Glossary of Terms

Disclaimer: WE ARE NOT INSURANCE. THIS PROGRAM IS ACA EXEMPT. Because of this, we are held to specific terminology with which all OneShare employees and agents should be familiar. In this glossary you will find a comprehensive list of terms along with their definitions. Please hold strictly to these terms. Because we are not insurance, we are not permitted to use insurance terms.

Please note: Comparisons to traditional insurance terminology are indicated in red text. Understand, this terminology is NOT to be used but is simply to make the transition from traditional insurance to HealthShare.

Why is a HealthShare Ministry not insurance?
Several prerequisites must be met for a health care product to qualify as insurance:

- A transfer of risk must occur between the insured and the insurer
- An offer of coverage must be made
- An acceptance of the offer must occur
- Compensation must be transferred to the insurer in exchange for transfer of risk from insured to insurer, making the insurer liable for any payment of covered expenses. Even if the amount of expenses exceeds the amount of premium paid to the insurer.

A Health Care Sharing Ministry is not insurance because it takes no transfer of risk and payment for medical claims is not guaranteed. All medical needs that are met are done so via monthly contribution sharing of funds to meet these needs. No offer of coverage is made or accepted due to the fact the HealthShare is not paying the medical claims. Member monthly contributions are distributed to pay for eligible medical services, as well as to provide for administrative costs.

Application Fee: A one-time application fee is assessed at the time of the first Monthly Contribution.

Bill Submission: The act of the provider submitting medical claim forms to OneShare to be considered for member sharing. (traditional insurance term: Claim Submission)

Visit Fee: A fee paid by the member for specified services as outlined by the plan summary. (traditional insurance term: Copay)

Dependent: An individual must be either the Primary Member's spouse, daughter, son, stepchild, adopted child, or eligible foster child. A child Dependent is under age 20 at the end of the year, is enrolled in school or continuing education under age 27 at the end of the year or disabled.
Eligible for Sharing: The charge for a medical service or supply provided according to the terms Membership Guidelines, approved for sharing and whose sharing need amount does not exceed the program limits. (traditional insurance term: Covered)

End of Life Sharing. Upon the death of a Member, a copy of death certificate is required. (traditional insurance term: Life Insurance)

Explanation of Sharing (EOS): A statement sent to the Member and Provider(s) once your sharing of medical needs has been processed, are pending, or denied. (traditional insurance term: Explanation of Benefits/EOB)

HealthShare Program: An organization that facilitates the sharing of medical expenses among its members. These members must hold to a common set of beliefs. A HealthShare program does not assume risk or guarantee payment. (traditional insurance term: Insurance Plan)

Individual Sharing Amount (ISA): The portion of an eligible medical need that does not qualify for sharing. ISA applies to Program Year. (traditional insurance term: Deductible)

Member: A Sharing Member participating by himself or herself; and/or their spouse, and/or a child(ren) enrolled by a parent or guardian, who certifies that he/she takes financial responsibility for the child(ren)’s sharing membership and who signs the enrollment application on behalf of the child(ren). (traditional insurance term: Insured)

Monthly Contribution Amount: The agreed upon monthly fees paid by Primary Member for Sharing Services of medical needs. A fixed dollar amount during the program annual period. This amount will be paid by Member before OneShare reviews Sharing Services for consideration. (traditional insurance term: Premium)

Primary Member: The Primary Member is the oldest enrolled and is responsible for payment of monthly contributions. Monthly contributions are based on the Primary Member’s age.

Program: Chosen program for enrollment. (traditional insurance term: Product, Plan or Policy)

Program Year: Membership Program Year is defined as twelve months from the Effective Date. Each additional program year will begin on the anniversary of the Effective Date. (traditional insurance term: Plan Year)

Shared Services: The documentation that describes the types of medical needs shared by Members, and how OneShare functions to facilitate that sharing. (traditional insurance term: Benefits)

Statement of Beliefs: Membership in OneShare Health is open to everyone who agrees with our Statement of Beliefs. Members must agree to these statements on the application before enrolling.