

CAREPLUS⁺[™]

ADVANTAGE

Catastrophic healthcare coverage for individuals and family members



MEMBER GUIDEBOOK

Presented by



CarePlus™ Advantage Member Guidebook



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CarePlus™ Advantage Catastrophic Care Member Guidelines

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Welcome

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

Contact Information

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Email: memberservices@unityhealthshare.com

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What does it all mean? If you have trouble understanding any of the terms, refer to the Definition of Terms section for the definitions of the terms that are used throughout these guidelines and membership application.

Disclaimer

Unity HealthShareSM is a faith-based medical need sharing membership. Medical needs are only shared in by the members according to the membership guidelines. Our members agree to the Statement of Beliefs and voluntarily submit monthly contributions into an escrow account with Unity HealthShareSM acting as a neutral clearing house between members. Organizations like ours have been operating successfully for years. We are including the following caveat for all to consider:

This publication or membership is not issued by an insurance company, nor is it offered through an insurance company. This publication or the membership does not guarantee or promise that your eligible medical needs will be shared by the membership. This publication or the membership should never be considered as a substitute for an insurance policy. If the publication or the membership is unable to share in all or part of your eligible medical needs, or whether or not this membership continues to operate, you will remain financially liable for any and all unpaid medical needs.

This is not a legally binding agreement to reimburse any member for medical needs a member may incur, but is instead, an opportunity for members to care for one another in a time of need, to present their medical needs to other members as outlined in the membership guidelines. The financial assistance members receive will come from other members' monthly contributions that are placed in a sharing account, not from Unity HealthShareSM.



How it Works

Member submits Member Shared Responsibility Amounts as outlined in Explanation of Sharing* or special remarks to the provider.

Member Shares

- Member receives monthly contribution request.
- Unity HealthShareSM receives member contribution.
- Member may submit additional contribution to help other members in need**.
- Unity HealthShareSM deposits member contributions into a shared account.
- Monthly operating expenses are transferred from the clearing house account to an operating account.
- All eligible medical needs are processed according to Member Guidelines*.
- Unity HealthShareSM issues check to provider from clearing house account or Explanation of Sharing*.

Member Needs

- Member has medical need and selects provider or facility.
- Member presents Unity HealthShareSM ID Card.
- Provider calls for pre-authorization on any non-emergency testing, procedure, or surgery.
- Member or provider notifies Unity HealthShareSM of any ER visit, emergency surgery or hospital admission.
- Provider sends claim to Unity HealthShareSM.
- Member receives Explanation of Sharing**.
- Check is issued to provider from escrow account or Explanation Sharing**.

*Member medical needs are processed according to member guidelines and the membership type selected by members.

**If submitting additional contributions, please make check payable to Unity Ministries.

Statement of Beliefs

At the core of what we do, and how we relate to and engage with one another as a community of people, is a set of common beliefs. Our Statement of Shared Beliefs is as follows:

1. We believe that our personal rights and liberties originate from God and are bestowed on us by God.

2. We believe every individual has a fundamental religious right to worship God in his or her own way.
3. We believe it is our moral and ethical obligation to assist our fellow man when they are in need per our available resources and opportunity.
4. We believe it is our spiritual duty to God and our ethical duty to others to maintain a healthy lifestyle and avoid foods, behaviors, or habits that produce sickness or disease to ourselves or others.
5. We believe it is our fundamental right of conscience to direct our own healthcare in consultation with physicians, family, or other valued advisors.

Membership Overview

Unity HealthShareSM is a clearing house that administers voluntary sharing of healthcare needs for qualifying members. The membership is based on a tradition of mutual aid, neighborly assistance, and burden sharing. The membership does not subsidize self-destructive behaviors and lifestyles, but is specifically tailored for individuals who maintain a healthy lifestyle, make responsible choices in regards to health and care, and believe in helping others. The Unity HealthShareSM membership is not health insurance.

A. Guidelines Purpose and Use

The CarePlusTM Advantage Catastrophic guidelines are provided as an outline for eligible needs in which contributions are shared in accordance with the membership's escrow instructions. They are not for the purpose of describing to potential contributors the amount that will be shared on their behalf and do not create a legally enforceable right on the part of any contributor. Neither these guidelines nor any other arrangement between contributors and Unity HealthShareSM creates any rights for any contributor as a reciprocal beneficiary, as a third-party beneficiary, or otherwise.

The edition of the guidelines in effect on the date of medical services supersedes all the editions of the guidelines and any other communication, written or verbal. With written notice to the general membership, the guidelines may change at any time based on the preferences of the membership and on the decisions, recommendations, and approval of the Board of Trustees.

An exception to a specific provision only modifies that provision, and does not supersede or void any other provisions.

B. Individuals Helping Individuals

Contributors participating in the membership help individuals with their medical needs. Unity HealthShareSM facilitates in this assistance and acts as an independent and neutral escrow agent, dispersing monthly contributions as described in the membership escrow instructions and guidelines.

C. Monthly Contributions

Monthly contributions are voluntary contributions or gifts that are non-refundable. As a non-insurance membership, neither Unity HealthShareSM nor the membership are liable for any part of an individual's medical need. All contributors are responsible for their own medical needs. Although monthly contributions are voluntary contributions or gifts, there are administrative costs associated with monitoring the receipt and disbursement of such contributions or gifts. Therefore, any contribution received after the 15th of each month will incur an administrative fee, as will returned checks or returned ACH payments.

Members wishing to change to a membership type other than that which they are currently participating may, at the discretion of Unity HealthShareSM, be required to submit a new signed and dated membership application for review. Membership type changes can only become effective on the first of the month after the new membership application has been approved.

Contributors wishing to discontinue participation in the membership must submit the request in writing by the 20th day of the month before which the contributions will cease. The request should contain the reason why the contributor is discontinuing participation in the membership. Should the contributor fail to follow these guidelines as they pertain to discontinuing their participation in the membership and later wishes to reinstate their membership, unsubmitted contributions from the prior participation must be submitted with a new application.

D. Definition of Terms

Terms used throughout the CarePlusTM Advantage Catastrophic Member Guidelines and application are defined as follows:

Affiliated Practitioner. Medical care professionals or facilities that are under contract with a network of providers with whom Unity HealthShareSM works. Affiliated providers are those that participate in the PHCS network. A list of providers can be found at <http://www.multiplan.com>.

Application Date. The date Unity HealthShareSM receives a complete membership application.

Combined Membership. Two or more family members residing in the same household.

Contributor. Person named as head of household under the membership.

Dependent. The head of household's spouse or unmarried child(ren) under the age of 20 who are the head of household's dependent by birth, legal adoption, or marriage who is participating under the same combined membership.

Eligible. Medical needs that qualify for voluntary sharing of contributions from escrowed funds, subject to the sharing limits.

Escrow Instructions. Instructions contained on the membership application outlining the order in which voluntary monthly contributions may be shared by Unity HealthShareSM.

Guidelines. Provided as an outline for eligible medical needs in which contributions are shared in accordance with the membership's escrow instructions.

Head of Household. Contributor participating by himself for herself; or the husband or father that participates in the membership; or the wife or mother if the husband does not participate in the membership.

Licensed Medical Physician. An individual engaged in providing medical care and who has received state license approval as a practicing Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.).

Medically Necessary. A service, procedure, or medication necessary to restore or maintain physical function and is provided in the most cost-effective setting consistent with the member's condition. Services or care administered as a precaution against an illness or condition or for the convenience of any party are not medically necessary. The fact that a provider may prescribe, administer, or recommend services or care does not make it medically necessary, even if it is not listed as a membership limitation or an ineligible need in these guidelines. To help determine medical necessity, Unity HealthShareSM may request the member's medical records and may require a second opinion from an affiliated provider.

Member(s). A person(s) who qualifies to receive voluntary sharing of contributions for eligible medical needs per the membership clearing house instructions, guidelines and membership type.

Member Shared Responsibility Amounts (MSRA). The amounts of an eligible need that do not qualify for sharing because the member is responsible for those amounts.

Membership. All members of Unity HealthShareSM.

Membership Eligibility Manual. The reference materials that contain the criteria used to determine if a potential member is eligible for participation in the membership and if any membership limitations apply.

Membership Type. CarePlusTM Advantage Catastrophic sharing options are available with different member responsibility amounts (MSRA) and sharing limits as selected in writing on the membership application and approved by Unity HealthShareSM.

Monthly Contributions. Monetary contributions, excluding the annual membership fee, voluntarily given to Unity HealthShareSM to hold as an escrow agent and to disburse according to the membership escrow instructions.

Need(s). Charges or expenses for medical services from a licensed medical practitioner or facility arising from an illness or accident for a single member.

Non-affiliated Practitioner. Medical care professionals or facilities that are not participating within our current network.

Office Visit/Urgent Care. Not Covered

Pre-existing Condition. Any illness or accident for which a person has been diagnosed, received medical treatment, been examined, taken medication, or had symptoms within 24 months prior to the application date. Symptoms include but are not limited to the following, abnormal discharge or bleeding; abnormal growth/ break; cut or tear; discoloration; deformity; full or partial loss of use; obvious damage, illness, or abnormality; impaired breathing; impaired motion; inflammation or swelling; itching; numbness; pain that interferes with normal use; unexplained or unplanned weight gain or loss exceeding 25% of the total body weight occurring within a six-month period; fainting, loss of consciousness, or seizure; abnormal results from a test administered by a medical practitioner.

Usual, Customary and Reasonable (UCR). The lesser of the actual charge or the charge most other providers would make for those or comparable services or supplies, as determined by Unity HealthShareSM.

Contributors' Instructions and Conditions

By submitting monthly contributions, the contributors instruct Unity HealthShareSM to share clearing house funds in accordance with the membership instructions. Since Unity HealthShareSM has nothing to gain or lose financially by determining if a need is eligible or not, the contributor designates Unity HealthShareSM as the final authority for the interpretation of these guidelines. By participation in the membership, the member accepts these conditions as enforceable and binding.

A. Membership Qualifications

To become and remain a member of Unity HealthShareSM, a person must meet the following criteria:

Religious Beliefs and Standards. The person must have a belief of helping others and/or maintaining a healthy lifestyle as outlined in the Statement of Beliefs contained in the membership application. If at any time during participation in the membership a violation of the Statement of Beliefs is found, the individual not honoring this standard may be subject to removal from participation in the membership.

Medical History. The person must meet the criteria to be qualified for a membership on his/her application date, based on the criteria set forth in the Membership Eligibility Manual.

If, at any time, it is discovered that a member did not submit a complete and accurate medical history on the membership application, the criteria set forth in the Membership Eligibility Manual on his/her application date will be applied, and could result in either a retroactive membership limitation or a retroactive denial to his/her effective date of membership.

Members may apply to have a membership limitation removed by providing medical evidence that they qualify for such removal according to the criteria set forth in the Membership Eligibility Manual. Membership limitations and denials can be applied retroactively but cannot be removed retroactively.

Application, Acceptance and Effective Date. The person must submit a membership application and be accepted into the membership by meeting the criteria of the Member Eligibility Manual. The membership begins on a date specified by Unity HealthShareSM in writing to the member.

Dependent(s). A dependent may participate under a combined membership with the head of household.

A dependent who wishes to continue participating in the membership but who no longer qualifies under a combined membership must apply and qualify for a membership based on the criteria set forth in the Membership Eligibility Manual.

Under a combined membership, the head of household is responsible to ensure that everyone participating under the combined membership meets and complies with the Statement of Beliefs and all guideline provisions.

Financial Participation. Monthly contributions are requested to be received by the 10th or 25th of each month depending on the member's effective date. If the monthly contribution is not received within 5 days of the due date, an administrative fee will be assessed to track, receive, and post the

monthly contribution. If the monthly contribution is not received by the end of the month, a membership will become inactive as of the last day of the month in which a monthly contribution was received.

Any member who has a membership that has become inactive will be able to reapply for membership under the terms outlined to them in writing by Unity HealthShareSM. Any member who submits a monthly contribution in such a manner as to have a membership become inactive three times will not be able to reapply for membership.

Needs occurring after a member's inactive date and before they reapply are not eligible for sharing.

Other Criteria. Children under the age of 18 may not qualify for membership. Non-U.S. citizens may qualify for membership as determined by Unity HealthShareSM on a case-by-case basis.

B. Eligible Needs

Only needs incurred on or after the membership effective date are eligible for sharing under the membership instructions. The member (or the member's provider) must submit a request for sharing in the manner and format specified by Unity HealthShareSM. This includes but is not limited to a Need Processing Form, standard industry billing forms (HCFA 1500 and/or most recent UB form), and may include medical records. All participating members have a responsibility to abide by the Members Rights and Responsibilities published by Unity HealthShareSM and included at the end of these guidelines.

Needs arising from any one of the following are not eligible for sharing under the membership clearing house instructions:

1. Any medical care outside of a hospital, except in the case of a needed surgery due to an accident. Members may be able to use out-patient facilities based upon the nature of the medical need and at the sole discretion of Unity HealthShareSM.
2. Treatment or referrals received or obtained from any family member including, but not limited to, father, mother, aunt, uncle, grandparent, sibling, cousin, dependent, or any in-laws.
3. Pre-existing conditions will be limited for the first twelve months of membership. Certain limitations may apply for more than 24 months dependent upon the condition.
4. Illnesses or injuries for which there is a pre-existing condition.
5. Illness or injuries caused by member negligence or for which the member has acted negligently in obtaining treatment. This could be documented by, but is not limited to, review of medical records or treatment plans by a licensed medical physician.
6. Procedures or treatments that are not recognized and approved by the American Medical Association (AMA) or that are illegal. Includes procedures not approved by the AMA for a given application, procedures still in clinical trials, procedures that are classified as experimental, or unproven interventions and therapies.
7. Lifestyles or activities engaged in after the application date that conflicts with the Statement of Beliefs (on the membership application).

8. Transportation (e.g., ambulance, etc.) for conditions that are not life-threatening, unless failure to immediately transport the member will seriously jeopardize the member's life; the additional expense for transportation to a facility that is not the nearest facility capable of providing medically necessary care; or charges in excess of \$10,000 for transportation by air.
9. Congenital birth defects.
10. Elective cosmetic surgery.
11. Breast implants (placement, replacement or removal) and complications related to breast implants, including abnormal mammograms, unless related to an otherwise eligible need.
12. Elective abortion of a viable fetus/embryo, unless medically necessary to protect the life of the mother.
13. Infertility testing or treatment, as well as any birth control measures to prevent conception (i.e., the pill, IUDs, shots, etc.)
14. Sterilization or reversals (vasectomy and tubal ligation).
15. Hysterectomy without first obtaining two independent opinions (neither physician may be a partner or other affiliate of the other). Both doctors must examine the patient prior to surgery and both must find that a hysterectomy is medically necessary. The member is responsible to ensure that both physicians submit medical necessity to Unity HealthShareSM prior to surgery. Failure to follow these procedures will result in a finding of ineligibility for sharing by the membership.
16. Weight control and management including nutritional counseling for weight loss, weight loss, weight gain, or health maintenance.
17. Hospital stays exceeding 60 days per medical need or additional charges for a private hospital room if a semi-private hospital room is available.
18. Any exams, physicals, or tests for which there are no specific medical symptoms, diagnosis in advance, or risk assessment testing.
19. Adult immunizations, HPV immunizations, and flu shots.
20. Chelation.
21. Physical therapy or occupational therapy that is not pre-authorized. Pre-authorized treatments are limited to a combined 10 visits in any calendar year.
22. Charges for emergency room visits and/or surgical removal for foreign objects placed in nose or ears by a child over five (5) years of age. Removal of foreign objects that can be done in an office setting will be reviewed under regular MSRAs or the Office Visit MSRA Option.
23. Medication or procedures not requiring a prescription.
24. Purchase or rental of durable or reusable equipment or devices (e.g. oxygen, orthotics, hearing aids, prosthetics, and external braces), including associated supplies, diagnostic testing, or office visits.

25. Needs for active members submitted 9 months after the date of treatment. Needs for inactive members submitted 6 months after the date of treatment.
26. Dental services and procedures, including periodontics, orthodontics, temporomandibular joint disorder (TMJ), or orthognathic surgery. Includes hospital charges for dental work done under general anesthesiology.
27. Optometry, vision services, glasses, contacts, supplies, vision therapy, refraction services, or office visits.
28. Psychiatric or psychological counseling, testing, treatment, medication, and hospitalization.
29. Mental or psychiatric health, learning disability, developmental delay, autism, behavior disorders, eating disorders, neuropsychological testing, alcohol/substance abuse counseling, attention deficit disorder, or hyperactivity.
30. Speech therapy (except for a deficit arising from stroke/trauma).
31. Circumcisions.
32. Self/inflicted or intentional injuries.
33. Acts of war.
34. Exposure to nuclear fuel, explosives, or waste.
35. Occupational injury resulting from an injury incurred while performing any activity for profit.
36. Consumption of a prescription drug not prescribed for the member or prescription drug prescribed for the member and taken in excess that causes an adverse reaction; illicit drug use by a member.
37. Illness or injury caused by the illegal activities of the member or the member's family, including misdemeanors and felonies, regardless of whether or not charges are filed.
38. Treatment, care, or services that is not medically necessary or appropriate.
39. Emergency room services, unless treatment at an emergency room is the only legitimate option because of the severity of the condition and lack of availability of treatment at an alternative facility.
40. Sexually transmitted diseases.
41. Diseases, including HIV/AIDS due to tattoos, body piercing, or life-style choices.
42. Allergy testing or immunotherapy treatment.
43. Second surgeries are eligible for sharing based on member's treatment plan and are subject to third party case management approval. Second surgeries on a previously eligible surgical need are not eligible unless the member has followed through with the treatment plan laid out for him or her by their physician or complications occur within 15 days of eligible surgery.
44. Genetic testing and counseling.

45. Handling charges, conveyance fees, stat fees, shipping/handling fees, administration fees, missed appointment fees, telephone/email consultations, or additional charges for services supplied in an after-hours setting.
46. Drug testing unless required by membership.
47. Sexual dysfunction services.
48. Cancer diagnoses or cancer hospitalization within 12 months of the effective date will render that cancer diagnosis or hospitalization ineligible for sharing until the member's first year anniversary except for prostate, breast, cervical, endometrial and ovarian cancers. (Please see 49 below). Maximum sharing limits will apply.
49. Prostate, breast, cervical, endometrial and ovarian cancers will be eligible for sharing 12 months after the receipt of clean test results by Unity HealthShareSM. Members seeking coverage for these cancers are required to have a blood test and submit to Unity HealthShareSM for evaluation.
50. Adenoid removal surgery eligible for sharing only at 50% if member has had a prior surgery to remove tonsils and the adenoids were not removed at the same time.
51. Personal aircraft includes hang gliders, parasails, ultra-lights, hot air balloons, sky/diving, and any other aircraft not operated by a commercially licensed public carrier.
52. Extreme sports: for a complete list of ineligible activities, please log into your member portal. Proceed to Member Resources.

C. Sharing Limits

Total eligible needs shared from escrowed funds are limited as defined in this section and as further limited in writing to the individual member.

Lifetime Limits. The maximum amount shared for eligible needs over the course of an individual member's lifetime.

Annual Limits. The maximum amount shared for eligible needs per member per calendar year (January 1st through December 31st).

Member Shared Responsibility Amounts (MSRA). Eligible needs are limited to the amounts in excess of the MSRA, which are applied per individual member per calendar year.

MSRA(s). The eligible amount that does not qualify for sharing based on the membership type chosen by the member. 100% of the CarePlusTM Advantage MSRA must be met before the membership will share on your behalf.

Office Visit/Urgent Care. Not covered in this plan.

Non-Affiliated Practitioner. Services rendered by a non-affiliated practitioner will not be eligible for sharing nor will any amount be applied to your MRSA.

Organ Transplant Limit. Eligible needs requiring organ transplant may be shared up to a maximum of \$150,000 per member not to exceed the maximum sharing limit of a membership type. This includes all costs in conjunction with the actual transplant procedure. Needs requiring multiple organ transplants will be considered on a case-by-case basis.

Overnight Sleep Testing Limit. All components of a polysomnogram must be completed in one session. A second overnight test will not be eligible for sharing under any circumstance. Overnight sleep testing must be medically necessary and will require pre-authorization (see item 8). Allowed charges will not exceed the Usual, Customary and Reasonable charges for the area.

Other Resources. Needs do not qualify for sharing to the extent that they are payable by an institutional source such as insurance, Medicare/Medicaid, VA, Tricare, private grants, or by a liable third party (primary, auto, home insurance, educational, etc.). If the member does not cooperate fully and assist by another party, the need will not be eligible for sharing. This limitation includes needs payable by Medicaid, if the member qualifies for Medicaid. If the member is 65 years of age or older and is eligible for Medicare, this limitation also includes needs that are payable by Medicare A or B. The MRSA's are waived up to the maximum MRSA's per membership type only if a liable third party or institutional source pays on the member's behalf. Sharing of monthly contributions for a need that is later paid or found to be payable by an institutional source or a liable third party will automatically allow Unity HealthShareSM full rights to recover from the member the amounts shared in their behalf.

D. Pre-Authorized

Non-Emergency Surgery, Procedure, or Test. The member must have the following procedures or services pre-authorized as medically necessary prior to receiving the service. Failure to comply with this requirement will render the service not eligible for sharing.

Hospitalizations. Non-emergency prior to admission; emergency visits notification to Unity HealthShareSM within 48 hours.

- MRI studies/CT scans/Ultrasounds
- Sleep studies must be completed in one session
- Physical or occupational therapy
- Speech therapy under limited circumstances only
- Cardiac testing, procedures, and treatments
- In-patient cancer testing, procedures and treatments
- Infusion therapy within facility
- Nuclide studies
- EMG/EEG
- Ophthalmic procedures
- ER visits, emergency surgery, procedure, or test: Non-emergency use of the emergency room is not eligible for sharing. Unity HealthShareSM must be notified of all ER visits within 48 hours. Medical records will be reviewed for all ER visits to determine eligibility. An emergency is defined as treatment that must be rendered to the patient immediately for the alleviation of the sudden onset of an unforeseen illness or injury that, if not treated, would lead to further disability or death. Examples of an emergency include, but are not limited to, severe pain, choking, major bleeding, heart attack or a sudden, unexplained loss of consciousness.

Eligibility for Cancer Needs. In order for needs related to cancer hospitalization of any type to be eligible (e.g. breast, colorectal, leukemia, lymphoma, prostate, skin, etc.) the member must meet the following requirements:

The member is required to contact Unity HealthShareSM within 30 days of diagnosis. If the member fails to notify Unity HealthShareSM within the 30-day time frame, the member will be responsible for 50% of the total allowed charges after the MRSA(s) has been assessed to the member for in-patient cancer hospitalization.

Early detection provides the best chance for successful treatment and in the most cost effective manner. Effective January 1, 2017, the membership will require that all members aged 40 and older receive appropriate screening tests every other year – mammogram or thermography and pap smear with pelvic exams for the women and PSA testing for the men. Failure to obtain biennial mammograms and gynecological tests listed above for the women or PSA tests for the men will render future needs for breast, cervical, endometrial, ovarian or prostate cancer ineligible for sharing.

Office visit/urgent care is the responsibility of the member and is not covered.

E. Denied Needs

If a need is denied as not eligible, and there is a dispute, the aggrieved member or any other aggrieved party may seek reconsideration only through the appeal procedure described herein. Regardless of the potential outcome of an appeal, the existence of this appeal procedure should not be interpreted as creating any expectation of sharing or a legally enforceable right or entitlement since there are no contractual promises of sharing under the membership guidelines.

Appeals. Most situations can be resolved simply by calling Unity HealthShareSM. A Member Services Representative will try to resolve the matter, usually within 10 business days. Denials due to a retroactive decline for membership or a membership limitation are reviewed again only if the aggrieved party submits a formal appeal.

The aggrieved party may formally appeal any denied need by following the established formal appeal procedure as outlined by Unity HealthShareSM. In summary, the procedure requires a formal appeal to be in writing and an appeal fee to be deposited with Unity HealthShareSM.

The appeal is reviewed first by a supervisor at Unity HealthShareSM and, if necessary, by the Appeals Board.

If the original denial is upheld, the appeal fee is not returned. If the denial is overturned, an amount equal to double the total of all appeal fees deposited will be returned to whoever made the appeal. To have any degree of merit, an appeal should address at least one of the following three questions:

- What information does Unity HealthShareSM have that is either incomplete or incorrect?
- How do you believe Unity HealthShareSM has misinterpreted the information already on hand?
- What provision in the Unity HealthShareSM guidelines do you believe Unity HealthShareSM applied incorrectly?

Appeals submitted more than nine months from the date of denial will not be considered. The aggrieved party may contact Unity HealthShareSM for a complete description of the formal appeal procedure.

Member Rights and Responsibilities

Rights

You have the right to:

1. Receive considerate, courteous service with respect for personal privacy and dignity.
2. Receive accurate information regarding membership guidelines.
3. Have needs processed accurately once all necessary documentation has been received.
4. Participate in and make decisions regarding your healthcare, regardless of whether treatment is eligible for sharing by the membership.
5. Have all medical records and other information handled in a confidential manner.
6. Be informed so you may make educated decisions before you receive treatment.
7. Be informed about available affiliated providers and facilities.
8. Express a concern or file an appeal about your processed medical needs.
9. Make recommendations regarding membership guidelines as part of the annual nomination process.
10. Receive a copy of the Member Rights and Responsibilities.

Responsibilities

You have the responsibility to:

1. Treat all doctors, personnel, and Unity HealthShareSM employees courteously.
2. Take charge of your health, make positive choices, seek appropriate care, and follow your doctor's instructions.
3. Provide all pertinent information to your doctor to assess your condition and recommend treatment.
4. Ask questions and make certain that you understand the explanations and instructions you are given.
5. Ask questions and understand the consequences of refusing a recommended medical treatment. Refusal of treatment may mean future medical needs will not be eligible for sharing.
6. Communicate openly with your doctor and develop a patient/doctor relationship based on trust and cooperation.
7. Participate in understanding your health problems and developing mutually agreed upon treatment goals.

8. Read and understand the membership guidelines and any applicable membership limitations or needs that are eligible and call with any questions you may have.
9. Constructively express your opinions, concerns or complaints to the appropriate people.
10. Follow the membership guidelines of Unity HealthShareSM. Contact Unity HealthShareSM at 800.847.9794 if you need assistance.