HOW TO ENROLL A MEMBER

Once contracted with OneShare Health, the producer will receive a welcome email that contains two important links. One link is to their Enrollment Website and the other link is to their Management Portal.

- No login information is needed to access the enrollment website.
- Use Google Chrome browser.
- Each Producer must have their own enrollment link and cannot share.
- Enrollment can be done in person, by phone or the member can complete on their own.

Step 1. Click on the **enrollment link**. This link can also be found in the Producer's Management Portal.

    a. The website should contain the producer's contact information at the top of the screen.

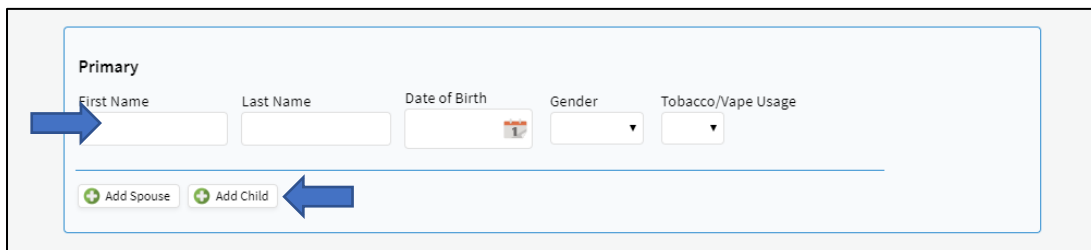   b. Choose the **State** the Member currently resides in.

Step 2. Choose **Enroll** for the agreed upon OneShare program.

OneShare Classic

For individuals and families that are primarily concerned about medical needs as well as hospital concerns. *An annual administration fee of $45.00 is due from each primary member upon their program year anniversary.

Info | Brochure | Enroll

OneShare Catastrophic

Best suited for individuals and families who are primarily healthy and looking to join a program which shares catastrophic medical needs. *An annual administration fee of $45.00 is due from each primary member upon their program year anniversary.

Info | Enroll

OneShare Complete

Designed for those who wish to enroll in a more complete sharing program that serves the needs of individuals and families. *An annual administration fee of $45.00 is due from each primary member upon their program year anniversary.

Info | Brochure | Enroll

Step 3. Enter the Primary Member's information.

    a. Primary Member is always the oldest enrolled.

    b. To add spouse and/or child, click on the **Add Spouse** and/or **Add Child** button.
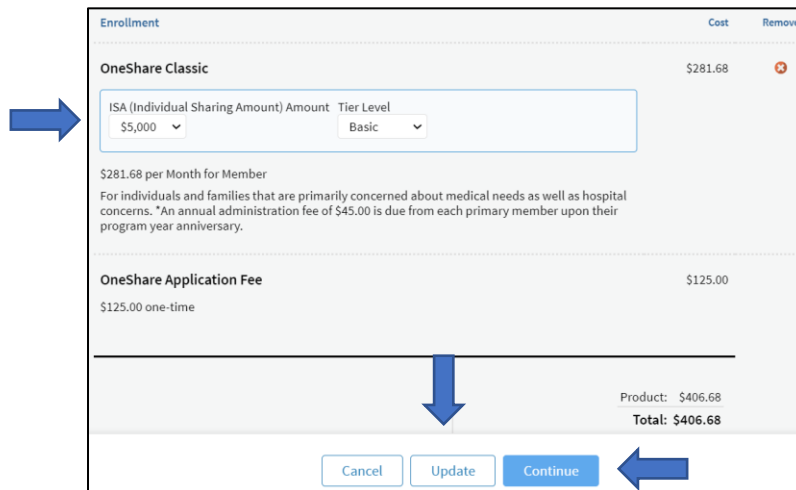
    c. Click **Update** after entering all members.

NOTE:

- Families of 6 or more, additional contribution amount of $50 per additional child.
- Tobacco users are welcome to enroll and there is no additional fee per month. However, if a Member uses or has used tobacco in any form, (this includes vaping of any nicotine products) any health-related issues are Not Eligible for Sharing.

Step 4. Select ISA, Tier, Application Fee

    a. Select the **ISA** (Individual Sharing Amount) and **Tier Level** (Basic, Enhanced or Crown)

    b. Once finished selecting all fields, click the **Update** button.

    c. You should be able to see the quote according to your selections.

        i. The quote will include a one-time application fee of $125.

        ii. **Note**: Member will pay $45 annual administration fee at program year anniversary.

Step 5. You now have three options:
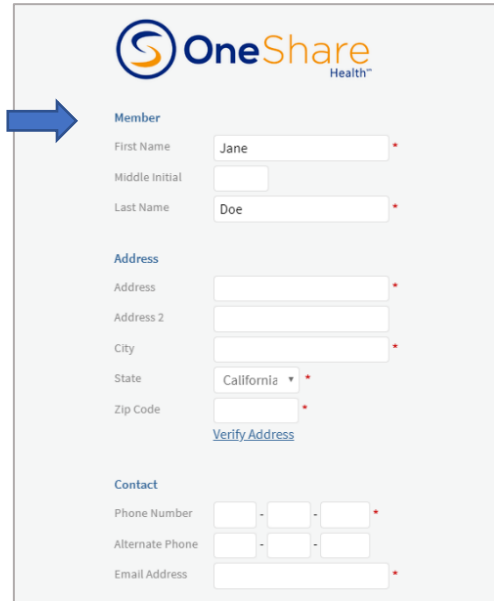
    a. You can **Cancel** and choose a different program.

    b. You can make a change to the page and **Update**.

    c. After reviewing the application click **Continue** to proceed forward.

Step 6. Enter the **Primary's** (oldest member) information and complete all required fields.

   a.   Required fields are marked by red asterisk
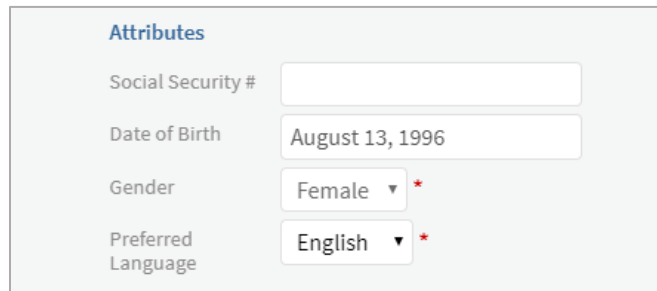
NOTE: You will notice that **Social Security #** is not required. Potential members do not have to be a US Citizen to enroll in our programs.

Step 7. Enter the **Post Date** (Billing Date) and **Effective Date** for the program. Then enter the **Post Date** and **Effective Date** for the Application Fee.

   a. The Application Fee must be paid prior to program starting.
   b. Post Date must occur prior to Effective Date.
   c. We only allow the 1-28th of each month as options.
   d. You can enroll members up to 60 days in advance.

Step 8. Statement of Beliefs

   a. Member must agree to the Statement of Beliefs our ONLY disqualifying question on the application. Choose **Yes** to proceed forward.

Step 9. If your member is currently in a Health Share program and is switching to OneShare Health, select **Yes**. Provide the active date or prior health share program.

Step 10. Answer the **Rating Questions** according to member's responses. There are questions specific to family members if applicable.

- Do you currently have or have had any of these conditions in the past 24 months? Check the appropriate boxes or click **None**.

- In the past 24 months have you received a medical service, treatment or advice? Select **Yes** or **No**.
- If you have received medical service, treatment or advice please list **Date, Physician and Diagnosis**. If no, you must type not applicable.

- Do you or any of your dependents have or have ever had Cancer? Select **Yes** or **No**. Select how many years ago if you or any of your dependents have had Cancer. Select **Never** if you have never had Cancer.

- Are you or any of your dependents currently, or in the past 6 months, taking prescription medications? If no, you must type **not applicable.**

- Do you play in any extreme or professional sports? If **Yes**, please **list** sports in which you participate. If none, enter **not applicable.**
- Do you consume alcohol? If **Yes**, what is your weekly intake? If you do not consume alcohol, select **Never**.

- Are you or could you be pregnant? Select **Yes** or **No**.

- If applicable, select which spouse/dependent has the conditions, diseases listed above. If **Yes**, enter the condition or disease under dependent medical information. If no information, enter **not applicable.**

> If applicable, does anyone else in your family who is enrolling have any of the above conditions, diseases?
> ☐ Spouse
> ☐ Child 1
> ☐ Child 2
> ☐ Child 3
>
> Please fill out any dependent medical information.
>
> [   ]

Step 11. Choose payment method. Select **Credit Card**, **Debit Card or Bank Draft**. Member must read through all disclosures and disclaimers. Then check the box to acknowledge and agree to authorization.

> **Payment Method**
>
> ○ Credit Card VISA MasterCard AMEX DISCOVER
> ○ ACH Bank Draft eCHECK
>
> **Authorization**
>
> days prior to the end of your current month. Your sharing opportunity will end the last day of your current month. Canceling your OneShare Health membership does not meet the requirements for a Qualifying Life Event (QLE) under the Special Enrollment elegibility for the Affordable Care Act.
>
> **Guidelines**
>
> OneShare manages member sharing contributions by establishing guidelines that define which medical bills are eligible for sharing ("Guidelines"). Neither the Guidelines, nor anything else presented by OneShare, constitutes a contract for insurance. The Guidelines do not constitute a legally binding agreement, a promise to pay, or an obligation to share. The Guidelines specify what type of expenses are eligible for sharing requests. OneShare reserves the right to exclude sharing eligibility for any pre-existing conditions, whether disclosed at the time of your enrollment or discovered after the effective date of the membership. OneShare reserves the right to update and change its Guidelines at any time.
>
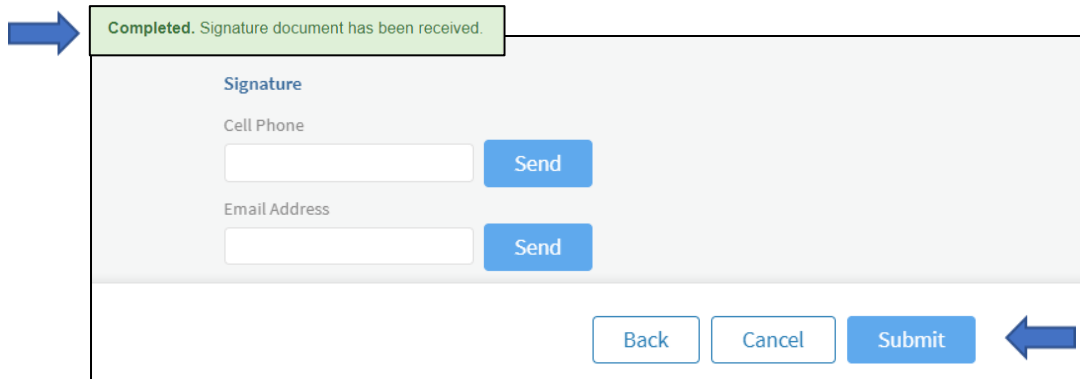> ☐ By checking the box, I acknowledge that I understand and agree to the authorization.

Step 12. Electronic signatures are **REQUIRED** and the responsibility of the Producer to obtain. <u>You must send the e-signature via Cell Phone or Email</u>. Click **Send** and a confirmation of "message sent" will appear.

> **Signature**
>
> Cell Phone
> [   ] Send
>
> Email Address
> [   ] Send

Step 13. Once the member submits their signature, a notification in green will appear. **Completed** confirms the document has been received. Lastly, you must click the **Submit** button for application to be processed.

Step 14. Inform the caller the line will be connected to an automated **Verification System** to review program details and disclaimers. The member should have a thorough understanding of their selected program.

- Inform the member that this call will be recorded.
- The Producer or appointed individual **must** remain on the call until verification complete.
- Connect the member to **682-228-2808** to begin the Verification Process and will take approximately 7-8 minutes.

Step 15. Once verification is complete, the Producer or appointed individual will **disconnect** the call and answer any remaining questions.

NOTE: Once the member is enrolled, the member will receive the below emails.

- Automated Welcome email
- Payment Confirmation email within 24-48 hours.
- Telemedicine email from DialCare will be sent separately. The Primary Member must register and add each member along with their medical information.

If they do not see them in their inbox, please have them check their spam/junk folder.

Dear Member,

Welcome to our OneShare Health family! And thank you for entrusting OneShare Health to facilitate the sharing of your health care needs as you share in the needs of others. OneShare Health is a ministry dedicated to its members. Our primary goal is to focus on your overall health and wellness.

You will receive a temporary ID card through a separate email. Once received, please print a copy for your records. The hard copy of your member ID card takes 12-15 business days to arrive in the mail. We encourage you to take a few minutes to review the information below. The more informed you are, the easier it will be to get the care you need when you need it.

Your Membership Information:

      Member Name:

      Member ID:

      Program Name:

      Effective Date:

      RX ID:

      RX Bin #:

      RXPCN:

      Group Code:

Your Member Portal:

Contains your membership guide and important information about your membership.

      Member Portal Link: https://www.joinoneshare.com/oshmembers

      Username:

      Password:

Thank you for becoming a OneShare Health member. Please know we are here for you in your time of need. If you have any questions, feel free to reach out to our specialists in the Member Support Team.

Blessings to you and your loved ones!

Sincerely,

Alex Cardona
Chief Executive Officer

Thank you for your contribution!

Order Information	
Description:	**OneShare Classic** $142.89 - Member - Monthly $204.14 - Member - Monthly
Member ID:	
Today's Charges:	$204.14
Customer:	
Credit Card -	
Date of Payment:	November 23, 2018
Paid thru Date:	December 31, 2018
Transaction ID:	