Ansari HealthShare

GUIDELINES

TABLE OF CONTENTS

WHO IS ANSARI HEALTHSHARE?	3
WHO CAN BECOME A MEMBER?	3
DISCLAIMER	4
HEALTHSHARE BEGINNINGS IN AMERICA	5
STATEMENT OF BELIEF AND AGREEMENTS	5
HOUSEHOLDS AND ENROLLMENT PROGRAMS	6
HOW TO APPLY	8
SUBMITTING YOUR MEDICAL NEEDS	11
DONATIONS AND SADAQA PROGRAM	12
HOW MEMBERS' SHARING NEEDS ARE DETERMINED	12
INSURANCE PLANS AND/OR GOVERNMENT PROGRAMS	12
CURRENT AND ACTIVE MEMBER RESPONSIBILITIES	13
SUBMITTING NEEDS AND DOCUMENTS ON TIME	13
SUBMITTING MEDICAL BILLS	13
INELIGIBLE FOR SHARING	15
MEDICAL EXPENSES ELIGIBLE FOR SHARING	16
SUBJECT TO SHARING LIMITS FOR MEDICAL EXPENSES	25
MATERNITY	25
SCREENING & WELLNESS VISITS	28
ADMINISTRATION OF MEMBERS RESOURCES	31
WELLNESS PROGRAMS	32
SERVICES REQUIRING PRE-NOTIFICATION FOR SHARING ELIGIBILITY:	34
CARE THAT DOES NOT REQUIRE PRE-NOTIFICATION	36
MEDICAL NEEDS PAYABLE FROM OTHER SOURCES	37
HOSPITAL EXPENSE AS IT RELATES TO FEDERAL LAW	38
SUBMISSION OF SHARING REQUESTS	39
LIMITED SHARING REQUEST IN A 12 MONTH PERIOD	40
DISPUTE-RESOLUTIONS AND APPEALS	41
AMENDING THE GUIDELINES	43
MEMBERS RIGHTS AND RESPONSIBILITIES	43
HOW THE 60/40% IUA WORKS	46
DEFINITION OF TERMS	48
THE ANSARI WELLNESS PROGRAM	49
USUAL, CUSTOMARY, REASONABLE (UCR)	50
END OF LIFE ASSISTANCE	51
APPENDIX A	51

Ansari HealthShare (AHS)

INTRODUCTION

WHO IS ANSARI HEALTHSHARE?

Ansari HealthShare (AHS) is a non-insurance, nonprofit, federally approved organization where people help each other in paying their medical expenses through sharing their medical expenses.

However, first and foremost, we are an Islamic community that believe in the Holy Quran and in the Prophet Muhammad (PBUH) and his message to mankind.

WHO CAN BECOME A MEMBER?

Anyone can become a member, from newborn up to age 64 years. AHS sm is an open access non-insurance health share organization.

Although most of our members are Muslims, everyone is welcome! If you agree to the Statement of Agreement and Guidelines you can benefit from these affordable medical expenses and discounts for your medicines.

AHS sm was established with similar principles to other health sharing programs. AHS has tried to improve the health share concept to make medical cost sharing more affordable and easier to enroll in. AHS sm encourages maintaining a healthy lifestyle.

If you have not experienced or heard of medical cost sharing communities, we invite you to examine AHS sm. Our community approach is sure to attract you to AHS sm!

DISCLAIMER

Please read the following carefully

Ansari HealthShare is not an insurance company. Neither this publication NOR membership in Ansari HealthShare are issued or offered by an insurance company.

This publication and membership in Ansari HealthShare should never be considered a substitute for a health insurance policy!

The purpose of these membership guidelines is to help Members understand and identify medical needs that qualify for potential reimbursement and the process by which reimbursements are made.

The membership guidelines are not for the purpose of describing to prospective members what amounts will be reimbursed by Ansari HealthShare. While Ansari HealthShare has tried to share all eligible needs of its members to date, membership does NOT guarantee or promise that any or all eligible needs will be shared. If the membership is unable to share in all or part of a member's eligible medical needs, each member will remain solely financially liable for all unpaid medical needs.

These guidelines do not create a legally enforceable contract between Ansari HealthShare and any of its members.

Rather, membership in the Ansari HealthShare community merely allows the opportunity for members to care for one another in a time of need and present their monthly contributions as members to share medical expenses according to our guidelines. The financial assistance members receive will come from all members' monthly contributions that are placed in a general fund.

Neither these guidelines, nor any other arrangement between members and Ansari HealthShare, create any rights for any member as a reciprocal beneficiary, a third-party beneficiary, or otherwise.

An exception to a specific provision of these guidelines only modifies that particular provision and does not supersede or void any other provisions.

The decision by Ansari HealthShare to reimburse a member's eligible needs does not and shall not constitute a waiver of this provision or establish by estoppel or any other means or any obligation on the part of Ansari HealthShare to reimburse a member's eligible needs.

HEALTHSHARE BEGINNINGS IN AMERICA

Medical expense sharing, also known as HealthSharing, began in America in the early 1980s when a Minister in Ohio had a serious automobile accident according to reports. His Christian community helped and supported him by paying his medical bills in full. This Community decided to follow the Biblical scripture teachings of loving your neighbor as yourself by sharing his healthcare costs.

This concept, however, has been around for 1400 years or more.

Health Sharing members participate in the principle of "all for one and one for all", for the betterment of the greater community. Healthshare has been proven to be an effective alternative to typical healthcare. Members have the freedom, flexibility and support of community medical cost sharing while being able to have more money for other family needs and responsibilities.

STATEMENT OF BELIEF AND AGREEMENTS

AHS directs the following statements towards all people who are interested in learning about this way of life, and to all people who want more affordable health care and a healthier lifestyle.

You are welcome to join. All are welcome!

God says in The Holy Quran, In the Name of God, The Beneficent, The Most Merciful that "There is No compulsion in religion." And surely God speaks the truth. To be a member of AHS you must respect or agree to the principles upon which AHS is founded. We cheerfully encourage everyone to learn more about Islam.

"I agree or respect the AHS's principles summarized in the Statements of Agreement below as much as I can, God willing.

1. To obey God's laws and the laws of the land, as long as they don't conflict with the Holy Quran or the teaching of Prophet Muhammad. (s)
2. To live a healthy, wholesome, and God-fearing lifestyle. I agree to strive to refrain from using any form of illicit/illegal drugs and to avoid alcohol, all of which are harmful to the body. (Tobacco users have an additional share payment of $50 monthly per household.) I further agree to live a crime-free lifestyle.

3. To do unto my neighbor as I would want done unto me.
4. I believe that a community of moral, ethical, and God-conscious people can encourage and care for one another by directly sharing the healthcare costs and expenses associated with each other.
5. I understand and agree that AHS is a Charitable and Nonprofit organization. It is not an insurance program or entity, and that members fulfill their monthly sharing commitments and in return receive the help and cost sharing that they qualify for according to these guidelines. AHS, in and of itself, cannot guarantee complete or partial payment of any health expenses.
6. I understand that a member's health expenses are ultimately the responsibility of that member. AHS will do its best to share those expenses based on these guidelines.
7. I believe that I am obligated to care for my family and that physical, mental or emotional abuse to anyone and especially family members are prohibited.
8. I agree to join mediation followed by subsequent binding arbitration, if needed, for any incident of a dispute with AHS or its affiliates.

HOUSEHOLDS AND ENROLLMENT PROGRAMS

All Members must enroll in one of the Ansari HealthShare plans.

Membership begins on a current or future date chosen by the prospective member or on a date specified by Ansari HealthShare. Monthly sharing contributions must be received by the 5th day of each month.

All applicant(s) must complete all the information in the application process and must respect or agree to the "STATEMENT OF BELIEF AND AGREEMENTS" listed above, as well as the AHS Guidelines prior to his/her application approval for membership.

If, at any time, it is discovered that a member did not submit a correct, true, and complete application, including the health questionnaire, this may result in either a retroactive membership limitation or a retroactive denial of membership, at the sole discretion of AHS.

While member health status has no effect on eligibility for membership, there are limitations on the sharing expenses for pre-existing conditions which are "not available now" however, we plan to allow pre-existing conditions in the future.

Membership types are Single, Couple, a Parent with one or two children, or a Family. (Examples relating to those which define dependent children are listed below.)

1. Membership types

a. Single - A Single is one individual. This individual may be part of the household but choosing to join individually.

b. Couple - A Couple consists of two individuals from the same household who are related to each other, by marriage, by birth, or through adoption. Examples include:

- A married couple. (a male and a female by birth only)
- A parent or guardian and a dependent child.
- Two related, dependent children, who are members without their parents.

c. Family - A Family consists of three(3) to five(5) people from the same household, related by marriage, birth or through adoption, who join as a family. Examples include:

- Two married people with one or more dependent children.
- A parent or guardian with two or more dependent children
- Three or more dependent children, who are members without their parents. *A total of 5 family members

d. Larger Family - A larger family is one that has "six or more individuals" who joins as a family. An additional monthly contribution is required for each additional member after the first six members in the family of $50 each.

2. Dependents

A. Unmarried Dependent Child - An unmarried dependent child may join his or her parent(s) or legal guardian(s) under their membership up to and including the age of 19. (See exceptions below)

B. Disabled Dependents - Unmarried dependents may continue as members with their parent or guardian if they can't maintain a full-time job or as a student full-time because of an illness, injury, physical, or mental disability. A physician or qualified health professional may be required to verify their disability.

C. Full-Time Students - An Unmarried Dependent child of ages of 20 to 25 may join in his or her parent or guardian's membership only if he/she is a full-time student, or a multi-month internship participant. A full-time student is someone who:

- Attends high school
- Is enrolled for 12 or more residential credit hours in a college, university, technical or vocational training school
- Is taking religious jamaat training, derva, or courses that are offered on a semester basis

A full-time status usually starts 30 days prior to the first day of classes, when a dependent is already enrolled. After turning 26 years of age, a person becomes ineligible for full-time student status.

Important Provisions for Dependents:

A. If accepted by AHS guidelines with a qualifying medical condition that requires on-going care or treatment, a person must apply for his/her own membership 30 days before their 26 Birthday to allow the medical need to remain eligible for sharing.

B. If a qualified health professional verifies that a disability of a dependent makes that dependent medically unable to continue as a full time student then he/she may continue as a sharing dependent member.

C. When a dependent wants to continue membership but no longer qualifies due to age or marital status, that dependent must apply and qualify on his/her own as a new sharing member. And if he/she qualifies, then he/she may be subject to a sharing waiver. If the dependent applies within 30 days and is accepted before 90 days of the loss of qualification, then the Initial Enrollment Fee (IEF) for the first year may be waived. If the dependent has a medical condition when he/she applies as an independent sharing member, that existing medical condition will be eligible for sharing with no interruption of his/her sharing member status.

HOW TO APPLY

All prospective members must submit a written application to join. An enrollment fee is also submitted with their application. There are annual renewal fees as well.

Fee Structure:

A. Initial Enrollment Fee - A $100 enrollment fee is due at the time of application, and is nonrefundable because the administration has to review your application and we may have to verify information with other healthcare facilities.

B. Renewal Membership Dues - Annual renewal dues are yearly in the amount of $75. These are due on the 5th day of the renewal month, and they too are nonrefundable.

C. Membership Fee - When a member, couple or members of a family are found to be ineligible for membership, the initial enrollment fee are nonrefundable to pay for application review & changes. (Administration fees are 10-13% of all contributions.)

D. Monthly Share Contribution Amount – The Monthly Share Contribution Amount is the amount that a member contributes or pays monthly based on the program chosen. This is determined by the household size. This does not include the initial fee. Membership dues are likewise not included. The ANSARI Wellness plan is an additional $50 if someone participates in this program.

Payment and Membership Terms:

E. Monthly share – Monthly share amounts must be submitted by the 5th of every month. After the 5th, the membership is considered in arrears until the end of the month. If the monthly share is not received by the end of the month, then the membership is deactivated retroactively from the last day of the preceding month.

F. Returned Handling Fee - A returned payment, regardless of payment type, will incur a $25 handling fee which will be automatically added to the next payment to offset the costs of repeated payment processing.

G. Membership Withdrawals - Requires a 30-day written notice.

H. Reactivating Membership - If a membership has been deactivated for less than 60 days, then that membership is automatically reactivated on the first day of the month, after the required monthly contribution is made for each month in arrears and by submitting any renewal membership fees, if applicable. Medical needs that occurred after deactivation date and before reactivation date, are ineligible for sharing, even if they continue after reactivation, if that condition occurred prior to or during the lapse in membership. AHS reserves the right to issue sharing waivers or to refuse activation according to, and based on, such information.

Additional Membership Provisions:

- Whenever a member is inactive for 60 days or more and wants to become an active member again, the member must reapply as a new applicant with no preferential treatment for approval or acceptance. This is considered to be a new membership, with all applicable restrictions and limitations.

I. Refunds of Monthly contributions or Gifts - If a member is terminated retroactive due to a failure to disclose all important and relevant medical information, that member may be eligible for a refund. However, any medical expenses shared with the member will be deducted from the refundable amount.

J. Contributions - All member contributions are voluntary. However, the monthly contribution is required for participation in the Ansari HealthSharing program.

K. Child Dependent Participation - Limited to children aged 18 and younger, and unmarried children ages 19 through 25 who are bona fide dependents of a parent member.

L. Marriage - If a dependent member gets married, he or she cannot remain a dependent member with Ansari HealthShare unless he or she re-enrolls as an independent member from his/her parents. This includes marriages bounded by Islamic laws and agreements and the marriage laws of the United States.

Family Status Changes:

M. Lapse in Transition - Any Married dependent(s) and those over the age of twenty-six (26) will not be considered along with their parents' membership. Any medical needs which occur from the time a child leaves his parents' membership to when the child begins his/her own membership, will not be shared. These former dependents must apply for separate memberships, at which time a new effective date will be set based on completion of this process.

N. Newborns - A newborn to a household membership increases the monthly contribution amount (if it increases the family size beyond the basic size), and will be added to the household members amount retroactively to the date of birth as long as AHS is notified to add the newborn to the family membership within 30 days after the birth. Otherwise, the effective newborn membership date will the date of notification to Ansari HealthShare.

Additional Family Membership Provisions:

O. Adoption - Unmarried, adopted children will be considered the same as biological children of the members' household. Any pre-existing condition that the parents know of prior to the legal adoption are not shareable.

P. Grandchildren - Grandchildren may be included as part of their grandparent's membership if they meet the following requirements:

1. Grandparents are the legal custodians of the grandchild(ren); and
2. Grandchild(ren) lived with their grandparents for 9 months out of 12 months of each year; and
3. No entity or anyone else is responsible for the grandchild(ren)'s medical needs or expenses.

Tobacco Use Policy:

Q. Tobacco - Ansari HealthShare households with one or more tobacco users are required to contribute a higher monthly contribution amount to maintain their membership. A household tobacco surcharge of $50 is added to the required monthly contribution.

A tobacco user is someone who used any tobacco product, including cigars, cigarettes, chewing tobacco, snuff, and pipe tobacco, one or more times a month within the past year.

Smoked cannabis products are considered tobacco for purposes of the tobacco addition or surcharge.

SUBMITTING YOUR MEDICAL NEEDS

Members should be aware of all the responsibilities that are expected of them. Whenever a community practice all for one and one for all, this means that we affect one another. Therefore, it's important to communicate and respond in a reasonable time.

AHS Health Membership contributions should be made before they are due. Submit medical needs online, you can upload them on the website under members. Make sure your provider knows that you're a "Cash Paying Consumer".
https://ansarihealthshare.com/uploading-your-documents/

Furthermore, paying providers promptly allows AHS to negotiate for better rates for our members' services. Providers appreciate prompt pay and it allows us to keep rates low for our members. Keeping AHS Health informed about any potential "cash pay" discounts and contacting us prior to signing payment arrangements helps us negotiate on our members behalf! All discounts are ineligible for sharing.

Important Deadlines and Requirements:

Members should submit their medical bills to AHS Health within 150 (5 months) days in order to be shared. No Exceptions. Please remember and take note, Bills must be submitted for payment within 150 Days maximum.

Member Accountability:

Accountability & Trust- AHS Health community Members are expected to act with honesty when submitting their medical needs, bills and all documents. Membership(s) can be suspended or terminated when our trust is abused.

DONATIONS AND SADAQA PROGRAM

AHS reserves the right to administer the disbursement of the Donations and Sadaqa, unless the donor specifies where they want their donation applied in a general fashion or specifies it at the time of the donation. Disbursement is always done in keeping with Islamic giving qualifications.

What is Sadaqa Jariya? On the authority of Abu Hurairah (ra) that the Messenger of Allah (PBUH) said, 'When a person dies, his deeds come to an end except for three: Sadaqah Jariyah (a continuous charity), or knowledge from which benefit is gained, or a righteous child who prays for him'. (Muslim) Therefore, everyone is encouraged to remember those less fortunate than themselves and to give out of their surplus. Give on behalf of your loved ones who have returned to Allah (SWT)

Donations and Sadaqa will not have any administration cost attached to it unless through pay processing. Example: PayPal etc.

HOW MEMBERS' SHARING NEEDS ARE DETERMINED

Medical needs are processed on a per incident received and on a per member submitted basis. A licensed professional must verify that illnesses and treatments are medically necessary.

INSURANCE PLANS AND/OR GOVERNMENT PROGRAMS

If a member is enrolled in an Insurance Plan and/or government programs, while being a qualified member in AHS the "Primary Payer" for any medical expenses will be your insurance and/or Government plan. Members are strongly advised to contact AHS "Before Submitting" their medical needs so we can help you through this process. Primary Payer means that they are the first entity to pay your medical expenses before anyone else. This helps us to keep our prices low.

CURRENT AND ACTIVE MEMBER RESPONSIBILITIES

Active Membership Requirements:

For a membership to be (and remain) active, the required monthly contributions to member accounts must be kept current and up to date. Members must pay their contributions on time to share their medical expenses. When a membership is active, and for sharing to take place, these additional requirements apply:

1. The Initial Unshareable Amount (IUA) needs to be paid when required to be eligible for sharing.
2. The Date of service for medical expenses must be during the active membership period.
3. Medical bills must be received during the active membership period.
4. Any limitations, such as pre-existing conditions or others, are applied based on the date of service and effective date of active membership and the guidelines.

SUBMITTING NEEDS AND DOCUMENTS ON TIME

A need request contains information about a medically necessary care or treatment and must be submitted to AHS "prior" to the appointment for treatment.

Receiving bills and needs requests promptly will assist AHS to process them in a speedy and timely fashion. It's important and helpful to "consolidate and submit bills together" at one time if incurred within a 30-day period, and when there is more than one bill for the same need.

Itemized bills and original bills should be forwarded to AHS along with a need form as soon as possible. Need requests and bills must be submitted within four months from the date of service in order to be shared by AHS.

SUBMITTING MEDICAL BILLS

IMPORTANT NOTICE: ALL REQUESTS FOR SHARING OF MEDICAL EXPENSES MUST BE ACCOMPANIED BY A MEDICAL EXPENSE SHARING REQUEST FORM (BELOW), AS WELL AS RELATED OR SUPPORTING DOCUMENTATION(S) FROM YOUR PROVIDER.

Submission Process:

Ideally, prior to going to an appointment, a member should call the provider and request that the provider give you a so called superbill form at the time of the visit. Most providers are familiar with this document. If the provider cannot give you this form for some reason, then a CMS-1500 form may be substituted. This form has previously been known as HCFA-1500. Both forms are standard forms used by medical providers and/or health professionals for billing.

Submission Options:

A member can also download Ansari Medical Expense Sharing Request Form found under "members" tab on the Website. Get your provider to complete either form. A CMS-1500 form, or a AHS Medical Expense Sharing Request form, the next step is to submit the documentation to AHS using one of the following options:

1. Upload scanned copies of the CMS-1500 form on our secure document portal: https://ansarihealthshare.com/uploading-your-documents/
2. US Mail: Mail all documents to this address: Ansari HealthShare P.O. Box 620922 Charlotte, NC 28262 (Please keep copies of all forms and documents for your own record.)

Note: To download and print the form, click on the Download PDF arrow at the bottom right side of the form, open the downloaded PDF file, and print. Look under the Members title on the website and locate "UPLOADING YOUR DOCUMENTS" if you prefer to upload them from your computer after you scanned them, or downloaded the documents to your computer or mobile device.

IMPORTANT INFORMATION

Late Fees:

Any late payment fees (all additional costs are considered as doing business fees) that accrue with medical bills prior to the IUA not being met, and will not be sharable with the AHS community and will be the member's responsibility. Additionally, late payment fees assessed and/or other added charges that are caused by the member's delay in providing bills, documents, or other information needed for processing are also not shared with the AHS community.

Health Conditions Requirements:

For High Blood Pressure, High Cholesterol & Obesity: Members with certain health conditions such as high blood pressure, high cholesterol, and obesity may be required to participate in the ANSARI Wellness for an additional monthly charge of $50. If you are assigned to the ANSARI Wellness Program, and if you choose not to continue as a member, then your application Fee may be refunded.

Special Considerations:

AHS understands that everyone's health situation is unique and different. Therefore, Ansari HealthShare reserves the right to make exceptions for certain medical conditions. This will be done on a case-by-case basis provided it helps to benefit the membership.

Exclusions:

Exclusion Of Diabetic Medication & Supplies (testing strips etc.) to treat insulin dependent diabetes. AHS does not cover medicines. We can share discounts information for medicines only.

INELIGIBLE FOR SHARING

Member needs that's not associated with a prior medical condition are typically shareable. The following shows the limitations of the plan. All shareable conditions are subject to the Member Initial Unshareable Amount. (IUA)

INELIGIBLE SERVICES AND PROCEDURES:

1. **Abortion** - Abortion of a living unborn baby will not be shared.
2. **ADHD, ADHS And SPD Treatment** - There are no sharing of prescriptions related to ADHD, ADHS and SPD. Members can see Crescent Health's discount prescription program for any prescribed medications available under resources. N.C. Has a state wide prescription program that's free for people without insurance called Med Assist. Join other discount plans or take advantage of the MedAssist program in N.C.
3. **Allergy Treatments** - Medication and Allergy testing is excluded from sharing. However, needs that arise out of non-seasonal allergies are considered shareable.
4. **Alternative Medical Needs/Practices** What is needed to consider an Alternative Medical Need?

- AHS reserves the right to determine the final approval or disapproval for this treatment.
- AHS will request all Doctor notes related to alternative treatment on current condition (we may be able to help to obtain the doctors notes)
- Estimated expenses and costs (we may be able to help obtain the estimated costs if appropriate)

5. **Alcohol Or Drug Abuse Treatment** Treatment for alcohol, substance abuse or chemical dependency is not shareable.
6. **Ambulance Transports** This is not shareable. Air transport is ineligible for sharing also.

REMEMBER: All eligible covered services are only shared up to your Maximum Share Amount.

7. **Audiological** is covered, to correct hearing loss however, not for hearing aids.
8. **Automobile Accident** - Shareable only when the other third party and/or the insurance entity is not liable.
9. **Chiropractic** - Services related to treatment of a specific musculoskeletal injury or disease are shareable for up TBD Office Visits and includes related items for

treatment for up to TBD also. All other chiropractic services will be treated as "Alternative Medical Practices".

10. **Dental and Vision services** are not shareable.
11. **Cosmetic Surgery** - After a mastectomy, breast reconstruction is shareable. All else is not shareable.
12. **Fertility** is not shareable.

MEDICAL EXPENSES ELIGIBLE FOR SHARING

Medical costs or expenses are shared on a per-person, per-incident basis for illnesses after the first 60 days after the member's effective membership date. And when they are medically necessary and provided by or under the direction(s) of licensed physicians, osteopaths, urgent care facilities, clinics, emergency rooms, or hospitals (inpatient or outpatient), or other approved providers of conventional care.

***The Medical expenses eligible for sharing are listed below and they include, but are not limited to, physician and hospital services, emergency medical care, medical testing, medical imaging, and unless otherwise limited or excluded by these Guidelines. * Up to your MAXIMUM SHARE AMOUNT!**

***Members share these costs or expenses; However, there are "limitations" up to your MAXIMUM SHARING AMOUNT.**

Eligible Services Include:

1. **Hospital Charges**
    - Inpatient hospitalization or Outpatient hospital treatment or surgery for a medically diagnosed condition that been deemed necessary
    - "All hospital admissions must be pre-notified to Ansari HealthShare in advance, the exceptions of a true medical emergency" (i.e. acute heart attack, stroke, major trauma and the like)
    - Up to 48 hr. notice required
2. **Physician's Services**
    - Physician services for the diagnosis, management, or treatment of an injury or illness
    - Shareable up to a maximum of $180 per membership, 1 (one) per year for Physician services, lab services not included
    - For wellness visits or annual physicals only
    - No IUA required

- 60-day waiting period for the annual physical/wellness visit
- 2 month interval between exams if funds are available and if you had not used up your contributions for other services

Additional Eligible Medical Expenses:

3. **Preventative Care**
    - Some preventative care such as mammograms, colonoscopies, and pap smears have additional sharing eligibility
    - May not be subject to the Initial Unshared Amount
    - The Annual Maximum Shared Amount applies
    - See Preventive Screenings section for details
4. **Wellness Visits**
    - ANSARI Wellness baby visits and ANSARI wellness child visits are not subject to the Initial Unshared Amount
    - Standard immunizations and vaccinations are subject to the Initial Unshared Amount and Maximum Shared Amount Responsibility
    - **IMPORTANT NOTE:** When making an appointment for childhood vaccinations, members should always request from their provider VFC (Vaccines for Children) vaccines that are provided by every state at "no charge (except minimal administrative fee) for all uninsured children"
    - These vaccinations may be available directly from your provider or through a local Public Health Clinic
5. **Observation Care**
    - The charges for hospital observation care are shareable if above your IUA
    - Subject to guideline limitations
    - Typically, this is care or treatment that does not include hospital admission
6. **Emergency Room**
    - ER services and care for stabilization or initiation of treatment of a medical emergency condition
    - Provided on an outpatient basis at a Hospital, Urgent Care Facility, or clinic
    - Emergency Room services for non-emergency care are ineligible for sharing
    - All ER copays are responsible for the first $450
    - IUA applies when costs exceeds your IUA for sharing up to your Maximum Sharing Amount
    - Divided every 4 months as 20% of your one IUA amount

Additional Covered Services:

7. **Chiropractic Treatment**
    - Up to 12 visits per Sharing Year (subject to the Initial Unshared Amount)
    - For treatment of skeletal or musculoskeletal disease or injury
    - Must be provided by a person holding a Doctor of Chiropractic (D.C.) degree and current licensure
    - Chiropractic wellness care is ineligible for sharing
    - Maximum amount eligible for sharing is $25 per single date of service
8. **Home Health Care** *Not Covered
9. **Ambulance** *Not Covered
10. **Limb Prosthetics** *Not Covered
11. **Medical Costs Incurred Outside the United States**
    - Charges for care and treatment when treatment outside the United States is financially beneficial or when traveling/residing outside the U.S. may be eligible
    - Subject to all other provisions of the Guidelines
    - Medical billing must be submitted in English and converted to U.S. currency
    - Complete medical records must be submitted with any request
    - Medical Tourism may be eligible when total cost is less than U.S. charges
    - Limitations do apply and waiting periods
12. **Urgent Care**
    - All urgent care services have a $70 copay
13. **Vaccinations**
    - Infectious Diseases, including but not limited to the Influenza Vaccine are shared
    - Subject to the Initial Unshared Amount, Maximum Shared Amount, responsibility
    - Subject to Sharing Guideline limitations on Partial Sharing when there are less expensive alternatives choices

MEDICAL EXPENSES THAT ARE INELIGIBLE FOR SHARING

Medical expenses that are a result of any one of the following are Not Eligible for sharing. And are not eligible towards the Initial Share Amount or Maximum Shared

Amount responsibilities. Please Do Not submit sharing requests to Ansari HealthShare for these expenses:

1. **Abortion, Contraceptives, Sex Changes, Sexually Transmitted Diseases (STD's)**
    - Services, supplies, treatment or care in connection with an abortion unless the physical life of the mother is threatened
    - Oral, injectable, implantable and patch contraceptive hormonal therapies
    - IUD's, condoms, diaphragms, cervical caps, contraceptive sponges, spermicide
    - Care, services, or treatment for non-congenital transsexualism, gender dysphoria, or sexual reassignment
    - Prevention, screening, treatment, and management of any STD that is a result of religiously prohibited behavior
2. **Alcohol/Drugs Treatment**
    - Any Injury and/or disease that occurred as a result of abuse and/or use of alcohol or drugs/pharmaceuticals
    - Including hospitalization and/or Rehabilitation Treatment
3. **Breast Implants**
    - Unless related to reconstructive mammoplasty
    - Any type of placement, replacement, or removal of breast enhancement devices
    - Complications related to breast implants
4. **Medical Expenses Incurred Before or After enrollment**
    - Any medical care, treatment, or supplies incurred before membership or after membership ceased/became inactive
5. **Issues and Complications of Non-Eligible Treatments**
    - Care, services, or treatment required because of complications from ineligible medical care
    - Treatment determined by Ansari HealthShare to be unnecessary medically
6. **Cosmetic Services or Procedures**
    - Care and treatment provided for disfiguration caused by amputation, disease (including Acne), or accident is eligible for sharing
    - Initial Breast reconstruction following a mastectomy is eligible for sharing
    - All other elective cosmetic treatments are not eligible, including:
        - Pharmacological regimens
        - Nutritional procedures or treatments
        - Sal abrasion
        - Chemo surgery

        - Skin abrasion procedures
        - Removal or revision of scars, tattoos or actinic changes
    - Limitations apply up to your MAXIMUM SHARE AMOUNT (every 4 months = 20%, and a total of 60% of your IUA for the year)
7. **Custodial Care**
    - Services or supplies provided mainly as maintenance
    - Rest care or custodial care
    - Care that does not treat an illness or injury
8. **Dental Care**
    - Dental prostheses and care or treatment of teeth are ineligible
    - Exception: repair of sound natural teeth due to injuries while being a Sharing Member
    - Wisdom teeth extraction is ineligible
9. **Durable Medical Equipment**
    - Purchase, rental, or replacement of durable or reusable equipment or devices
10. **Emergency Room Charges When Not Considered an Emergency**
    - When treatment is not considered an emergency by normal standards
    - When less costly treatment was available
    - All ER services has a $450 copay

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11. **Excessively Billed Services or Treatments** (See Appendix C for more information)
12. **Exercise Programs**
    - Exercise programs for care or treatment of any condition
    - Exception: Physician-supervised cardiac rehabilitation and/or physical therapy
    - Subject to limitations herein
13. **Expenses Where Conflicts-of-Interest Exist**
    - Expenses that have excessive charges
    - Result in unnecessary ordered testings or diagnosis
    - When a medical practice or institution receives financial benefit or favor from laboratories or radiology procedures
14. **Experimental, Investigatory, Unproven, or Unapproved Services**
    - Care and treatment not approved by:
        - The American Medical Association
        - FDA
        - Other industry-recognized authoritative bodies

- Treatment that is illegal by U.S. law

15. **Eye Care**
    - Treatment of any refractive eye conditions
    - Eye exercise therapy
    - Radial keratotomy
    - Surgery to correct near-nearsightedness or farsightedness
    - Routine eye examinations
    - Refractions
    - Lenses for the eyes
    - Exams for fitting
    - See Eye or vision discounts on the resources page or the telemedicine page under MEMBERS
16. **Nutritional Formula or Food**
    - Including adult and child and baby formulas of any kind
    - Individual determinations will be made for cases where an infant or child requires formula specifically formulated for metabolic disorder
    - Your IUA may apply

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17. **Genetic Testing**
    - Ineligible for sharing
18. **Gastric Bypass**
    - Any and all Gastric Bypass/Sleeve procedures
    - Any other bariatric weight loss surgery
    - Regardless of the reason
19. **Professional Racing, Hazardous Activities, and Self-Inflicted Injuries**

    Ineligible activities include:
    - Professional racing or competitive events
    - Hazardous activities characterized by constant threat of danger
    - Examples include but not limited to:
        - Rock climbing/cliffs
        - Sky diving
        - Bungee jumping
        - Spelunking
    - Illegal crimes against people
    - Illegal drug activity
    - Crimes against property
    - Attempting to commit a crime
    - Assault

- Gun offenses
- Any medical expense from intentional self-injury

20. **Hair Loss**
    - Treatment or care for hair loss, growth, etc.
    - Medicine for hair-related conditions
    - Note: Ansai Healthshare does not provide any Medicines
    - May refer to a discount medicine program to members
21. **Hearing Aids and Exams**
    - Any charges for services or supplies
    - All hearing exams
    - Hearing aids
    - Exams for fitting

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22. **Hospital Employees**
    - Any Professional services billed by a Physician or nurse who is an employee of Skilled Nursing Facility or a hospital
    - Paid by the Hospital or facility for the service
23. **Impotence/Infertility/Surgical Sterilization/Reversal** Including:
    - Surgical and non-surgical services for treatment of impotence
    - Testosterone supplementation
    - Infertility diagnostic
    - Surgical repair
    - Non-surgical repair
    - Surgical impregnation
    - Any medicines prescribed for infertility
    - Expenses and complications from surrogacy
    - Surgical sterilization (including vasectomy and tubal ligation)
    - Reversal procedures
24. **Hormone Replacement Therapy**
25. **Lice Removal and Treatments**
26. **Massage Services**
27. **Miscarriage**
    - Costs or Expenses related to a miscarriage
    - When conception was prior to or before the Enrollment Date
    - Ineligible for sharing
28. **Non-Emergency Transportation**

- Transportation by ambulance for non-serious conditions
- Additional expense for transportation to a facility that is not the nearest capable facility
- Travel or accommodations charges
- Even if recommended by a Physician

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29. **No Obligation to Pay**
    - All charges incurred for which the Sharing Member is not legally obligated to pay
30. **Not a Medically Necessary Service**
    - Treatment and Care that does not meet requirements of Medical Necessity
    - Not specified as Medically Necessary
    - Not recommended and approved by a Physician
    - Treatment when member is not under regular care of a Physician
31. **Nutritional Supplements**
    - Not eligible for sharing
32. **Outpatient Prescription Drugs**
    - Check for discounts and discount coupons websites
    - Not eligible for sharing

Medication Provisions: a. Available Over the Counter Medications

- Ineligible for sharing regardless of prescription
- *Exception: Inpatient medications are eligible for sharing with limitations of $300

b. Available Only by Prescription

- Ansari HealthShare does not share prescription medicine costs
- Provides members access to pharmacy discount programs
- May help obtain discounts on prescription drugs

33. **Outpatient Medical Supplies** Not covered, including but not limited to:
    - Over-the-counter drugs and treatments
    - Nutritional formulas (regardless of age)
    - Blood pressure instruments
    - Elastic stockings

- Tubing
- Masks
- Ostomy supplies
- Insulin infusion pumps
- Ace bandages
- Gauze
- Syringes
- Diabetic test supplies
- Similar devices and supplies

34. **Personal Comfort Items** These may include but are not limited to:
    - Air conditioners
    - Air-purification units
    - Humidifiers
    - Electric heating units
    - Orthopedic mattresses
    - Scales
    - Elastic bandages or stockings
    - Non-prescription drugs and medicines
    - First-aid supplies
    - Adjustable beds
35. **Relative Giving Services**
    - Professional services performed by someone who lives in the Member's home
    - Services by relatives such as:
        - Grandparent
        - Spouse
        - Parent
        - Child
        - Brother
        - Sister
    - Whether the relationship is by blood or exists in law
36. **Sports-Related Safety/Performance Devices and Programs**
    - Devices used specifically as safety items
    - Items affecting performance in sports-related activities
    - Any membership, registration, or participation costs related to:
        - Physical conditioning programs
        - Athletic training

    - Bodybuilding
    - Exercise
    - Fitness flexibility
    - Diversion
    - General motivation

37. **Testosterone Injections**
    - Injections of testosterone or supplementation
    - Exception: In children, when medically necessary and prescribed by a physician for short-term (not maintenance) use
38. **War**
    - All costs incurred due to knowingly participation in:
        - Declared or undeclared act of war
        - Military activity
        - Illegal riots
        - Any intentional actions harming people or property

SUBJECT TO SHARING LIMITS FOR MEDICAL EXPENSES

MATERNITY

a. **Membership Requirement**

- Must be a member before conception
- Medical cost of pregnancies will only be shared if the EDD (Estimated Due Date) is at least 6 months after the member's enrollment date

b. **Pregnancy Fee Structure**

- Medical expenses for eligible pregnancy are subject to:
    - Applicable IUA
    - MSA (Initial Unshared Amount and Maximum Shared amount)
- Additional Pregnancy Fee for Single and Couple members
- Single members: $5000 IUA per pregnancy for normal vaginal deliveries and Emergencies
- Non-emergency/elective Cesarean section deliveries: $7,400 IUA
- No additional Pregnancy Fee for Family memberships

Eligible Pregnancy Expenses Include:

- Physician care
- Hospital or birthing center admissions
- Attendance by midwives
- Home deliveries accompanied by a physician or midwife
- Multiple birth pregnancies considered a single medical incident
- Pregnancy Fee does not apply to stillborn births or miscarriages
- All complications are not covered and are ineligible for sharing

c. **Cesarean Section**

- Medically necessary C-sections due to complications are eligible for sharing
- Subject to Per Incident Limit per pregnancy
- Applies to single or multiple-birth pregnancy
- Subject to Initial Unshared Amount and Pregnancy Fee
- Natural delivery with complications threatening mother/infant life eligible for sharing
- Final limitation per incident is your IUA
- Member responsible for all costs after delivery or complications
- Non-emergency Cesarean: $7400 IUA

Additional Maternity Provisions:

i. **Separate Medical Incident**

- Newborn medical expenses treated as separate Incident, including:
    - Complications at delivery time
    - Premature birth
- Financial limitation is your IUA amount or pregnancy/maternity requested amount
- Members responsible for all expenses other than prenatal after delivery

e. **Unmarried, Single Woman**

- Eligible: Medical expenses for pregnancy when woman is married at conception and subsequently widowed/divorced
- Not eligible: Medical expenses for pregnancy of unmarried woman at conception
- Marriage definition: Between man and woman according to biological sex at birth per Holy Quran and Bible
- Maternity Programs available only in Ansari Supreme and Ansari Shield with IUA's of $5000

Prenatal Coverage Includes:

- Office visits/Routine
- Lab work/Routine
- Fetal non-stress test (after 36 weeks)
- 3 Standard Ultrasounds (complications may require more)
- STI/STD screening when prescribed as routine prenatal care

Delivery Coverage Includes:

- OB-gyn Delivery and Labor
- Cesarean
- Hospital & Delivery
- Multiple Births
- Hospital Room & Board
- Anesthesiologist

Additional Medical Services:

1. **Home Health Care**
    - Not Covered
2. **Hospice Care**
    - Subject to Pre-Notification
    - Medical Social Services limited to $200 total for eligible expenses
3. **Hysterectomy**
    - TBD (To Be Determined)
4. **Organ Transplant**
    - Not Covered
5. **Therapy Services**
    - Occupational Therapy
    - Physical Therapy
    - Speech Therapy
    - Respiratory Therapy

Therapy Coverage Details:

- Up to 10 visits allowed for all therapy types combined per membership year
- Must be provided by licensed therapist
- Requires Physician order to improve body function
- Maximum eligible sharing amount per single date of service: $125

- Total for 10 visits: $200 per year
- Requires Pre-Notification and approval by Ansari HealthShare after initial evaluation

6. **Mental Health Services**
    - Not Covered
    - Excludes charges for:
        - Psychiatric or psychological treatment
        - Other mental health needs not classified as diagnosed mental illness
        - Counseling for behavioral/social issues
        - Learning disability
        - Bereavement counseling
        - Biofeedback therapy
        - Family/marriage counseling
        - Medication
        - Hospitalization
    - Some discount programs may cover behavioral situations
7. **Pre-Existing Conditions**
    - Not Covered
    - Symptom definition: Any physical reaction a reasonable person would consider result of possible medical condition
    - Failure to declare medical condition/symptom during application may preclude sharing
    - Failure to disclose pre-existing conditions may result in membership termination

SCREENING & WELLNESS VISITS

a. **Annual Physical or Wellness Visit**

- Low or No Charges for annual Wellness Visit or Exam
- Includes routine laboratory tests and ancillary services
- Eligible for sharing starting after first 60 days of membership
- Maximum of $180 of fair and reasonable charges
- Not subject to "Initial Unshared Amount"
- Women may apply additional annual GYN wellness exam
- Associated lab testing towards annual $550 limit mammogram maximum
- Not eligible:
    - Additional wellness visits
    - Amounts exceeding $180 annual maximum

    - Will not apply to IUA or MSA responsibilities
- Age may be considered when applicable

b. **Well Baby and Child Visits**

- Not subject to Initial Unshared Amount
- Standard vaccinations and immunizations:
    - Subject to Initial Unshared Amount
    - Subject to Maximum Shared Amount Responsibilities
- **Important Note:** For childhood vaccinations:
    - Request VFCs (Vaccines For Children) from provider
    - Available in every state at no charge
    - Minimal administrative fee may apply
    - Available through provider or local public health clinic

c. **Treatment**

- Treatments/testing for symptoms discovered during wellness exam
- Not considered part of annual exam
- Shared subject to:
    - Initial Unshared Amount
    - Maximum Shared Amount Responsibilities

d. **Other Screenings**

Not included in the $180 Wellness allowance and shared subject to Initial UnShared Amount and Maximum Shared Amount Responsibilities with the following frequency limitations:

Specific Screening Guidelines:

- **Pap smears**
    - Eligible once every year
    - For members ages 21 to 64
    - Must be taken during physical or wellness exam
- **Mammograms**
    - Eligible once between ages 40-49
    - Every other year for women ages 50 and above
    - Requires 6-month waiting period
- **Colonoscopies and PSA tests**
    - Eligible once every 10 years

    - For members ages 45 and above
    - After 6 months of membership
    - $1000 limit
    - Member responsible for costs exceeding $1000

Partial Sharing for Newer, Optional and/or Less Accepted or Less Proven Therapies

Generally ineligible for sharing:

- Procedures with anecdotal, poor, or insufficient medical evidence
- Not broadly accepted treatments
- Marginal clinical utility even when proven
- Experimental procedures for specific conditions
- Procedures with questionable benefits compared to less expensive options

Alternative Medicine Provisions:

- Subject to Pre-Notification
- Evaluated case-by-case
- Individual cases may benefit from:
    - Individualization of sharing decisions
    - Member evaluation of cost-effectiveness
    - Utility of intervention

Ansari HealthShare SM May Decide:

a. **Partial Sharing Options**

- Share partially of medical services
- Apply reasonable caps to sharing amounts
- Share only up to cost of standard accepted treatments
- When comparing diagnostic methods/therapies:
    - Consider efficacy differences
    - Consider substantial cost differences

b. **Experimental Therapy Considerations**

- May partially share in experimental therapies
- Member must accept that:
    - Money spent on experimental procedure reduces subsequent therapeutic choices

- Equivalent to raising Initial Unshared Amount for that condition

Important Notes:

- Each case is unique
- Prior cases not considered determining factors
- Due process and fair consideration applied in all cases
- Ansari HealthShare may assist in price negotiations
- Purpose: Keep decision-making at reasonable, customary, affordable level
- Ensure appropriate Administration of resources

ADMINISTRATION OF MEMBERS RESOURCES

This service has not been started yet, we are still in our early stages and we hope to incorporate these services in the future. Ansari HealthShare utilizes different and various measures to ensure the proper overseeing and administration of member resources. The purpose of these measures is to assist our members with their interaction with our care system, and to make your experiences easy to navigate.

PROACTIVE MANAGEMENT FOR Medical Expenses Efficiency and Effectiveness

We have not started this service also, however we look forward to have this service in the future, also. Case Management. In some cases where the Sharing Member's condition is expected to be of a serious nature, then Ansari may arrange for case management services to be of assistance. Ansari HealthShare may alter or waive the normal provisions of the Guidelines when it is reasonable to expect a cost-effective result without sacrificing the quality of care. Care management is always voluntary to the members.

Excess Charges and Management

In furtherance of the shared beliefs of all members, it is the sincere desire of Ansari HealthShare to assist members to manage, control, oversee and direct their individual health care and the costs of that care. This includes the human ethics of each member of Ansari HealthShare to protect all members from unreasonable, excessive unfair, additional, or unwarranted charges submitted by providers of health care services. AHS process is that provider charges must first undergo assessment of reasonableness and, if found to be unreasonable, then negotiations with health care providers will be required to be undertaken by Ansari HealthShare before they are eligible for sharing. All

Members are expected to cooperate and assist with Ansari HealthShare HealthShare's SM negotiation efforts. Ansari HealthShare reserves the right to determine what part of an expense for the treatment and of an injury or illness is noted as unfair or unreasonable, based on techniques, criteria, data and standards established or adopted by Ansari HealthShare.

If and when pre-notification is required, then the member may be notified by Ansari HealthShare that the medical providers are not agreeable to a fair and reasonable compensation, at which time Ansari HealthShare will inform the member of other alternative providers that will accept fair and reasonable compensation. Alternatively, if the member chooses to use a provider that refuses to agree to fair and reasonable compensation prior to the procedure, then the member shall be liable for the excessive or additional charges.

It is Ansari HealthShare's intention to limit the sharing of charges determined to be unreasonable, excessive, or unfair and Ansari HealthShare may choose to advocate on behalf of Sharing Members against any health care service provider demanding payment of such unfair or unreasonable charges. When this occurs Ansari HealthShare will make a collaborative effort to encourage those providers, physicians, or facilities to agree to more reasonable prices. If these efforts are unsuccessful, the member will be notified by Ansari HealthShare that these practices/facilities are not willing to agree upon reasonable charges or fees, and by using these practices/facilities, the member is expressing their understanding and agreement that the excess charges are their (the member's) responsibility and are not eligible for sharing.

WELLNESS PROGRAMS

Certain members are required to participate in the ANASRI WELLNESS SM Program, to improve and enhance healthy lifestyle behaviors and thereby to protect resources. The Programs purpose is to support members in the enhancement of their health, thru eating habits, lifestyle choices and to ease the burden imposed by certain lifestyles or chronic conditions. These may include regular health assessments, life and health coaching and generally good information to help promote improved health. The membership for this program is an additional membership fee of $50 for this program.

We have not started our Pre-Existing Condition yet, therefore at this particular time its not covered. An incurred medical costs or expenses for which sharing is requested may be subject to pre-existing condition scrutiny, including, but not limited to, request for medical notes/records, hospital charts, surgical records, history of insurance payments,

or other relevant medical history information. Any prior sharing that was approved for a given condition shall not serve as evidence that the condition is other than pre-existing.

We have not started Permanent Waivers Program yet. Stay Tuned!! Ansari HealthShare may request Permanent Waivers during the membership application process or upon discovery of an undisclosed preexisting condition in which the potential member agrees to never request sharing for any medical diagnostic, treatment, service, or therapy that results from or is needed for such preexisting condition. This process allows for individuals and families to be accepted and approved as members sharing in Ansari HealthShare expenses unrelated to the pre-existing condition. The granting of Permanent Waiver requests by Ansari HealthShare, and acceptance by the applicant of the limitations of having a Permanent Waiver, are both voluntary decisions made at the discretion of Ansari HealthShare and the applicant/member, respectively. Permanent waivers may be considered in individual cases for any pre-existing conditions.

PRE-NOTIFICATION OF MEDICAL EXPENSE

The requirement for pre-notification for specific medical needs aims to advise members how to avoid unnecessary services, hospitalizations, procedures, and diagnostic tests, and shorten inpatient confinements. This will help to improve the quality of care while reducing expenses shared by its members. This requirement is built based on a partnership between AHS and its members, as it relies on bilateral and timely exchange of information.

By providing sufficient advance notice, as much and whenever possible, is a responsibility of a sharing member in order to allow Ansari HealthShare the opportunity to provide a variety of suggestions designed to avoid unreasonable billing practices by some physicians and facilities.

Important Notes:

- Ansari HealthShare does not dictate the medical treatment a member chooses
- Our processes help members assess interactions within a complex medical system
- We provide guidance for medical necessity assessment separate from physician's office
- Assessment of medical necessity does not guarantee sharing eligibility
- All Guidelines apply even if expense is determined medically necessary

NOTIFICATION REQUIREMENTS:

- Must notify Ansari HealthShare IN ADVANCE (7 days minimum)
- Call (704)900-8450 for labs, services, procedures, and diagnostics
- Exception: True emergencies
- Contact as soon as need for admission/services is recognized
- Seven (7) days prior to admission whenever possible

Member Responsibilities:

- Sharing Member responsible for ensuring AHS is contacted
- Cannot assume physician or facility will make contact
- Remember: AHS relationship is with member, not medical provider
- Ansari Healthshare, Inc. not responsible for services received from health professionals

SERVICES REQUIRING PRE-NOTIFICATION FOR SHARING ELIGIBILITY:

A. **Inpatient Hospital Confinements**

- Includes Hospital, Skilled Nursing, Inpatient Rehabilitation Facility, and Hospice
- "Inpatient" defined as facility admission, observation, or confinement over 23 hours

B. **Specialized Services**

- Emergency Admission (notify as soon as evidently needed)
- Observation Care and Extended emergency department observation periods
- Hospice Services and All Home Health Care Services

C. **Surgical Procedures**

- All Outpatient Surgery
- Includes surgical centers, clinics, and hospitals
- Note: Cost limit applies according to your IUA

D. **Maternity and Prenatal Care**

- Must notify AHS directly upon learning of pregnancy
- All admits must be pre-notified
- Labor and Delivery admission
- C-Section procedures
- Inpatient management during pregnancy

E. **Imaging and Diagnostic Procedures**

- Non-emergency MRI scans
- Non-emergency CT scans
- PET (Positron Emission Tomography) Scanning
- All infusions or injections for pain management
- Diagnostic or Screening Colonoscopies
- Sleep Studies
- Endoscopy
- Cardiac Catheterization
- Cardiac Rehabilitation

F. **Special Conditions**

- Dental care for injured sound teeth (other dental needs ineligible)
- Upon cancer diagnosis while considering therapeutic decisions
- Prior to chemotherapy or radiation therapy
- Acupuncture – Not covered

THERAPY SERVICES REQUIREMENTS

Prior notification required before starting any of the following services:

- Maximum of 10 visits per membership year for all therapy types combined
- Occupational Therapy
- Physical Therapy
- Speech Therapy
- Respiratory Therapy

DIAGNOSTIC TESTING REQUIREMENTS

Laboratory testing requires pre-notification when:

- Not medically indicated based on symptoms
- Not aligned with age-appropriate screening standards
- Expensive (over $500)
- Unusual
- Not proven beneficial in peer-reviewed publications
- Not in line with generally accepted practice guidelines

REMINDER: You are responsible for all costs below and above your IUA

ALTERNATIVE AND INTERNATIONAL TREATMENT

- Complementary or Alternative Medical management requires notification after initial evaluation
- Applies regardless of provider type (CAM licensed, MD, or DO)
- Treatment outside the United States:
    - May be eligible for sharing
    - Pre-Notification Review Required
    - Specific Conditions May Apply

CARE THAT DOES NOT REQUIRE PRE-NOTIFICATION

Standard procedures not requiring advance notice:

- Outpatient visits
- EKG
- Emergency department visits
- Routine laboratory testing
- Screening mammograms
- Ultrasound
- Vaccinations
- Plain x-rays
- Initial evaluations by therapists
- Skin biopsies

Important Notes:

- Lab tests subject to review
- Non-routine tests may not be accepted for sharing
- Most screenings do not need prenotification

HOSPITAL MONITORING AND ADMISSION REQUIREMENTS

Ongoing Evaluation Process: After admission to the hospital, Ansari HealthShare will continue to evaluate the Sharing Member's progress to monitor the length of hospital stay and make a recommendation as to the maximum days of stay. The Sharing Member and his/her Physician will be advised. If Ansari HealthShare determines that continued hospital confinement is no longer necessary, additional days will not be

eligible for cost sharing among the members. *Additional days not recommended by Ansari HealthShare will not be eligible for sharing.

Emergency and Maternity Admission Requirements:

- All Emergency Hospital Admissions AND Maternity admissions MUST be reported within 48 hours following admission
- Or on the next business day after admission
- Required for sharing eligibility
- If member unable to contact due to illness/injury severity, physician or responsible party should contact AHS as soon as reasonably possible
- All Emergency Admissions reviewed retrospectively to determine:
    - If treatment was Medically Necessary
    - If treatment was appropriate
    - If services qualify as Emergency Services

Best Practices for Members:

- Contact Ansari HealthShare when in any doubt
- Failure to pre-notify may be reviewed by AHS
- Requirement may be waived with reasonable justification
- Early communication increases likelihood of successful sharing experience

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MEDICAL NEEDS PAYABLE FROM OTHER SOURCES

Occupational or Work-Related Injuries Expenses arising from work-related care and treatment are ineligible for sharing, including self-employment injuries. However, these expenses may be considered for sharing if:

a. The State where injuries occurred has no Worker's Compensation laws or requirement b. State laws don't require the business owner/enterprise to participate in Workers Compensation (documentation required)

Other Sources of Medical Expense Payment To conserve member contributions, members must pursue payment from any other responsible payer for medical expenses submitted to Ansari HealthShare. Key points:

- Needs don't qualify if discountable by healthcare provider or payable by other sources
- Sources include private, governmental, or institutional assistance

- If any other source will pay portion of qualifying medical bill, that amount offsets shared/unshared amounts
- Refusing available assistance makes that portion ineligible for sharing

Members' Commitment and Cooperation

- Member must fully cooperate in determining if need is discountable or payable by another party
- Failure to cooperate makes need ineligible for sharing

Other Sources May Include:

- Private insurance
- Governmental insurance
- Institutional insurance
- Medicare
- Medicaid
- Veterans Administration
- Worker's Compensation
- For members 65 or older: Includes needs payable by Medicare Parts A, B, C, and/or D, whether enrolled or not

Liable Third Party Considerations:

- Expenses paid by insurance, Medicare, Worker's Compensation, Medicaid, other liable parties ineligible for sharing
- Members must cooperate with documentation needs for third-party reimbursement
- If expenses later paid by other sources after sharing, member must reimburse AHS

HOSPITAL EXPENSE AS IT RELATES TO FEDERAL LAW

AHS members are expected to avail themselves of the rights to reduced payments from hospitals and/or third parties.

Hospital Financial Assistance Plans

- Federal law requires hospitals to maintain FINANCIAL ASSISTANCE PLANS
- Fees may be reduced or eliminated based on:

    - Household size
    - Household income
- This is a LEGAL RIGHT for self-pay patients without insurance
- Not considered Charity

Hospital Limits on Charges to Self-Pay, Uninsured Patients

- Federal law PROHIBITS hospitals from charging self-pay/uninsured patients MORE than amounts paid by insurance companies
- This is a legal protection for members

SUBMISSION OF SHARING REQUESTS

Members must submit a medical expense form (found under "Members" on website) for each medical need. This streamlined process helps ensure proper handling of all sharing requests.

Types of Medical Needs Requiring Submission:

- Accidents
- Maternity care
- Preventive visits (when applicable)
- Illnesses
- Hospital care
- Emergency room visits
- Outpatient surgery
- Any needs that might be shared (above your IUA)

Timing and Planning:

- Submit requests up to 6 months before procedure
- Early submission allows AHS to:
    - Locate appropriate providers
    - Negotiate better prices
    - Plan for cost-effective care

Submission Methods:

A. **From Providers**

- Providers may submit directly using member's AHS identification card
- Must follow AHS specified format
- May include standard industry billing forms:
    - HCFA 1500
    - UB 92
- Must include relevant medical records

B. **Direct Member Submission**

- Members may need to submit requests directly
- Provider invoices often lack necessary information
- Usually requires itemized invoice from provider
- Include all relevant documents, receipts, and discount information

C. **Payment After Death** If a Sharing Member dies with outstanding Eligible Sharing Requests:

- Provider-submitted requests processed normally
- Member-paid requests directed to estate
- Must be submitted within reasonable time of billing
- Payment subject to probate court orders when applicable

LIMITED SHARING REQUEST IN A 12 MONTH PERIOD

General Guidelines: A single sharing request should never deplete more than a fourth of the community funds allocated for sharing so that the members have adequate funds for their medical needs.

Multiple Needs Policy:

- Members with multiple needs within 12 months of membership must pay 3 IUAs during this period
- A membership with 2 members would share their IUA in a 12-month period by 50% each
- Members must share their IUA among their family members
- $50 additional charge for each member over 3 & over 6 in a family

Recurring Conditions: If expenses are shared for a Need and the same condition occurs:

- Different episodes/treatments of same condition within 12 months treated as same need
- After 12 consecutive months without:
    - Symptoms
    - Treatments
    - Medications If condition returns, treated as brand new need

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ANSARI EXTRA BLESSING (AEB)

This special fund exists to help members with extraordinary medical expenses:

- Created for those facing exceptional medical costs
- Allows members seeking extra blessings from Allah Almighty to give from their surplus
- Supports less fortunate members through additional giving
- Provides additional assistance beyond standard sharing

DISPUTE-RESOLUTIONS AND APPEALS

Ansari HealthShare represents a voluntary association of like-minded people joining together to share medical expenses. While traditional legal structures like litigation don't align well with our sharing community, we recognize the need for dispute resolution.

Basic Principles:

- Members agree disputes handled through specific resolution steps
- All decisions by arbitrators (including Islamic Scholars Mashura) are final
- Decisions binding for both AHS and members

Appeal Process:

Initial Disagreement:

- Members may file appeal if they:
    - Disagree with determination
    - Have logically defensible reason
    - Believe mistake was made
- Should provide medical evidence supporting correction/clarification

How to File Appeal: Send to info@ansarihealthshare.com:

- All medical evidence
- Handwritten, fax, or email with supporting information
- Call 704-900-8450 for questions

Appeal Levels:

1. **First Level Appeal**
- Most issues resolved through phone call to AHS
- Member Services Representative handles
- Written response within 10 working days
2. **Second Level Appeal**
- Available if dissatisfied with first level determination
- Reviewed by Internal Resolution Committee
- Committee consists of three AHS officials
- Appeals must be in writing addressing:
    - Elements of dispute
    - Relevant facts
    - Specific questions about:
        - Information needing clarification
        - Guideline interpretation concerns
        - Incorrect/incomplete information
- Written decision provided within 30 days

ARBITRATION AND MEDIATION

If the aggrieved Sharing Member disagrees with the conclusion of the Internal Resolution Committee, then the matter shall be settled by mediation and, if necessary, legally binding arbitration in accordance with the Arbitration Procedures of North Carolina. If both Ansari HealthShare and the aggrieved Sharing Member agree to mediate through the arbitration, such venue will have equal binding jurisdiction over the mediation. Judgment upon an arbitration decision may be entered in any court otherwise having jurisdiction. Sharing Members agree and understand that these methods shall be the sole remedy for any controversy or claim arising out of the Ansari Sharing Guidelines and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision.

Any such arbitration shall be held in Charlotte, NC subject to the laws of the Holy Quran, and advised by Islamic Scholars Mashura. Ansari HealthShare shall pay the fees of the arbitrator in full and all other expenses of the arbitration; provided, however, that each party shall pay for and bear the cost of its own transportation, accommodations, experts, evidence, and legal counsel, and provided further that the aggrieved Sharing Member shall reimburse the full cost of Arbitration should the Arbitrator determine in favor of Ansari HealthShare and not the aggrieved Sharing Member.

The aggrieved Sharing Member agrees to be legally bound by the Arbitrator's decision. The Arbitration officials in Charlotte, NC will be the sole and exclusive procedure for resolving any dispute between individual members and Ansari HealthShare when disputes cannot be otherwise settled.

BOTH PARTIES AGREE NOT TO GO TO COURT

Members understand that these methods shall be the sole remedy for any controversy or claim arising out of their relationship with Ansari HealthShare Community and to the extent permitted by law, expressly waive their rights to file a lawsuit in any civil court against Ansari HealthShare, its employees, Members, associate Members, and directors, for such disputes, except to enforce an arbitration decision obtained through our dispute resolution process. This also includes any determinations as to whether the matter in dispute comes within this arbitration agreement or can be required to be arbitrated. Judgment upon an arbitration award may be entered only in the District Court of Mecklenburg County, North Carolina. To the greatest extent permitted by law, each Member hereby waives the right to trial by jury.

AMENDING THE GUIDELINES

A. **Enacting Changes** These Guidelines may be amended from time to time as circumstances require and as determined to be appropriate by a majority vote of the Ansari HealthShare Board of Directors.

B. **Effective Date** All Amendments to the Guidelines will take effect as soon as is administratively practical or as otherwise designated by the Board of Directors. Medical expenses submitted for sharing will be subject to the edition of the Guidelines in effect on the relevant Dates of Service, regardless of when the medical expenses are

submitted or recorded as received by Ansari HealthShare, and such edition of the Guidelines shall supersede all other editions of the Guidelines and any other communication, written or verbal.

C. **Notification of Changes** Enrolled Members will be notified of changes to the Guidelines in the normal course of communication. Notice of material changes to the Guidelines will be given within 60 days or as soon thereafter as reasonably practical.

MEMBERS RIGHTS AND RESPONSIBILITIES

As a Enrolled Member of Ansari HealthShare, you have certain rights and responsibilities.

A. Members Rights

1. Receive considerate, courteous service from all representatives of Ansari HealthShare
2. Receive accurate information regarding program Guidelines and eligibility of needs both as a member, for literature and when in contact with Ansari HealthShare
3. And to have medical expense needs processed accurately once all necessary documentation has been received
4. And to Have all medical records and personal information handled in a confidential manner and in compliance with our Privacy Standards
5. Be informed upon request about health care practitioners and providers giving discounted services to Sharing Members
6. To file a dispute when you have one without fear of prejudice or reprisal
7. Make suggestions to benefit AHS and the healthshare community

B. Member Responsibilities. You have the responsibility to:

1. Read all Ansari HealthShare materials carefully, ask questions when necessary and keep your account current for sharing
2. Regularly review and check for and review all amendments of and information relating to the Guidelines that may be posted on the Ansari HealthShare website from time to time and ask for clarification as needed
3. Take personal responsibility for your medical care and make informed and knowledgeable health care choice

4. Cooperate with your assigned Case Manager and coordinator or Health Coach to accomplish self-determined lifestyle and health goals. It is your responsibility to yourself, your family, and your health sharing community
5. Take advantage of resources provided to you by AHS to become an informed and aware health care consumer
6. Learn how to protect and keep your own health and wellness, eat properly, exercise, and stop harmful habits, sources of stress, and risk factors within your control
7. To always seek medical advice when appropriate, take important measures to understand the medical advice you receive and any diagnosis you are given, and obtain needed care in a timely manner. Ask your Physician questions when you don't understand his diagnosis
8. Take the important steps to learn about the effects your body has from any medical condition with which you are diagnosed or afflicted with and how you can help manage and control the condition. And learn about the side effects medicines may have on your health
9. Become knowledgeable and aware of your own resources and the resources as a member of Ansari HealthShare. Always inquire about costs prior to obtaining care in all non-emergency situations, make cost comparisons between providers, and make cost-efficient choices about the care you obtain
10. Be informed about the policies and practices of Ansari HealthShare and follow them for the benefit of all Sharing Members
11. Be aware and honest about your health conditions, and provide all important information to your doctor, family members, and Ansari HealthShare when needed

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MAXIMUM LIMIT PER INCIDENT & LIFE TIME SHARING MAXIMUM-

Please be informed that AHS at this beginning stage of our growth and we do not have a Lifetime Sharing Maximum. It is too early to determine. We hope that very soon, according to our membership enrollments, we will be able to share these determinations with you. For now the Maximum Limit per incident and over all limit cannot be more than your MSA.Maximum shared amount. We are looking forward to both the Maximum Limit and the Lifetime Sharing Maximum to one day soon to be in the 100's of thousands per incident, God Willing. So, donate now and support this effort for the pleasure of Allah (SWT)!

HOW YOUR IUA WORKS WITH FAMILY MEMBERS? Example a family of 4 members has a $1000 IUA. The IUA is the amount you must pay out-of-pocket for covered healthcare services before your Ansari Healthshare starts to share your costs. In this example, where a family of four has a IUA of $1000 and each person needs to see a physician with a $300 cost for services per visit, here's how it would work:

1. Total cost for four visits: If each family member must see a physician, the total cost for the four visits would be $300 per person x 4 people = $1200 in total.
2. How the IUA applies: The IUA is generally applied individually or per family, depending on the specifics of your plan. If it's an individual IUA, each family member may need to meet their own $1000 IUA. If it's a family IUA, the family needs to meet $1000 in total for the IUA. Let's assume a family IUA for simplicity (as this is common): The first $1000 of the total cost will be applied to the IUA. In this case, the first $1000 of the $1200 total for the four visits will go toward the family IUA. After the IUA is met, the Ansari Healthshare will start covering a portion of the remaining costs, according to your plan's cost-sharing terms (like co-pays, etc.).
3. What happens after the IUA is met: After your family meets the $1000 IUA, Ansari Healthshare coverage kicks in. How much the Ansari Healthshare pays (and how much you pay) depends on the specifics of your plan, such as: Co pay's: After meeting the IUA, you might have to pay a percentage (e.g., 20%) of the remaining cost until you reach the out-of-pocket maximum. Co-pays: In some plans, you may have a fixed co-pay for physician visits after the IUA is met.
4. Example of coverage after IUA: You've paid $1000 to meet the IUA. The remaining $200 of the total $1200 bill for the four visits would be covered by the membership Depending on the plan, you may pay a small co-pay or copay for these visits. If for example, you might pay 20% of the $200, or $40 for each visit and you are responsible for the remaining difference. In this case, the total out-of-pocket cost for the family would be: $1000 IUA + $40 copay(or the designated amount) = $1040 for the four physician visits plus the remaining difference. Key points to clarify: IUA: You must pay the first $1000 of covered services. Cost-sharing: After the IUA, your sharing begins, and you may have certain co-pays.

HOW THE 60/40% IUA WORKS

Members are allowed up to 3 IUA's in a 12-month period. After a member has met their 3 IUA'S AHS will share the remaining medical costs with a 60/40 calculation with the

amount of 1 (one) your chosen IUA. This is our current policy for all of our sharing programs. If a member never reaches 3 IUA's and has only used 1 or 2 -IUA's then they will be able to get 20% per IUA. There must be enough funds left in your monthly contributions for you to qualify for the 60/40 program provided that your monthly contributions are not delinquent. This program begins after each IUA and your last monthly contribution has been met in the 12th month of membership. The 60/40 % is applicable to only one per membership and after a IUA has been met. At 20% every 4 month. See the calculations below.

Examples:

BASIC PROGRAM Calculation is based on every 4 months and if there is enough funds in members account depending on services used prior. (1st) IUA met,then 20% of 1000 = $200, (2nd) IUA met then 20 % of 1000 = $200,
(3rd) IUA met then 20% of 1000 = $200 therefore 60% of 1000 =$600.
(1) IUA 's = $3000 + $600 = $3600 Total, This is the Maximum Shared (2) Amount Limit of your MSA within a 12 month period.

PREMIER PROGRAM (1st) IUA met, then 20% of 2500 = $500 (2nd) IUA met then 20% of 2500 = $500 (3rd) IUA met then 20% of $2500 =$500 therefore 60% of 2500 = $1500 (3) IUA 's = $7500 + $1500 =$9000 The lowest monthly payment in Premier Program is a $170 monthly contribution.

SUPREME PROGRAM (1st) IUA met then 20% of $5000 = $1000 (2nd) IUA met then 20% of $5000 = $1000 (3rd) IUA met then 20% of $5000 = $1000 therefore 60% of $5000 = $3000

$3,000 + $15,000 = 18,000 (MSA Limit) The lowest monthly payment of Ansari programs is a $150 monthly contribution. The $150 payments are the lowest contribution and unfortunately do not generate enough funds to return a 60/40 return. Therefore, all monthly contributions "under $260 are not eligible" for 60/40 sharing any of the programs. And especially the Supreme program. For maternity these calculations will be effected greatly depending on when a member joined Ansari HC and when monthly contributions began. Exception is the Employer Program that rate has to be determined. (TBD)

These programs are for single, married couples and families at an incredible rate. Perfect for the couple that are starting a new family or are planning to start a family later. Perhaps they just moved or are planning to start a family after their studies. It's ideal for families to pay low prices for medical expenses and to receive discounted prices for being cash payers. Some of these self-paid discounts can be as much as

30-40% or more. The monthly contributions for one parent and child(ren) total of 3 people is typically the same cost or less than it is for an entire family of 4 or more people. We wanted to take into consideration when sometimes for whatever the situation when one parent may be the sole provider.

ANSARI SHIELD PROGRAM is only for our employers Group program. To find out more about the Details email info@ansarihealthshare.com or call our Employer team for more information at 7049008450.

Disclaimer-If ever a member's monetary or financial gain is exorbitantly greater than your contributions or investments, we will reevaluate the situation terms and not approve of the transactions made in error. We are a nonprofit organization, and our intentions are to support the medical sharing community in a fair and just way to everyone.

To learn more about Annual physical or wellness visits and preventative mammograms and colonoscopies see "Preventive Screenings & Maternity."

Are State and Federal Mandates satisfied by becoming a member of AnsariHealthshare? (EX. Like ACA, Affordable Care Act or other government Programs) The answer is No, all penalties are still in effect and still apply for all Ansari members. Those who are required to purchase health insurance and to have minimum essential coverage called (MEC) which is a federal mandate will not be approved by having an Ansari membership. Remember Ansari Healthshare is not insurance.

DEFINITION OF TERMS

1 APPLICIANT-A person applying for membership or to join an association or organization. Parents or legal guardians can apply on behalf of their dependents.

2 APPLICATION DATE- This is the date that an application was turned in with the needed requirements, like a signature, a date, and other needed information.

3 ANNUAL LIMIT- this refers to a yearly (12 months) amount or time allowed before it ends. A threshold where something ends after a year period of time is completed.

4 CONTRIBUTION- A voluntary gift that can also be financial. However, it's given willingly.

5 DATE(S) OF SERVICE-This is the date(s) that one receives treatment or a procedure from a provider.

6 DEPENDENT- Typically, dependents are children or someone that is dependent on someone else to take care of their needs. Ex-food, clothing, and shelter.

7 EFFECTIVE DATE-Is the date when your plan or program becomes active through the enrollment process.

8 ELIGIBLE NEED-This is a service, procedure or treatment that has been qualified as shareable according to the guidelines or policies.

9 ELIGIBLE-MEDICAL EXPENSE-This is a medical expense that is appropriate for sharing according to the guidelines.

10 INCIDENT- Is an occurrence that may suggest a need for medical service, or attention. Incidents may last for a certain period and can be totally independent & separate from another situation or event.

11 IUA- This is an abbreviation for "Initial Unshared Amount". This is an amount that is not shared. The member is responsible to pay any expenses that are below this amount, before initial sharing can begin. (Unless specified otherwise)

12 MARRIAGE- A Union between a man and a woman. (As a religious organization AHS adheres to our religious Islamic beliefs)

13 MSA-the maximum shared amount that a member would share and limited of overall coverage for their program or plan.

14 Medically necessary treatment-is when a health provider has approved a medical procedure and procedure that is deemed necessary.

15 MONTHLY CONTRIBUTION-The amount that members voluntarily give monthly as a financial contribution.

THE ANSARI WELLNESS PROGRAM

The ANSARI WELLNESS Program is offered to help certain members in improving their personal health.

Members assigned to ANSARI WELLNESS are those with medical conditions who would benefit from proactive Health Coaching. Those Members may be assigned to a health coach to assist them with reduction or elimination of those conditions, including lack of exercise, excess weight, tobacco consumption, etc. For members who are required to participate in the ANSARI WELLNESS Program, there is an additional monthly fee of $50 per participating individual.

Joining ANSARI WELLNESS is a condition of membership for designated Members. CHCS reserves the right to not renew members who fail to actively participate in the ANSARI WELLNESS Program. However, the determination not to continue is never based on the number of medical needs submitted for sharing.

Ansari HealthShare assists members in understanding and discerning the procedures that are medically necessary and those that will not add value to the member's medical treatment.

1. Conscientious Consumerism. Ansari HealthShare members need to become informed customers of health care by asking the price of each service (non-emergency) they are planning to receive. Ansari HealthShare is available to help the members satisfy those needs. For more information on the above issues and guidance on being a conscientious health care service consumer, Ansari HealthShare is available to assist members with their questions.
2. Primary Care Physician. Ansari HealthShare strongly recommends its members to establish a relationship with a Primary Care Physician (PCP). AHS could assist the member with finding a high-quality PCP in members' zip code.IA
3. Communicate with Your Physician. Each member needs to inform their physician or other medical providers that they are a self-pay patient and ask for any appropriate discounts. Members should ask for the price or cost of each service (diagnostic or treatment) that they are planning to receive (not emergency cases).

USUAL, CUSTOMARY, REASONABLE (UCR)

UCR, in general, refers to the amount paid for a medical service or product in a certain geographic area based on what providers in that area or location usually charge for the same or similar medical service or product.

The term "Usual" refers to the amount of a charge made or accepted for medical services, care, treatment or supplies to the extent that the charge or reimbursement

does not exceed the common level of charges made or reimbursements accepted by other medical professionals with similar credentials, or health care Facilities, equipment suppliers, or pharmacies of similar standing, which are located in the same geographic location, or area in which the charge was incurred.

The term "Customary" refers to the form and substance of a service, supply, or treatment provided in accordance with generally accepted standards of medical practice to one individual, which is appropriate for the care or treatment of an individual of the same sex and comparable age, and who has received such services or supplies within the same geographic locale.

The term "Reasonable" refers to the characterization of the amount charged in comparison to the value of services rendered as it relates to the generally accepted billing and medical practices of the same geographic locale.

Ansari HealthShare retains the discretionary authority to decide if a charge is Medically Necessary or Reasonable given the situation or circumstances.

Regardless of the typical practices for any provider or other providers of comparable services, Fair and Reasonable Consideration shall not include amounts for Invalid Charges, including but not limited to identifiable billing errors, up-coding, duplicate charges, misidentified or unclearly described items, and charges for services not performed. Nor shall it include amounts charged resulting directly or indirectly from errors in medical care that are identifiable, preventable, and negative in their consequences, as outlined in evidence-based guidelines.

END OF LIFE ASSISTANCE

For a Member, and/or his or her dependents, who die(s) after two years of uninterrupted Membership as a Sharing Member, financial assistance to the surviving family will be provided by the Members according to the following information, upon receipt of a copy of death certificate, with other requested verification documentations. And according to the listed names listed on the Member Janaza enrollment form as beneficiary. (ies) $1500 for adults and $1000 for children under 18 years of age.

APPENDIX A

Be a Wise Consumer of Health Care Services

Ansari HealthShare members should be knowledgeable about the issues in the U.S. Health Care System so the Member can preserve the resources of membership. The members of AHS can take action individually to make certain the monthly contributions from other members are used efficiently and effectively. The members' attention to these concerns conserve Sharing Amounts for all members and help to keep the monthly sharing contribution as low as possible.

1. Be Aware of Price Variability. In addition, the prices (cost) of medical services vary tremendously in each city or market. For example, an MRI could cost $250 or $3,500 for the same person, site, and disease. There are no differences in quality or types of MRI machines that would justify that difference. It is ONLY the customer's unawareness and the contractual agreements between the insurance companies and the facilities (hospitals mostly) that conceal that information. AHS will not pay exorbitant pricing or overpriced services.

Ansari HealthShare assists members in locating medical providers who charge fair and reasonable prices.

2. Be Aware of "Waste". The U.S. spends more than any other industrialized country on health care ($3.8 trillion in 2020), therefore making it increasingly harder for an average family to afford it. However, the scientific estimates indicate that up to 50% of that spent is 'waste,' as it does not add any desired health outcomes. The waste is embedded in unnecessary procedures, diagnostic, x-rays, labs, etc.

Ansari HealthShare assists members in understanding and discerning the procedures that are medically necessary and those that will not add value to the member's medical treatment.

3. Conscientious Consumerism. Ansari HealthShare members need to become informed customers of health care by asking the price of each service (non-emergency) they are planning to receive. Ansari HealthShare is available to help the members satisfy those needs. For more information on the above issues and guidance on being a conscientious health care service consumer, Ansari HealthShare is available to assist members with their questions.
4. Primary Care Physician. Ansari HealthShare strongly recommends its members to establish a relationship with a Primary Care Physician (PCP). AHS could assist the member with finding a high-quality PCP in members' zip code.IA
5. Communicate with Your Physician. Each member needs to inform their physician or other medical providers that they are a self-pay patient and ask for any

appropriate discounts. Members should ask for the price or cost of each service (diagnostic or treatment) that they are planning to receive (not emergency cases).

6. Determination of Excess Costs Ansari HealthShare defines excess as meaning charges more than those that are considered to be Fair and Reasonable, as evidenced by common forms of reference in the market.

For the purposes of considering whether a cost is reasonable, this determination will consider, but will not be limited to, the findings and assessments of the following entities:

- The National Medical Associations, Societies and Organizations
- The Food and Drug Administration (FDA)
- The Centers for Medicare and Medicaid Services (CMS)
- The U.S. Department of Health and Human Services (HHS)

Routine Well child Immunizations from birth to 18 yrs. of age are typically covered by the government. (Adult immunizations are not shareable.) Pneumococcal, Influenza (flu shot), Hepatitis A&B, Diphtheria, Tetanus, Pertussis (whooping cough), Varicella (chicken pox), Measles, Rota virus, Inactivated Polio virus, Human Papilloma virus, Haemophiles influenza type B, Meningococcal