or treatment not accepted as standard practice by the American Medical Association (AMA), American Dental Association (ADA), or the Food and Drug Administration (FDA).

Not Eligible: medical needs incurred at a time when there is no eligibility in force for the active member and/or dependents.

Organ Donation: medical needs related to the gift of an organ or organs from a member's body for transplantation to another or complications thereof.

Other Responsible Third Party: medical needs related to an injury or illness covered by any other liable third party, Worker's Compensation, Employer Liability Law, or Occupational Disease Act or law.

Other than Attending Physician: those certified by a physician who is attending to the member as being required, for the treatment of injury or disease and performed by an appropriate provider.

Personal Injury Insurance: medical needs in connection with an automobile accident for which benefits are payable hereunder, or would be otherwise covered by, mandatory no-fault automobile insurance or any other similar type of personal injury insurance required by state or federal law, without regard to whether the member had eligibility for sharing by the membership. This does not apply if the injured member is a passenger in a non-family-owned vehicle or a pedestrian.

Postage, Shipping, etc.: charges for postage, shipping, or handling which may occur in the transmittal of information to the Third-Party Administrator, including interest or financing charges.

Prior to Member's Effective Date: medical services, supplies, and/or treatment rendered or received prior to the member's effective date.

Professional, Semi-Professional, or Intercollegiate Athletics: medical needs in connection with any injury or illness resulting from or in the course of any employment for wage or profit; academic commitment, or related to professional, semi-professional, or intercollegiate athletics, including practice.

Prohibited by Law: medical services, supplies, and/or treatment rendered to the extent that sharing under this membership is prohibited by law.

Provider Error: charges resulting from unreasonable provider error.

Reinjury or Complications: medical needs related to an injury caused or contributed to by a condition that existed before the accident.

Repetitive Motion: injuries, strains, hernia, tendonitis, bursitis, and heat exhaustion not related to a specific injury.

Self-Inflicted: medical needs that are incurred due to an intentionally self-inflicted injury or illness. This does not apply if the injury:

- (a) resulted from being the victim of an act of domestic violence.
- (b) resulted from a documented medical condition including both physical and mental health conditions.

Unreasonable: medical needs that are not reasonable in nature or in charge or are required to treat illness or injury arising from and due to a provider's error, wherein such illness, injury, infection, or complication is not reasonably expected to occur. This will apply to medical needs directly or indirectly resulting from circumstances that, in the opinion of the membership in its sole discretion, gave rise to the medical needs and are not generally foreseeable or expected among professionals practicing the same or similar type(s) of medicine as the treating provider whose error caused the loss(es).

Vehicle Accident: medical needs for treatment of any injury where it is determined that a member was involved in a motorcycle accident while not wearing a helmet or in an automobile accident while not wearing a seat belt (or car seat), even if the cause of the injury or illness is not related to the failure of the member to wear a helmet or seat belt (or car seat). This does not apply:

- (a) to members who were passengers on public transportation, ride for hire, or livery services.
- (b) when a seat belt or helmet is not required by law.

Visit Fees: the amount a member must submit to the provider at the time of service for each eligible medical service.

War/Riot: medical needs incurred because of war or any act of war, whether declared or undeclared, or any act of aggression by any country, including rebellion or riot, when the member is a member of the armed forces of any country, or during service by a member in the armed forces of any country, or voluntary participation in a riot. This does not apply to any member who is not a member of the armed forces and does not apply to victims of any act of war or aggression.

With respect to any illness or injury which is otherwise eligible for sharing by the membership, the membership will otherwise provide for the treatment of the injury if the injury results from being the victim of an act of domestic violence or a documented medical condition. To the extent consistent with applicable law, this exception will not require the membership to provide features other than those provided under the terms of the membership.



Getting More

OUT of YOUR COMMUNITY MEMBERSHIP



MDLIVE®

The MDLIVE® program utilizes a network of state licensed primary care physicians, providing cross coverage consultations 24 hours a day, 7 days a week, and 365 days a year, included with each membership.

The network physicians diagnose routine, non-emergency, medical problems via telephone or video consult, as well as recommend treatment and prescribe medication, when necessary.

MDLIVE® Uses

- Fevers/Coughs/Sore Throats
- Nasal Congestion
- Acute Cystitis (Bladder Infections)
- Diabetes
- Allergies
- Urinary Tract Infections (Adult Females 18+)
- Pharyngitis
- Sinusitis
- Weight Control
- Anxiety
- High Blood Pressure
- Constipation
- Diarrhea
- Ear Problems
- Insect Bites
- Rash
- Pink Eye
- Vomiting
- Respiratory Problems
- Prescription Refill (Short-Term Only)



Our Advantages

- No age limits for all household family members.
- No medical restrictions.
- No limit consultations per family
- Doctors available nationwide
- Doctors will return your call within 10-15 minutes
- Consult by phone or video.
- No language barriers, choose your language preference.
- Choose the gender of your doctor.
- Schedule your appointment by phone or via the web.
- Doctor on-call, 24-hour service; Consult with the next available doctor

HOW TO USE

Telephone/Video Consent

- Call toll-free (888) 976-0802 and the IVR System will prompt you through by asking you for general information (i.e., first and last name, date of birth, etc.).
- Have your local pharmacy's name and phone number ready should a prescription be necessary.
- The system will direct you to a customer service representative who will assist you with registering your account. At this time, you can add your dependents.
- Your account stores your medical history and any MDLIVE® encounters which can be relayed to your primary care physician.

Web

- Go to URL www.mdlive.com/myewellness
- Begin the registration process.
- Add health history (previous and current health conditions, medications, allergies, and surgeries).
- Complete your lifestyle and family history.
- Enter your dependent information.
- Enter your preferred pharmacy.
- Enter your primary care physician information.
- You can upload images such as a rash or sore to your primary care physician.
- After completion of your registration and account set up you will have a choice of first available doctor or schedule a visit.
- If you choose next available doctor, a physician, located within your state, will call you within 10- 15 minutes.
- If you choose to schedule an appointment, you are offered a variety of times and you set the time frame.
- You will also have a choice of whether you would like to have a video or phone consult anything you deem necessary.
- When choosing first available doctor, you are presented with doctors you may choose from.
- When you select to opt for an appointment with date and time, you are presented with doctors you may schedule an appointment with.
- Choose a phone or video consult.
- The doctor will contact you at the time you designated.



Mobile Virtual Care –Meet Sophie!

To simplify registration, MDLIVE launched Sophie, a state-of-the-art artificial intelligence (AI)-powered Personal Health Assistant (PHA). Sophie utilizes an intuitive interface that walks members through the steps needed to set up a personal telehealth account. Once registered, Sophie can assist with scheduling doctor's appointments, answering medical questions, and generating reminders and follow-up to help maintain users' daily health and wellness.

- 1 Take out your mobile device.
- 2 Next, open your text messaging app and compose a new text message.
- 3 In the to field enter "635483."
- 4 Type the word "DOCTOR" in the message field and click send.
- 5 Choose a phone or video consult.
- 6 The doctor will contact you at the time you designated.

Important Things to Know

MDLIVE can treat a lot of conditions, but they want to make sure they set expectations with our members about what they do not treat. This should help you better understand how the doctors are trained to use the correct medications, and that certain emergency or complex conditions still need an office visit.

- **First**, not every infection needs an antibiotic.
- **Second**, every visit ends with great advice, but not every visit ends with a prescription.
- **Third**, not every issue can be treated via Telehealth.

Paramount Rx

Pharmacy discounts up to 20% for brands and 70% for generics. You never have to skip taking your medications again.

Our pharmacy program boasts the largest pharmacy discount network in the country with over 57,000 participating pharmacies including just about every major pharmacy chain from CVS to Walgreens. Our pharmacies are contracted to deliver some of the largest discounts in the industry. Unlike most discount plans, your prescription plan provides discounts on all FDA-approved prescription drugs. There are no limited drug lists, gimmicks, or excuses.

- Unlimited use
- Immediate activation
- No enrollment requirements or restrictions
- No forms to fill out
- Generic substitution when allowed by prescribing physicians
- 24-hour help desk for pharmacies



HOW TO USE

Your Prescription Services



- (a) **Select a Pharmacy/Find a Price:** Your card is valid at thousands of locations nationwide. If you would like to locate a pharmacy or get pharmacy pricing, use the location and pricing tool provided on the website to locate a participating pharmacy near you and their pricing information for your prescription medications. To receive the best savings, always use the pricing tool to find the lowest price available.
- (b) **Submit Your Prescription:** Present your prescription to the pharmacist. If you need to transfer a prescription, bring your empty prescription bottle or label with you to the pharmacy.
- (c) **Show Your Card:** Give your card to the pharmacist each time you place your prescription order. If the pharmacist needs assistance processing your prescription, refer the pharmacist to the Pharmacist Only Help Desk – (800) 481-0605.
- (d) **You Save:** Once your prescription is filled, you pay the discounted price.

The program does not require a doctor's appointment or lab requisition order from your doctor.

Lifestyle SAVINGS

Not only do we strive to provide JHS Community members with quality healthcare options, but we also provide access to savings throughout the year by partnering with National Benefit Builders, Inc (NBBi). Through the various categories of our Lifestyle Savings Program, members can save money and enjoy special offers on entertainment, health and wellness products and services, travel savings, retail discounts, and more.

While JHS Community has partnered with NBBi, it is important to note that any discount(s) or service(s) listed in this publication and/or any publication maintained by NBBi are not endorsed, owned, or operated by JHS Community or any of its employees. Any discount(s) or service(s) will not be eligible for sharing by the membership.

The Lifestyle Savings Program consists of:

SPA and WELLNESS SAVINGS

SPAWEEK has the largest Spa & Wellness Network in North America. Search over 9,000 locations and thousands of services that accept the Spa & Wellness Gift Card. [Save 15% on your purchase.](#)

HOTEL SAVINGS

Save up to 70% on over 400,000 hotels and resorts worldwide with Members-Only unpublished hotel rates and discounts. [Start saving with HOTELOGICAL.](#)

VITAMIN SAVINGS

Members can save up to 75% off retail pricing on a huge selection of natural products including vitamins, supplements, and more. To access this program visit: www.nbbivitamins.com.

MOVIE TICKETS

Do you go to movies? Tired of paying \$18 or more for your tickets if you are not going to a matinee? Save on movie tickets nationwide. All tickets are \$11.00* and are accepted at AMC theaters. *Price includes a shipping and handling fee. Surcharges at ticket counters may apply in some areas when redeeming tickets. Once you Purchase tickets, they will be mailed to you via USPS mail. [Access your discounted movie tickets.](#)

**Subject to surcharge for 3D, premium large screen format (e.g., IMAX®, AMC Prime®), alternative content, dine-in-theatres, film festivals, special theatrical presentations and premium services; location surcharges may also apply at select locations, including Disney and Universal properties operated by AMC. AMC reserves the right to change these terms and conditions without notice, including changes and additions to surcharge fees, restrictions or exclusions. For current terms and conditions, a complete listing of applicable surcharges, exclusions, AMC Theatre brands and restrictions, please visit www.amctheatres.com/exchange-tickets-terms. Minimum purchase requirement is per order.

RESTAURANT SAVINGS

Restaurant.com offers a national directory of more than 15,000 restaurants and a number of exclusive online merchants. You can search restaurants by state, city, neighborhood, zip code and cuisine type to find the perfect restaurant and gift certificates for savings. [Access your Restaurant.com savings.](#)

MEDICAL SUPPLIES AND EQUIPMENT

Save from 20% to 50% off your medical supply needs. Items include a broad selection of ambulatory aids such as wheelchairs, scooters, hospital beds, and much more.

To access this benefit visit: www.nbbimedssupplies.com

When you have made your selection and are checking out, use the coupon code NBB 10. This will get you an additional 10% off the already discounted cost.

You can also place your order over the phone at (800) 278-0227. Use Coupon Code NBB 10.

FLOWER SAVINGS

Members can save 20% on their next flower order. Shop online today and save on flowers, baskets and more.

[Access your discounted floral benefits](#)

VEHICLE SAVINGS

Save \$ 10.00 on Jiffy Lube's Signature Service oil change at any participating Jiffy Lube location in the United States.

This coupon cannot be combined with any other offer or used in addition to fleet discounts. Offers for oil changes are good for up to 5 quarts of quality motor oil. Must present coupon at time of service. Not valid with any other offer for the same service. Jiffy Lube, the Jiffy Lube design mark and Jiffy Lube Signature Service are registered trademarks of Jiffy Lube International, Inc. All rights reserved.

[Click here to access this benefit and download your \\$10 coupon](#)

EYEGASSES SAVINGS

We believe self-expression begins with your face. We are made up of people who love what they do and are passionate about style. We set out on a mission to change the way the world sees glasses. After all, glasses aren't just a means to an end, they're part of your identity. We work hard to help you find frames that fit your life. We're proud to feature a wide range of styles across 60 top brands of eyewear. Whether you're looking for a designer pair, the latest Ray-Bans or even a trending cat-eye, we've got it.

We make our own lenses - and they are free!

Using the same materials your doctor would, we use our state-of-the-art lab to create your lenses affordably, precisely and quickly. This allows us to ship 96% of our orders same day. Because of the cost savings we have by ordering frames and lenses directly from the manufacturer we can pass those savings onto you by giving free CR-39 lenses with every glasses purchase.

Access this benefit at: GLASSES.COM

Additional

OFFERINGS

Valiant*

\$5,000 | \$10,000 | \$20,000

Valiant offers members on the Campus, Canon, or Capstone program the opportunity to add eligibility for critical illness needs.

Eligible Adult Critical Illness	Percent of Allowed Amount
Cancer	100%
Carcinoma in Situ	30%
Skin Cancer	\$300 (Once per Membership Lifetime)
Heart Attack (Myocardial Infarction)	100%
Coronary Artery Bypass Surgery	30%
Angioplasty & Stent Insertion	30%
Stroke (Apoplexy or Cerebral Vascular Accident)	100%
Coma	100%
Paralysis	100%
Severe Burns	100%
Major Organ Transplant	100%
Alzheimer's Disease	100%
ALS (Lou Gehrig's Disease)	100%
Loss of Sight/Speech/Hearing	100%
End Stage Renal Disease	100%
Benign Brain Tumor	100%
Eligible Child Critical Illness	Percent of Allowed Amount
Cerebral Palsy	25%
Cleft Lip or Palette	25%
Down Syndrome	25%
Cystic Fibrosis	25%
Spina Bifida	25%

Initial Waiting Period: 30 DAYS

Pre-Existing Waiting Period: SIX (6) MONTHS. If a pre-existing condition results in a defined critical illness during six (6) months from the member's effective date it will result in medical needs not being eligible for sharing by the membership.

Annual Maximum Sharing Limit will not exceed the Valiant offering selected for eligible inpatient hospitalization services listed above or any combined allowed amounts.

Eligible Medical Needs must be received for any critical illness listed above for consideration of eligibility, for the membership to share on a member's behalf.

*At an additional monthly cost.

Eligibility for Sharing

Initial Occurrence: the initial diagnosis of an eligible illness or condition.

Additional Occurrence: if a member's medical need was shared for a critical illness under the Valiant offering and later has one of the remaining eligible illnesses/procedures, then the membership will share the allowed amount for each additional illness provided the occurrences are separated by at least six (6) months.

Re-Occurrence: if a member's medical need was shared for a critical illness under the Valiant offering and is later diagnosed with the same condition, the membership will share again provided that the two dates of diagnosis are separated by at least six (6) months. (12 months treatment free for cancer/carcinoma in situ.)

Limitations

Initial Waiting Period: 30 Days

The waiting period starts on the member's effective date. If a member is first diagnosed during the 30-day waiting period, the member may choose to cancel the Valiant offering from the active member's effective date and receive a full refund of the additional monthly contribution.

Pre-Existing Condition Waiting Period: Six (6) Months. The Valiant offering has a pre-existing condition waiting period of six (6) months from the member's effective date. The membership looks back 12 months prior to a member's effective date for any pre-existing condition.

Pre-Existing: a disease or physical condition for which medical advice, treatment or diagnosis was received and/or a prescription was prescribed, during the 6 month period preceding the member's effective date.

(Not Applicable to members with history of Cancer or Carcinoma in Situ - See HISTORY OF CANCER below.)

This pre-existing condition waiting period does not apply to newborn or adopted dependent children.

Any medical needs submitted for an eligible defined critical illness starting after the pre-existing condition waiting period will not be deemed ineligible due to being a pre-existing condition. A medical diagnosis will no longer be considered pre-existing at the end of the pre-existing condition waiting period.

History of Cancer

No medical needs will be considered eligible for sharing for cancer or carcinoma in situ, if the member has not gone 12 months without treatment before a new diagnosis of cancer or carcinoma in situ is made after the 6-month pre-existing waiting period has expired.

Ineligible Services - Please see page 12



Valid*

\$25,000 | \$50,000 | \$75,000

Valid offers members on the Campus, Canon, or Capstone program the opportunity to add eligibility for limited inpatient hospitalization.

Summary of Offering	\$25,000	\$50,000	\$75,000
Annual Member Responsibility Amount per Member	\$5,000	\$5,000	\$5,000
Annual Maximum Sharing Limit per Member	\$25,000	\$50,000	\$75,000
Eligible Services			
Inpatient Hospitalization including Mental Health and Substance Abuse	\$25,000	\$50,000	\$75,000
In-Network (PHCS)	Eligible for Sharing	Eligible for Sharing	Eligible for Sharing
Out-of-Network**	Eligible for Sharing	Eligible for Sharing	Eligible for Sharing
Ineligible Services			
Intensive Care Unit (ICU)	Ineligible for Sharing	Ineligible for Sharing	Ineligible for Sharing
Critical Care Unit (CCU)	Ineligible for Sharing	Ineligible for Sharing	Ineligible for Sharing
Neonatal Intensive Care (NICU)	Ineligible for Sharing	Ineligible for Sharing	Ineligible for Sharing
Outpatient Surgery	Ineligible for Sharing	Ineligible for Sharing	Ineligible for Sharing
Elective Surgery	Ineligible for Sharing	Ineligible for Sharing	Ineligible for Sharing

Initial Waiting Period: 30 DAYS

Pre-Existing Waiting Period: 12 MONTHS. If a pre-existing condition results in hospitalization during the 12 months from the member's effective date, it will result in medical needs not being eligible for sharing by the membership.

Annual Maximum Sharing Limit will not exceed the Valid offering selected for eligible inpatient hospitalization services listed above or any combined allowed amounts.

Eligible Medical Needs must be received for eligible inpatient services listed above for consideration of eligibility, for the membership to share on a member's behalf.

*At an additional monthly cost.

**All out-of-network medical needs will not be eligible to receive the PHCS Network re-priced discounts.



Eligibility for Sharing

The Valid offering shares in limited inpatient hospital care in accredited hospitals for eligible members. Eligible services include inpatient surgery, but not outpatient or elective surgeries.

Limitations

Initial Waiting Period: 30 Days

The Valid offering contains a waiting period of 30 days. This means no medical needs will be eligible for sharing for a member hospitalized during the waiting period. The waiting period starts on the member's effective date.

Pre-Existing Condition Waiting Period: 12 Months

The Valid offering has a pre-existing condition waiting period of 12 months from the member's effective date. The membership looks back 12 months prior to a member's effective date for any pre-existing condition.

Pre-Existing: a disease or physical condition for which medical advice, treatment or diagnosis was received and/or a prescription was prescribed, during the 12 month period preceding the member's effective date.

Ineligible Services - Please see page 12





\$1,000 | \$2,500 | \$5,000 | \$7,500 | \$10,000

Victory offers members on the Campus, Canon, or Capstone program the opportunity to add eligibility for a single loss, accidental death, or dismemberment.

Accidental Death and Dismemberment, Loss of Sight, Speech and Hearing Features	\$1,000	\$2,500	\$5,000	\$7,500	\$10,000
The Principal Sum	\$1,000	\$2,500	\$5,000	\$7,500	\$10,000
Loss of Life	\$1,000	\$2,500	\$5,000	\$7,500	\$10,000
Loss of Both Hands	\$1,000	\$2,500	\$5,000	\$7,500	\$10,000
Loss of Both Feet	\$1,000	\$2,500	\$5,000	\$7,500	\$10,000
Loss of the Entire Sight of Both Eyes	\$1,000	\$2,500	\$5,000	\$7,500	\$10,000
Loss of One Hand and One Foot	\$1,000	\$2,500	\$5,000	\$7,500	\$10,000
Loss of Speech and Hearing	\$1,000	\$2,500	\$5,000	\$7,500	\$10,000
Loss of One Hand or One Foot and Entire Sight of One Eye	\$1,000	\$2,500	\$5,000	\$7,500	\$10,000
Loss of One Hand or One Foot	\$500	\$1,250	\$2,500	\$3,750	\$5,000
Loss of Entire Sight of One Eye	\$500	\$1,250	\$2,500	\$3,750	\$5,000
Loss of Speech or Hearing	\$500	\$1,250	\$2,500	\$3,750	\$5,000
Loss of Hearing In One Ear	\$250	\$625	\$1,250	\$1,875	\$2,500
Maximum Sharing Limit per Accident					
Maximum Sharing Limit per Accident	\$1,000	\$2,500	\$5,000	\$7,500	\$10,000
Percent of Allowed Amount	100%	100%	100%	100%	100%
Member Responsibility Amount per Accident	\$250	\$250	\$250	\$250	\$250
Initial Treatment Period	60 Days	60 Days	60 Days	60 Days	60 Days
Feature Period	12 Months	12 Months	12 Months	12 Months	12 Months
Annual Maximum Sharing Limits					
Hospital Room and Board, and General Nursing Care. Up to the Semi-Private Room Rate	Up to \$1,000	Up to \$2,500	Up to \$5,000	Up to \$7,500	Up to \$10,000
Miscellaneous Hospital Expense During Hospital Confinement or for Outpatient Surgery Under General Anesthetic, Such as the Cost of the Operating Room, Laboratory Tests, X-ray Examinations, Anesthesia, Drugs (Excluding Take-Home Drugs, or Medicines, Therapeutic Services, and Supplies.	Up to \$1,000	Up to \$2,500	Up to \$5,000	Up to \$7,500	Up to \$10,000
Doctor Fees for Surgery	Up to \$1,000	Up to \$2,500	Up to \$5,000	Up to \$7,500	Up to \$10,000
Anesthesia Services	Up to \$1,000	Up to \$2,500	Up to \$5,000	Up to \$7,500	Up to \$10,000
Doctor Visits, Inpatient and Outpatient, Each Visit	\$75	\$75	\$75	\$75	\$75
Hospital Emergency Care	\$500	\$500	\$500	\$500	\$500
X-ray and Other Diagnostic Tests	\$250	\$250	\$250	\$250	\$250
Ambulance Expense	\$250	\$250	\$250	\$250	\$250
Durable Medical Equipment	\$100	\$100	\$100	\$100	\$100
Prescription Drugs	\$500	\$500	\$500	\$500	\$500
Dental Treatment for Injury to Sound Natural Teeth	\$250 per Tooth up to a Maximum of \$500	\$250 per Tooth up to a Maximum of \$500	\$250 per Tooth up to a Maximum of \$500	\$250 per Tooth up to a Maximum of \$500	\$250 per Tooth up to a Maximum of \$500
Physical Therapy	\$60 for First Visit; \$30 for Each Visit Thereafter	\$60 for First Visit; \$30 for Each Visit Thereafter	\$60 for First Visit; \$30 for Each Visit Thereafter	\$60 for First Visit; \$30 for Each Visit Thereafter	\$60 for First Visit; \$30 for Each Visit Thereafter
Registered Nurse Expense	Up to \$1,000	Up to \$2,500	Up to \$5,000	Up to \$7,500	Up to \$10,000

Annual Maximum Sharing Limit will not exceed the Victory offering selected for a single loss, accidental death, dismemberment, or any combined allowed amounts.

Eligible Medical Needs must be received for any eligible loss, accidental death, or dismemberment listed above for consideration of eligibility, for the membership to share on a member's behalf.

*At an additional monthly cost.

Ineligible Services - Please see page 12



\$1,000 | \$3,000 | \$5,000

Virtue offers members on the Campus, Canon, or Capstone program the opportunity to add eligibility for dental needs.

Annual Maximum Sharing Limit	\$1,000	\$3,000	\$5,000
Class 1, 2, 3 Eligible Dental Services Combined	Per Eligible Member	Per Eligible Member	Per Eligible Member
Member Responsibility Amount (MRA)**			
Per Eligible Member	\$50	\$50	\$50
Per Eligible Family	\$150	\$150	\$150
Percent of Allowed Amount			
Class 1 - Preventative	100%	100%	100%
Class 2 - Basic	80%	80%	80%
Class 3 - Major***	50%	50%	50%

Annual Maximum Sharing Limit will not exceed the Virtue offering selected for eligible dental services listed above, or any combined allowed amounts.

Eligible Dental Needs must be received for any dental services listed above for consideration of eligibility, for the membership to share on a member's behalf.

*At an additional monthly cost.

**MRA applies to Class 2 and 3 dental services only.

***Class 3 Major has a six (6) month waiting period.



Eligible Dental Services

CLASS 1 SERVICES: PREVENTATIVE AND DIAGNOSTIC DENTAL PROCEDURES

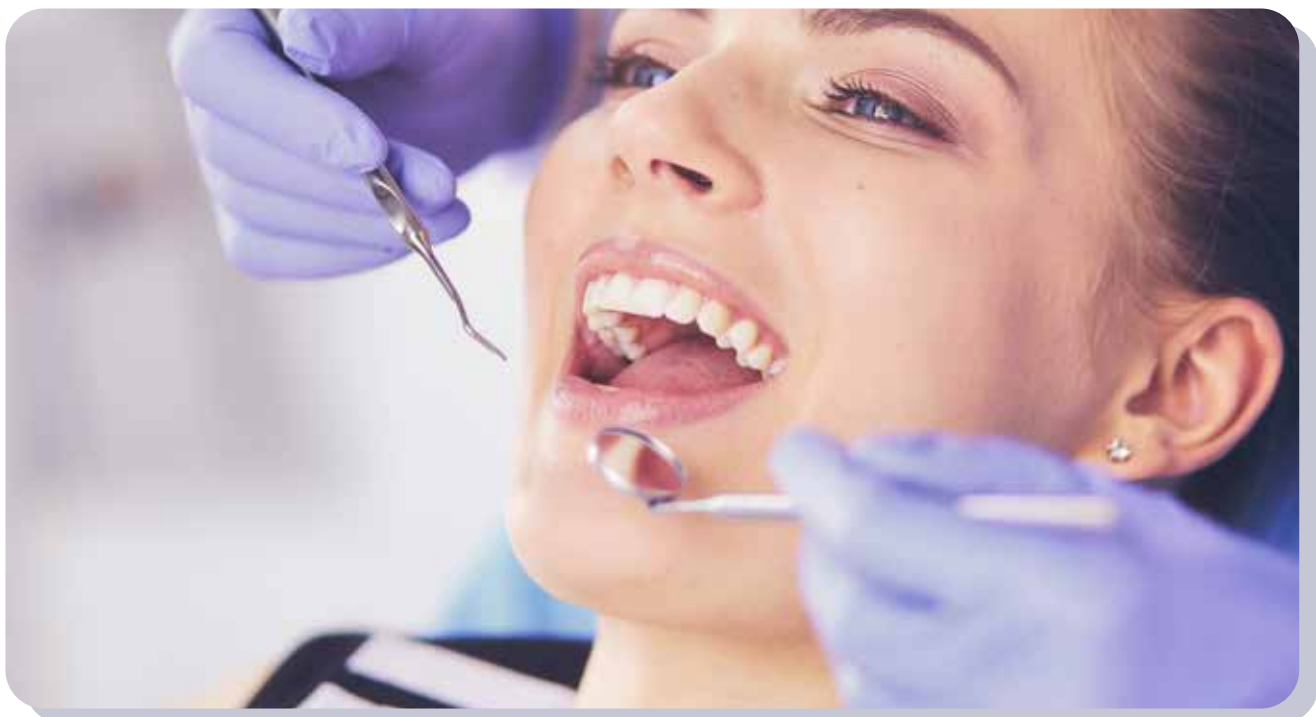
- The limits on Class 1 Services are for routine services.
- If a dental need is present, the membership will consider sharing in services.
- Routine oral exams, including the cleaning and scaling of teeth (limited to two (2) exams per eligible member per membership year).
- One bitewing x-ray series every six (6) months.
- One full mouth x-ray or panoramic x-ray every five (5) years.
- One fluoride treatment for eligible dependent children under age 19 every 12 months.
- Space maintainers for eligible dependent children under age 19.
- Periodontal maintenance procedures following periodontal surgery.

CLASS 2 SERVICES: BASIC DENTAL PROCEDURES

- Amalgam or resin fillings
- General anesthetics upon demonstration of medical necessity
- Extractions
- Oral surgery

CLASS 3 SERVICES: MAJOR DENTAL PROCEDURES

- Inlays, onlays, crowns, laminates and gold foils. Limited to once in a ten-year period for the same tooth surface.
- Replacing inlays, onlays, and crowns once every ten years
- Root canal treatment
- Periodontal surgery
- Repair or recement of crowns, inlays, onlays, dentures, or bridges
- Repair or relines of dentures
- Those dental services needed to replace one or more natural teeth which were extracted while the member was covered for these benefits:
 - (a) Installation of fixed bridgework done for the first time;
 - (b) Installation for the first time of a partial or full removable denture;
 - (c) Replacing an existing removable denture or fixed bridgework if:
 - It is needed because of the loss on one or more natural teeth after the existing denture or bridgework was installed; or
 - It is needed because the existing denture or bridgework can no longer be used and was installed at least ten years prior to its replacement.
 - (d) Replacing an existing immediate temporary full denture by a new permanent full denture when:
 - The existing denture cannot be made permanent; and
 - The permanent denture is installed within 12 months after the existing denture was installed.
 - (e) Adding teeth to an existing partial removable denture or to bridgework when needed to replace one or more natural teeth extracted after the existing denture or bridgework was installed.
 - (f) Denture adjustment limited to once every 12 months.



Ineligible Dental Services

Some dental services are ineligible for sharing by the membership such as charges arising from the following care, supplies, treatment, and/or services; or as specifically stated:

After the Cancellation Date: dental needs that are incurred by the member after the date of their cancellation date, unless otherwise deemed to be eligible for sharing in accordance with the Community Information Guide (CIG).

Analgesia: separate charges for pre-medication, local anesthesia, analgesia, or conscious sedation.

Appliances: items intended for sport or home use, such as athletic mouth guards or habit-breaking appliances.

Complications of Ineligible Dental Services: dental services required because of complications from a dental need that is deemed ineligible for sharing by the membership.

Congenital or Developmental Condition: any treatment of congenital (hereditary) or developmental (following birth) malformations.

Cosmetic Dentistry: treatment rendered for cosmetic purposes, except when necessitated by an accidental injury.

Customized Prosthetics: precision or semi-precision attachments, over dentures or customized prosthetics.

Discoloration Treatment: any treatment to remove or lessen discoloration except in connection with endodontics.

Duplicate Prosthetic Devices or Appliances: replacement of a lost or stolen appliance, cast restoration, or denture.

Experimental Procedures: dental services that are experimental or that are not approved by the American Dental Association.

Ineligible Provider: dental services performed by providers that do not satisfy all the requirements per the provider definition as defined within the Community Information Guide (CIG).

Lost or Stolen Prosthetics or Appliances: replacement of a prosthetic or any other type of appliance that has been lost, misplaced, or stolen.

Medical Necessity: dental needs that arise from services and/or supplies that are not medically necessary.

Member Responsibility Amount (MRA): amounts applied towards the satisfaction of a member's responsibility amount before dental needs are deemed eligible for sharing as defined in accordance with the Community Information Guide (CIG).

Military Service: dental needs related to conditions determined by the Veteran 's Administration to be connected to active service in the military of the United States, except to the extent prohibited or modified by law.

Myofunctional Therapy: muscle training therapy or training to correct or control harmful habits.

Negligence: dental needs resulting from negligence, misfeasance, malfeasance, nonfeasance, or malpractice on the part of any caregiver, institution, member, or provider, as determined by the membership, in its discretion, considering applicable laws and evidence available to the membership at the time of injury.

No Legal Obligation: dental services provided to a member for which the provider of a service does not and/or would not customarily render a direct charge, or charges incurred for which the member has no legal obligation to pay, or for which no charges would be made including but not limited to dental needs for services not actually rendered, fees, care, supplies, or services for which a member, company, or any other entity except the member, may be liable for necessitating the fees, care, supplies, or services.

Not Eligible: dental needs incurred at a time when there is no eligibility in force for the active member and/or dependents.

Occlusal Restoration: procedures that are performed to alter, restore, or maintain occlusion including:

- (a) increasing the vertical dimension
- (b) replacing or stabilizing tooth structure lost by attrition
- (c) realignment of teeth
- (d) gnathological recording or bite registration or bite analysis
- (e) occlusal equilibration

Oral Hygiene Counseling: education or training in and supplies used for dietary or nutritional counseling, not limited to toothpaste, toothbrush, waterpik, and mouthwash.

Prior to Member's Effective Date: dental services rendered or received prior to the member's effective date.

Professional, Semi-Professional, or Intercollegiate Athletics: dental needs in connection with any injury or illness resulting from or in the course of any employment for wage or profit; academic commitment, or related to professional, semi-professional, or intercollegiate athletics, including practice.

Prohibited by Law: dental services rendered to the extent that sharing under this membership is prohibited by law.

Replacement: charges for a partial or full removable denture, a removable bridge or fixed bridgework, or a crown or gold restoration.

Sealants: any treatment to apply, maintain, or remove sealants.

Self-Inflicted: dental needs that are incurred due to an intentionally self-inflicted injury or illness. This does not apply if the injury:

- (a) resulted from being the victim of an act of domestic violence.
- (b) resulted from a documented dental condition including both physical and mental health conditions.

Temporomandibular Joint Disorders (TMJ): charges for care and treatment of jaw joint conditions, including temporomandibular joints (TMJ).

Unreasonable: dental needs that are not reasonable in nature or in charge or are required to treat illness or injuries arising from and due to a provider's error, wherein such illness, injury, infection, or complication is not reasonably expected to occur. This will apply to dental needs directly or indirectly resulting from circumstances that, in the opinion of the membership in its sole discretion, gave rise to the dental needs and are not generally foreseeable or expected among professionals practicing the same or similar type(s) of medicine as the treating provider whose error caused the loss(es).

Vehicle Accident: dental needs for treatment of any injury where it is determined that a member was involved in a motorcycle accident while not wearing a helmet or in an automobile accident while not wearing a seat belt (or car seat), even if the cause of the injury or illness is not related to the failure of the member to wear a helmet or seat belt (or car seat). This does not apply:

- (a) to members who were passengers on public transportation, ride for hire or livery services.
- (b) when a seat belt or helmet is not required by law.

War/Riot: dental needs incurred because of war or any act of war, whether declared or undeclared, or any act of aggression by any country, including rebellion or riot, when the member is a member of the armed forces of any country, or during service by a member in the armed forces of any country, or voluntary participation in a riot. This does not apply to any member who is not a member of the armed forces and does not apply to victims of any act of war or aggression.

Additional

PRESCRIPTION OFFERING



ShareRx offers members on the Campus, Canon, or Capstone program the opportunity to add eligibility for prescription needs.

	ShareRx 1	ShareRx 2	ShareRx 3	ShareRx 4
Annual Maximum Sharing Limit per Membership Year, per Member	\$3,000 per Membership Year, per Member	Unlimited per Membership Year, per Member	Unlimited per Membership Year, per Member	Unlimited Membership Year, per Member

Formulary Medications:

The offering formulary includes brand and generic medications. Our friendly Member Services Team can assist members in determining if a medication is included on the formulary or the member's responsibility.

Days Supply: Up to 31 Days.

Eligibility: Retail Only.

The Annual Maximum Sharing Limit is calculated as the sum of the amount shared to the pharmacy on the member's behalf or directly to the member during the membership year.

Non-Formulary Medications:

Members can use their ShareRx Member ID card for savings on medications that are not on the formulary. Discounts on medications not on the formulary are NOT eligible for sharing.

Visit mysharerx.org to view formularies for each option.



Glossary

Please Note: NOT all terms or services listed in this glossary will apply to all programs or additional offerings selected. Please see Program Overviews on page 10 and any Additional Offerings on page 18 in this Community Information Guide (referred to as CIG below).

Accident: a sudden, unexpected, specific, and abrupt event that is external to the body and occurs by chance at an identifiable time and place.

Active: a member's status when they have met all requirements within the CIG to have medical needs considered eligible for sharing by the membership.

Additional Occurrence: if a member's medical need was shared for a critical illness under the Valiant offering and later has one of the remaining eligible illnesses/procedures listed, then the membership will share the allowed amount for each additional illness provided the occurrences are separated by at least six (6) months.

Additional Offerings: options offered by JHS Community to add or increase eligibility for medical or dental needs. May only be added to an eligible program.

Adults: Members 18 years of age or older.

Admission or Admitted: when a member is accepted for inpatient services in a hospital setting.

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

Ambulatory Surgical Facility: a licensed surgical center that operates exclusively for the purpose of providing surgical services and that has permanent facilities and equipment to perform surgical procedures on an outpatient basis. An ambulatory surgical facility may be a freestanding facility or a distinct unit of a hospital.

Balance Billing: when a provider bills a member for the difference between the provider's charge and the allowed amount for sharing.

Cancellation Date: the date your membership is no longer active due to voluntary (member request) or involuntary (age or failure to make monthly contribution) cancellation.

Cancer: a disease caused by an uncontrolled division of abnormal cells in a part of the body.

Cardiac Rehabilitation: the method by which an individual is restored to their best physical, medical, and psychological status after a cardiac event or diagnosis of cardiac dysfunction.

Child(ren): member(s) 0-17 years of age.

Chiropractic Care: skeletal adjustments, manipulation, or other treatment in connection with the detection and correction by manual or mechanical means of structural imbalance or subluxation in the human body done by a physician/provider.

Clinical Trial: research studies performed and approved by the FDA on people that are aimed at evaluating a medical, surgical, or behavioral intervention.

Combined: the total allowed visits or amount shared per membership year.

Complications of Pregnancy: conditions whose diagnoses are distinct from pregnancy but are adversely affected by or are caused by pregnancy. Complications of pregnancy does not include false labor, occasional spotting, physician-prescribed rest during pregnancy, morning sickness, hyperemesis gravidarum, and similar conditions associated with the management of a difficult pregnancy but not constituting a medically classifiable distinct complication of pregnancy.

Critical Illness: an illness that is listed under a program or additional offering.

Daily: a continuous 24-hour period, which starts once treatment has begun.

Date of Service (DOS): the date medical services were provided to a member.

Defined Conditions: medical services listed that qualify for additional sharing limits.

Dental Services: diagnostic, preventative, or corrective services furnished by or under the supervision of a dentist.

Dependent: a spouse and/or dependent children who have enrolled and become active under the primary member's membership.

Disabled Dependent: a member who is permanently disabled, and therefore, unable to engage in any substantial gainful activity due to a medically determinable physical or mental impairment. Proof of such incapacity and dependency must be furnished to JHS Community within 31 days following the child's 26th birthday to allow said dependent to remain active on your membership.

Durable Medical Equipment: equipment withstanding repeated use, used for a medical reason, is not usually useful to someone who is not sick or injured, used in your home, and generally has an expected lifetime of at least three (3) years.

Effective Date: the day a member becomes active on any JHS Community program or additional offering.

Eligible for Sharing: any procedure, service, test, or treatment (medical need) that has met all the requirements of the CIG for sharing by the membership. An eligible medical need may be reduced by any discounts, fees, or any other sources.

Eligible Occurrence: the number of times a medical service is allowed within a membership year, per member.

Eligible Services: medical procedure, service, test, or treatment considered to be eligible for sharing based on the program and additional offerings selected.

Emergency: an acute injury or illness that poses an immediate risk to a member's life or long-term health, if not medically treated immediately.

Emergency Room: the unit of a hospital that provides immediate treatment for acute illness or injury.

Enrollment Application Electronic Signature: a signature provided by the primary member as acceptance of all required conditions, member terms, and agreements of their enrollment application.

Explanation of Sharing (EOS): a statement issued to the primary member and provider once a medical need has been processed as eligible, pending, or ineligible. The EOS could contain the amount the member is responsible for (MRA) or Visit Fee, any amounts that were shared by JHS Community on behalf of members, requests for additional information, or the reason a medical need was deemed ineligible.

General Anesthesia: an induced state of unconsciousness, accompanied by partial or complete loss of protective reflexes, including the inability to continually maintain an airway independently and respond purposefully to physical stimulation or verbal command.

Home Health Care: is a wide range of health care services that can be given in your home for an illness or injury. Home health care is usually less expensive, more convenient, and just as effective as care you get in a hospital or skilled nursing facility (SNF).

Hospice Facility: an institution which provides a formal program of care for terminally ill patients whose life expectancy is less than six months, provided on an inpatient basis and directed by a physician.

Hospital: an institution providing medical and surgical treatment and nursing care for sick or injured people.

Hospital Admission: acceptance of a member to a hospital for inpatient, medically necessary and appropriate care and treatment of an illness or injury.

Hospital Confinement: the status of staying in a hospital as a registered inpatient for a continuous period of 24 hours or more on the recommendation of a medical practitioner because of a medical necessity.

Illness: a disease or period of sickness affecting the body or mind.

Imaging: the performance of any diagnostic or interventional procedure or operation of medical imaging equipment intended for use in the diagnosis or visualization of disease or other medical conditions in human beings, including magnetic resonance imaging, fluoroscopy, nuclear medicine, sonography, or x-rays.

Inactive: a member's status when they no longer meet all requirements within the CIG to have medical needs considered eligible for sharing by the membership because your membership is no longer active due to voluntary (member request) or involuntary (age or failure to make monthly contribution) cancellation.

Ineligible Services: medical services not considered eligible for sharing based on the program and additional offerings selected.

Initial Occurrence: the initial diagnosis of an eligible illness or condition.

Injury: damage to the body by external force.

In-Network: a provider or facility that participates in JHS Community's provider network.

Inpatient: an overnight stay as a registered patient in a hospital, where at least one daily room and board charge is assessed.

Inpatient Rehabilitation: refers to physician and therapy services received during a stay in a hospital.

Inpatient Surgery: surgery that requires a period of post-operative observation and admission of the patient for overnight hospitalization.

Intensive Care Unit Admission: acceptance to an intensive care unit or critical care unit of a hospital for member's requiring intensive treatment or close monitoring as outlined in Intensive Care Unit Confinement below.

Intensive Care Unit Confinement: total or partial confinement in an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

Labs: laboratory work or other studies of analytes performed in a clinical laboratory.

Lifestyle Savings: savings provided by the membership for a variety of services and products.

Limitations: procedures, services, tests, or treatments considered to be ineligible for sharing based on eligible occurrence, age, and gender for medical services listed based on program and additional offerings.

Medical Need: charges for medical services that are provided by a physician or facility to address injuries, illnesses, or routine medical needs.

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

Medically Necessary: health care services or supplies needed to diagnose or treat an injury, illness, medical condition, or disease and its symptoms that meet acceptable standards of medicine.

Member: any person, including all dependents, enrolled in the primary member's membership.

Member Portal: an online resource for members to manage their membership and review resources.

Member Responsibility Amount (MRA): the specified dollar amount a member is responsible for paying, prior to eligible dental needs being shared by the membership. The amount is based on Virtue offering selected.

Membership: all individuals and families active on any JHS Community program.

Membership Year: the twelve calendar months following a member's effective date.

Mental Health Disorder: any organic, mental, or emotional impairment that has substantial adverse effects on a person's cognitive or volitional functions.

Mental Health Facility: a facility providing inpatient mental health services, psychiatric services or substance abuse services and supervised by a licensed medical professional including a psychiatric unit within a hospital.

Monthly Contribution: the dollar amount a member submits voluntarily each month to facilitate member-to-member sharing of eligible medical needs. A member's monthly contribution is based on the program and additional offering selected.

Observation Room: a room for close nursing observation and care of one or more outpatients for a period of less than twenty-four consecutive hours.

Occupational Therapy: medically prescribed treatment provided by or under the supervision of a licensed occupational therapist, to restore or improve an individual's ability to perform tasks required for independent functioning.

Office Visit: an appointment to discuss new or existing problems with a physician to get health advice or treatment. This does include ancillary services up to a maximum sharing limit per office visit.

Out-of-Network: a provider or facility not participating in JHS Community's provider network.

Outpatient Surgery: surgery that does not require a patient to receive inpatient services in a hospital.

Pathology (Lab): the branch of medicine that deals with the laboratory examination of samples from the human body.

Physical Therapy: treatment services to restore or improve muscle tone, joint mobility, or physical function provided by or under the supervision of a registered physical therapist.

Physician: a licensed doctor in the jurisdiction where medical services are being performed, who is legally qualified to practice medicine and render care and treatment. A physician does not include a person who is providing homeopathic, aroma-therapeutic, or herbal therapeutic services.

Physician Office: a facility that operates as the office of a physician or other health care professional for the primary purpose of examination, evaluation, and treatment or referral of patients.

Pregnant Woman: a gestational period during which a female is carrying one or more offspring.

Pre-Existing Condition: a disease or physical condition for which medical advice, treatment or diagnosis was received and/or a prescription was prescribed, during the 12-month period preceding the member's effective date.

Prescription: an instruction written by a physician that authorizes a patient to be provided a medicine or treatment.

Preventative Services: routine health care that includes screenings, check-ups, and patient counseling to prevent illnesses, disease, or other health problems.

Primary Care Physician: a medical provider who provides care to the member both as a first contact for and continuing responsibility for the member's comprehensive care.

Primary Member: the oldest member of a family for whom an enrollment application has been approved for membership.

Program: the option selected by the primary member to enroll as an active JHS Community member.

Radiology Services: use of imaging technology to diagnose or treat an injury or illness.

Registered Nurse: a nurse who has graduated from a college's nursing program or from a school of nursing and has passed a national licensing exam.

Rehabilitation Facility: licensed under state law to provide intensive therapy and medical management services.

Re-Occurrence: if a member's eligible medical need was shared for a critical illness under the Valiant offering and is later diagnosed with the same condition, the membership will share again provided that the two dates of diagnosis are separated by at least six (6) months (12 months treatment free for cancer/ carcinoma in situ.)

Self-Pay Members: all members are considered self-pay as JHS Community is not insurance and makes no promises or guarantee of sharing.

Share-Shared-Sharing: when the member has met the requirements of the CIG for their medical need to be shared by the membership.

Sharing Limit: the maximum amount the membership will share for a member's eligible medical or dental needs per occurrence, day, year, or lifetime.

Skilled Nursing Facility: a high level of medical care that must be provided by or under the direct supervision of licensed health professionals, such as registered nurses (RNs) and physical, speech, and occupational therapists.

Specialist: a physician who has completed advanced education and training in a specific field of medicine.

Speech Therapy: medically prescribed diagnostic and treatment services provided by or under the supervision of a certified speech therapist.

Substance Abuse: alcoholism, drug abuse, or chemical dependency of any type.

Substance Abuse Treatment Facility: a specialized hospital, inpatient unit, or other institution that is licensed to provide 24-hour care and has as its primary function the diagnosing and treating of patients with substance use disorders.

Surgery: the structural alteration of the human body by the incision or cutting into of tissue for the purpose of diagnostic or therapeutic treatment of conditions or disease process by any instrument causing localized alteration or transposition of live human tissue

Telehealth: the practice of medicine using technology to deliver care at a distance by phone or video conference.

Timely Filing Submission: the time frame within which a medical need must be received. A member's medical need must be received within six (6) months from the date of service or will be considered ineligible for sharing.

Urgent Care: health care needed for a condition that does not require emergency care but for which, based on medical appropriateness, treatment must be provided within 24 hours and should not wait for a normally scheduled appointment.

Visit Fee: the portion of a visit that a member must submit to the provider at the time of service.

Waiting Period: the number of continuous days that the active member must wait for certain services to be considered eligible for sharing.

Wellness: an approach to healthcare that emphasizes good physical and mental health, preventing illness, and prolonging life.



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