



ALIERACARE™



INDIVIDUAL
& FAMILY

A New Era of Affordable Quality Healthcare Choices

Alera Healthcare, in alliance with Trinity HealthShare, makes quality healthcare choices affordable for individuals and families through our healthcare sharing community.

AleraCare plans are built on an innovative cost-sharing model that is designed to streamline access to individual and family-focused healthcare choices without the costs and complexities of most one-size-fits-all traditional medical insurance plans. The Health Care Sharing Ministry (HCSM) services provided by Trinity HealthShare are administered by Alera Healthcare to ensure a seamless member experience.

Trinity HealthShare is a 501(c)(3) non-profit organization that provides the HCSM services administered by Alera Healthcare to guide the cost sharing of member contributions for certain eligible healthcare needs such as hospitalization, surgery and emergency room visits.

A full spectrum of healthcare choices available year round: AleraCare is specifically designed to provide individuals and families with the quality healthcare choices they need at a price they can afford. AleraCare has six tiers of healthcare sharing plans with robust services that are available year round.

- AleraCare Value | Plus | Premium provides three tiers of standard everyday healthcare plans
- AleraCare Bronze | Silver | Gold provides three tiers of comprehensive healthcare plans

A Roadmap of Comprehensive Care

Alieracare gives 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 plans provide access to more than 1,000,000 healthcare professionals in over 6,000 facilities across the United States.



Individual Plans

AlieraCare plans are specifically 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) with AlieraCare Bronze | Silver | Gold (BSG) plans and services, please see the chart below.

COMPARISON CHART

| PLAN SERVICES ▶ | AlieraCare VPP | | | AlieraCare BSG | | |
|-------------------------|--|------------------------------------|------------------------------------|---|------------------------------------|------------------------------------|
| | Value ¹ | Plus ² | Premium ³ | Bronze ⁴ | Silver ⁵ | Gold ⁶ |
| 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 | | |
| Section 1 | Services Eligible Prior to Meeting MSRA | | | | | |
| 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 |
| Section 2 | Services Eligible After Meeting MSRA | | | | | |
| 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) |
| Inpatient | | | | | | |
| 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 |
| Outpatient | | | | | | |
| 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.

Preventive, Primary & Hospitalization Care

Preventive, primary and hospitalization care services are fundamental to maintaining a healthy lifestyle. Alera Healthcare's patient-centered approach offers a wide range of medical services and utilizes healthcare sharing communities to meet the unique needs and budgets of 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). Please see specific plan tables for details about the services included with each plan.

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

Affordable Everyday Healthcare Choices for the Family

Alieracare Value | Plus | Premium (VPP) plans include a wide range of affordable healthcare solutions designed to meet the unique healthcare needs and budgets of individuals and families. These plans 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.

Alieracare Premium Plan 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 MSRA
- Save up to 90% on your home-delivery prescriptions immediately with Rx Valet



VALUE PLAN DETAILS

| PLAN SERVICES PER MEMBER ▶ | | | | Multiplan PHCS (in-network) | | | Non-Network | | |
|--|--------------|------------|----------|---|------------|----------|---------------|------------|----------|
| MSRA Options (per member) | | | | \$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 | | |
| Section 1 | | | | Services Eligible Prior to Meeting MSRA | | | | | |
| 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 ¹ | | | | 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 & Diagnostics | | | | Eligible at PCP | | | Not Eligible | | |
| X-rays | | | | Not Eligible | | | Not Eligible | | |
| Chronic Maintenance | | | | Eligible at PCP | | | Not Eligible | | |
| Prescription Discount | | | | Included | | | Not Eligible | | |
| Section 2 | | | | Services Eligible After Meeting MSRA ² | | | | | |
| 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 ³ | | | | Full MSRA | | | Not Eligible | | |
| Inpatient Services | | | | | | | | | |
| Hospitalization | | | | 100% After MSRA | | | Not Eligible | | |
| Surgical ⁴ | | | | 100% After MSRA | | | Not Eligible | | |
| Outpatient Services | | | | | | | | | |
| Hospitalization | | | | 100% After MSRA | | | Not Eligible | | |
| Surgical ⁴ | | | | 100% After MSRA | | | Not Eligible | | |
| Rates | \$5,000 MSRA | | | \$7,500 MSRA | | | \$10,000 MSRA | | |
| Age ⁵ | 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. Surgical services do not include cosmetic surgery.
5. Members under the age of 20 or full-time students ages 20 to 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. To increase per incident maximum limit an additional \$500,000, add \$130 per member.
Trinity HealthShare plans follow medical eligibility review protocols described in the plan but are not a promise to pay.

PLUS PLAN DETAILS

| PLAN SERVICES PER MEMBER ▶ | Multiplan PHCS (in-network) | Non-Network | | | | | | | |
|--|---|-------------------|---------------|---------------------|-------------------|---------------|----------------------|-------------------|---------------|
| MSRA Options (per member) | \$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 | | | | | | | |
| Section 1 | Services Eligible Prior to Meeting MSRA | | | | | | | | |
| 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 ¹ | 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 & Diagnostics | Eligible at PCP or Urgent Care | Not Eligible | | | | | | | |
| X-rays ² | Eligible at Urgent Care | Not Eligible | | | | | | | |
| Chronic Maintenance | Eligible at PCP or Urgent Care | Not Eligible | | | | | | | |
| Emergency Room ³ | \$500 Consult Fee | Not Eligible | | | | | | | |
| Prescription Discount | Included | Not Eligible | | | | | | | |
| Section 2 | Services Eligible After Meeting MSRA⁴ | | | | | | | | |
| 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 | | | | | | | |
| Inpatient Services | | | | | | | | | |
| Hospitalization | 100% After MSRA | Not Eligible | | | | | | | |
| Surgical ⁵ | 100% After MSRA | Not Eligible | | | | | | | |
| Outpatient Services | | | | | | | | | |
| Hospitalization | 100% After MSRA | Not Eligible | | | | | | | |
| Surgical ⁵ | 100% After MSRA | Not Eligible | | | | | | | |
| Rates | \$5,000 MSRA | | | \$7,500 MSRA | | | \$10,000 MSRA | | |
| Age⁶ | Member | Member + 1 | Family | Member | Member + 1 | Family | Member | Member + 1 | Family |
| 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. Surgical services do not include cosmetic surgery.

6. Members under the age of 20 or full-time students ages 20 to 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. To increase per incident maximum limit an additional \$500,000, add \$130 per member.

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

PREMIUM PLAN

| PLAN SERVICES PER MEMBER ▶ | Multiplan PHCS (in-network) | Non-Network | | | | | | | |
|--|--|------------------|---------------|---------------------|------------------|---------------|----------------------|------------------|---------------|
| MSRA Options (per member) | \$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 | | | | | | | |
| Section 1 | Services Eligible Prior to Meeting MSRA | | | | | | | | |
| 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 ¹ | 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 & Diagnostics | Eligible at PCP or Urgent Care | Not Eligible | | | | | | | |
| X-rays ² | Eligible at Urgent Care | Not Eligible | | | | | | | |
| Chronic Maintenance | Eligible at PCP, Urgent Care or Specialty Care | Not Eligible | | | | | | | |
| Emergency Room ³ | \$300 Consult Fee | Not Eligible | | | | | | | |
| Prescription Discount | Included | Not Eligible | | | | | | | |
| Section 2 | Services Eligible After Meeting MSRA ⁴ | | | | | | | | |
| The services in Section 2 require you to meet your selected MSRA amount before your medical expenses are eligible for member sharing. | | | | | | | | | |
| Specialty Care ⁵ | 100% After MSRA \$75 Consult Fee Per Visit | Not Eligible | | | | | | | |
| Maternity ⁶ | Eligible | Not Eligible | | | | | | | |
| Inpatient Services | | | | | | | | | |
| Hospitalization | 100% After MSRA | Not Eligible | | | | | | | |
| Surgical ⁷ | 100% After MSRA | Not Eligible | | | | | | | |
| Outpatient Services | | | | | | | | | |
| Hospitalization | 100% After MSRA | Not Eligible | | | | | | | |
| Surgical ⁷ | 100% After MSRA | Not Eligible | | | | | | | |
| Rates | \$5,000 MSRA | | | \$7,500 MSRA | | | \$10,000 MSRA | | |
| Age ⁸ | 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. Surgical services do not include cosmetic surgery.

8. Members under the age of 20 or full-time students ages 20 to 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. To increase per incident maximum limit an additional \$500,000, add \$130 per member.

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

Affordable Comprehensive Healthcare Choices for the Family

AlieraCare Bronze | Silver | Gold (BSG) plans offer a wide range of comprehensive healthcare solutions that are affordable alternatives to traditional medical insurance. AlieraCare BSG puts the power of quality healthcare choices back into the hands of individuals and their families.

AlieraCare Bronze | Silver | Gold enhanced services:

- Unlimited in-network primary care, urgent care and specialty care
- Cost sharing is available for new diagnosis of cancer
- Specific sharing eligible for some pre-existing conditions
- Lower MSRA options
- Prenatal and maternity cost sharing
- Out-of-network cost sharing options
- Save up to 90% on your home-delivery prescriptions immediately with Rx Valet



BRONZE PLAN DETAILS

| PLAN SERVICES PER MEMBER ▶ | Multiplan PHCS (in-network) | Non-Network |
|--|--|--|
| MSRA Options (per member) | \$1,000 \$2,500 \$5,000 \$10,000 | |
| MSRA Options (per family of 3+ members) | \$3,000 \$7,500 \$15,000 \$30,000 | |
| Out-of-pocket Maximum (per member within sharing limits) | \$3,000 \$7,500 \$15,000 \$30,000 | \$6,000 \$15,000 \$30,000 \$60,000 |
| Out-of-pocket Maximum (per family within sharing limits) | \$9,000 \$22,500 \$45,000 \$90,000 | \$18,000 \$45,000 \$90,000 \$180,000 |
| Lifetime Maximum Limit | \$1,000,000 | \$1,000,000 |
| Co-expense | Plan Shares: 60% You Share: 40% | Plan Shares: 50% You Share: 50% |
| Section 1 | Services Eligible Prior to Meeting MSRA | |
| 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 | Plan Shares: 50% You Share: 50% |
| Primary Care | \$50 Consult Fee | Plan Shares: 50% You Share: 50% |
| Pediatrics | \$50 Consult Fee | Plan Shares: 50% You Share: 50% |
| OB/GYN | \$50 Consult Fee | Plan Shares: 50% You Share: 50% |
| Specialty Care | \$125 Consult Fee | Plan Shares: 50% You Share: 50% |
| Urgent Care | \$100 Consult Fee | Plan Shares: 50% You Share: 50% |
| Emergency Room^{1,2} | \$500 Consult Fee | \$500 Consult Fee |
| Section 2 | Services Eligible After Meeting MSRA^{2, 3} | |
| The services in Section 2 require you to meet your selected MSRA amount before your medical expenses are eligible for member sharing. | | |
| Maternity⁴ | Prenatal: Included Delivery: Included | Plan Shares: 50% You Share: 50% |
| Generic & Non-preferred Prescription | Discount No Cost Sharing | Not Eligible |
| Preferred Prescription⁵ | Discount 50% Cost Sharing | Not Eligible |
| Mail Order Prescription⁵ | Discount 75% Cost Sharing | Not Eligible |
| Inpatient Services⁶ | | |
| Hospitalization | Plan Shares: 60% You Share: 40% | Plan Shares: 50% You Share: 50% |
| Surgical⁷ | Plan Shares: 60% You Share: 40% | Plan Shares: 50% You Share: 50% |
| Outpatient Services⁶ | | |
| Hospitalization | Plan Shares: 60% You Share: 40% | Plan Shares: 50% You Share: 50% |
| Surgical⁷ | Plan Shares: 60% You Share: 40% | Plan Shares: 50% You Share: 50% |

| Rates | \$1,000 MSRA | | | \$2,500 MSRA | | | \$5,000 MSRA | | | \$10,000 MSRA | | |
|-------|------------------|------------|------------|--------------|------------|------------|--------------|------------|------------|---------------|------------|------------|
| | Age ⁸ | Member | Member +1 | Family | Member | Member +1 | Family | Member | Member +1 | Family | Member | Member +1 |
| 18-29 | \$393.01 | \$589.52 | \$786.02 | \$352.35 | \$528.54 | \$704.71 | \$325.25 | \$487.88 | \$650.51 | \$260.20 | \$390.31 | \$520.40 |
| 30-39 | \$491.26 | \$736.89 | \$982.52 | \$440.45 | \$660.66 | \$880.89 | \$406.57 | \$609.85 | \$813.12 | \$325.25 | \$487.88 | \$650.51 |
| 40-49 | \$540.39 | \$810.58 | \$1,105.34 | \$484.49 | \$726.74 | \$991.00 | \$447.22 | \$670.83 | \$914.77 | \$357.77 | \$536.66 | \$731.81 |
| 50-59 | \$702.40 | \$1,209.68 | \$1,430.80 | \$621.63 | \$1,070.58 | \$1,266.28 | \$573.81 | \$988.23 | \$1,168.87 | \$459.05 | \$790.58 | \$935.09 |
| 60-64 | \$937.86 | \$1,634.57 | \$1,741.75 | \$840.85 | \$1,465.48 | \$1,561.57 | \$776.17 | \$1,352.75 | \$1,441.45 | \$620.94 | \$1,082.20 | \$1,153.16 |

- 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.
- 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.
- Pre-existing conditions: chronic or recurrent conditions that have shown symptoms and/or received treatment within the past 24 months are not eligible for sharing during the first 24 months of membership. On the 25th month of continuous membership, the condition will no longer be subject to the pre-existing condition sharing limitations.
- Maternity services are included at plan co-expense (plan pays 60% after MSRA in-network and 50% after MSRA non-network); unlimited for physician vaginal delivery; \$8,000 max for physician caesarean; \$50,000 max for complications of mother and child.
- Prescriptions are eligible for cost sharing through Rx Valet by the percentage shown once a separate prescription MSRA of \$1,500 has been met. Members are required to pay prescription cost out of pocket before submitting receipts. There is a maximum reimbursement of \$4,000 per plan year.
- Imaging (CT scans, PET scans, MRIs); labs & diagnostics; x-rays and diagnostic imaging will be eligible at co-expense (plan pays 60% after MSRA in-network and 50% after MSRA non-network).
- Non-emergency surgical services are unavailable for the first two months for Bronze. Surgical services do not include cosmetic surgery.
- Members under the age of 20 or full-time students ages 20 to 26 can qualify as a dependent.

Administrative and conditional fees: \$125 one-time enrollment fee. Add \$60 per member who smokes.

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

SILVER PLAN DETAILS

| PLAN SERVICES PER MEMBER ▶ | Multiplan PHCS (in-network) | Non-Network |
|--|--|--|
| MSRA Options (per member) | \$1,000 \$2,500 \$5,000 \$10,000 | |
| MSRA Options (per family of 3+ members) | \$3,000 \$7,500 \$15,000 \$30,000 | |
| Out-of-pocket Maximum (per member within sharing limits) | \$3,000 \$7,500 \$15,000 \$30,000 | \$6,000 \$15,000 \$30,000 \$60,000 |
| Out-of-pocket Maximum (per family within sharing limits) | \$9,000 \$22,500 \$45,000 \$90,000 | \$18,000 \$45,000 \$90,000 \$180,000 |
| Lifetime Maximum Limit | \$1,000,000 | |
| Co-expense | Plan Shares: 70% You Share: 30% | Plan Shares: 60% You Share: 40% |
| Section 1 | Services Eligible Prior to Meeting MSRA | |
| 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 | Plan Shares: 60% You Share: 40% |
| Primary Care | \$35 Consult Fee | Plan Shares: 60% You Share: 40% |
| Pediatrics | \$35 Consult Fee | Plan Shares: 60% You Share: 40% |
| OB/GYN | \$35 Consult Fee | Plan Shares: 60% You Share: 40% |
| Specialty Care | \$75 Consult Fee | Plan Shares: 60% You Share: 40% |
| Urgent Care | \$75 Consult Fee | Plan Shares: 60% You Share: 40% |
| Emergency Room^{1,2} | \$300 Consult Fee | \$500 Consult Fee |
| Section 2 | Services Eligible After Meeting MSRA^{2, 3} | |
| The services in Section 2 require you to meet your selected MSRA amount before your medical expenses are eligible for member sharing. | | |
| Maternity⁴ | Prenatal: Included Delivery: Included | Plan Shares: 60% You Share: 40% |
| Generic & Non-preferred Prescription | Discount No Cost Sharing | Not Eligible |
| Preferred Prescription⁵ | Discount 50% Cost Sharing | Not Eligible |
| Mail Order Prescription⁵ | Discount 75% Cost Sharing | Not Eligible |
| Inpatient Services⁶ | | |
| Hospitalization | Plan Shares: 70% You Share: 30% | Plan Shares: 60% You Share: 40% |
| Surgical⁷ | Plan Shares: 70% You Share: 30% | Plan Shares: 60% You Share: 40% |
| Outpatient Services⁶ | | |
| Hospitalization | Plan Shares: 70% You Share: 30% | Plan Shares: 60% You Share: 40% |
| Surgical⁷ | Plan Shares: 70% You Share: 30% | Plan Shares: 60% You Share: 40% |

| Rates | \$1,000 MSRA | | | \$2,500 MSRA | | | \$5,000 MSRA | | | \$10,000 MSRA | | |
|-------|------------------|------------|------------|--------------|------------|------------|--------------|------------|------------|---------------|------------|------------|
| | Age ⁸ | Member | Member +1 | Family | Member | Member +1 | Family | Member | Member +1 | Family | Member | Member +1 |
| 18-29 | \$471.61 | \$707.42 | \$943.23 | \$422.83 | \$634.24 | \$845.65 | \$390.31 | \$585.45 | \$780.60 | \$312.24 | \$468.36 | \$624.48 |
| 30-39 | \$589.52 | \$884.28 | \$1,179.03 | \$528.54 | \$792.80 | \$1,057.06 | \$487.88 | \$731.81 | \$975.75 | \$390.31 | \$585.45 | \$780.60 |
| 40-49 | \$648.46 | \$972.71 | \$1,326.41 | \$581.38 | \$872.08 | \$1,189.20 | \$536.66 | \$805.00 | \$1,097.72 | \$429.34 | \$644.00 | \$878.17 |
| 50-59 | \$842.88 | \$1,451.62 | \$1,716.97 | \$745.95 | \$1,284.69 | \$1,519.53 | \$688.57 | \$1,185.87 | \$1,402.65 | \$550.86 | \$948.69 | \$1,122.11 |
| 60-64 | \$1,125.44 | \$1,961.48 | \$2,090.11 | \$1,009.02 | \$1,758.57 | \$1,873.89 | \$931.40 | \$1,623.29 | \$1,729.74 | \$745.12 | \$1,298.63 | \$1,383.80 |

- 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.
- 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.
- Pre-existing conditions: during the first 24 months of continuous membership, sharing is available up to \$10,000 of total medical expenses incurred for pre-existing conditions per plan year, only after a separate MSRA equal to two times your plan MSRA has been met. On the 25th month of continuous membership, the condition will no longer be subject to the preexisting condition sharing limitations.
- Maternity services are included at plan co-expense (plan pays 70% after MSRA in-network and 60% after MSRA non-network); unlimited for physician vaginal delivery; \$8,000 max for physician caesarean; \$50,000 max for complications of mother and child.
- Prescriptions are eligible for cost sharing through Rx Valet by the percentage shown once a separate prescription MSRA of \$1,500 has been met. Members are required to pay prescription cost out of pocket before submitting receipts. There is a maximum reimbursement of \$4,000 per plan year.
- Imaging (CT scans, PET scans, MRIs); labs & diagnostics; x-rays and diagnostic imaging will be eligible at co-expense (plan pays 70% after MSRA in-network and 60% after MSRA non-network).
- Non-emergency surgical services are unavailable for the first two months for Silver. Surgical services do not include cosmetic surgery.
- Members under the age of 20 or full-time students ages 20 to 26 can qualify as a dependent.

Administrative and conditional fees: \$125 one-time enrollment fee. Add \$60 per member who smokes.

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

GOLD PLAN

| PLAN SERVICES PER MEMBER ▶ | Multiplan PHCS (in-network) | Non-Network |
|--|---|--|
| MSRA Options (per member) | \$1,000 \$2,500 \$5,000 \$10,000 | |
| MSRA Options (per family of 3+ members) | \$3,000 \$7,500 \$15,000 \$30,000 | |
| Out-of-Pocket Maximum (per member within sharing limits) | \$3,000 \$7,500 \$15,000 \$30,000 | \$6,000 \$15,000 \$30,000 \$60,000 |
| Out-of-Pocket Maximum (per family within sharing limits) | \$9,000 \$22,500 \$45,000 \$90,000 | \$18,000 \$45,000 \$90,000 \$180,000 |
| Lifetime Maximum Limit | \$1,000,000 | |
| Co-Expense | Plan Shares: 80% You Share: 20% | Plan Shares: 70% You Share: 30% |
| Section 1 | Services Eligible Prior to Meeting MSRA | |
| 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 | Plan Shares: 70% You Share: 30% |
| Primary Care | \$20 Consult Fee | Plan Shares: 70% You Share: 30% |
| Pediatrics | \$20 Consult Fee | Plan Shares: 70% You Share: 30% |
| OB/GYN | \$20 Consult Fee | Plan Shares: 70% You Share: 30% |
| Specialty Care | \$75 Consult Fee | Plan Shares: 70% You Share: 30% |
| Urgent Care | \$75 Consult Fee | Plan Shares: 70% You Share: 30% |
| Emergency Room^{1,2} | \$150 Consult Fee | \$300 Consult Fee |
| Section 2 | Services Eligible After Meeting MSRA^{2,3} | |
| The services in Section 2 require you to meet your selected MSRA amount before your medical expenses are eligible for member sharing. | | |
| Maternity⁴ | Prenatal: Included Delivery: Included | Plan Shares: 70% You Share: 30% |
| Generic & Non-preferred Prescription | Discount No Cost Sharing | Not Eligible |
| Preferred Prescription⁵ | Discount 50% Cost Sharing | Not Eligible |
| Mail Order Prescription⁵ | Discount 75% Cost Sharing | Not Eligible |
| Inpatient Services⁶ | | |
| Hospitalization | Plan Shares: 80% You Share: 20% | Plan Shares: 70% You Share: 30% |
| Surgical⁷ | Plan Shares: 80% You Share: 20% | Plan Shares: 70% You Share: 30% |
| Outpatient Services⁵ | | |
| Hospitalization | Plan Shares: 80% You Share: 20% | Plan Shares: 70% You Share: 30% |
| Surgical⁷ | Plan Shares: 80% You Share: 20% | Plan Shares: 70% You Share: 30% |

| Rates | \$1,000 MSRA | | | \$2,500 MSRA | | | \$5,000 MSRA | | | \$10,000 MSRA | | |
|-------|------------------|------------|------------|--------------|------------|------------|--------------|------------|------------|---------------|------------|------------|
| | Age ⁸ | Member | Member +1 | Family | Member | Member +1 | Family | Member | Member +1 | Family | Member | Member +1 |
| 18-29 | \$524.02 | \$786.02 | \$1,048.03 | \$469.80 | \$704.71 | \$939.61 | \$433.66 | \$650.51 | \$867.34 | \$346.94 | \$520.40 | \$693.86 |
| 30-39 | \$655.02 | \$982.52 | \$1,310.03 | \$587.26 | \$880.89 | \$1,174.52 | \$542.08 | \$813.12 | \$1,084.17 | \$433.66 | \$650.51 | \$867.34 |
| 40-49 | \$720.52 | \$1,080.78 | \$1,473.79 | \$645.98 | \$968.97 | \$1,321.33 | \$596.29 | \$894.44 | \$1,219.69 | \$477.03 | \$715.55 | \$975.75 |
| 50-59 | \$936.52 | \$1,612.91 | \$1,907.74 | \$828.83 | \$1,427.43 | \$1,688.37 | \$765.08 | \$1,317.63 | \$1,558.49 | \$612.06 | \$1,054.11 | \$1,246.80 |
| 60-64 | \$1,250.49 | \$2,179.43 | \$2,322.34 | \$1,121.13 | \$1,953.97 | \$2,082.09 | \$1,034.89 | \$1,803.66 | \$1,921.94 | \$827.91 | \$1,442.93 | \$1,537.55 |

- 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 \$150 consult fee will be applied to the MSRA.
- 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.
- Pre-existing conditions: during the first 24 months of continuous membership, sharing is available up to \$20,000 of total medical expenses incurred for pre-existing conditions per plan year, only after a separate MSRA equal to two times your plan MSRA has been met. On the 25th month of continuous membership, the condition will no longer be subject to the preexisting condition sharing limitations.
- Maternity services are included at plan co-expense (plan pays 80% after MSRA in-network and 70% after MSRA non-network); unlimited for physician vaginal delivery; \$8,000 max for physician caesarean; \$50,000 max for complications of mother and child.
- Prescriptions are eligible for cost sharing through Rx Valet by the percentage shown once a separate prescription MSRA of \$1,500 has been met. Members are required to pay prescription cost out of pocket before submitting receipts. There is a maximum reimbursement of \$4,000 per plan year.
- Imaging (CT scans, PET scans, MRIs); labs & diagnostics; x-rays and diagnostic imaging will be eligible at co-expense (plan pays 80% after MSRA in-network and 70% after MSRA non-network).
- Non-emergency surgical services are unavailable for the first two months for Gold. Surgical services do not include cosmetic surgery.
- Members under the age of 20 or full-time students ages 20 to 26 can qualify as a dependent.

Administrative and conditional fees: \$125 one-time enrollment fee. Add \$60 per member who smokes.

Trinity HealthShare plans follow medical eligibility review protocols described in the plan 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.

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

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 considered to 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 or not this entity continues to operate, you are always liable for any unpaid bills.

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

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 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

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 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 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 or not 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 considered to 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 Code Title 8, K, 1681.001

Notice: This health care 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 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. Complaints concerning this health care 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 considered to be insurance. Whether you receive any payments for medical expenses and whether or not 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 or not this publication continues to operate, you are responsible for the payment of your own medical bills.

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