



INTERIM CARE[™]

Temporary healthcare cost sharing for individuals and family members

You can plan for the unexpected.

Aleria's Unity InterimCare[™] plan provides medical cost sharing to you and your family through times of transition. You'll have the care you need for unplanned or unexpected medical bills and other healthcare expenses, including:

- Doctor visits and some preventive care
- Emergency room and ambulance cost sharing
- Urgent care cost sharing, and more

Being without healthcare for any length of time is too long. Aleria along with Unity HealthShareSM InterimCare[™] cost sharing programs cover a variety of needs from budget and family to your unique time frame.

InterimCare[™] plans offer affordable medical cost sharing by a Healthcare Sharing Ministry (HCSM). They do not provide Minimum Essential Coverage as mandated by the Affordable Care Act, but provide ACA exemption under the HCSM plan.

This is NOT Insurance. This is healthcare cost sharing.

Short term healthcare cost sharing from 1 to 11 months



- Individuals receive an ACA exemption when they enroll in an HCSM* Plan.
- Access to the large, national MultiPlan PPO Network helps you get the care you need for less.
- Telemedicine is included with every plan level, no consult fee.
- Cost sharing terms available from 30 to 364 days. The eligibility terms vary by state.
- Choose from a variety of MSRA** options designed to help you find the plan that fits your budget.

* HCSM – Healthcare Cost Sharing Ministry

** MSRA – Member Shared Responsibility Amount

Choosing a Guaranteed Issue InterimCare™ Plan is Easy**

**Our Guaranteed Issue plans help you get cost sharing without the possibility of being denied. First, fill out the health questions on the application. Then, choose your plan design.

**Guaranteed Issue Cost Sharing Plans

MSRA*	\$1,000 to \$10,000
Coexpense	30%, 25%, or 20%
Member Maximum Responsibility	\$5,000 to \$10,000
Cost Sharing Team	Between 1 to 11** months (30-364 days)*

*MSRA—Member Shared Responsibility Amount

**Certain Faith attestations apply



\$250,000 to \$1,000,000 in healthcare cost sharing available per eligibility term per member



www.alierahealthcare.com | 844-834-3456



Short Term Medical Plan Details | Value, Plus & Premium

		InterimCare VALUE	InterimCare PLUS	InterimCare PREMIUM
ELIGIBILITY TERM		30-364 days	30-364 days	30-364 days
ALIERA BENEFITS				
Preventive Services¹		30-364 days	30-364 days	30-364 days
<i>Follows USPTF guidelines</i>		1 Preventive Visit	1 Preventive Visit	1 Preventive Visit
Telemedicine				
Free for members and family (\$0 consult fee – with unlimited access)		Included	Included	Included
Doctor Office (Illness & Injury)				
Office Visit, History, and Exam only (referrals for primary care physician/specialist no required)	You pay:	n/a	1 visit** (\$50 MSRA no other responsibility) (additional visits=25% after MSRA)	3 visits** (\$50 MSRA no other responsibility) (additional visits=20% after MSRA)
Urgent Care				
(A medical facility providing immediate, non-routine urgent care for an injury or sickness treated on a walk-in basis)	You pay:	n/a	1 visit @ \$100 member responsibility	1 free visit (additional visits=20% after MSRA)
UNITY HCSM BENEFITS^{2, 3, 4}		MSRA* Type	Per Incident / Per Term	Per Incident / Per Term
MSRA (per person)		You pay:	\$1,000, \$2,500, \$5,000 or \$10,000	\$1,000, \$2,500, \$5,000 or \$10,000
Coexpense Choices (% you pay of eligible expenses after MSRA, per person)		You pay:	30% after MSRA	25% after MSRA
Out-of-Pocket Maximum		You pay:	\$10,000 per incident/per term	\$5,000 per incident/per term
Lifetime Maximum Benefit (per covered person)		We pay:	\$1,000,000****	\$1,000,000****
Specialty Care⁵				
		\$75 Consult fee per visit (w/ 30% coexpense after MSRA)	\$75 Consult fee per visit (w/ 25% coexpense after MSRA)	\$75 Consult fee per visit (w/ 20% coexpense after MSRA)
Pharmacy				
Name Brand and Generic Prescription (Rx) Drugs Plans/Options with Rx coverage: limited to \$3,000 maximum Rx benefit per person, per term		Not Covered.	25% after MSRA. (You pay for Rx drugs at the point of sale, at the lowest price available, and submit claim to us.)	20% after MSRA. (You pay for Rx drugs at the point of sale, at the lowest price available, and submit claim to us.)
Outpatient				
X-ray & Lab, Mammogram, Pap Smear, PSA screening		30% after MSRA	25% after MSRA	20% after MSRA
Emergency Room Fees⁶ – Illness (Not covered unless admitted)		30% after MSRA	25% after MSRA	1 visit @ \$300 member responsibility (additional visits 20% after MSRA)
Emergency Room Fees⁶ - Injury		30% after MSRA	25% after MSRA	1 visit @ \$300 member responsibility (additional visits 20% after MSRA)
Inpatient				
Room and Board, Intensive Care Unit, Operating Room, Recovery Room, Prescription Drugs, Physician Visit, Professional Fees of Doctors, Surgeons, Nurses		30% after MSRA	25% after MSRA	20% after MSRA
Terms and Conditions				State Exclusions
<p>1. Preventive visit not available on plans under 180 days. 2. Pre-existing conditions have a 24-month waiting period. 3. Cancer coverage is provided immediately if a pre-existing cancer condition did not exist within 5 years prior to or at the time of application. 4. Qualified dependents are under the age of 20. Ages 20-26 can qualify as a dependent if proven to be a full-time student. 5. The Consult fee is in addition to the cost of your specialty visit and does not apply toward your annual MSRA 6. ER visits are subject to review and are meant only for life-threatening situations.</p> <p>* MSRA – Member Shared Responsibility Amount ** No visits for 30 days or less; Plus 1 visit at 2 or more months; Premium 2 visits 2-6 months, 3 visits 7-11 months. *** Maximum per incident is \$250,000 **** Maximum per incident is \$500,000</p>				<p>Products NOT available in AK, HI, PR, OR, ND, SD, WY, NY, MD</p> <p>This is NOT Insurance.</p>

0 — 30 Day Plans

InterimCare™ Short Term Medical – PER TERM

\$1,000 MSRA

\$5,000 Out-of-Pocket Maximum

Age*	Value			Plus			Premium		
	Single	Member +1	Family	Single	Member +1	Family	Single	Member +1	Family
0-39	\$193.86	\$387.72	\$533.12	\$348.95	\$542.81	\$726.98	\$387.72	\$581.58	\$775.44
40-49	\$290.79	\$436.19	\$581.58	\$387.72	\$600.97	\$794.83	\$426.49	\$639.74	\$872.37
50-59	\$387.72	\$678.51	\$726.98	\$484.65	\$833.60	\$969.30	\$523.42	\$901.45	\$1,066.23
60-64	\$499.50	\$899.10	\$999.00	\$599.40	\$1,098.90	\$1,198.80	\$699.30	\$1,218.78	\$1,298.70

\$2,500 MSRA

\$10,000 Out-of-Pocket Maximum

Age*	Value			Plus			Premium		
	Single	Member +1	Family	Single	Member +1	Family	Single	Member +1	Family
0-39	\$174.47	\$348.95	\$479.80	\$314.05	\$488.53	\$654.28	\$348.95	\$523.42	\$697.90
40-49	\$261.71	\$392.57	\$523.42	\$348.95	\$540.87	\$715.34	\$383.84	\$575.76	\$785.13
50-59	\$348.95	\$610.66	\$654.28	\$436.19	\$750.24	\$872.37	\$471.08	\$811.30	\$959.61
60-64	\$449.55	\$809.19	\$899.10	\$539.46	\$989.01	\$1,078.92	\$629.37	\$1,096.90	\$1,168.83

\$5,000 MSRA

\$10,000 Out-of-Pocket Maximum

Age*	Value			Plus			Premium		
	Single	Member +1	Family	Single	Member +1	Family	Single	Member +1	Family
0-39	\$155.09	\$310.18	\$426.49	\$279.16	\$434.25	\$581.58	\$310.18	\$465.26	\$620.35
40-49	\$232.63	\$348.95	\$465.26	\$310.18	\$480.77	\$635.86	\$341.19	\$511.79	\$697.90
50-59	\$310.18	\$542.81	\$581.58	\$387.72	\$666.88	\$775.44	\$418.74	\$721.16	\$852.98
60-64	\$399.60	\$719.28	\$799.20	\$479.52	\$879.12	\$959.04	\$559.44	\$975.02	\$1,038.96

\$10,000 MSRA

\$10,000 Out-of-Pocket Maximum

Age*	Value			Plus			Premium		
	Single	Member +1	Family	Single	Member +1	Family	Single	Member +1	Family
0-39	\$139.58	\$279.16	\$383.84	\$251.24	\$390.82	\$523.42	\$279.16	\$418.74	\$558.32
40-49	\$209.37	\$314.05	\$418.74	\$279.16	\$432.70	\$572.27	\$307.07	\$460.61	\$628.11
50-59	\$279.16	\$488.53	\$523.42	\$348.95	\$600.19	\$697.90	\$376.86	\$649.04	\$767.69
60-64	\$359.64	\$647.35	\$719.28	\$431.57	\$791.21	\$863.14	\$503.50	\$877.52	\$935.06

0 — 30 Day Plans

InterimCare™ Short Term Medical – PER INCIDENT

\$1,000 MSRA

\$5,000 Out-of-Pocket Maximum

Age*	Value			Plus			Premium		
	Single	Member +1	Family	Single	Member +1	Family	Single	Member +1	Family
0-39	\$175.50	\$351.00	\$482.63	\$315.90	\$491.40	\$658.13	\$351.00	\$526.50	\$702.00
40-49	\$263.25	\$394.88	\$526.50	\$351.00	\$544.05	\$719.55	\$386.10	\$579.15	\$789.75
50-59	\$351.00	\$614.25	\$658.13	\$438.75	\$754.65	\$877.50	\$473.85	\$816.08	\$965.25
60-64	\$499.50	\$899.10	\$999.00	\$599.40	\$1,098.90	\$1,198.80	\$699.30	\$1,218.78	\$1,298.70

\$2,500 MSRA

\$10,000 Out-of-Pocket Maximum

Age*	Value			Plus			Premium		
	Single	Member +1	Family	Single	Member +1	Family	Single	Member +1	Family
0-39	\$157.95	\$315.90	\$434.36	\$284.31	\$442.26	\$592.31	\$315.90	\$473.85	\$631.80
40-49	\$236.93	\$355.39	\$473.85	\$315.90	\$489.65	\$647.60	\$347.49	\$521.24	\$710.78
50-59	\$315.90	\$552.83	\$592.31	\$394.88	\$679.19	\$789.75	\$426.47	\$734.47	\$868.73
60-64	\$449.55	\$809.19	\$899.10	\$539.46	\$989.01	\$1,078.92	\$629.37	\$1,096.90	\$1,168.83

\$5,000 MSRA

\$10,000 Out-of-Pocket Maximum

Age*	Value			Plus			Premium		
	Single	Member +1	Family	Single	Member +1	Family	Single	Member +1	Family
0-39	\$140.40	\$280.80	\$386.10	\$252.72	\$393.12	\$526.50	\$280.80	\$421.20	\$561.60
40-49	\$210.60	\$315.90	\$421.20	\$280.80	\$435.24	\$575.64	\$308.88	\$463.32	\$631.80
50-59	\$280.80	\$491.40	\$526.50	\$351.00	\$603.72	\$702.00	\$379.08	\$652.86	\$772.20
60-64	\$399.60	\$719.28	\$799.20	\$479.52	\$879.12	\$959.04	\$559.44	\$975.02	\$1,038.96

\$10,000 MSRA

\$10,000 Out-of-Pocket Maximum

Age*	Value			Plus			Premium		
	Single	Member +1	Family	Single	Member +1	Family	Single	Member +1	Family
0-39	\$122.85	\$245.70	\$337.84	\$221.13	\$343.98	\$460.69	\$245.70	\$368.55	\$491.40
40-49	\$184.28	\$276.41	\$368.55	\$245.70	\$380.84	\$503.69	\$270.27	\$405.41	\$552.83
50-59	\$245.70	\$429.98	\$460.69	\$307.13	\$528.26	\$614.25	\$331.70	\$571.25	\$675.68
60-64	\$349.65	\$629.37	\$699.30	\$419.58	\$769.23	\$839.16	\$489.51	\$853.15	\$909.09

31 — 180 Day Plans

InterimCare™ Short Term Medical – PER TERM

\$1,000 MSRA

\$5,000 Out-of-Pocket Maximum

Age*	Value			Plus			Premium		
	Single	Member +1	Family	Single	Member +1	Family	Single	Member +1	Family
0-39	\$204.63	\$409.26	\$562.73	\$368.33	\$572.96	\$767.36	\$409.26	\$613.89	\$818.52
40-49	\$306.95	\$460.42	\$613.89	\$409.26	\$634.35	\$838.98	\$450.19	\$675.28	\$920.84
50-59	\$409.26	\$716.21	\$767.36	\$511.58	\$879.91	\$1,023.15	\$552.50	\$951.53	\$1,125.47
60-64	\$527.25	\$949.05	\$1,054.50	\$632.70	\$1,159.95	\$1,265.40	\$738.15	\$1,286.49	\$1,370.85

\$2,500 MSRA

\$10,000 Out-of-Pocket Maximum

Age*	Value			Plus			Premium		
	Single	Member +1	Family	Single	Member +1	Family	Single	Member +1	Family
0-39	\$184.17	\$368.33	\$506.46	\$331.50	\$515.67	\$690.63	\$368.33	\$552.50	\$736.67
40-49	\$276.25	\$414.38	\$552.50	\$368.33	\$570.92	\$755.08	\$405.17	\$607.75	\$828.75
50-59	\$368.33	\$644.58	\$690.63	\$460.42	\$791.92	\$920.84	\$497.25	\$856.38	\$1,012.92
60-64	\$474.53	\$854.15	\$949.05	\$569.43	\$1,043.96	\$1,138.86	\$664.34	\$1,157.84	\$1,233.77

\$5,000 MSRA

\$10,000 Out-of-Pocket Maximum

Age*	Value			Plus			Premium		
	Single	Member +1	Family	Single	Member +1	Family	Single	Member +1	Family
0-39	\$163.70	\$327.41	\$450.19	\$294.67	\$458.37	\$613.89	\$327.41	\$491.11	\$654.82
40-49	\$245.56	\$368.33	\$491.11	\$327.41	\$507.48	\$671.19	\$360.15	\$540.22	\$736.67
50-59	\$327.41	\$572.96	\$613.89	\$409.26	\$703.93	\$818.52	\$442.00	\$761.22	\$900.37
60-64	\$421.80	\$759.24	\$843.60	\$506.16	\$927.96	\$1,012.32	\$590.52	\$1,029.19	\$1,096.68

\$10,000 MSRA

\$10,000 Out-of-Pocket Maximum

Age*	Value			Plus			Premium		
	Single	Member +1	Family	Single	Member +1	Family	Single	Member +1	Family
0-39	\$147.33	\$294.67	\$405.17	\$265.20	\$412.53	\$552.50	\$294.67	\$442.00	\$589.33
40-49	\$221.00	\$331.50	\$442.00	\$294.67	\$456.73	\$604.07	\$324.13	\$486.20	\$663.00
50-59	\$294.67	\$515.67	\$552.50	\$368.33	\$633.53	\$736.67	\$397.80	\$685.10	\$810.33
60-64	\$379.62	\$683.32	\$759.24	\$455.54	\$835.16	\$911.09	\$531.47	\$926.27	\$987.01

31 — 180 Day Plans

InterimCare™ Short Term Medical – PER INCIDENT

\$1,000 MSRA

\$5,000 Out-of-Pocket Maximum

Age*	Value			Plus			Premium		
	Single	Member +1	Family	Single	Member +1	Family	Single	Member +1	Family
0-39	\$185.25	\$370.50	\$509.44	\$333.45	\$518.70	\$694.69	\$370.50	\$555.75	\$741.00
40-49	\$277.88	\$416.81	\$555.75	\$370.50	\$574.28	\$759.53	\$407.55	\$611.33	\$833.63
50-59	\$370.50	\$648.38	\$694.69	\$463.13	\$796.58	\$926.25	\$500.18	\$861.41	\$1,018.88
60-64	\$527.25	\$949.05	\$1,054.50	\$632.70	\$1,159.95	\$1,265.40	\$738.15	\$1,286.49	\$1,370.85

\$2,500 MSRA

\$10,000 Out-of-Pocket Maximum

Age*	Value			Plus			Premium		
	Single	Member +1	Family	Single	Member +1	Family	Single	Member +1	Family
0-39	\$166.73	\$333.45	\$458.49	\$300.11	\$466.83	\$625.22	\$333.45	\$500.18	\$666.90
40-49	\$250.09	\$375.13	\$500.18	\$333.45	\$516.85	\$683.57	\$366.80	\$550.19	\$750.26
50-59	\$333.45	\$583.54	\$625.22	\$416.81	\$716.92	\$833.63	\$450.16	\$775.27	\$916.99
60-64	\$474.53	\$854.15	\$949.05	\$569.43	\$1,043.96	\$1,138.86	\$664.34	\$1,157.84	\$1,233.77

\$5,000 MSRA

\$10,000 Out-of-Pocket Maximum

Age*	Value			Plus			Premium		
	Single	Member +1	Family	Single	Member +1	Family	Single	Member +1	Family
0-39	\$148.20	\$296.40	\$407.55	\$266.76	\$414.96	\$555.75	\$296.40	\$444.60	\$592.80
40-49	\$222.30	\$333.45	\$444.60	\$296.40	\$459.42	\$607.62	\$326.04	\$489.06	\$666.90
50-59	\$296.40	\$518.70	\$555.75	\$370.50	\$637.26	\$741.00	\$400.14	\$689.13	\$815.10
60-64	\$421.80	\$759.24	\$843.60	\$506.16	\$927.96	\$1,012.32	\$590.52	\$1,029.19	\$1,096.68

\$10,000 MSRA

\$10,000 Out-of-Pocket Maximum

Age*	Value			Plus			Premium		
	Single	Member +1	Family	Single	Member +1	Family	Single	Member +1	Family
0-39	\$129.68	\$259.35	\$356.61	\$233.42	\$363.09	\$486.28	\$259.35	\$389.03	\$518.70
40-49	\$194.51	\$291.77	\$389.03	\$259.35	\$401.99	\$531.67	\$285.29	\$427.93	\$583.54
50-59	\$259.35	\$453.86	\$486.28	\$324.19	\$557.60	\$648.38	\$350.12	\$602.99	\$713.21
60-64	\$369.08	\$664.34	\$738.15	\$442.89	\$811.97	\$885.78	\$516.71	\$900.54	\$959.60

181 — 364 Day Plans

InterimCare™ Short Term Medical – PER TERM

\$1,000 MSRA

\$5,000 Out-of-Pocket Maximum

Age*	Value			Plus			Premium		
	Single	Member +1	Family	Single	Member +1	Family	Single	Member +1	Family
0-39	\$215.40	\$430.80	\$592.35	\$387.72	\$603.12	\$807.75	\$430.80	\$646.20	\$861.60
40-49	\$323.10	\$484.65	\$646.20	\$430.80	\$667.74	\$883.14	\$473.88	\$710.82	\$969.30
50-59	\$430.80	\$753.90	\$807.75	\$538.50	\$926.22	\$1,077.00	\$581.58	\$1,001.61	\$1,184.70
60-64	\$555.00	\$999.00	\$1,110.00	\$666.00	\$1,221.00	\$1,332.00	\$777.00	\$1,354.20	\$1,443.00

\$2,500 MSRA

\$10,000 Out-of-Pocket Maximum

Age*	Value			Plus			Premium		
	Single	Member +1	Family	Single	Member +1	Family	Single	Member +1	Family
0-39	\$193.86	\$387.72	\$533.12	\$348.95	\$542.81	\$726.98	\$387.72	\$581.58	\$775.44
40-49	\$290.79	\$436.19	\$581.58	\$387.72	\$600.97	\$794.83	\$426.49	\$639.74	\$872.37
50-59	\$387.72	\$678.51	\$726.98	\$484.65	\$833.60	\$969.30	\$523.42	\$901.45	\$1,066.23
60-64	\$499.50	\$899.10	\$999.00	\$599.40	\$1,098.90	\$1,198.80	\$699.30	\$1,218.78	\$1,298.70

\$5,000 MSRA

\$10,000 Out-of-Pocket Maximum

Age*	Value			Plus			Premium		
	Single	Member +1	Family	Single	Member +1	Family	Single	Member +1	Family
0-39	\$172.32	\$344.64	\$473.88	\$310.18	\$482.50	\$646.20	\$344.64	\$516.96	\$689.28
40-49	\$258.48	\$387.72	\$516.96	\$344.64	\$534.19	\$706.51	\$379.10	\$568.66	\$775.44
50-59	\$344.64	\$603.12	\$646.20	\$430.80	\$740.98	\$861.60	\$465.26	\$801.29	\$947.76
60-64	\$444.00	\$799.20	\$888.00	\$532.80	\$976.80	\$1,065.60	\$621.60	\$1,083.36	\$1,154.40

\$10,000 MSRA

\$10,000 Out-of-Pocket Maximum

Age*	Value			Plus			Premium		
	Single	Member +1	Family	Single	Member +1	Family	Single	Member +1	Family
0-39	\$155.09	\$310.18	\$426.49	\$279.16	\$434.25	\$581.58	\$310.18	\$465.26	\$620.35
40-49	\$232.63	\$348.95	\$465.26	\$310.18	\$480.77	\$635.86	\$341.19	\$511.79	\$697.90
50-59	\$310.18	\$542.81	\$581.58	\$387.72	\$666.88	\$775.44	\$418.74	\$721.16	\$852.98
60-64	\$399.60	\$719.28	\$799.20	\$479.52	\$879.12	\$959.04	\$559.44	\$975.02	\$1,038.96

181 — 364 Day Plans

InterimCare™ Short Term Medical – PER INCIDENT

\$1,000 MSRA

\$5,000 Out-of-Pocket Maximum

Age*	Value			Plus			Premium		
	Single	Member +1	Family	Single	Member +1	Family	Single	Member +1	Family
0-39	\$195.00	\$390.00	\$536.25	\$351.00	\$546.00	\$731.25	\$390.00	\$585.00	\$780.00
40-49	\$292.50	\$438.75	\$585.00	\$390.00	\$604.50	\$799.50	\$429.00	\$643.50	\$877.50
50-59	\$390.00	\$682.50	\$731.25	\$487.50	\$838.50	\$975.00	\$526.50	\$906.75	\$1,072.50
60-64	\$555.00	\$999.00	\$1,110.00	\$666.00	\$1,221.00	\$1,332.00	\$777.00	\$1,354.20	\$1,443.00

\$2,500 MSRA

\$10,000 Out-of-Pocket Maximum

Age*	Value			Plus			Premium		
	Single	Member +1	Family	Single	Member +1	Family	Single	Member +1	Family
0-39	\$175.50	\$351.00	\$482.63	\$315.90	\$491.40	\$658.13	\$351.00	\$526.50	\$702.00
40-49	\$263.25	\$394.88	\$526.50	\$351.00	\$544.05	\$719.55	\$386.10	\$579.15	\$789.75
50-59	\$351.00	\$614.25	\$658.13	\$438.75	\$754.65	\$877.50	\$473.85	\$816.08	\$965.25
60-64	\$499.50	\$899.10	\$999.00	\$599.40	\$1,098.90	\$1,198.80	\$699.30	\$1,218.78	\$1,298.70

\$5,000 MSRA

\$10,000 Out-of-Pocket Maximum

Age*	Value			Plus			Premium		
	Single	Member +1	Family	Single	Member +1	Family	Single	Member +1	Family
0-39	\$156.00	\$312.00	\$429.00	\$280.80	\$436.80	\$585.00	\$312.00	\$468.00	\$624.00
40-49	\$234.00	\$351.00	\$468.00	\$312.00	\$483.60	\$639.60	\$343.20	\$514.80	\$702.00
50-59	\$312.00	\$546.00	\$585.00	\$390.00	\$670.80	\$780.00	\$421.20	\$725.40	\$858.00
60-64	\$444.00	\$799.20	\$888.00	\$532.80	\$976.80	\$1,065.60	\$621.60	\$1,083.36	\$1,154.40

\$10,000 MSRA

\$10,000 Out-of-Pocket Maximum

Age*	Value			Plus			Premium		
	Single	Member +1	Family	Single	Member +1	Family	Single	Member +1	Family
0-39	\$136.50	\$273.00	\$375.38	\$245.70	\$382.20	\$511.88	\$273.00	\$409.50	\$546.00
40-49	\$204.75	\$307.13	\$409.50	\$273.00	\$423.15	\$559.65	\$300.30	\$450.45	\$614.25
50-59	\$273.00	\$477.75	\$511.88	\$341.25	\$586.95	\$682.50	\$368.55	\$634.73	\$750.75
60-64	\$388.50	\$699.30	\$777.00	\$466.20	\$854.70	\$932.40	\$543.90	\$947.94	\$1,010.10

Limitations and Exclusions

Please check your plan guidelines for a full list of limitations and exclusions.

This plan will not pay cost sharing for sicknesses or injuries that are caused by or expenses incurred for:

- Conditions for which claims were submitted under a prior Short Term Medical plan or plan issued by us that provided cost sharing that ended within 90 days before the Effective Date of this plan.
- Intentionally self-inflicted Sickness or Injury, whether sane or insane.
- Sickness or Injury to the extent that cost sharing are paid by Medicare or any other government law or program, except Medicaid (Medi-Cal in California); or medical cost sharing under any automobile or no fault insurance.
- Sickness or Injury eligible for cost sharing under worker's compensation, employers' liability or similar laws even when you do not file a claim for cost sharing.
- Treatment of Sickness or Injury caused by or contributed to by war or any act of war; or participation in the military service of any country. Any premium paid for a time not available for cost sharing will be returned pro-rata.
- Dental treatment unless a Hospital stay is required due to Injury from an accidental blow to the mouth causing trauma to sound, natural teeth, the gums or supporting structures of the teeth. A sound, natural tooth has no decay and has never had a filling, root canal therapy or crown. Inpatient Hospital care must be the least expensive setting needed to produce a professionally adequate result and the Hospital charges only are available for cost sharing Expense. The treatment must be received while the plan is in force.
- Eyeglasses, contact lenses, eye exams, eye refraction or eye surgery for correction of refraction error; vision therapy; or artificial hearing devices.
- Maternity is not eligible in the InterimCare™ plans.
- Infertility diagnosis and treatment for males and females including, but not limited to, drugs and medications, artificial insemination, in-vitro fertilization and reversal of sterilization.
- Genetic testing or counseling including, but not limited to, amniocentesis and chorionic villi testing.
- Sex transformation; treatment of sexual function, dysfunction or inadequacy; or treatment to enhance sexual performance or desire.
- Treatment and medication to stimulate growth and growth hormones for any purpose.
- Treatment, services or supplies to address quality of life or lifestyle concerns including, but not limited to: smoking cessation; snoring or sleep disorders; the treatment or prevention of hair loss; change in skin pigmentation; or cognitive enhancement.
- Sterilization and drugs or devices used directly or indirectly to promote or prevent conception.
- Weight reduction or weight control programs or treatment; or surgery for weight control, obesity or morbid obesity.
- All treatments for varicose veins.
- Therapy or treatment for learning disorders or disabilities or developmental delays.
- Sales tax or gross receipt tax; provider administrative expenses including, but not limited to, charges for claim filing, contacting utilization review organizations, or case management fees.
- Cosmetic treatment or reconstructive or plastic surgery that is primarily a cosmetic procedure, including medical or surgical complications arising therefrom, except as provided in the cost sharing section.
- Treatment of Mental Health Conditions or substance abuse.
- Treatment or services rendered by, or supplies purchased from, a member of Your Immediate Family or an employer.
- Treatment or services required due to accidental Injury sustained in operating a motor vehicle while the Covered Person's blood alcohol level, as defined by law, exceeds that level permitted by law or otherwise violates legal standards for a person operating a motor vehicle in the state where the Injury occurred. This exclusion applies whether or not the Injury occurred in connection with an incident involving the operation of a motor vehicle, and whether or not the Covered Person is charged with any violation in connection with the accident.
- Treatment or services required due to Injury received while engaging in any hazardous occupation or other activity, including the following: participating, instructing, demonstrating, guiding or accompanying others in parachute jumping, hang-gliding, bungee jumping, flight in an aircraft other than a regularly scheduled flight by an airline, racing any motorized or non-motorized vehicle, rock or mountain climbing, professional or semi-professional contact sports of any kind. Also excluded are treatment and services required due to Injury received while practicing, exercising, undergoing conditioning or physical preparation for any such activity.
- Treatment or services required due to Injury received while engaging in any hazardous occupation or other activity for which compensation is received, including the following: participating, instructing, demonstrating, guiding or accompanying others in skiing and horse riding. Also excluded are treatment and services required due to Injury received while practicing, exercising, undergoing conditioning or physical preparation for any such compensated activity.
- Treatment or services required due to Injury sustained while participating in any interscholastic or inter-collegiate sport, contest or competition or while practicing, exercising, undergoing conditioning or physical preparation for any such sport, contest or competition is subject to a \$5,000 (max) of sharing per incident at an emergency room.
- Treatment or services required for Sickness or Injury resulting from being intoxicated (where the blood alcohol content meets the legal presumption of intoxication under the law of the state where the Sickness or Injury took place).
- Expense incurred due to Sickness or Injury of which a contributing cause was the Covered Person's voluntary attempt to commit, participation in or commission of a felony, whether or not charged, or as a consequence of the Covered Person's being under the influence of illegal narcotics or non-prescribed controlled substances.
- Custodial Care; respite care; rest care; or supportive care.

Limitations and Exclusions, cont.

- Expenses incurred for Experimental or Investigational Treatment.
- Private duty nursing services rendered during Hospital confinement and charges for standby Health Care Practitioners.
- Dental braces, dental appliances, corrective shoes, repairs to or replacement of prosthetic devices, or orthotics, except as provided in the cost sharing section.
- Reduction mammoplasty; revision of breast surgery for capsular contraction or replacement of prosthesis, except as provided in the cost sharing section.
- Treatment, services or supplies rendered or received when cost sharing under the plan is not in effect, except as provided under the Extension of cost sharing provision.
- Any amount in excess of the Usual, Reasonable and Customary Amount, as determined by us under this plan.
- Prophylactic treatment or services. Prophylactic means any surgery or other procedure performed to prevent a disease process from becoming evident in the organ or tissue at a later date.
- Treatment, services or supplies that are not Medically Necessary as determined by us under this plan.
- Treatment, services or supplies that are prescribed, provided or furnished in a manner primarily for the convenience of the Covered Person or Physician.
- Treatment, services or supplies not described in the cost sharing section.
- Expenses for marital counseling or social counseling.
- Outpatient Prescription Drugs, medications, vitamins, and mineral or food supplements including pre-natal vitamins, or any over-the-counter medicines, whether or not ordered by a Doctor.
- Treatment, services or supplies provided at no cost to the Covered Person.
- Telephone consultations or failure to keep a scheduled appointment.
- Abortions, except in connection with covered Complications of Pregnancy or if the life of the expectant mother would be at risk.
- Eye surgery, such as radial keratotomy, when the primary purpose is to correct nearsightedness, farsightedness or astigmatism.
- Treatment for cataracts.
- Treatment of the temporomandibular joint unless Medically Necessary and caused by a congenital or developmental deformity, Sickness or Injury.
- Vocational, occupational, biofeedback, acupuncture, recreational, or music therapy, holistic care of any nature, massage and kinestherapy.
- Orthoptics and visual eye training.
- Hypnotherapy when used to treat conditions that are not recognized as Mental or Nervous Disorders by the American Psychiatric Association, and biofeedback, and nonmedical self-care or self-help programs.
- Treatment incurred as a result of exposure to non-medical nuclear radiation and/or radioactive material(s).
- Treatment for or related to any congenital condition, except as it relates to a newborn or adopted child added as a Covered Person to this plan.
- Spinal manipulation or adjustment.
- Sclerotherapy for veins of the extremities.
- Chronic fatigue or pain disorders; or immunodeficiency disorders.
- Treatment or diagnosis of allergies, except for emergency treatment of allergic reactions.
- Kidney or end stage renal disease.
- Joint replacement or other treatment of joints, spine, bones or connective tissue including tendons, ligaments and cartilage, unless related to available for cost sharing Injury.
- Expenses or losses related to or in connection with the treatment of Acquired Immunodeficiency Syndrome and its related effects.
- Hospice care.
- Costs of services or supplies for personal comfort or convenience, including homemaker services or supportive services focusing on activities of daily life that do not require the skills of qualified technical or professional personnel, including but not limited to bathing, dressing, feeding, routine skin care, bladder care and administration of oral medications or eye drops, except as specifically available for cost sharing.

Pre-existing condition exclusion

Charges resulting directly from a pre-existing condition are excluded from cost sharing. A pre-existing condition is defined as a condition:

- For which medical advice, diagnosis, care, or treatment (includes receiving services and supplies, consultations, diagnostic tests or prescription medicines) was recommended or received within the 24 months immediately preceding the Effective Date; or
- That had manifested itself in such a manner that would have caused an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment (includes receiving services and supplies, consultations, diagnostic tests or prescription medicines) within the 24 months immediately preceding such person's Effective Date.

This exclusion does not apply to a newborn or newly adopted child who is added in accordance with the cost sharing eligibility and effective date sections within the certificate of cost sharing.

Limitations and Exclusions, cont.

InterimCare™ short term medical cost sharing is nonrenewable

This short term medical plan is nonrenewable, and plan termination is not considered a qualifying life event for purposes of enrolling in a major medical plan. Therefore, depending on the length of your cost sharing term, you may have a gap in medical cost sharing until you can begin cost sharing with a different Alera health plan. If you choose to purchase a different Alera long term plan, you must submit a new application. Any illness or condition that developed and was available for cost sharing under your previous plan is considered a pre-existing condition and will not be available for cost sharing by subsequent Alera plans.

InterimCare™ short term medical cost sharing does not meet Minimum Essential Coverage as mandated by the Affordable Care Act

Short-term, limited duration plans are not subject to certain provisions of federal health care reform, including the provisions related to Essential Health cost sharing, lifetime limits, preventive care, guaranteed renewability, and pre-existing conditions. The pre-existing condition exclusions for InterimCare™ plans will apply for all members, including those under the age of 19. Know your plan.

Examples of the claims InterimCare™ short term medical plans do not cover are for maternity, mental health and treatment related to medical conditions they had prior to the plan's effective date.

These InterimCare™ short term medical plans provide an ACA exemption for Individuals

A healthcare sharing ministry is an organization in the United States that facilitates sharing of qualifying healthcare costs between individual members who have common ethical or religious beliefs. A healthcare sharing ministry does not use actuaries, does not accept risk or make guarantees, and does not purchase reinsurance policies on behalf of its members. Members of healthcare sharing ministries are exempt from the individual responsibility requirements of the Patient Protection and Affordable Care Act, often referred to as Obamacare. This means members of healthcare sharing ministries are not required to have insurance as outlined in the individual mandate.

Alera / Unity HealthShareSM InterimCare medical cost sharing is NOT insurance

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

Early Voluntary Termination

Members of Alera Healthcare/Unity HealthShareSM may terminate their membership at any time, with 30 days prior notice. Unity HealthShareSM plans are not a substitute for "short term medical plans". Medical expenses incurred during the term of the membership and followed by early voluntary termination within 90 days of incurring medical expenses, will be reviewed and may not be eligible for cost sharing, where the early termination was not as a direct result of affordability issues with the health sharing program.

LEGAL NOTICES

The following legal notices are the result of discussions by Unity HealthShareSM or other healthcare sharing ministries with several state regulators and are part of an effort to ensure that Sharing Members understand that Unity HealthShareSM is not an insurance company and that it does not guarantee payment of medical costs. Our role is to enable self-pay patients to help fellow Americans through voluntary 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 or not 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 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

Unity HealthShareSM is not an insurance company, and membership is not offered through an insurance company. Unity HealthShareSM 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. 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)

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Products NOT available in AK, HI, PR, OR, ND, SD, WY, NY, MD

This is NOT Insurance. This is healthcare cost sharing.

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