

**ALIERACARE™**  
A HCSM Product



INDIVIDUAL  
& FAMILY



## A New Era of Affordable Quality Healthcare Choices

Trinity HealthShare programs offer affordable quality healthcare choices for individuals and families through our healthcare sharing community.

**AlieraCare programs are built on an innovative cost-sharing model** designed to streamline access to individual and family-focused healthcare without the costs and complexities of most one-size-fits-all traditional medical programs. The AlieraCare suite of programs are available year round, offering individuals and families a full spectrum of healthcare sharing options at a price they can afford.

- Trinity HealthShare's AlieraCare Value | Plus | Premium program is a three-tiered collection of alternative healthcare programs with robust healthcare services for 30% to 60% less than more traditional medical plans
- Trinity HealthShare's AlieraCare Bronze | Silver | Gold program is a line of comprehensive family programs that don't limit the number of dependents or doctor visits

**Trinity HealthShare** is a 501(c)(3) non-profit organization that provides Health Care Sharing Ministry (HCSSM) services to guide the cost sharing of member contributions for certain eligible healthcare needs, such as hospitalization, surgery and emergency room visits. Healthcare sharing plans are not insurance products. Members agree to and sign a Statement of Beliefs and share the cost of medical expenses in accordance with those beliefs.

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# A Roadmap of Comprehensive Care

**Trinity HealthShare Ministry programs give individuals and families a clear path to the healthcare services they need, when they need them.**

Built on the MultiPlan PHCS network, a nationwide preferred provider organization (PPO), Alieracare Value | Plus | Premium and Alieracare Bronze | Silver | Gold program provide access to more than 1,000,000 healthcare professionals in over 6,000 facilities across the United States.



\* MSRA (member shared responsibility amount) is the amount members must pay out of pocket before medical expenses become eligible for sharing with other members.

# Individual Programs

Trinity HealthShare's Alieracare programs are built on an innovative healthcare sharing model designed to reduce costs and put the power of choice back into the hands of individuals and their families. To compare Alieracare Value | Plus | Premium (VPP) HCSM program with Alieracare Bronze | Silver | Gold (BSG) HCSM program, please see the chart below.

## COMPARISON CHART

PROGRAM SERVICES	Alieracare VPP			Alieracare BSG		
	Value <sup>1</sup>	Plus <sup>2</sup>	Premium <sup>3</sup>	Bronze <sup>4</sup>	Silver <sup>5</sup>	Gold <sup>6</sup>
MSRA Options Per Member	\$5,000   \$7,500   \$10,000			\$1,000   \$2,500   \$5,000   \$10,000		
MSRA Options Per Family	Not Available			\$3,000   \$7,500   \$15,000   \$30,000		
<b>Section 1</b>	<b>Services Eligible Prior to Meeting the Member Shared Responsibility Amount (MSRA)</b>					
PPO Network	MultiPlan PHCS	MultiPlan PHCS	MultiPlan PHCS	MultiPlan PHCS	MultiPlan PHCS	MultiPlan PHCS
Telemedicine	Free	Free	Free	Free	Free	Free
Preventive Care	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Primary Care	1 Per Year   \$20 Consult Fee	3 Per Year   \$20 Consult Fee	5 Per Year   \$20 Consult Fee	\$50 Consult Fee	\$35 Consult Fee	\$20 Consult Fee
Urgent Care	Not Eligible	1 Per Year   \$20 Consult Fee	2 Per Year   \$20 Consult Fee	\$100 Consult Fee	\$75 Consult Fee	\$75 Consult Fee
Specialty Care	Not Eligible	Not Eligible	100% After MSRA   \$75 Consult Fee	\$125 Consult Fee	\$75 Consult Fee	\$75 Consult Fee
Emergency Room	Eligible After MSRA (see below)	\$500 Consult Fee	\$300 Consult Fee	\$500 Consult Fee	\$300 Consult Fee	\$150 Consult Fee
Prescription Discount	Included	Included	Included	Included	Included	Included
<b>Section 2</b>	<b>Services Eligible After Meeting MSRA</b>					
Specialty Care	Not Eligible	Not Eligible	100% After MSRA   \$75 Consult Fee	Eligible Prior to MSRA (see above)	Eligible Prior to MSRA (see above)	Eligible Prior to MSRA (see above)
Emergency Room	Full MSRA	Eligible Prior to MSRA (see above)	Eligible Prior to MSRA (see above)	Eligible Prior to MSRA (see above)	Eligible Prior to MSRA (see above)	Eligible Prior to MSRA (see above)
<b>Inpatient</b>						
Hospitalization	100% After MSRA	100% After MSRA	100% After MSRA	60% After MSRA	70% After MSRA	80% After MSRA
Surgery	100% After MSRA	100% After MSRA	100% After MSRA	60% After MSRA	70% After MSRA	80% After MSRA
<b>Outpatient</b>						
Hospitalization	100% After MSRA	100% After MSRA	100% After MSRA	60% After MSRA	70% After MSRA	80% After MSRA
Surgery	100% After MSRA	100% After MSRA	100% After MSRA	60% After MSRA	70% After MSRA	80% After MSRA

1-6 Please see individual product tables for corresponding footnotes.

Trinity HealthShare programs follow medical eligibility review protocols described in the program but are not a promise to pay.

# Preventive, Primary & Hospitalization Care

Preventive, primary and hospitalization care services are fundamental to maintaining a healthy lifestyle. Therefore, AlieraCare programs utilize healthcare sharing to make these services easily accessible and affordable for members and their families.

The preventive medical services offered follow the recommendations of the United States Preventive Services Task Force (evidence-based items or services rated A or B). A sampling of these services is listed below and is subject to change without notice. Please see specific program tables for details about the services included with each program. Always verify eligibility before treatment or service is rendered.

## Preventive Services for Adults

- Blood Pressure Screening
- Cholesterol Screening
- Colorectal Cancer Screening
- Depression Screening
- Diet Counseling
- HIV Screening
- Type II Diabetes Screening

## Preventive Services for Women

- Anemia Screening
- Bacteriuria and Urinary Tract Infection Screening
- BRCA Counseling
- Breast Cancer Chemoprevention Counseling
- Breast Cancer Screening
- Breastfeeding Comprehensive Support
- Cervical Cancer Screening
- Chlamydia Infection Screening
- Contraception Counseling
- Domestic Violence Counseling/Screening
- Gestational Diabetes Screening
- Gonorrhea Screening
- HPV Testing (every three years)
- STI Counseling
- Syphilis Screening
- Tobacco Screening/Counseling

## Preventive Services for Children

- Alcohol and Drug Use Assessment
- Autism Screening
- Behavioral Assessment
- Blood Pressure Screening
- Cervical Dysplasia Screening
- Congenital Hypothyroidism Screening
- Depression Screening
- Developmental Screening
- Dyslipidemia Screening
- Hearing Screening
- Height, Weight and Body Mass Index Measurement
- Hematocrit/Hemoglobin Screening
- Hemoglobinopathies/Sickle Cell Screening
- HIV Screening
- Lead Screening
- Obesity Screening/Counseling
- Phenylketonuria Screening
- STI Counseling/Screening
- Tuberculin Testing
- Vision Screening

## Immunizations & Injections

- DTaP
- Haemophilus
- Hepatitis A
- Hepatitis B
- Herpes Zoster
- Human Papillomavirus
- Inactivated Poliovirus
- Influenza
- Influenza Type B
- Measles, Mumps, Rubella
- Meningococcal
- Pneumococcal
- Rotavirus
- Tetanus
- Varicella

## Primary Care Services

- Allergy Testing through Blood Test (paid separately to the lab)
- Annual Physical Exams
- Application of Cast for Minor Non-displaced Fractures
- Application of Splint
- Audiometry
- Blood Sugar
- Carpal Tunnel Release
- Childhood Immunization (costs of vaccines are additional)
- Circumcision
- Discount Prescription Card
- Ear Irrigation for Wax
- Echocardiogram
- EKG
- Excision of Benign Skin Lesions
- Excision of Breast Mass (lumpectomy when possible)
- Excision of Malignant Skin Lesions
- Facet Joint Injections
- Family Planning
- Fecal Occult Blood Test
- Fine Needle Aspiration (thyroid, breast)
- Flu Vaccine
- Ganglion Cyst Removal
- Gynecological Care
- Gynecological Exam
- Holter Monitor
- I & D of Abscess
- IM/IV Treatments (cost of drug is not included)
- Imaging
- Joint Injections (steroid)
- Lab Test (blood, urine, stool)
- Lipoma Removal
- Lymph Node Biopsy
- Mammogram Screening
- Mole Removal/Skin Biopsy
- Nebulizer Treatment with Oxygen Concentrator

- Office-based Surgeries
- Pap Smear
- Partial or Full Nail Removal for Fungus, Ingrown Toenail
- Pediatric Care
- Pediatric Visits
- Pilonidal Cystectomy
- PPD (skin test for tuberculosis)
- Pregnancy Test
- Pulmonary Function Test (spirometry)
- Referral for Discounted Colonoscopy and Upper Endoscopy
- Referral for Discounted CT Scan and MRI
- Repair of Laceration
- Repair of Split Ear Lobes
- Routine Office Visits
- Rubber Band Hemorrhoidectomy
- Sebaceous Cyst Removal
- Second Opinions
- Shaving of Skin Lesions
- Skin Tag Removal
- Sonograms
- Tendon Injections (steroid)
- Tetanus Vaccine (after injury)
- Trigger Point Injections
- Uncomplicated Anal Fistulectomy
- Urgent Care during Office Hours
- Urinalysis
- Varicose Vein Ligation
- Vascular Studies (venous, carotid, peripheral duplex scans)
- Vitamin B-12 and Allergy Shot (steroid)
- Warts (genital, sole, hand)
- Weight Loss Management
- Wound Care with Debridement
- X-rays

## Hospitalization Services

- Bariatric Center
- Cancer Institute
- Diabetes Education Program
- Emergency Services
- GI/Pulmonary Endoscopy Centers
- Heat & Vascular Institute
- Maternity
- Nutrition Services
- Radiology
- Rehabilitation
- Research
- Sleep Disorders Center
- Spine & Pain Treatment
- Sports Medicine
- Stroke Center
- Surgery
- Urodiagnostics

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## Affordable Everyday Healthcare Choices for the Family

Trinity HealthShare's Alieracare Value | Plus | Premium (VPP) program include a wide range of affordable healthcare solutions designed to meet the unique healthcare needs and budgets of individuals and families. These programs are recommended for primarily healthy people whose main healthcare goals are focused on preventive and primary medical care, as well as cost sharing for catastrophic events, hospitalization, and inpatient and outpatient surgical procedures.

### Trinity HealthShare's Alieracare Premium Level Enhanced Services

- Physician-directed maintenance care for chronic conditions such as diabetes, asthma, high blood pressure and cardiac disorders
- Maternity care available to help reduce cost of deliveries
- Unlimited specialist visits after meeting the Members Shared Responsibility Amount (MSRA)
- Save up to 90% on your home-delivery prescriptions immediately with Rx Valet





**VALUE PROGRAM DETAILS**

PROGRAM SERVICES PER MEMBER	MultiPlan PHCS (in-network)	Non-network
Member Shared Responsibility Amount (MSRA)	\$5,000   \$7,500   \$10,000	Not Eligible
Out-of-pocket Maximum (per member within sharing limits)	MSRA	Not Eligible
Per Incident Maximum Limit	\$150,000	Not Eligible
Lifetime Maximum Limit	\$1,000,000	Not Eligible
<b>Section 1</b>	<b>Services Eligible Prior to Meeting MSRA</b>	
The services in Section 1 are available to Alieracare members upon enrollment. They do not require you to meet MSRA prior to using them.		
Telemedicine	Free	Not Eligible
Wellness & Preventive Care	Unlimited	Not Eligible
Primary Care <sup>1</sup>	1 Per Year   \$20 Consult Fee	Not Eligible
Pediatrics	Eligible as PCP	Not Eligible
OB/GYN	Eligible as PCP	Not Eligible
Urgent Care	Not Eligible	Not Eligible
Labs	Eligible at PCP	Not Eligible
X-rays	Not Eligible	Not Eligible
Chronic Maintenance	Eligible at PCP	Not Eligible
Prescription Discount	Included	Not Eligible
<b>Section 2</b>	<b>Services Eligible After Meeting MSRA<sup>2</sup></b>	
The services in Section 2 require you to meet your selected MSRA amount before your medical expenses are eligible for member sharing.		
Specialty Care	Not Eligible	Not Eligible
Maternity	Not Eligible	Not Eligible
Emergency Room <sup>3</sup>	Full MSRA	Not Eligible
<b>Inpatient Services</b>		
Hospitalization	100% After MSRA	Not Eligible
Surgical <sup>4</sup>	100% After MSRA	Not Eligible
<b>Outpatient Services</b>		
Hospitalization	100% After MSRA	Not Eligible
Surgical <sup>4</sup>	100% After MSRA	Not Eligible

Rates	\$5,000 MSRA			\$7,500 MSRA			\$10,000 MSRA			
	Age <sup>5</sup>	Member	Member + 1	Family	Member	Member + 1	Family	Member	Member + 1	Family
18-29		\$227.29	\$384.60	\$494.71	\$203.71	\$353.14	\$471.11	\$172.25	\$313.81	\$431.79
30-39		\$279.75	\$473.35	\$608.88	\$250.71	\$434.63	\$579.83	\$211.99	\$386.23	\$531.43
40-49		\$314.72	\$532.52	\$684.98	\$282.05	\$488.96	\$652.31	\$238.49	\$434.51	\$597.86
50-59		\$370.35	\$626.65	\$806.06	\$327.63	\$567.98	\$757.74	\$277.03	\$504.74	\$694.49
60-64		\$457.77	\$774.57	\$996.34	\$410.26	\$711.22	\$948.82	\$346.89	\$632.02	\$869.62

1. An annual physical is available as a PCP visit with the added value of a free physical after nine months of continuous membership; lifestyle lab testing not included.  
 2. Hospitalization, surgery and emergency room services for pre-existing conditions have a 24-month waiting period. All other healthcare services for pre-existing conditions are eligible upon effective date. Sharing eligibility for new occurrences of cancer is provided after 12 months of continuous membership.  
 3. Emergency room cost sharing is subject to review and is only meant for life-threatening situations.  
 4. Non-emergency surgical services are unavailable for the first six months for Value programs. Surgical services do not include cosmetic surgery.  
 5. Members under the age of 26 can qualify as a dependent. Add \$50 per additional dependent for families of six or more.

**Administrative and conditional fees:** \$125 one-time enrollment fee. Add \$60 per member who smokes, vapes or uses nicotine of any kind. To increase per incident maximum limit an additional \$500,000, add \$130 per member.

**Trinity HealthShare programs follow medical eligibility review protocols described in the program but are not a promise to pay.**

**PLUS PROGRAM DETAILS**

PROGRAM SERVICES PER MEMBER	MultiPlan PHCS (in-network)	Non-network
Member Shared Responsibility Amount (MSRA)	\$5,000   \$7,500   \$10,000	Not Eligible
Out-of-pocket Maximum (per member within sharing limits)	MSRA	Not Eligible
Per Incident Maximum Limit	\$250,000	Not Eligible
Lifetime Maximum Limit	\$1,000,000	Not Eligible
<b>Section 1</b>	<b>Services Eligible Prior to Meeting MSRA</b>	
The services in Section 1 are available to Alieracare members upon enrollment. They do not require you to meet MSRA prior to using them.		
Telemedicine	Free	Not Eligible
Wellness & Preventive Care	Unlimited	Not Eligible
Primary Care <sup>1</sup>	3 Per Year   \$20 Consult Fee	Not Eligible
Pediatrics	Eligible as PCP	Not Eligible
OB/GYN	Eligible as PCP	Not Eligible
Urgent Care	1 Per Year   \$20 Consult Fee	Not Eligible
Labs	Eligible at PCP or Urgent Care	Not Eligible
X-rays <sup>2</sup>	Eligible at Urgent Care	Not Eligible
Chronic Maintenance	Eligible at PCP or Urgent Care	Not Eligible
Emergency Room <sup>3</sup>	\$500 Consult Fee	Not Eligible
Prescription Discount	Included	Not Eligible
<b>Section 2</b>	<b>Services Eligible After Meeting MSRA<sup>4</sup></b>	
The services in Section 2 require you to meet your selected MSRA amount before your medical expenses are eligible for member sharing.		
Specialty Care	Not Eligible	Not Eligible
Maternity	Not Eligible	Not Eligible
<b>Inpatient Services</b>		
Hospitalization	100% After MSRA	Not Eligible
Surgical <sup>5</sup>	100% After MSRA	Not Eligible
<b>Outpatient Services</b>		
Hospitalization	100% After MSRA	Not Eligible
Surgical <sup>5</sup>	100% After MSRA	Not Eligible

Rates	\$5,000 MSRA			\$7,500 MSRA			\$10,000 MSRA		
	Member	Member + 1	Family	Member	Member + 1	Family	Member	Member + 1	Family
Age <sup>6</sup>									
18–29	\$274.47	\$395.36	\$547.26	\$258.76	\$384.60	\$518.31	\$211.57	\$353.14	\$463.25
30–39	\$337.55	\$486.32	\$673.26	\$318.48	\$473.35	\$637.91	\$260.39	\$434.63	\$570.15
40–49	\$379.61	\$546.96	\$757.27	\$358.28	\$532.52	\$717.65	\$292.94	\$488.96	\$641.42
50–59	\$460.06	\$665.09	\$921.40	\$416.18	\$618.58	\$833.63	\$340.29	\$567.98	\$745.09
60–64	\$568.66	\$822.09	\$1,138.89	\$521.14	\$774.57	\$1,043.86	\$426.09	\$711.22	\$932.97

1. An annual physical is available as a PCP visit with the added value of a free physical after nine months of continuous membership; lifestyle lab testing not included.  
 2. \$25 per x-ray read fee at urgent care, may vary by city.  
 3. Emergency room cost sharing is subject to review and is only meant for life-threatening situations. If at the time during the emergency room visit the member is admitted to the hospital, the \$500 consult fee will be applied to the MSRA.  
 4. Hospitalization, surgery and emergency room services for pre-existing conditions have a 24-month waiting period. All other healthcare services for pre-existing conditions are eligible upon effective date. Sharing eligibility for new occurrences of cancer is provided after 12 months of continuous membership.  
 5. Non-emergency surgical services are unavailable for the first six months for Plus programs. Surgical services do not include cosmetic surgery.  
 6. Members under the age of 26 can qualify as a dependent. Add \$50 per additional dependent for families of six or more.

**Administrative and conditional fees:** \$125 one-time enrollment fee. Add \$60 per member who smokes, vapes or uses nicotine of any kind. To increase per incident maximum limit an additional \$500,000, add \$130 per member.

**Trinity HealthShare programs follow medical eligibility review protocols described in the program but are not a promise to pay.**

**PREMIUM PROGRAM**

PROGRAM SERVICES PER MEMBER	MultiPlan PHCS (in-network)	Non-network
Member Shared Responsibility Amount (MSRA)	\$5,000   \$7,500   \$10,000	Not Eligible
Out-of-pocket Maximum (per member within sharing limits)	MSRA	Not Eligible
Per Incident Maximum Limit	\$500,000	Not Eligible
Lifetime Maximum Limit	\$1,000,000	Not Eligible
<b>Section 1</b>	<b>Services Eligible Prior to Meeting MSRA</b>	
The services in Section 1 are available to Alieracare members upon enrollment. They do not require you to meet MSRA prior to using them.		
Telemedicine	Free	Not Eligible
Wellness & Preventive Care	Unlimited	Not Eligible
Primary Care <sup>1</sup>	5 Per Year   \$20 Consult Fee	Not Eligible
Pediatrics	Eligible as PCP	Not Eligible
OB/GYN	Eligible as PCP	Not Eligible
Urgent Care	2 Per Year   \$20 Consult Fee	Not Eligible
Labs	Eligible at PCP or Urgent Care	Not Eligible
X-rays <sup>2</sup>	Eligible at Urgent Care	Not Eligible
Chronic Maintenance	Eligible at PCP, Urgent Care or Specialty Care	Not Eligible
Emergency Room <sup>3</sup>	\$300 Consult Fee	Not Eligible
Prescription Discount	Included	Not Eligible
<b>Section 2</b>	<b>Services Eligible After Meeting MSRA<sup>4</sup></b>	
The services in Section 2 require you to meet your selected MSRA amount before your medical expenses are eligible for member sharing.		
Specialty Care <sup>5</sup>	100% After MSRA   \$75 Consult Fee Per Visit	Not Eligible
Maternity <sup>6</sup>	Eligible	Not Eligible
<b>Inpatient Services</b>		
Hospitalization	100% After MSRA	Not Eligible
Surgical <sup>7</sup>	100% After MSRA	Not Eligible
<b>Outpatient Services</b>		
Hospitalization	100% After MSRA	Not Eligible
Surgical <sup>7</sup>	100% After MSRA	Not Eligible

Rates	\$5,000 MSRA			\$7,500 MSRA			\$10,000 MSRA		
Age <sup>8</sup>	Member	Member +1	Family	Member	Member +1	Family	Member	Member +1	Family
18-29	\$321.68	\$447.52	\$620.55	\$282.35	\$416.06	\$581.23	\$250.89	\$384.60	\$510.44
30-39	\$395.91	\$550.79	\$763.75	\$347.51	\$512.08	\$715.35	\$308.79	\$473.35	\$628.23
40-49	\$445.40	\$619.64	\$859.22	\$390.95	\$576.08	\$804.77	\$347.39	\$532.52	\$706.76
50-59	\$524.14	\$729.17	\$1,011.11	\$454.14	\$669.18	\$934.83	\$403.54	\$618.58	\$820.98
60-64	\$647.86	\$901.29	\$1,249.77	\$568.66	\$837.94	\$1,170.57	\$505.29	\$774.57	\$1,028.02

1. An annual physical is available as a PCP visit with the added value of a free physical after nine months of continuous membership; lifestyle lab testing not included.  
 2. \$25 per x-ray read fee at urgent care, may vary by city.  
 3. Emergency room cost sharing is subject to review and is only meant for life-threatening situations. If at the time during the emergency room visit the member is admitted to the hospital, the \$300 consult fee will be applied to the MSRA.  
 4. Hospitalization, surgery and emergency room services for pre-existing conditions have a 24-month waiting period. All other healthcare services for pre-existing conditions are eligible upon effective date. Sharing eligibility for new occurrences of cancer is provided after 12 months of continuous membership.  
 5. The consult fee is in addition to the cost of your specialty care visit and does not apply toward your annual MSRA.  
 6. Maternity services are eligible after the first ten months of continuous membership and include \$5,000 max for physician vaginal delivery; \$8,000 max for physician caesarean; \$50,000 max for complications of mother and child.  
 7. Non-emergency surgical services are unavailable for the first two months for Premium programs. Surgical services do not include cosmetic surgery.  
 8. Members under the age of 26 can qualify as a dependent. Add \$50 per additional dependent for families of six or more.

**Administrative and conditional fees:** \$125 one-time enrollment fee. Add \$60 per member who smokes, vapes or uses nicotine of any kind. To increase per incident maximum limit an additional \$500,000, add \$130 per member.

**Trinity HealthShare programs follow medical eligibility review protocols described in the program but are not a promise to pay.**



## STATEMENT OF BELIEFS

Because Trinity HealthShare, Inc. is a religious organization, members are required to agree with the organization's Statement of Beliefs:

1. We believe that our personal rights and liberties originate from God and are bestowed on us by God.
2. We believe every individual has a fundamental religious right to worship God in his or her own way.
3. We believe it is our moral and ethical obligation to assist our fellow man when they are in need, according to our available resources and opportunity.
4. We believe it is our spiritual duty to God and our ethical duty to others to maintain a healthy lifestyle and avoid foods, behaviors, or habits that produce sickness or disease to ourselves or others.
5. We believe it is our fundamental right of conscience to direct our own healthcare, in consultation with physicians, family, or other valued advisor.

### LEGAL NOTICES

The following legal notices are required by state regulation, and are intended to notify individuals that health care sharing ministry plans are not insurance, and that the ministry does not provide any guarantee or promise to pay your medical expenses.

### GENERAL LEGAL NOTICE

This organization facilitates the sharing of medical expenses but is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Sharing is available for all eligible medical expenses; however, 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 or your provider receive any payments for medical expenses and whether or not this program continues to operate, you are always liable for any unpaid bills. This health care sharing ministry is not regulated by the State Insurance Departments. You should review this organization's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs.

### 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 considered to 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.

#### 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 considered to 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 considered to 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

Trinity HealthShare, Inc. is not an insurance company, and membership is not offered through an insurance company. Trinity HealthShare, Inc. is not subject to the regulatory requirements or consumer protections of the Florida Insurance Code.

#### 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 considered to 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 considered to be insurance.

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ensurian.com | 844-834-3456

 **TRINITY**  
HealthShare  
TrinityHealthShare.com

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## STATE SPECIFIC NOTICES (CONTINUED)

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 considered to be insurance. Whether or not you receive any payments for medical expenses and whether or not 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 considered to be insurance. Whether or not you receive any payments for medical expenses and whether or not 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 or not this organization continues to operate, you shall be personally responsible for the payment of your medical bills.

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

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

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

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

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### **Missouri Section 376.1750**

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**Nebraska Revised Statute Chapter 44-311**

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**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 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 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**

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

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

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**Texas Code Title 8, K, 1681.001**

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**Virginia Code 38.2-6300-6301**

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

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