


Initial Page




Primary Member
First Name Last Name Date of Birth Smoker
[Add Spouse](#) [Add Child](#)

Enrollment

Cost

Remove

**MPowering Secure Care**
[Enter additional information to view product cost](#)
[MPB Virtual Healthcare Care Plus Zion Medical Cost Sharing with ACA Compliant Preventative Care.](#)
[ADD ALL DEPENDENTS, THEN CLICK "UPDATE" BELOW](#)

Enter Code

Initial Payment \$0.00
Recurring Monthly: \$0.00

Enter Family Members Name and DOB – Press Update

Verify the IUA – Press Update – then Press Continue

Primary Member
First Name Last Name Date of Birth Smoker
Michele Test 11/29/1962 No


Spouse
First Name Last Name Date of Birth Smoker
Kevin Test 12/10/1969 No

Child
First Name Last Name Date of Birth Smoker
Emily Test 11/09/2013 No
[Add Child](#)

Enrollment

Cost

Remove

**MPowering Secure Care** \$125.00
\$25.00 per Year Annual Membership
\$100.00 one-time Enrollment
\$915.00 per Month for Member + Family - \$1000 IUA Product
[MPB Virtual Healthcare Care Plus Zion Medical Cost Sharing with ACA Compliant Preventative Care.](#)
[ADD ALL DEPENDENTS, THEN CLICK "UPDATE" BELOW](#)

Enter Code

Annual Membership: \$25.00
Enrollment: \$100.00
Initial Payment \$125.00
Recurring Monthly: \$915.00

Complete Each Family Member's portion



Member
First Name
Middle Initial
Last Name
Address
Address
Address 2
City
State
Zip Code
[Verify Address](#)
Contact
Phone Number - -
Alternate Phone - -
Email Address
Attributes
Social Security #
Date of Birth
Gender
Information
Who Referred You?
Dependents
Relationship





Enrollment

MPowering Secure Care
Annual Membership per Year \$25.00
Enrollment one-time \$100.00
Effective Date
Initial Payment \$125.00
Recurring Monthly \$915.00

[Complete Dependent Information](#)

WHO REFERRED YOU?

Dependents
Relationship
First Name
Last Name
Address
City
State
Zip Code
Phone Number - -
Email Address
Social Security #
Gender
Date of Birth
[Save Dependent](#)

Complete Dependent Information
Click the Pencil next to each name, add information and click "Save Dependent" below.
Kevin Test (Spouse)  
Emily Test (Child)  

Closer Look – Membership Principles

1. I believe that a community of moral, ethical and health-conscious people can most efficiently and effectively encourage and care for one another by directly sharing the costs and expenses associated with each other's health care needs. I also acknowledge that Zion Health has declared an affiliation with, and faith in, a higher power and welcomes members of ALL faiths. *

YES

NO

2. I understand that Zion Health is a Benevolence Organization, not an insurance entity, and that while Zion Health assures that every effort will be made to have Members fulfill their monthly sharing commitment, Zion Health, in and of itself, cannot guarantee payment of any medical expenses. I agree to practice good health measures and strive for a balanced lifestyle. *

YES

NO

3. I agree to refrain from the usage of any form of illicit/illegal drugs and excessive alcohol consumption, all of which are harmful to the body. Tobacco consumers have an increased share of \$50 monthly per household. *

YES

NO

4. I believe I am obligated to care for my family and that physical, mental or emotional abuse of any kind to a family Member or anyone else is morally wrong. *

YES

NO

5. I understand that in order for any of my medical expenses to be considered for sharing, bills must be submitted in a timely fashion. * It is the members responsibility to ensure all medical bills submitted for sharing are submitted within 6 months of the date of service.

YES

NO

6. I agree to submit to mediation followed by subsequent binding arbitration, if needed, for any instance of a dispute with Zion Health or its affiliates. *

YES

NO

Closer Look at Health History

Understanding of Pre-Existing Conditions. * I understand that Medical Needs that result from a condition that existed prior to membership are only shareable if the condition is: Fully cured and 24 months have passed without symptoms, treatment, or medication, even if the cause of the symptoms is unknown or misdiagnosed.

Examples of Pre-existing conditions include but are not limited to: epilepsy, cancer, lupus, COPD, Heart Disease etc. For detailed information, Refer to Membership Sharing Guidelines:

<https://zionhealth.org/membership-guidelines-partner-pages/>

YES

NO

IMPORTANT! Limitations on Maternity and Delivery Needs *

If you are currently pregnant or plan to become pregnant in the near future, read and understand the following. I understand that if I am pregnant at the time of my enrollment, or become pregnant within the first 60 days of my membership start date (based on physicians estimated due date), I will be responsible for all costs related to prenatal care, delivery, and post delivery care. Refer to our member guidelines for more information. <https://zionhealth.org/membership-guidelines-partner-pages/>

YES

NO

Understanding of Limitations on Pre-Existing Conditions *

I understand that Pre-existing conditions have a waiting or phase in period. Zion Health attempts to negotiate all medical bills received and many membership types include the PHCS network for pre-negotiated medical expenses.

1st Year of Membership – Waiting period of all pre-existing conditions. 2nd Year of Membership – Up to \$25,000 of sharing for pre-existing conditions. 3rd Year of Membership – Up to \$50,000 of sharing for pre-existing conditions. 4th Year of Membership and Beyond – Up to \$125,000 of sharing for pre-existing conditions.

YES

NO

Primary Member Medical Conditions * Has the primary member experienced symptoms of, been diagnosed with, or been treated for any condition within the past 24 months? Add conditions below. For multiple conditions, please add one per line. (If no conditions exist, enter N/A)

Spouse's Medical Conditions * Has the primary member's spouse experienced symptoms of, been diagnosed with, or been treated for any condition within the past 24 months? Add conditions below. For multiple conditions, please add one per line. (If there are no conditions present, enter N/A)

Children's Medical Conditions * Have any of the primary member's children experienced symptoms of, been diagnosed with, or treated for any condition within the past 24 months? Add Child's name. One condition per line. (If there are no conditions present, enter N/A)

Closer Look at Authorization

Zion Health is not an insurance company. Neither this publication NOR membership in Zion Health are issued or offered by an insurance company. 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 Zion Health. While Zion Health has shared all Eligible Needs of its Members to date, membership does NOT guarantee or promise that your Eligible Needs will be shared. Rather, membership in the Zion Health community merely guarantees the opportunity for Members to care for one another in a time of need and present their medical needs to other Members as outlined in these membership guidelines. The financial assistance Members receive will come from other members' Monthly Contributions that are placed in a Benevolent Fund, and not from Zion Health.

THIS PUBLICATION AND MEMBERSHIP IN ZION HEALTH SHOULD NEVER BE CONSIDERED A SUBSTITUTE FOR A HEALTH INSURANCE POLICY. 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 ANY AND ALL UNPAID MEDICAL NEEDS. THESE GUIDELINES DO NOT CREATE A LEGALLY ENFORCEABLE CONTRACT BETWEEN ZION HEALTH AND ANY OF ITS MEMBERS. NEITHER THESE GUIDELINES, NOR ANY OTHER ARRANGEMENT BETWEEN MEMBERS AND ZION HEALTH, 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 ZION HEALTH 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 ANY OBLIGATION ON THE PART OF ZION HEALTH TO REIMBURSE A MEMBER'S ELIGIBLE NEEDS.