



# SHARE HEALTHCARE

# MEMBER HANDBOOK

Be a part of something bigger than yourself through Health Care Sharing

Revised 2022-08-22



# Share HealthCare Membership Handbook

## Please keep for your records

For general information, help with your Member Information Sheet, inquiries about the Suggested Monthly Share Amount, or how to submit medical expenses, please contact:



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**Hebrews 13:16 – “But do not forget to do good and to share, for with such sacrifices God is well pleased.”**

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Share HealthCare, which had first begun as a healthcare sharing ministry just for the Old German Baptist Brethren under the name “Kansas Assurance Plan,” is now an interdenominational Christian healthcare ministry. Share HealthCare is not insurance and not subject to state or federal insurance regulations. However, there are many state and federal legal requirements with which Share HealthCare must comply or fit within to legally operate as a healthcare sharing ministry. It must be a tax-exempt religious organization. It must have been in existence and sharing medical expenses continuously since December 31, 1999. Its Members must share a common set of religious beliefs. Its Members must share their medical needs in accordance with their beliefs. Share HealthCare must facilitate the sharing directly from one Member to another. Share HealthCare must facilitate sharing of a Member’s medical needs even after the Member develops a medical condition. Share HealthCare must conduct an annual audit by an independent accounting firm. Share HealthCare must provide monthly reports to all Members listing the total dollar amount of qualified needs and the amount assigned to Members for sharing. There is to be no assumption of risk by the Members or Share HealthCare. The administrative fees and costs are disclosed in this Member Handbook.

Many states have statutes that protect healthcare sharing ministries, and protect you, the consumer. Most of those states request this or a similar statement be included in these materials:

**ATTENTION: This program is not an insurance company nor is it offered through an insurance company. This program does not guarantee or promise that your medical bills will be paid or assigned to others for payment. Whether anyone chooses to pay your medical bills will be totally voluntary. As such, this program should never be considered as a substitute for an insurance policy. Whether you receive any payments for medical expenses and whether this program continues to operate, you are always liable for any unpaid bills.**

There may also be more specific notice requirements for your state. If so, they can be found in the Legal Notices section at the end of this Member Handbook.

# I. Share HealthCare OVERVIEW

Share HealthCare is more than a name, it is a consistent concept: You share in other Members' needs when they have a medical event; they share in yours when you have one; and each membership also provides for the medical care of a child who, until you intervened by joining Share HealthCare, had been literally living and dying on one of the world's largest garbage dumps.

Share HealthCare is a non-profit organization, and it is a ministry, but it is more. It is a community, a voluntary association of Members committed to sharing in the spiritual, emotional, and financial needs of its Members who are experiencing medical problems, but it is more. It is more because we also collectively share by providing healthcare for orphans and abandoned children overseas, whose poverty we cannot really begin to comprehend.

Share HealthCare is built on a foundation of trust and shared values that facilitates voluntary contributions for the sharing of qualifying healthcare costs among its Members.

Members join this ministry because they want to share in the medical burdens of others. Share HealthCare facilitates and coordinates the sharing of Members' monthly contributions with those who have eligible expenses. Share HealthCare is not insurance nor is it anything like insurance.

- Share HealthCare does not assume responsibility for payment of, or indemnification for, your medical expenses.
- You do not assume responsibility for payment of, or indemnification for, the medical expenses of others.

- The other members do not assume responsibility for payment of, or indemnification for, your medical expenses.

This is your voluntary sharing, and all we do is to simply provide you with an organized method to help you and others with the same values and beliefs as you to share in one another's healthcare costs and concerns.

## A. The Purpose of This Handbook

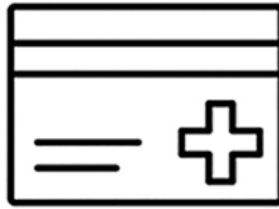
Share HealthCare facilitates and coordinates the sharing of Members' monthly contributions in accordance with this Member Handbook. This Share HealthCare Member Handbook serves to:

1. Inform you of qualifying medical expenses that Members choose to share among themselves;
2. Explain the process by which contributions are shared;
3. Provide you information about Membership Eligibility.

## B. Voluntary Participation in Share Healthcare

As a Member of Share HealthCare, you are a self-paying patient. Whether anyone chooses to share in another Member's medical expenses is totally voluntary. Monthly contributions are voluntary gifts and are non-refundable. Giving a monetary gift to assist another Member in the program does not create a legally enforceable right to receive funds for healthcare expenses. Whether or not any Member receives assistance from other Members for medical expenses, Members are always liable for their own medical expenses.

As a voluntary sharing ministry, we are constrained by finite resources—no matter how many Members we may have. We are not a government that can print money or raise taxes when it needs more. We are not an insurance company that has a reserve or investments that generate additional income. Therefore, there are limitations to what this HealthShare ministry can and cannot do.



## II. Share HealthCare MEMBERSHIP

As a Sharing Member, you regularly participate in Share HealthCare each month by contributing the Suggested Monthly Share Amount which goes directly toward another Member's medical expenses. Then, when you incur medical expenses, you may submit those needs for sharing among other Members as outlined in this Member Handbook. Also, you may choose to give above your Suggested Monthly Share Amount. Any contribution above the Suggested Monthly Share Amount is considered a charitable donation to Share HealthCare and will be used to share in other Members' medical expense needs that are not eligible for sharing as defined by this Handbook.



## III. Share HealthCare PROGRAM

Share HealthCare allows you to share qualified medical expenses above a Per Event Personal Expense or above an Annual Unshared Amount with no annual or lifetime limit. (See Sixty-Day Wait, VI.C.11.)



## IV. QUALIFICATIONS

The Affordable Care Act, the Internal Revenue Service and many States have certain requirements that an entity must meet for it to be able to legally operate as a Health Care Sharing Ministry. Some of the requirements relate to us, like the requirement that we must be a non-profit and have a CPA do an audit every year. Other requirements relate to you, and one of the most important of those is that you share the same religion as the other members and that you share in accordance with your shared religious beliefs.

## A. The Shared Beliefs of Share HealthCare Members

The unity of faith of its Members is what gives Share HealthCare the legal authority to bring together like-minded members to participate in a community of individuals and families who assist one another in meeting needs that would be insurmountable if faced alone. Without those shared religious beliefs, we cannot legally operate.

These shared beliefs inform the attitudes and behaviors of Share HealthCare Members. Compelled only by their conscience and personal integrity, Members share in the medical expenses of fellow Members and make responsible decisions regarding their own health.

These core beliefs inform our decisions and actions and guide our relationships in community with one another. We ask that each Member affirm that they have the following Shared Beliefs:

- We are Christians, and by that we mean we believe in the God of the Bible, His Son Jesus Christ, and the Holy Spirit.
- We believe Hebrews 13:16, which exhorts, “But do not forget to do good and to share, for with such sacrifices God is well pleased.”
- We believe Galatians 3:28, which reminds us that our spiritual unity is vastly more important than our physical differences, “There is neither Jew nor Greek, there is neither slave nor free, there is neither male nor female; for you are all one in Christ Jesus.”
- We believe Colossians 3:10-12, which helps us to recall that we “have put on the new man who is renewed in knowledge according to the image of Him who created him, where there

is neither Greek nor Jew, circumcised nor uncircumcised, barbarian, Scythian, slave nor free, but Christ is all and in all.”

- We believe 2 Corinthians 9:7-8, which edifies us, “So let each one give as he purposes in his heart, not grudgingly or of necessity; for God loves a cheerful giver. And God can make all grace abound toward you, that you, always having all sufficiency in all things, may have an abundance for every good work.”
- We believe 2 Corinthians 8:13-14, which reassures us, “For I do not mean that others should be eased and you burdened; but by an equality, that now at this time your abundance may supply their lack, that their abundance also may supply your lack—that there may be equality.”
- We believe in the balance of Philippians 4:5, “Let your moderation be known unto all men;” and 1 Corinthians 10:31, “So, whether you eat or drink, or whatever you do, do all to the glory of God;” and John 10:10, “I have come that they may have life, and that they may have it more abundantly.”

## B. Maintain a Lifestyle in accordance to the above beliefs

1. Exercising the virtue of temperance to avoid every kind of excess, including, but not limited to the abuse of food, tobacco, alcohol, marijuana, and medicine (over-the-counter or prescription drugs).
2. Abstaining from the use of illegal drugs. Illegal drugs include, but are not limited to, any banned pharmaceuticals; non-prescribed pharmaceuticals; prescribed pharmaceuticals in a matter not prescribed, synthetic drugs; hallucinogenic substances;

barbiturates; amphetamines; cocaine, heroin, or other opiates; marijuana; illegal intravenous drugs; narcotics; and all substances declared to be illegal.

**3.** Intentionally incorporating exercise and good nutrition into one's life. Share HealthCare Members have a moral obligation to maintain their health so as not to place any unnecessary burdens on their fellow Members who share in their healthcare costs.

These beliefs form the dutiful and ethical basis for our interaction and community relationships. Each Member indicates their adoption of the Statement of Shared Beliefs when they sign the Sharing Member Information Sheet. We make a solemn and significant statement to one another that we will aid, support, and devote our resources to one another as we pursue healthcare that respects our way of life as reflected in this Member Handbook.

## C. Applying for Membership

You become a member when we receive a completed and signed Sharing Member Information Sheet along with annual dues. Membership begins on the date specified by Share HealthCare in writing to you.

Disclosing existing medical conditions (see Section IV.E) is essential during the application process to aid us in making suggestions as to lifestyle changes that can improve the health of the individual as we strive to provide a greater benefit to our overall membership group (see Section II).

## D. Sharing Member Information Sheet

**1. Household Size** Share HealthCare enrolls Members according to the size of the household as either a single person, couple, or family. Depending upon household composition, couples and families may be subject to the provisions, in subparagraph 2 below, defining "dependents."

- a. A single person is one Sharing Member;
- b. A couple is two Sharing Members of the same household related by birth, marriage, or adoption. This would include:
  - 1) A married couple;
  - 2) A parent/guardian and a dependent child; or
  - 3) Two dependent children, participating without either parent (see subparagraph 2); and
- c. A family is comprised of three or more Sharing Members of the same household related by birth, marriage, or adoption. This would include:
  - 1) A married couple and one or more dependent children;
  - 2) One parent/guardian and two or more dependent children; or
  - 3) Three or more dependent children, participating without either parent.

**2. Dependents** A dependent child may participate with his or her parent(s) or legal guardian(s) in a Sharing Membership up to



and including age nineteen (19). The definition of dependent child would also include a child over age nineteen (19) who has a physical or mental disability. We may ask you to have a physician or qualified health professional verify a disability.

**3. Notice of Change in Household Size** Notice of any increase or decrease to your household size, such as a newborn, adoption, marriage, divorce, or by a child no longer being a dependent should be provided in writing to Share HealthCare within thirty (30) days of the change. This may change your Household size at Share HealthCare and may affect your monthly share contribution amount. If notice is given properly, then the increase or decrease is changed retroactive to the change.

## E. Medical History Questionnaire

As we mentioned at the beginning of this handbook, Share HealthCare is built on a foundation of trust and share values. If at any time it is discovered that you did not submit a complete and accurate medical history on the initial and renewal Sharing Member Information Sheet or on the Medical History Questionnaire, that can and likely will negatively affect your membership status.

## F. The Membership Process

Here is the step-by-step process and sharing eligibility from when you complete your enrollment to when you have become a Sharing Member.

- 1. Enrollment Processed Date** - This is the date when you finish the enrollment process and pay the set-up fee. You are not eligible to share medical expenses until your Effective Date, when you are eligible to share emergency medical expenses, and your Eligibility Date when you are eligible to share all qualified medical expenses.
- 2. Effective Date** - This is the date, chosen by you, when you become an Active member of Share HealthCare. From now until when your Eligibility Date occurs 60 days later, you are eligible to share only emergency medical expenses.
- 3- Eligibility Date** - After this date you are eligible to share all qualified medical expenses. This date is 60 days after your Effective Date.



## V. MEMBER FINANCIAL PARTICIPATION

### A. Submitting Dues and Suggested Monthly Shares

To maintain active Membership, you must submit Membership dues and contribute a monthly share of at least the minimum amount suggested by Share HealthCare each month. Eligible medical expense sharing is after the first 60 days of Active membership, which begins on the Effective Date (except for emergency medical expenses, which are qualified for sharing prior to reaching 60 days of membership). It is important for you to maintain an Active membership because under the exemptions given to Health Care Sharing Ministries by the Affordable Care Act and by the majority of States, a Health Care Sharing Ministry cannot assume the risk of payment for anyone's medical bills and can only facilitate sharing of medical bills for its members. If you have dropped or lapsed your membership, you are no longer a Member and your medical bills cannot be shared.

- 1. Membership Dues** Membership dues of \$120.00 are requested at the time of initial enrollment. Yearly Membership dues of \$120.00 are requested on the yearly anniversary of Membership and are due by the fifth (5th) day of the Member's renewal month. If the membership dues are not received within sixty (60) days of the due date, the Membership will have lapsed.

A Member's renewal will never be prevented or disallowed due to the amount of bills submitted for sharing in any prior year(s) of Membership or due to Member's health status.

**2. Monthly Share Amount** is the monetary contribution voluntarily given to share in another Member's medical expenses. The Monthly Share Amount suggested by Share HealthCare is determined by majority vote of the Board of Directors and is based upon the amount of bills submitted by Members for sharing, the amount needed to administer the Program, and the number of participating Members. Since the Monthly Share Amount is not actuarially based, the amount is reviewed monthly and the Monthly Share Amount may increase or decrease as determined by majority vote of the Board of Directors. Notice of such change will be given to the Members in a timely manner. If you do not voluntarily contribute the full Monthly Share Amount for sixty (60) days, your status shall be changed to an Inactive Member (see Section V.C.).

	SINGLE	COUPLE	FAMILY
<b>CARING PEPE</b>	\$299/month \$300 PEPE	\$399/month \$300 PEPE	\$659/month \$300 PEPE
<b>CARING AUA</b>	\$299/month \$3,300 AUA	\$399/month \$3,600 AUA	\$659/month \$3,900 AUA
<b>KINDNESS</b>	\$239/month \$500 PEPE	\$329/month \$500 PEPE	\$519/month \$500 PEPE
<b>COMPASSION</b>	\$149/month \$1000 PEPE	\$249/month \$1000 PEPE	\$349/month \$1000 PEPE

**Note: For each additional family member beyond four, an addition of \$50.00 will be added.**

**3. Administrative Fees** Share HealthCare administrative fees are used to pay for outside vendors, or for educational, marketing, administrative, or capital expenses. Like the portions for medical cost sharing, the Administrative Fees are taken out of your Monthly Share Amount. The Administrative Fees depends on your Membership:

	CARING	KINDNESS	COMPASSION
<b>SINGLE</b>	\$114.83	\$95.13	\$60.33
<b>COUPLE</b>	\$131.83	\$114.93	\$92.33
<b>FAMILY</b>	\$176.03	\$152.23	\$117.33

Administrative fees may be revised at any time by majority vote of the Board of Directors of Share HealthCare. Notice of such change will be given to the Members in a timely manner.

**4. Notice of Change in Household Size.** Notice of any increase or decrease to your household size, such as a newborn, adoption, marriage, divorce, or by a child no longer being a dependent should be provided in writing to Share Healthcare within thirty (30) days of the change. This may change your Household size at Share HealthCare and may affect your monthly share contribution amount.

**5. Soweto Academy** Soweto Academy is a school in Kibera, the largest slum in Africa. Kibera is in Kenya and is essentially a landfill. Shacks are built from what is found in the landfill. Soweto Academy is the only school for the over 600,000 inhabitants in Kibera. Your \$10 contribution each month will provide safe housing at the school, clothing, clean water, healthcare of course, and perhaps even build more schools and clinics for the inhabitants of Kibera.

**6. Assigned Need** Each month you may be assigned a specific need to share. By submission of the Suggested Monthly Share Amount, you are instructing Share HealthCare to assign your contribution to another Member's need as prescribed in this Member Handbook.

As a Member, you will also have an individual bank account with LimeBank of Bolivar, Missouri into which your suggested monthly share amount will be deposited and from which will be drawn your monthly contribution to another Member who has outstanding medical expenses.

**7. When Available Shares are less than Qualified Needs** In any given month, the available suggested share amounts may or may not equal the amount of qualified needs submitted for sharing. If qualified bills exceed the available shares to meet those needs, we use a prorating method to evenly distribute the burden. For example, if there is only enough share money for 95% of the needs submitted for a month, only 95% of each need would be shared for that month. We can also overlap needs from two months so that there is enough money for all the needs. If prorating occurs three months in a row without being reversed, the Board will propose a share increase to the members for a vote. This is your ministry. You have a voice.

## B. Voluntary Withdrawal of Membership

As a help and a courtesy to other Sharing Members, if you desire to withdraw your participation and cancel Membership you need to do so in writing, include the reason for such cancellation, and please have it be postmarked to Share HealthCare by the twentieth (20th) day of the month prior to the month in which contributions will cease. There will be no refund of your annual dues. Keep in mind, to comply with the ACA and State requirements that we only share

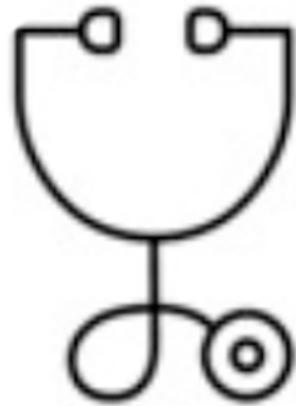
with members, we cannot share your existing or future needs when you become a non-member. When you notify us of terminating your membership, we will send a short reminder of this.

## C. Inactive Membership

If you do not voluntarily contribute the Monthly Share Amount for sixty (60) days, your status will be changed to "Inactive Member" and any qualified medical expenses submitted after sixty (60) days will not be shared. If you are inactive for less than sixty (60) days, your membership will be automatically reactivated on the first day of the month after you contribute a Monthly Share Amount for each month that your Membership was inactive and, if applicable, the annual Membership dues. Needs occurring after your inactivation date and before your reactivation date are qualified for sharing after Membership is reactivated.

If you have been inactive for more than sixty (60) days and wish to become active again, you must reapply as a new applicant. Reactivating Membership gives you a new effective date and does not retroactively move the previous effective date forward.

To comply with the ACA and State requirements that we only share with members, we cannot share your existing or future needs when you become a non-member. When you have been inactive for more than thirty (30) days, we will endeavor to send you a short reminder of this.



Each bill incurred must exceed the Per Event Personal Expense (PEPE) or Annual Unshared Amount (AUA) to be qualified for sharing (see Section VI.C.1). A Medical Expense Need is any medically diagnosed condition for which one received medical treatment and incurred medical expenses from the same diagnosis. All medical bills related to the same diagnosis are considered part of the same incident. Such expenses must be submitted for sharing in the manner and form specified by Share HealthCare. This may include, but not be limited to, standard industry billing forms (HCFA 1500 and/or UB 04) and medical records.

## VI. MEMBER MEDICAL EXPENSES

### A. Medical Expenses Qualified for Sharing (Shared Beliefs to shared medical expenses)

All medical expenses are qualified for sharing except for services specifically deemed not to be qualified. Medical costs are shared for illnesses or injuries incurring medical expenses 60 days after your membership Effective Date (unless the medical expenses are for emergency medical situations, which qualify for sharing beginning on your Effective Date) when medically necessary and provided by or under the direction of licensed providers. Medical expenses qualified for sharing include, but are not limited to home healthcare, physician and hospital services, emergency medical care, medical testing, imaging, ambulance transportation, non-AMA approved services (on a case-by-case basis) and prescriptions under the limitations mentioned above, but if prescribed for longer than 45 days after the incident must be evaluated by Share HealthCare unless otherwise limited or excluded.



## B. Medical Expenses Not Qualified for Sharing

Medical expenses arising from any one of the following are not eligible for sharing among Members:

**1. Abortion** Services, supplies, care, or treatment related to an abortion directly intending the termination of a pregnancy before viability or directly intending the destruction of a viable fetus.

**2. Alcohol/Drug Addiction** Services, supplies, care, or treatment for an injury and/or disease and/or bodily malfunction resulting from a Sharing Member's abuse and/or use of alcohol or drugs/pharmaceuticals or abuse of prescription drugs, including drug and/or alcohol rehabilitation treatment.

**3. Annual Unshared Amount** Amount that needs to be paid by member for medical expenses before sharing can start.

**4. Artificial Insemination and In Vitro Fertilization** Medical expenses or services related to artificial insemination and in vitro fertilization.

**5. Breast Implants** The placement, replacement, or removal of breast enhancement devices and complications related to breast implants, unless related to reconstructive mammoplasty.

**6. Contraceptives** Services or counseling on contraceptive interventions which render the marital (or non-marital) act infertile or intervene to prevent conception or implantation after a completed reproductive act.

**7. Complications from Non-Eligible Treatments** Care, services, or treatment required because of complications from a treatment not qualified for sharing.

**8. Custodial Care** Services or supplies provided mainly as a rest, maintenance, custodial care, or other care that does not treat an illness or injury.

**9. Dental Care** Dental prostheses and care or treatment of the teeth above or below the gums, except the repair of sound natural teeth due to injuries that occur while the person is a Sharing Member.

**10. Durable Medical Equipment (DME)** The purchase, rental, or replacement of durable or reusable equipment or devices, including but not limited to orthotics, hearing aids, tubing, masks, and their associated expenses.

**11. Emergency Room Charges Incurred for Non-Emergency Treatment** When treatment at an emergency room is not judged to be an emergency by normal standards of medical care and when less costly treatment was available by taking reasonable measures to seek such care.

**12. Exercise Programs** Exercise programs for treatment of any condition, except for Physician-supervised cardiac rehabilitation and/or physical therapy.

**13. Experimental, Investigational, or Unproven Services** Care or treatment that is either Experimental, Investigational, or Unproven by the American Medical Association (AMA), Food and Drug Administration (FDA), or other industry-recognized authoritative bodies. Eligibility for sharing of such expenses may be reviewed on a case-by-case basis.

**14. Eye Care** Eye exercise therapy, radial keratotomy, or another eye surgery to correct near-sightedness. Also, routine eye examinations, including refractions, lenses for the eyes, and exams for their fitting. This exclusion does not apply to the initial permanent lenses prescribed following cataract removal.

**15. Fertility** Expenses for Fertility treatments relating to the restoration or healing of the reproductive system to support procreation in the marital act.

**16. Hair Loss** Care and treatment for hair loss, hair transplants, or any drug that promises hair growth.

**17. Hearing Aids and Exams** Charges for services or supplies in connection with routine hearing exams, hearing aids, or exams for their fitting.

**18. Hazardous Hobbies** Care and treatment of an injury or illness that results from engaging in a hazardous hobby. A hobby is hazardous if it is an unusual activity which is characterized by a constant threat of danger or risk of bodily harm. Examples of hazardous hobbies include, but are not limited to, rock/cliff climbing, spelunking, skydiving, or bungee jumping.

**19. Hospice Care** Hospice Care is limited to thirty (30) days of respite and/or comfort care in any 30-day period. This should give the person (or their appointed representative if they are unable to give their consent) time to apply for Medicaid or Medicare, which pays for Hospice Care. If the member receiving Hospice Care personally has a religious conscience objection to his or her own participation in any health insurance, including government provided insurance such as Medicaid or Medicare, then they may receive additional days of hospice care as determined by Share HealthCare. Such a statement must be submitted in writing by the member and verified by Share HealthCare at the time of submitting the Sharing Member Information Sheet.

**20. Hospital Employees** Professional services billed by a Physician or Nurse who is an employee of a Hospital or Skilled Nursing Facility and paid by the Hospital or Facility for the service.

**21. Illegal Acts** Charges for services received because of an injury caused by engaging in an illegal act or occupation by committing or attempting to commit any crime.

**22. Impotence** Surgical and non-surgical services for the treatment of impotence.

**23. Mental Health Services** Costs for mental health, psychiatric, psychological, spiritual, or emotional healing.

**24. NaPro Technology** Expenses for NaPro Technology, which includes evaluation, treatment, therapies, surgeries, education, and supplies.

**25. Natural Family Planning/Fertility Awareness-Based Methods** Expenses for individual instruction and the initial supplies on approved fertility awareness-based methods, also known as Natural Family Planning.

**26. Non-Emergency Transportation** Expenses resulting from transportation by ambulance for conditions that will not seriously jeopardize the Sharing Member's health or life. Also, the additional expense for transportation to a facility that is not the nearest facility capable of providing medically necessary care.

**27. No Obligation to Pay** Charges incurred for which the Sharing Member has no legal obligation to pay.

**28. Non-Medically Necessary Service** Care and treatment that does not meet the criteria of a Medically Necessary Service or is not specified as a Medically Necessary Service, or care, treatment, services, or supplies not recommended or approved by a Provider. Share HealthCare reserves the right to review billing submitted by Providers for payment and, upon review by a qualified medical

professional, decline to share expenses deemed to be Non-Medically Necessary Services.

**29. Outpatient Prescribed/Non-Prescribed Medical Supplies/Personal Comfort Items**

Outpatient prescribed/non-prescribed medical supplies or equipment and personal comfort items are not eligible for sharing, including, but not limited to, Ace bandages, air conditioners, air-purification units, blood pressure instruments, diabetic test strips, elastic bandages, humidifier, insulin infusion non-hospital adjustable beds, orthopedic mattresses, ostomy supplies, over-the-counter drugs and treatments, pumps, scales, syringes, tubing, masks, elastic stockings, electric heating units, first-aid supplies, and gauze.

**30. Physical Manipulation (Chiropractic)** Chiropractic and osteopathic adjustments or manipulations, and analogous external therapies may be shareable only if directly related to treatment of injury or disease (but not for general wellness or for developmental issues).

**31. Professional Racing or Competitive Events** Charges for treatment of injuries or illness while racing or competing as a professional. Professional racing means that such activity is one's primary occupation and means of financial support. Professional racing and competitive events include, but are not limited to, automobile, motorcycle, watercraft, ski, or rodeo races or competitions.

**32. Relative Giving Services** Professional services performed by a person who ordinarily resides in the Sharing Member's home or is related to the Sharing Member as a Spouse, parent, child, brother, or sister, whether the relationship is by blood or exists in law.

**33. Sex Change** Care, services, or treatment for non-congenital transsexualism, gender dysphoria, or sexual reassignment or change. This includes medications, implants, hormone therapy, surgery, or medical or psychiatric treatment.

**34. Sports-Related Safety/Performance Devices and Programs** Devices used specifically as safety items or to affect performance primarily in sports-related activities. All Membership, registration, or participation costs related to physical conditioning programs, such as athletic training, bodybuilding, exercise, fitness flexibility, and diversion or general motivation.

**35. Sterilization** Expenses for direct surgical sterilization, including vasectomy and tubal ligation.

**36. Sterilization Reversal** of a tubal ligation or vasectomy.

**37. Surrogacy** Medical expenses for surrogacy.

**38. Travel or Accommodations** Normally travel costs and accommodations to obtain standard cost medical services are not shareable, however, we do encourage members to consider using distant providers when there are substantial savings. Where it can be demonstrated that a substantial savings in medical expenses resulted from the travel, reasonable expenses will be shared.

## C. Sharing Stewardship

The Members of Share HealthCare have limited resources and must be good stewards of the contributions of other Members. To both provide for the needs of Sharing Members and avoid burdensome

suggested Monthly Share Amounts, total qualified needs for sharing among the Members are limited as defined in this section.

**1. Per Event Unshared Amount (PEPE)** \$300, \$500, or \$1000

**2. Annual Unshared Amount (AUA)** \$3,300, \$3,600, or \$3,900

**3. Excess Charges** the Members of Share HealthCare must take steps to ensure charges are reasonable. As part of the administrative services, Share HealthCare will assist its Members in the communications with the providers to avoid excess charges. In furtherance of the shared beliefs of all Members, it is the mission of Share HealthCare to assist Members in managing, controlling, and directing their individual healthcare and the costs of that care. This includes the duty of Share HealthCare to protect its Members from healthcare service. A major part of Share HealthCare's stewardship efforts is to determine what part of an expense for the care and treatment of an injury or illness is unfair or unreasonable, based on techniques, criteria, and standards established or adopted by Share HealthCare. We will advocate on behalf of our Sharing Members against any healthcare service provider demanding payment of such unfair charges.

**4. Annual or Lifetime Limits** None.

**5. Occupational or Work-Related Injuries** Expenses arising from the care and treatment of an injury or illness that is occupational, or that arises from work for wage or profit, including selfemployment, are not qualified for sharing. However, such expenses will be considered for sharing if:

**a.** The State in which the injuries occurred has no Worker's Compensation laws or requirements.

**b.** The State laws proscribing participation in the Worker's Compensation system of that State do not require the business owner and/or enterprise to participate in Workers Compensation. Documentation of such exemption may be required.

**c.** The business owner personally has an objection to his or her own participation in insurance based on religious conscience. Such a statement must be submitted in writing by the business owner and verified by Share HealthCare at the time of submitting the Sharing Member Information Sheet.

**6. Other Sources of Medical Expense** Payment Needs do not qualify for sharing to the extent that they are discountable by the healthcare provider or are qualified to be paid by any other source, either private, governmental, or institutional, such as insurance, Medicare/Medicaid, Veterans Administration, Tricare, private/public grants, another Health Care Sharing Ministry, or, in the event of an accident, by any liable third party. If you do not cooperate fully and assist Share HealthCare in determining if your need is discountable or payable by another liable party, the need will be deemed not qualified for sharing. And to the extent that such expenses are then subsequently paid by insurance, Medicare, Worker's Compensation, Medicaid, another Health Care Sharing Ministry, or any other liable third party, such expenses will be regarded as unqualified for sharing. To conserve the giving of the Sharing Members, it is your obligation to pursue payment from any other responsible payer before submitting such medical expenses to Share HealthCare for assistance. If a governmental, insurance, or religious program; liable third party; fraternal organization; or any other financial assistance source will pay any portion of the qualifying medical bill, that amount will offset any unshared and/or shared amounts applied your needs up to the total amount of the need. If you refuse to accept such assistance, then that portion of the medical need also becomes unqualified for sharing.



This limitation applies unless you declare, in writing, that accepting such assistance would violate your deeply held religious or ethical convictions. If you are sixty-five (65) years of age or older, this limitation also includes needs that are eligible to be paid by Medicare Parts A or B, whether you are enrolled in Medicare or not.

**7. Permanent Waiver** A Permanent Waiver may be requested during the enrollment process for Membership, in which the enrolling Member agrees to never share in medical expenses from a specified and agreed upon pre-existing condition. A Permanent Waiver allows individuals and families to be accepted as Members sharing in all other medical expenses unrelated to the pre-existing condition and is voluntarily agreed upon at the discretion of both the applying Member and Share HealthCare.

**8. Pre-Existing Conditions** Everyone can be a member of Share HealthCare, but a condition for which signs, symptoms, or treatment were present within the past twenty-four (24) months or sixty (60) months for any malignant form of cancer (tissue or blood) prior to applying for Membership, or can be reasonably expected to require medical intervention in the future, must be disclosed on the Member Information Sheet to Share HealthCare and are not qualified for sharing.

**9. Pre-Existing Condition Review** Medical expenses incurred within the first ninety (90) days of Membership may be subject to a pre-existing condition review, including, but not limited to, request for medical notes/records, hospital charts, surgical records, or other relevant medical history information. Failure to fully disclose pre-existing condition information at the time of enrollment is a violation of our shared trust among Members and may subject the Member to termination of Membership.

**10. Pre-Notification of Medical Expense** the Members of Share HealthCare must take steps to ensure charges are reasonable. As part of the administrative services, Share HealthCare will assist its Members in communications with the providers to avoid unnecessary medical expenses. PreNotification benefits the Members by monitoring services to ensure appropriate and cost-effective care. Pre-Notification can eliminate unnecessary services, hospitalizations, and shorten inpatient admissions, while improving quality of care and reducing expenses shared among the Members. To be qualified for cost sharing, Share HealthCare **MUST** be notified **IN ADVANCE** (PreNotification) for the following:

- a. Inpatient hospital admissions (including Hospital, Skilled Nursing, care at an Inpatient Rehabilitation Facility, and Hospice Care), except in the case of emergencies. The term "Inpatient" includes any hospital admission that lasts more than twenty-three (23) hours. You, your Physician, or their representative should call Share HealthCare at least seven (7) days prior to admission.
- b. Home Health.
- c. Diagnostic and Radiologic Imaging.
- d. Organ/Tissue Transplant Services.
- e. Outpatient Services (including surgical procedures; physical, occupational, speech, respiratory therapy)
- f. OB/GYN to include pregnancy, hysteroscopy, and dilation and curettage.

After admission to the Hospital, the Pre-Notification Staff will continue to evaluate your progress to monitor the length of the

hospital stay and make a recommendation as to the maximum length of stay. You and your Physician will be advised of your recommendation. If the Pre-Notification Staff determines that continued hospital stay is no longer necessary, additional days will not be qualified for sharing.

All Emergency Hospital admissions **AND** Maternity admissions **MUST** be reported to the PreNotification Staff within forty-eight (48) hours following admission or on the next business day after admission to be qualified for sharing. If you are unable to Pre-Notify due to the severity of the Illness or Injury, then a Provider or a responsible party representing you should PreNotify at the earliest time reasonably possible. To determine qualification for sharing, all Emergency Admissions are reviewed retroactively to determine if the treatment received was Medically Necessary, appropriate, or for Emergency Services.

**11. Sixty-Day Wait** For sixty (60) days after enrollment and acceptance as a Sharing Member, medical expenses for any reason, other than accidents, emergencies, acute illness, are not qualified for sharing among Members.

## **D. Provision for Qualified Medical Expenses after Death**

If at the time of your death, you have outstanding Eligible Medical Expenses that have not been shared at the time of death, the following provisions apply:

**1.** Qualified Medical Expenses submitted by the provider in the normal course of business shall be shared in the same manner, as if you had not died.

**2.** Qualified Medical Expenses not submitted by the provider but paid or payable directly by or on behalf of you and submitted for sharing within a reasonable time of the billing or payment shall be shared, and payment shall be directed to your estate, or pursuant to an order of the applicable Court with probate jurisdiction.



## **VII. DISPUTE RESOLUTION AND APPEAL**

### **This is your ministry. You have a voice.**

Share HealthCare is a voluntary association of like-minded people who come together to assist each other by sharing medical expenses. It is recognized that differences of opinion will occur and that a methodology for resolving disputes must be available. Therefore, by becoming a Sharing Member of Share HealthCare, you agree that any dispute with or against Share HealthCare or its associates or employees will be settled using the following steps of action, and only as a course of last resort.

If a determination is made by Share HealthCare staff or vendors that you disagree with and because of which you have a grievance, then you may file an appeal.

## **A. First Level Appeal, Sharing Member Advocate.**

Most differences of opinion can be resolved simply by calling Share HealthCare and letting them know about your disagreement or grievance. A Sharing Member Advocate should resolve the matter in writing within one calendar week or five (5) business days.

## **B. Second Level Appeal, Executive Conciliation Committee.**

If you did not receive the Sharing Member Advocate's written resolution within one calendar week or five (5) business days, or you are unsatisfied with the determination of the Sharing Member Advocate, then you may request a review by the Executive Conciliation Committee, which shall be composed of three (3) Share HealthCare officers: Chief Executive Officer, Chief Operations Officer, and the Chief Financial Officer. Your appeal must be in writing, stating what you believe to be all the relevant facts of the dispute.

Within thirty (30) days of receipt of your appeal, the Executive Conciliation Committee will provide you with a written decision.

## **C. Third Level Appeal, Sharing Member Conciliation Committee.**

If you did not receive the Executive Conciliation Committee written decision within thirty (30) days of receipt of your appeal, or should your grievance remain unresolved to your satisfaction, you may then ask that the dispute be submitted to three (3) randomly chosen Sharing Members in good standing, who shall review the matter and constitute the Sharing Member Conciliation Committee to hear and decide upon your grievance. Within thirty (30) days, the Sharing Member Conciliation Committee shall render their opinion in writing.

## **D. Final Appeal, Institute for Christian Conciliation Services.**

If you did not receive the Sharing Member Conciliation Committee's written decision within thirty (30) days of your appeal being submitted to them, or if you disagree with the conclusion of the Sharing Member Conciliation Committee, then the matter shall be settled by mediation and, if necessary, legally binding arbitration conducted by the Institute for Christian Conciliation Services (PeaceMakers). Judgment upon an arbitration decision may be entered into any court otherwise having jurisdiction. You agree and understand that these methods shall be the sole remedy for any controversy or claim arising out of this Member Handbook and you expressly waive your right to file a lawsuit in any civil court against Share HealthCare or its Members for such disputes, except to enforce an arbitration decision. Any such arbitration shall be held within 120 miles of your home at a location agreed to by you, Share HealthCare, and the Institute for Christian Conciliation Services. The arbitration shall be subject to the laws of the Commonwealth of Virginia. Share HealthCare shall pay the fees of the arbitrator in full and all other expenses of the arbitration, except that each party shall pay for and bear the cost of their own transportation, accommodations, experts, evidence, and legal counsel. In conclusion, Share HealthCare and you agree to be legally bound by the Arbitrator's decision.



## VIII. MENDING THE MEMBER GUIDELINES

### A. Enacting Changes

This Member Handbook may be amended from time to time as circumstances necessitate by a majority vote of the Share HealthCare Board of Directors. The Board of Directors has the option of first taking an advisory vote of the Sharing Members.

### B. Effective Date

Amendments to the Member Handbook will take effect as designated by the Board of Directors. Dates of Service of medical expenses submitted for sharing will be subject to the edition of the Member Handbook in effect when recorded as received by Share HealthCare and supersedes all other editions of the Member Handbook and any other communications, written or verbal.

### C. Notification of Changes

You will be notified of changes to the Member Handbook in the normal course of communications with Members, no later than your renewal date.



## IX. DEFINITION OF TERMS

**Terms commonly used by Hospitals, Medical Providers and throughout the Member Handbook and Sharing Member Information Sheet are defined as follows:**

**Annual Unshared Amount** Amount that needs to be paid by member for medical expenses before sharing can start.

**Applicant** is an adult 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 Sharing Member Information Sheet on behalf of the child(ren).

**Application Date** is the date Share HealthCare receives the signed Sharing Member Information Sheet with the appropriate dues included.

**Assignment of Member Shares Received for Eligible Expenses** refers to other Members' voluntary monthly contributions assigned to a Member to assist with their medical expenses. Share HealthCare facilitates a Member's lawful assignment of sharing to a Provider and a Provider who accepts an assignment of sharing has no greater rights to reimbursement than the Member and the right to reimbursement is governed by the terms of the Member Handbook.

**Dependent** refers to the applicant's spouse; children (natural born or legally adopted by either spouse), or an unmarried person under the age of nineteen (19) who is the applicant's child by birth or legal adoption or for whom the applicant has a Qualified Medical Child Support Order (QMCSO). An applicant's stepchild is also a dependent so long as the applicant's spouse is also participating under the same Sharing Membership.

**Discount Provider** is any Hospital, Physician, and other healthcare Provider who has agreed to accept reduced fees for services rendered to Share HealthCare Members.

**Eligible Medical Expenses** are the charges for a service or supply provided in accordance with the terms of the Member Handbook and approved for sharing, whose applicable charge amount does not exceed the program limits.

**Excess** refers to charges in excess of fair and reasonable consideration or reasonable fees, charges for services not deemed to be reasonable or Medically Necessary Services, or for billed amounts

found to constitute invalid charges based upon the determination of Share HealthCare or its delegate in accordance with the terms of the Member Handbook.

**Event** refers to one encounter with a Medical Provider at an office or facility. For instance, you go to the Doctor's office for a yearly wellness visit. That would be one event. You go to the emergency room; you may receive two bills: one for the Doctor and one for the Facility. Both bills represent one event. You are admitted to the hospital for a week. You will receive 2 bills again, one for your attending doctor and one for the hospital. These two bills represent one event.

**Facility** refers to any facility that provides medical services on an Outpatient basis, whether a Hospital-Affiliated Facility or Independent Facility.

**Fair and Reasonable Consideration** refers to an amount that would constitute fair and reasonable payment to a Provider for Services provided in accordance with the terms of the Member Handbook and approved for sharing, consistent with the facts and circumstances surrounding the provision thereof, taking into consideration the cost to the Provider for providing the Services, the fees that the Provider typically accepts as payment for the Services from or on behalf of the majority of patients receiving the Services, the fees that Providers of similar training and experience in the same area of expertise most frequently accept as payment for the Services from or on behalf of the majority of patients receiving the Services, and the Medicare reimbursement rates for such Services. Regardless of typical practices of any Provider or other providers of comparable services, Fair and Reasonable Consideration shall not include amounts for any Invalid Charges.

**Hospice Care** occurs after a doctor certified that the person is terminally ill, meaning the person has a life expectancy of 6 months or less. When a person (or their appointed representative, if they are unable to give their consent) agree to hospice care, the person is agreeing to comfort care (also known as palliative care) instead of care to cure their illness.

**License or Licensed or Licensure** means, as to a person performing medical services, the applicable and current licensure, certification, or registration required to legally entitle that person to perform such services in the state or jurisdiction where the services are rendered.

**Marriage** is the uniting of one man and one woman in a single, exclusive union.

**Maternity** medical expenses are the expenses which are incurred during a mother's care pertaining to prenatal or infant delivery and initial, routine hospital expenses for the infant and medically necessary expenses arising out of complications of pregnancy. There is no waiting period required for pregnancy and there are no maternity dollar limitations or maximums, unless a member is pregnant within two (2) months of enrollment, in which case all medical expenses will be shared only up to 50% of the member's share contributions. This would include any services rendered for prenatal care, miscarriage, complications of pregnancy, labor and delivery, and any other medically necessary services rendered related to that pregnancy.

**Member Handbook** is the documentation that describes the types of medical expenses shared by Members and how Share HealthCare functions to facilitate that sharing.

**Medical Expense Need** is the charge(s) or expense(s) for medical services from a licensed medical practitioner or facility, arising from a Sharing Member's illness or accident and the fees incurred by Share HealthCare to reduce such charges or expenses.

**Medically Necessary Services** are those health services provided for the purpose of preventing, diagnosing, or treating an illness, injury, disease, or symptoms that meet accepted standards of medicine or enough peer reviewed evidence. To help determine medical necessity, Share HealthCare may refer to the Sharing Member's medical records and other resources and may require a second opinion from a healthcare professional chosen by Share HealthCare.

**Monthly Share Amount** is the monetary contribution, not including the Membership dues or monthly administrative costs, voluntarily given to share in another Member's Medical Expense Need as assigned by Share HealthCare according to the Member Handbook.

**Not Qualified for Sharing** are provider charges more than the Maximum Qualified Amount or other unqualified charges as defined by the Member Handbook.

**Outpatient** means a patient who receives Services at a Hospital but is not admitted as a registered overnight bed patient; this must be for a period of less than twenty-four (24) hours. This term can also be applicable to services rendered in a Free-Standing Facility or Hospital-Affiliated Facility.

**Per Event Personal Expense (PEPE)** is the amount of a qualified need that does not qualify for sharing.

**Pre-Existing Condition** is a condition for which symptoms, medical

advice, diagnosis, care or treatment was recommended or received within twenty-four (24) months or sixty (60) months for any malignant form of cancer (tissue or blood) prior to the Member's Enrollment Date. Treatment includes receiving services and supplies, consultations, diagnostic tests, or prescribed medicines. To be considered, the medical advice, diagnosis, care, or treatment must have been recommended by, or received from, a Physician.

**Permanent Waiver** is a written agreement between the Member and Share HealthCare in which the Member agrees to never request sharing for medical expenses of a specified pre-existing condition as mutual consideration for acceptance as a Member of Share HealthCare.

**Providers** refers to licensed Hospitals, Facilities, Physicians and Practitioners.

**Reference Based Rate** is the phrase for a pricing methodology that takes a reference rate and adds a multiplier. The Reference Based Rates for Share HealthCare are 150% of Medicare prices for Professional services, 160% of Medicare prices for Inpatient care and 170% of Medicare prices for Outpatient care.

**Service(s)** or **Services** and **Supplies** refers to services, procedures, treatment, care, goods, and supplies, of which the provision of use is meant to improve the condition or health of a Program Participant. A reference to Services regarding a procedure, treatment, or care, unless otherwise indicated, shall be deemed to refer also to the goods and supplies provided or used in such procedure, treatment, or care.

**Share Amount** will usually be the Reference Based Rate, which is the amount the other Members will initially share. If the provider disputes

the initial payment, we will attempt to negotiate a discount off the total billed charges. If negotiations fail, we will then share the total billed charges minus the PEPE or AUA.

**Sharing Limitation** refers to medical expenses arising from or associated with a condition not eligible for sharing.

**Sharing Member (Member)** is a person who qualifies to participate monthly by contributing the suggested Monthly Share Amount for the Medical Expense Needs of others and who qualifies to receive gifts from fellow Sharing Members for Medical Expense Needs they may submit for sharing.



## X. LEGAL NOTICES

The following legal notices are the result of discussions by Share HealthCare or other healthcare sharing ministries with several state regulators and are part of an effort to ensure that Sharing Members understand that Share HealthCare is not an insurance company and that it does not guarantee payment of medical expenses. Our role is

to simply help self-pay patients to share fellow Members' medical expenses through financial gifts.

## GENERAL LEGAL NOTICE

This program is not an insurance company nor is it offered through an insurance company. This program does not guarantee or promise that your medical bills will be paid or assigned to others for payment. Whether anyone chooses to pay your medical bills will be totally voluntary. As such, this program should never be considered as a substitute for an insurance policy. Whether you receive any payments for medical expenses and whether this program continues to operate, you are always liable for any unpaid bills.

## STATE SPECIFIC NOTICES

### **Alabama Code Title 22-6A-2**

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

### **Alaska Statute 21.03.021(k)**

Notice: The organization coordinating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills

will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. Participation in the organization or a subscription to any of its documents should never be insurance. Regardless of whether you receive a payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

### **Arizona Statute 20-122**

Notice: The organization facilitating the sharing of medical expenses is not an insurance company and the ministry's guidelines and plan of operation are not an insurance policy. Whether anyone chooses to assist you with your medical bills will be completely voluntary because participants are not compelled by law to contribute toward your medical bills. Therefore, participation in the ministry or a subscription to any of its documents should not be insurance.

Regardless of whether you receive any payment for medical expenses or whether this ministry continues to operate, you are always personally responsible for the payment of your own medical bills.

### **Arkansas Code 23-60-104.2**

Notice: The organization facilitating the sharing of medical expenses is not an insurance company and neither its guidelines nor plan of operation is an insurance policy. If anyone chooses to assist you with your medical bills, it will be totally voluntary because participants are not compelled by law to contribute toward your medical bills. Participation in the organization or a subscription to any of its documents should never be insurance. Regardless of whether you receive a payment for medical expenses or if this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

### **Florida Statute 624.1265**

Notice: Share HealthCare is not an insurance company, and membership is not offered through an insurance company. Share HealthCare is not subject to the regulatory requirements or consumer protections of the Florida Insurance Code. 6.2.3



**Georgia Statute 33-1-20**

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

**Idaho Statute 41-121**

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

**Illinois Statute 215-5/4-Class 1-b**

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation constitute or create an insurance policy. Any assistance you receive with your medical bills will be totally voluntary. As such, participation in the organization or a subscription to any of its documents should never be insurance. Whether or not you receive any payments for medical expenses and whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

**Indiana Code 27-1-2.1**

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor its plan of operation is an insurance policy. Any assistance you receive with your medical bills will be totally voluntary. Neither the organization nor any other participant can be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be insurance. Whether or not you receive any payments for medical expenses and whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

**Kentucky Revised Statute 304.1-120 (7)**

Notice: Under Kentucky law, the religious organization facilitating the sharing of medical expenses is not an insurance company, and its guidelines, plan of operation, or any other document of the religious organization do not constitute or create an insurance policy. Participation in the religious organization or a subscription to any of its documents shall not be considered insurance. Any assistance you receive with your medical bills will be totally voluntary. Neither the organization nor any participant shall be compelled by law to contribute toward your medical bills. Whether or not you receive any payments for medical expenses, and whether this organization continues to operate, you shall be personally responsible for the payment of your medical bills.

**Louisiana Revised Statute Title 22-318,319**

Notice: The ministry facilitating the sharing of medical expenses is not an insurance company. Neither the guidelines nor the plan of operation of the ministry constitutes an insurance policy. Financial assistance for the payment of medical expenses is strictly voluntary. Participation in the ministry or a subscription to any publication issued by the ministry shall not be considered as enrollment in any health insurance plan or as a waiver of your responsibility to pay your medical expenses.

**Maine Revised Statute Title 24-A, §704, sub-§3**

Notice: The organization facilitating the sharing of medical expenses is not an

insurance company and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. Participation in the organization or a subscription to any of its documents should never be insurance. Regardless of whether you receive payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

#### **Maryland Article 48, Section 1-202(4)**

Notice: This publication is not issued by an insurance company nor is it offered through an insurance company. It does not guarantee or promise that your medical bills will be published or assigned to others for payment. No other subscriber will be compelled to contribute toward the cost of your medical bills. Therefore, this publication should never be considered a substitute for an insurance policy. This activity is not regulated by the State Insurance Administration, and your liabilities are not covered by the Life and Health Guaranty Fund. Whether or not you receive any payments for medical expenses and whether this entity continues to operate, you are always liable for any unpaid bills.

#### **Michigan Section 550.1867**

Notice: Kansas Assurance Plan. DBA Share HealthCare that operates this healthcare sharing ministry is not an insurance company and the financial assistance provided through the ministry is not insurance and is not provided through an insurance company. Whether any participant in the ministry chooses to assist another participant who has financial or medical needs is totally voluntary. A participant will not be compelled by law to contribute toward the financial or medical needs of another participant. This document is not a contract of insurance or a promise to pay for the financial or medical needs of a participant by the ministry. A participant who receives assistance from the ministry for his or her financial or medical needs remains personally responsible for the payment of all of his or her medical bills and other obligations incurred in meeting his or her financial or medical needs.

#### **Mississippi Title 83-77-1**

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be insurance. Regardless of whether you receive any payment of medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

#### **Missouri Section 376.1750**

Notice: This publication is not an insurance company nor is it offered through an insurance company. Whether anyone chooses to assist you with your medical bills will be totally voluntary, as no other subscriber or member will be compelled to contribute toward your medical bills. As such, this publication should never be insurance. Whether you receive any payments for medical expenses and whether this publication continues to operate, you are always personally responsible for the payment of your own medical bills.

#### **Montana**

NOTICE: The health care sharing ministry facilitating the sharing of medical expenses is not an insurance company and does not use insurance agents or pay commissions to insurance agents. The health care sharing ministry's guidelines and plan of operation are not an insurance policy. Without health care insurance, there is no guarantee that you, a fellow member, or any other person who is a party to the health care sharing ministry agreement will be protected in the event of illness or emergency. Regardless of whether you receive any payment for medical expenses or whether the health care sharing ministry terminates, withdraws from the faith-based agreement, or continues to operate, you are always personally responsible for the payment of your own medical bills. If your participation in the health care sharing ministry ends, state law may subject you to a waiting period before you are able to apply for health insurance coverage.

**Nebraska Revised Statute Chapter 44-311**

IMPORTANT NOTICE: This organization is not an insurance company, and its product should never be considered insurance. If you join this organization instead of purchasing health insurance, you will be considered uninsured. By the terms of this agreement, whether anyone chooses to assist you with your medical bills as a participant of this organization will be totally voluntary, and neither the organization nor any participant can be compelled by law to contribute toward your medical bills. Regardless of whether you receive payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills. This organization is not regulated by the Nebraska Department of Insurance. You should review this organization's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs.

**New Hampshire Section 126-V:1**

IMPORTANT NOTICE This organization is not an insurance company, and its product should never be considered insurance. If you join this organization instead of purchasing health insurance, you will be considered uninsured. By the terms of this agreement, whether anyone choose sto assist you with your medical bills as a participant of this organization will be totally voluntary, and neither the organization nor any participant can be compelled by law to contribute toward your medical bills. Regardless of whether you receive payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills. This organization is not regulated by the New Hampshire Insurance Department. You should review this organization's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs.

**North Carolina Statute 58-49-12**

Notice: The organization facilitating the sharing of medical expenses is not an insurance company and neither its guidelines nor its plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be voluntary. No other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be insurance. Regardless of whether you receive any payment for medical expenses or whether this

organization continues to operate, you are always personally liable for the payment of your own medical bills.

**Pennsylvania 40 Penn. Statute Section 23(b)**

Notice: This publication is not an insurance company nor is it offered through an insurance company. This publication does not guarantee or promise that your medical bills will be published or assigned to others for payment. Whether anyone chooses to pay your medical bills will be totally voluntary. As such, this publication should never be considered a substitute for insurance. Whether you receive any payments for medical expenses and whether this publication continues to operate, you are always liable for any unpaid bills.

**South Dakota Statute Title 58-1-3.3**

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be insurance. Regardless of whether you receive any payments for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

**Texas Notice**

Notice: This healthcare sharing ministry facilitates the sharing of medical expenses and is not an insurance company, and neither its guidelines nor its plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the ministry or a subscription to any of its documents should never be insurance. Regardless of whether you receive any payment for medical expenses or whether this ministry continues to operate, you are always personally responsible for the payment of your own medical bills. Complaints concerning this healthcare sharing ministry may be reported to the office of the Texas attorney general.

**Virginia Code 38.2-6300-6301**

Notice: This publication is not insurance and is not offered through an insurance company. Whether anyone chooses to assist you with your medical bills will be totally voluntary, as no other member will be compelled by law to contribute toward your medical bills. As such, this publication should never be insurance. Whether you receive any payments for medical expenses and whether this publication continues to operate, you are always personally responsible for the payment of your own medical bills.

**Wisconsin Statute 600.01 (1) (b) (9)**

ATTENTION: This publication is not issued by an insurance company, nor is it offered through an insurance company. This publication does not guarantee or promise that your medical bills will be published or assigned to others for payment. Whether anyone chooses to pay your medical bills is entirely voluntary. This publication should never be considered a substitute for an insurance policy. Whether or not you receive any payments for medical expenses, and whether this publication continues to operate, you are responsible for the payment of your own medical bills.

**Wyoming 26.1.104 (a)(v)(C)**

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