

Welcome To Medi-Share Value!

Here are some basics to get you started on your member journey.

Register and log in to the Member Center

Visit member.medishare.com and click on “Register now” at the bottom of the Member login window to register. In order to register, access your Forms Center to find your unique CCM ID number.

NEED CARE?

Non-Emergency Telehealth



Register for telehealth through your Member Center



Request a consultation at no out of pocket cost



The doctor can call in your prescription or recommend further care

Emergency



Seek care from the nearest hospital or urgent care



Pay minimum amount at time of service & request a payment plan



Notify the Navigation Team (see contact details on page 2)

In-Person Visit



Log into the Member Center to search Healthcare Bluebook* for a provider or procedure



Select a Fair Price* provider for your visit or procedure



Self-pay or notify the Navigation Team if indicated

*Healthcare Bluebook and Fair Price are trademarks of CareOperative LLC.

What is the Initial Member Responsibility (IMR)?

The IMR is the dollar amount, either "per day" or "per stay," that is your responsibility before Eligible Medical Bills may be submitted for sharing. The IMR will apply one time per day for all medical services occurring on that day, or one time per stay for all medical services occurring during an inpatient treatment/procedure that spans multiple days without discharge.

When you joined, you chose an Initial Member Responsibility (IMR) of either \$500 or \$1,000 (Per Day or Per Stay). Once your IMR is met, Eligible Medical Bills may be submitted for sharing.

What makes Medi-Share Value unique?

The Medi-Share Value program option is designed to empower you to identify the provider in your area with the best quality and price, and equip you to negotiate your own pricing. You will use Healthcare Bluebook and the Notification process to facilitate sharing.

As a Medi-Share Value member, you present yourself as a "self-pay" patient to providers and are responsible for payments to providers or for making payment arrangements. Most care can be navigated without support; however, we have a team to support you when care gets costly or complex. Healthcare Bluebook indicates when it is necessary to notify the Navigation Team for support.



PER DAY

For medical services not occurring during an admission to a facility, the IMR will apply one time per day (based on date of service), including but not limited to:

- Office visit
- Urgent care visit
- Prescriptions filled same day
- Single day emergency room visit
- Emergency transport
- Laboratory services
- Radiology services
- Outpatient physical, speech, or occupational therapy
- Outpatient/office infusion
- Home health care
- Telehealth visit (beyond included with membership)



PER STAY

For medical services occurring during an inpatient treatment or procedure that spans multiple days without discharge, including but not limited to:

- Facility/hospital charges*
- Physician and provider services during admission
- Ancillary bills (third party charges not included in the hospital bill)
- Anesthesia charges
- Pathology services
- Diagnostic consultations/interpretation

*Facility charges include, with limitations defined in Section VI. I.: Long term acute care (LTAC) Facility • Skilled Nursing Facility (SNF) • Hospice Facility

Value Member Services

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