

# JHS Community FAQ's

## **Who is JHS Community?**

JHS Community is a nonprofit 501(c)(3) Health Care Sharing Ministry (HCSM). JHS Community consists of individuals and families that believe in a common set of Religious and Ethical Beliefs and who choose to inspire grace and compassion in others. Our members voluntarily contribute and share in the financial burden of one another's eligible medical needs according to these beliefs.

## **Is JHS Community Health Insurance?**

No, this is a healthcare sharing program. Nearly 1.5 million people throughout the country use similar programs. These are not insurance policies as they do not carry guarantees.

## **Is JHS Community available in all 50 states?**

No, JHS Community is currently available in 31 of the 50 states. JHS Community is not available in Alaska, California, Connecticut, District of Columbia, Hawaii, Kentucky, Maryland, Massachusetts, Minnesota, Montana, New Hampshire, New Mexico, New York, North Dakota, Oregon, Pennsylvania, Rhode Island, Vermont, Washington, and Wisconsin.

## **How and where do I go to begin selling the plans through Quotit?**

To start selling JHS Community Health Sharing products, you'll first need to be contracted. Go to [Get Appointed](#) to begin the broker appointment process through JHS Community.

## **What identification number do I use to receive credit for a sale?**

Once the producer is active, they will receive a welcome letter by email and it will include the producer's ID. All agent ID's start with the letter A and have 5 numbers after the A ex. A12345

## **How much does JHS Community cost?**

The monthly contribution will vary based on the member's age, the number of members in the family enrolling in the program and the membership program selected.

## **Is there a contract requirement to join JHS Community or can I cancel at any time?**

The membership with JHS Community is not a contract and can be cancelled by the member at any time.

## **Does JHS Community use a provider network?**

As a member of JHS Community, you have access to the First Health or PHCS networks. The network is determined by the state in which the member resides at the time of their enrollment.

**How does the provider or facility get paid?**

Member selects provider/facility to provide medical care. Member presents Member ID Card to provider/facility. The provider/facility calls JHS Community to verify eligibility and medical needs information. Provider/facility submits member's medical need. Network discounts are applied, and medical need is processed according to Information Guide. Member and provider/facility receive an Explanation of Sharing with details if need is eligible for member-to-member sharing.

**When can I enroll in a JHS Community program?**

At JHS Community, enrollment is available 365 days a year with next day effective dates. Once the producer is active they will receive an enrollment link in their producer portal.

**Are nicotine or tobacco users allowed to join JHS Community?**

Yes, JHS Community has pricing specifically for nicotine or tobacco users. The monthly contribution will vary based on the program selected, member's age and the number of individual members enrolling in the program.

**Is there a waiting period for the telemedicine, MDLIVE?**

Members can utilize MDLIVE as soon as their membership is activated, there is no waiting period. The MDLIVE® program utilizes a network of state licensed primary care physicians, providing cross coverage consultations 24 hours a day, 7 days a week, and 365 days a year, at \$0 cost to the member.

**Is there a specific date that monthly contributions are due?**

Yes, all monthly contributions will be automatically drafted using the funding method on file five (5) days prior to the members statement date.

**Is there a time limit on submitting my medical expenses to be processed?**

Yes, initial submission of a need, JHS must receive within 180 days from the member's date of service. Screenshots or print screens will not be accepted as proof of timely filing. Needs submitted to JHS Community after 180 days will not be considered for member-to-member sharing. Please refer to JHS Community's guidebook under, [Timely Filing Limits and Review of Records](#), for more information.

**Does JHS Community have pre-existing waiting periods?**

Yes, JHS Community does have a pre-existing waiting period. Pre-existing Waiting Period: Any medical needs resulting from a disease or physical condition for which medical advice, treatment or diagnosis was received and/or a prescription was prescribed, during the 12-month period preceding the member's effective date are ineligible for member-to-member sharing. The pre-existing waiting period does not apply to services or treatment billed as an office visit or urgent care visit.

**Can I add or remove a dependent?**

Yes, eligible dependents must be at least 30-days old and have not reached their 26th birthday in order to be added to your membership. An Enrollment Application must be completed. This may change your monthly contribution.

**What if I only want to enroll my child in a JHS Community program?**

JHS Community provides child-only plans. JHS Community offers all programs for families or their dependent children only with the authorization of a parent or the legal guardian. The oldest child will be listed as the primary member and the parent/guardian will be the authorized parent/guardian contact on behalf of the dependent(s). For families the AMRA is maxed out when three family members have satisfied their full AMRA.

**What if I want to change my JHS Community program, can I do that?**

Yes, if a member chooses to change the program in which they have enrolled, they may be subject to a new 90-day and pre-existing waiting periods. Members may be required to complete a new enrollment application. Adding or removing a dependent is not considered changing programs. Please contact Member Services for current requirements.

**Does JHS Community have an Rx program?**

Yes, Arrive Rx offers members on the Distinct, Diverse and Dynamic programs access to over 200 preferred formulary drugs at \$0 cost in Tier1. Costs of drugs in Tiers 2-4 shall not exceed these amounts: Tier 2 (\$10.00 or less), Tier 3 (\$25 or less) and Tier 4 (\$50.00 or less). Generic and brand name drugs are included.