



INDIVIDUAL
& FAMILY



A New Era of Affordable Quality Healthcare Choices During Times of Transition

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

InterimCare 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: InterimCare is specifically designed to provide a full spectrum of comprehensive cost-sharing options for individuals and families during times of transition. InterimCare offers three tiers of healthcare sharing plans with robust services and terms available for each from 30 to 364 days.

A Roadmap of Comprehensive Interim Healthcare

InterimCare gives individuals and families a clear path to the healthcare services they need during times of transition.

Built on the Multiplan PHCS network, a nationwide preferred provider organization (PPO), InterimCare plans provide access to more than 1,000,000 healthcare professionals in over 6,000 facilities across the United States.



Interim Healthcare Sharing Plans for Times of Transition

Interim healthcare sharing plans are designed for the transition times of life. Whether you're changing jobs, relocating, or starting a new business, InterimCare plans can give you peace of mind when life's inevitable detours take you and your family in new directions.

MEMBER PROFILE EXAMPLE¹

	Name: Jane Smith	Out-of-pocket Maximum: \$5,000 Per Incident Maximum Limit: \$500,000 Lifetime Maximum Limit: \$1,000,000 Monthly Contribution: \$299.37
	Age: 45	
	Health Status: Excellent (non-smoker)	
	Employment Status: Self-employed new business owner	
	Plan: InterimCare Premium	
	Term Length: 30 Days	
	Active: June 2018	
MSRA: \$2,500		

Jane, who is a runner with no known health problems, woke at 4am with excruciating pain shooting down her left arm. She called 911 and was rushed to the emergency room, where they did an electrocardiogram (EKG) and some blood tests. Her EKG came back slightly abnormal and her bloodwork showed proteins that often point to a damaged heart muscle. They admitted her to the hospital and performed an x-ray (angiogram) to get a better look at blood flow to and from her heart. The results confirmed that Jane was having a heart attack. She was immediately rushed into surgery where doctors put in a stent to restore blood flow in her main artery.

DESCRIPTION	Incident Costs	Plan Shares	Member Shares
Ambulance ²	\$5,000.00	\$2,500	\$2,500.00 (MSRA)
Emergency Room (ER) Consult Fee	\$300.00	\$0	\$300.00
EKG	\$2,500.00	\$2,500.00	100% Eligible With ER Consult Fee
Diagnostic Labs	\$10,000.00	\$10,000.00	100% Eligible With ER Consult Fee

After Jane was assessed in the emergency room, she was admitted to the hospital. Since she had already met her \$2,500 MSRA, her plan paid 80% of eligible sharing costs and she paid the remaining 20% of eligible sharing costs up to the \$5,000 out-of-pocket maximum.

Inpatient X-rays	\$3,200.00	\$2,560.00	\$640.00
Anesthesia	\$7,800.00	\$6,240.00	\$1,560.00

When Jane met the \$5,000 out-of-pocket maximum, her plan paid 100% of the eligible sharing costs up to \$500,000.00 per incident maximum limit.

Anesthesia	\$23,000.00	\$23,000.00	\$0
Inpatient Heart Surgery	\$120,000.00	\$120,000.00	\$0
Inpatient Rehabilitation Therapy	\$14,000.00	\$14,000.00	\$0
Anti-platelet Prescription	\$30.00	\$30.00	\$0
Hospital Stay (4 days)	\$16,126.67	\$16,126.67	\$0
Total	\$201,956.67	\$196,956.67	\$5,000.00

1. For representation only. This is not an actual example.
 2. When MSRA has already been met, plan shares 100% of ground ambulatory costs per plan year and up to \$10,000 in sharing eligibility for air transport, up to the plan year maximum limit.

PREMIUM PLAN DETAILS

PREMIUM PLAN SERVICES PER MEMBER ¹ ▶		Multiplan PHCS (in-network)		
Member Shared Responsibility Amount (MSRA)		\$1,000 \$2,500 \$5,000		
Co-expense ²		Plan Shares: 80% You Share: 20%		
Out-of-pocket Maximum (within sharing limits) ²		\$5,000		
Per Incident Maximum Limit ²		\$500,000		
Lifetime Maximum Limit ²		\$1,000,000		
Section 1		Services Eligible Prior to Meeting MSRA		
The services in Section 1 are available to InterimCare members upon enrollment. They do not require you to meet MSRA prior to using them.				
Plan Term Length	0 – 30 Days	31 – 180 Days	181 – 364 Days	
Telemedicine	Free	Free	Free	
Wellness & Preventive Care ³	Not Eligible	Not Eligible	Eligible	
Primary Care ⁴	Not Eligible	31 – 59 Days: 1 Visit 60 – 180 Days: 2 Visits \$50 Consult Fee	3 Visits \$50 Consult Fee	
Urgent Care ⁵		1 Visit No Consult Fee		
Emergency Room ⁶		1 Visit \$300 Consult Fee		
Section 2		Services Eligible After Meeting MSRA		
The services in Section 2 require you to meet your selected MSRA amount before your medical expenses are eligible for member sharing.				
Specialty Care		\$75 Consult Fee + Cost of Visit Plan Shares: 80% You Share: 20%		
Pediatrics		\$75 Consult Fee + Cost of Visit Plan Shares: 80% You Share: 20%		
OB/GYN		\$75 Consult Fee + Cost of Visit Plan Shares: 80% You Share: 20%		
Maternity		Not Eligible		
Prescription Discount ⁷		Plan Shares: 80% You Share: 20%		
Additional Visits to Emergency Room		Plan Shares: 80% You Share: 20%		
Inpatient Services				
Hospitalization		Plan Shares: 80% You Share: 20%		
Surgical		Plan Shares: 80% You Share: 20%		
Outpatient Services				
Hospitalization		Not Eligible		
Surgical		Plan Shares: 80% You Share: 20%		

- 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.
- Plan will share 80% up to the \$5,000 out-of-pocket maximum. Then will share 100% up to the per incident maximum limit of \$500,000.
- Visits are not eligible with plan terms under 180 days.
- Consult fee is in addition to the cost of your visit and does not apply to your MSRA. Additional visits are eligible after meeting your plan MSRA at a \$50 consult fee, plan will share 80% of cost of visit.
- Only one visit is eligible at no consult fee. Additional visits are eligible after meeting your plan MSRA; plan will then share 80% up to the out-of-pocket maximum up to the per incident maximum limit;
- Only one visit is eligible at a \$300 consult fee. Emergency room cost sharing is subject to review and is only meant for life-threatening situations. Cost sharing for illness is not eligible unless admitted.
- Rx eligibility is limited to a maximum of \$3,000 per person. Member shares the lowest price available for prescription and then submits sharing request.

Administrative and conditional fees: \$100 one-time enrollment fee. Add \$60 per member who smokes.

PREMIUM PLAN DETAILS

\$1,000 MSRA									
Rates	0 – 30 Days			31 – 180 Days			181 – 364 Days		
Age¹	Member	Member +1	Family²	Member	Member +1	Family²	Member	Member +1	Family²
18–39	\$302.40	\$453.60	\$604.80	\$319.20	\$478.80	\$638.40	\$336.00	\$504.00	\$672.00
40–49	\$332.64	\$498.96	\$680.40	\$351.12	\$526.68	\$718.20	\$369.60	\$554.40	\$756.00
50–59	\$449.06	\$773.39	\$914.76	\$474.01	\$816.35	\$965.58	\$498.96	\$859.32	\$1,016.40
60–64	\$608.58	\$1,060.67	\$1,130.22	\$642.39	\$1,119.59	\$1,193.01	\$676.20	\$1,178.52	\$1,255.80

\$2,500 MSRA									
Rates	0 – 30 Days			31 – 180 Days			181 – 364 Days		
Age¹	Member	Member +1	Family²	Member	Member +1	Family²	Member	Member +1	Family²
18–39	\$272.16	\$408.24	\$544.32	\$287.28	\$430.92	\$574.56	\$302.40	\$453.60	\$604.80
40–49	\$299.37	\$449.06	\$612.36	\$316.01	\$474.01	\$646.38	\$332.64	\$498.96	\$680.40
50–59	\$404.16	\$696.05	\$823.28	\$426.61	\$734.71	\$869.02	\$449.06	\$773.39	\$914.76
60–64	\$547.72	\$954.60	\$1,017.20	\$578.15	\$1,007.63	\$1,073.71	\$608.58	\$1,060.67	\$1,130.22

\$5,000 MSRA									
Rates	0 – 30 Days			31 – 180 Days			181 – 364 Days		
Age¹	Member	Member +1	Family²	Member	Member +1	Family²	Member	Member +1	Family²
18–39	\$226.80	\$362.88	\$483.84	\$255.36	\$383.04	\$510.72	\$268.80	\$403.20	\$537.60
40–49	\$249.48	\$399.17	\$544.32	\$280.89	\$421.34	\$574.56	\$295.68	\$443.52	\$604.80
50–59	\$336.80	\$618.71	\$731.81	\$379.21	\$653.08	\$772.46	\$399.17	\$687.46	\$813.12
60–64	\$456.45	\$848.54	\$904.18	\$513.91	\$895.68	\$954.41	\$540.96	\$942.82	\$1,004.64

1. Primary member must be at least 18 years of age; monthly rate is based on eldest eligible family member.
 2. Members under the age of 20 or full-time students ages 20-26 can qualify as a dependent.

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



[AlieraHealthcare.com](https://www.AlieraHealthcare.com) | 844-834-3456

This is NOT insurance.



PLUS PLAN DETAILS

PLUS PLAN SERVICES PER MEMBER ¹ ▶		Multiplan PHCS (in-network)		
Member Shared Responsibility Amount (MSRA)		\$1,000 \$2,500 \$5,000 \$10,000		
Co-expense ²		Plan Shares: 75% You Share: 25%		
Out-of-pocket Maximum (within sharing limits) ²		\$10,000		
Per Incident Maximum Limit ²		\$250,000		
Lifetime Maximum Limit ²		\$1,000,000		
Section 1		Services Eligible Prior to Meeting MSRA		
The services in Section 1 are available to InterimCare members upon enrollment. They do not require you to meet MSRA prior to using them.				
Plan Term Length	0 – 30 Days	31 – 180 Days	181 – 364 Days	
Telemedicine	Free	Free	Free	
Wellness & Preventive Care ³	Not Eligible	Not Eligible	Eligible	
Primary Care ⁴	Not Eligible	1 Visit \$50 Consult Fee	1 Visit \$50 Consult Fee	
Urgent Care ⁵		1 Visit \$100 Consult Fee		
Section 2		Services Eligible After Meeting MSRA		
The services in Section 2 require you to meet your selected MSRA amount before your medical expenses are eligible for member sharing.				
Specialty Care		\$75 Consult Fee + Cost of Visit Plan Shares: 75% You Share: 25%		
Pediatrics		\$75 Consult Fee + Cost of Visit Plan Shares: 75% You Share: 25%		
OB/GYN		\$75 Consult Fee + Cost of Visit Plan Shares: 75% You Share: 25%		
Maternity		Not Eligible		
Prescription Discount ⁶		Plan Shares: 75% You Share: 25%		
Emergency Room ⁷		Plan Shares: 75% You Share: 25%		
Inpatient Services				
Hospitalization		Plan Shares: 75% You Share: 25%		
Surgical		Plan Shares: 75% You Share: 25%		
Outpatient Services				
Hospitalization		Not Eligible		
Surgical		Plan Shares: 75% You Share: 25%		

- 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.
- Plan will share 75% up to the \$10,000 out-of-pocket maximum. Then will share 100% up to the per incident maximum limit of \$250,000.
- Visits are not eligible with plan terms under 180 days.
- Consult fee is in addition to the cost of your visit and does not apply to your MSRA. Additional visits are eligible after meeting your plan MSRA at a \$50 consult fee, plan will share 75% of cost of visit.
- Only one visit is eligible at \$100 consult fee. Additional visits are eligible after meeting your plan MSRA; plan will then share 75% up to the out-of-pocket maximum up to the per incident maximum limit.
- Rx eligibility is limited to a maximum of \$3,000 per person. Member shares the lowest price available for prescription and then submits sharing request.
- Emergency room cost sharing is subject to review and is only meant for life-threatening situations. Cost sharing for illness is not eligible unless admitted.

Administrative and conditional fees: \$100 one-time enrollment fee. Add \$60 per member who smokes.

PLUS PLAN DETAILS

\$1,000 MSRA									
Rates	0 – 30 Days			31 – 180 Days			181 – 364 Days		
Age¹	Member	Member +1	Family²	Member	Member +1	Family²	Member	Member +1	Family²
18–39	\$272.16	\$423.36	\$567.00	\$287.28	\$446.88	\$598.51	\$302.40	\$470.40	\$630.00
40–49	\$302.40	\$468.72	\$619.92	\$319.20	\$494.76	\$654.36	\$336.00	\$520.80	\$688.80
50–59	\$415.80	\$715.18	\$831.60	\$438.90	\$754.91	\$877.80	\$462.00	\$794.64	\$924.00
60–64	\$521.64	\$956.34	\$1,043.28	\$550.62	\$1,009.47	\$1,101.24	\$579.60	\$1,062.60	\$1,159.20

\$2,500 MSRA									
Rates	0 – 30 Days			31 – 180 Days			181 – 364 Days		
Age¹	Member	Member +1	Family²	Member	Member +1	Family²	Member	Member +1	Family²
18–39	\$244.94	\$381.03	\$510.31	\$258.55	\$402.19	\$538.65	\$272.16	\$423.36	\$567.00
40–49	\$272.16	\$421.85	\$557.92	\$287.28	\$445.28	\$588.92	\$302.40	\$468.72	\$619.92
50–59	\$374.22	\$643.65	\$748.44	\$395.02	\$679.42	\$790.02	\$415.80	\$715.18	\$831.60
60–64	\$469.48	\$860.71	\$938.95	\$495.56	\$908.52	\$991.12	\$521.64	\$956.34	\$1,043.28

\$5,000 MSRA									
Rates	0 – 30 Days			31 – 180 Days			181 – 364 Days		
Age¹	Member	Member +1	Family²	Member	Member +1	Family²	Member	Member +1	Family²
18–39	\$204.12	\$338.69	\$453.60	\$229.83	\$357.51	\$478.80	\$241.92	\$376.32	\$504.00
40–49	\$226.80	\$374.97	\$495.94	\$255.36	\$395.81	\$523.49	\$268.80	\$416.64	\$551.04
50–59	\$311.86	\$572.13	\$665.28	\$351.12	\$603.93	\$702.24	\$369.60	\$635.71	\$739.20
60–64	\$391.23	\$765.07	\$834.62	\$440.50	\$807.58	\$880.99	\$463.68	\$850.08	\$927.36

\$10,000 MSRA									
Rates	0 – 30 Days			31 – 180 Days			181 – 364 Days		
Age¹	Member	Member +1	Family²	Member	Member +1	Family²	Member	Member +1	Family²
18–39	\$163.29	\$254.02	\$340.20	\$172.37	\$321.75	\$430.92	\$217.72	\$338.69	\$453.60
40–49	\$181.44	\$281.23	\$371.95	\$191.52	\$356.23	\$471.14	\$241.92	\$374.97	\$495.94
50–59	\$249.48	\$429.10	\$498.96	\$263.34	\$543.53	\$632.02	\$332.64	\$572.13	\$665.28
60–64	\$312.98	\$573.80	\$625.97	\$330.37	\$726.82	\$792.90	\$417.31	\$765.07	\$834.62

1. Primary member must be at least 18 years of age; monthly rate is based on eldest eligible family member.
2. Members under the age of 20 or full-time students ages 20-26 can qualify as a dependent.

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



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This is NOT insurance.



VALUE PLAN DETAILS

VALUE PLAN SERVICES PER MEMBER ¹ ▶		Multiplan PHCS (in-network)		
Member Shared Responsibility Amount (MSRA)		\$1,000 \$2,500 \$5,000 \$10,000		
Co-expense ²		Plan Shares: 70% You Share: 30%		
Out-of-pocket Maximum (within sharing limits) ²		\$10,000		
Per Incident Maximum Limit ²		\$250,000		
Lifetime Maximum Limit ²		\$1,000,000		
Section 1		Services Eligible Prior to Meeting MSRA		
The services in Section 1 are available to InterimCare members upon enrollment. They do not require you to meet MSRA prior to using them.				
Plan Term Length		0 – 30 Days	31 – 180 Days	181 – 364 Days
Telemedicine		Free	Free	Free
Wellness & Preventive Care ³		Not Eligible	Not Eligible	Eligible
Section 2		Services Eligible After Meeting MSRA		
The services in Section 2 require you to meet your selected MSRA amount before your medical expenses are eligible for member sharing.				
Primary Care		Plan Shares: 70% You Share: 30%		
Specialty Care		\$75 Consult Fee + Cost of Visit Plan Shares: 70% You Share: 30%		
Pediatrics		\$75 Consult Fee + Cost of Visit Plan Shares: 70% You Share: 30%		
OB/GYN		\$75 Consult Fee + Cost of Visit Plan Shares: 70% You Share: 30%		
Maternity		Not Eligible		
Prescription Discount		Not Eligible		
Emergency Room ⁴		Plan Shares: 70% You Share: 30%		
Inpatient Services				
Hospitalization		Plan Shares: 70% You Share: 30%		
Surgical		Plan Shares: 70% You Share: 30%		
Outpatient Services				
Hospitalization		Not Eligible		
Surgical		Plan Shares: 70% You Share: 30%		

1. 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.

2. Plan will share 70% up to the \$10,000 out-of-pocket maximum. Then will share 100% up to the per incident maximum limit of \$250,000.

3. Visits are not eligible with plan terms under 180 days.

4. Emergency room cost sharing is subject to review and is only meant for life-threatening situations. Cost sharing for illness is not eligible unless admitted.

Administrative and conditional fees: \$100 one-time enrollment fee. Add \$60 per member who smokes.

VALUE PLAN DETAILS

\$1,000 MSRA									
Rates	0 – 30 Days			31 – 180 Days			181 – 364 Days		
Age¹	Member	Member +1	Family²	Member	Member +1	Family²	Member	Member +1	Family²
18–39	\$151.20	\$302.40	\$415.80	\$159.60	\$319.20	\$438.91	\$168.00	\$336.00	\$462.00
40–49	\$226.80	\$340.20	\$453.60	\$239.40	\$359.11	\$478.80	\$252.00	\$378.00	\$504.00
50–59	\$332.64	\$582.12	\$623.70	\$351.12	\$614.46	\$658.36	\$369.60	\$646.80	\$693.00
60–64	\$434.70	\$782.46	\$869.40	\$458.85	\$825.93	\$917.70	\$483.00	\$869.40	\$966.00

\$2,500 MSRA									
Rates	0 – 30 Days			31 – 180 Days			181 – 364 Days		
Age¹	Member	Member +1	Family²	Member	Member +1	Family²	Member	Member +1	Family²
18–39	\$136.08	\$272.16	\$374.22	\$143.64	\$287.28	\$395.01	\$151.20	\$302.40	\$415.80
40–49	\$204.12	\$306.18	\$408.24	\$215.46	\$323.19	\$430.92	\$226.80	\$340.20	\$453.60
50–59	\$299.38	\$523.91	\$561.34	\$316.01	\$553.01	\$592.52	\$332.64	\$582.12	\$623.70
60–64	\$391.23	\$704.21	\$782.46	\$412.98	\$743.34	\$825.93	\$434.70	\$782.46	\$869.40

\$5,000 MSRA									
Rates	0 – 30 Days			31 – 180 Days			181 – 364 Days		
Age¹	Member	Member +1	Family²	Member	Member +1	Family²	Member	Member +1	Family²
18–39	\$113.40	\$241.92	\$332.64	\$127.68	\$255.36	\$351.12	\$134.40	\$268.80	\$369.60
40–49	\$170.11	\$272.16	\$362.88	\$191.52	\$287.28	\$383.04	\$201.60	\$302.40	\$403.20
50–59	\$249.48	\$465.70	\$498.96	\$280.90	\$491.57	\$526.68	\$295.68	\$517.44	\$554.40
60–64	\$326.04	\$625.97	\$695.52	\$367.08	\$660.74	\$734.16	\$386.40	\$695.52	\$772.80

\$10,000 MSRA									
Rates	0 – 30 Days			31 – 180 Days			181 – 364 Days		
Age¹	Member	Member +1	Family²	Member	Member +1	Family²	Member	Member +1	Family²
18–39	\$90.72	\$181.44	\$249.48	\$95.76	\$229.83	\$316.01	\$120.96	\$241.92	\$332.64
40–49	\$136.08	\$204.12	\$272.16	\$143.64	\$258.55	\$344.74	\$181.44	\$272.16	\$362.88
50–59	\$199.58	\$349.27	\$374.22	\$210.67	\$442.41	\$474.01	\$266.11	\$465.70	\$498.96
60–64	\$260.82	\$469.48	\$521.64	\$275.31	\$594.68	\$660.74	\$347.76	\$625.97	\$695.52

1. Primary member must be at least 18 years of age; monthly rate is based on eldest eligible family member.
2. Members under the age of 20 or full-time students ages 20-26 can qualify as a dependent.

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.

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

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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

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Missouri Section 376.1750

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STATE SPECIFIC NOTICES (CONTINUED)

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

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Pennsylvania 40 Penn. Statute Section 23(b)

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South Dakota Statute Title 58-1-3.3

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Texas Code Title 8, K, 1681.001

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

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

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