



Sharing is caring

A community of like-minded people serving others



This program is not insurance nor is it offered through an insurance company. This is a healthcare cost sharing program.

If you are looking for an alternative solution to the rising costs of Health Insurance and the Affordable Care Act, better known as Obamacare, you have come to the right place. Every day, thousands discover Health Care Sharing Ministries as a positive solution to health insurance. Ministries like Unity HealthShare have been around for decades, and billions of dollars of healthcare needs have been shared by fellow members. Health Care Sharing Ministries are NOT insurance companies but in several ways can operate similarly. Sharing ministries are faith-based, and members are called to abide by a certain set of beliefs established through the member guidelines and the application of a Statement of Beliefs particular to each individual Health Care Sharing Ministry.



1M healthcare professionals



42 + states *and growing!*



serving the *individual alternative market*

Why should I choose a healthcare sharing ministry plan?

If you're looking for an alternative to standard health insurance plans and want to take charge of your own healthcare needs among like-minded persons then Unity HealthShare is right for you. Members of Unity believe in their fundamental right of conscience to direct their own healthcare, in consultation with physicians, family, or other valued advisors.

What exactly is a "Healthcare Cost Sharing Ministry"? (HCSM)

A healthcare sharing ministry is an organization that facilitates sharing of healthcare costs among individual members in the United States who have common ethical or religious beliefs. 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.

What type of plans does Unity HealthShare offer?

With Unity HealthShare you have the freedom to choose a plan that meets your needs and pocketbook. Choose from twelve different plans each offering member sharing responsibility amounts (MSRA's) from \$1,000 to \$10,000.

Why should I choose a Unity HealthShare Plan?

Unity HealthShare is a unique Healthcare Sharing Ministry (HCSM) because it offers membership to persons of all faiths. We ask that you live your life and agree to the statement of beliefs in our guidelines—we do not exclude persons of any faith or belief.



Unity HealthShare ► Bronze

Per Term

			PPO Network			Multiplan PHCS							
Eligible Medical Cost Sharing						Network			Non-Network				
Wellness and Preventive [Alieria]						100%			50% after MSRA				
Telemedicine [Alieria]						Included			Included				
MSRA – Individual/Family						Indiv: \$1,000-\$10,000 Family: \$3,000-\$30,000			50% towards MSRA				
Out-of-Pocket Maximum – Individual/Family						Indiv: \$3,000-\$30,000 Family: \$9,000-\$90,000			Indiv: \$6,000-\$60,000 Family: \$18,000-\$180,000				
Co-expense						60% after MSRA			50% after MSRA				
Hospitalization In-Patient						60% after MSRA			50% after MSRA				
Hospitalization Out-Patient						60% after MSRA			50% after MSRA				
Emergency Room Services - Emergency room services including hospital facility and physician charges. Surgery, PT, or DME required during emergency room visit will be eligible under emergency room sharing.						\$500 consult fee			\$500 consult fee				
Urgent Care [Alieria]						\$100 consult fee			50% after MSRA				
Primary Care Visits [Alieria]						\$50 consult fee			50% after MSRA				
Specialist Visits						\$125 consult fee			50% after MSRA				
Imaging – Eligible charges for CT, PET scans, MRIs, and the charges for related supplies.						60% after MSRA			50% after MSRA				
Laboratory Outpatient and Professional Services – Sharing eligible for professional components of labs, including office, out-patient, and in-patient charges.						60% after MSRA			50% after MSRA				
X-rays and Diagnostic Imaging – Sharing eligible for the professional components of labs, including the office, out-patient, and in-patient charges.						60% after MSRA			50% after MSRA				
Generic Prescription Drugs						No cost sharing			Not eligible				
Preferred Brand Drugs						50% cost sharing*			Not eligible				
Non-Preferred Brand Drugs						No cost sharing			Not eligible				
Mail-Order						75% cost sharing*			Not eligible				
Per Term Rates		\$1,000 MSRA			\$2,500 MSRA			\$5,000 MSRA			\$10,000 MSRA		
Age	Single	Member +1	Family	Single	Member +1	Family	Single	Member +1	Family	Single	Member +1	Family	
18- 29	\$357.28	\$535.92	\$714.57	\$320.32	\$480.48	\$640.65	\$295.68	\$443.52	\$591.36	\$236.55	\$354.82	\$473.09	
30-39	\$446.60	\$669.91	\$893.21	\$400.40	\$600.60	\$800.81	\$369.60	\$554.40	\$739.21	\$295.68	\$443.52	\$591.36	
40-49	\$491.26	\$736.90	\$1,004.86	\$440.44	\$660.67	\$900.91	\$406.56	\$609.84	\$831.61	\$325.25	\$487.88	\$665.29	
50-59	\$602.91	\$1,038.35	\$1,228.16	\$540.54	\$930.94	\$1,101.11	\$498.96	\$859.33	\$1,016.41	\$399.17	\$687.46	\$813.13	
60-64	\$781.56	\$1,362.14	\$1,451.46	\$700.71	\$1,221.23	\$1,301.31	\$646.81	\$1,127.29	\$1,201.21	\$517.44	\$901.83	\$960.97	

Lifetime Maximum Sharing: \$1,000,000

Bronze Program cost sharing parameters for pre-existing conditions. The following restrictions are only applicable to the pre-existing condition and do not effect normal sharing for other non pre-existing related incidents, events, etc.

- Chronic or recurrent conditions that have evidenced signs/symptoms and/or received treatment and/or medication within the past 24 months are not eligible for sharing during the first 24 months of membership.
- Upon inception of the 25th month of continuous membership and thereafter, the condition may no longer be subject to the pre-existing condition sharing limitations.
- Appeals may be considered for earlier sharing in surgical interventions when it is in the mutual best interest of both the members and the membership to do so.

* Prescription drugs are covered by the percentage shown once a separate MSRA of \$1500 for all medications is met. Members are required to pay drug cost first and then submit receipts to Unity HealthShare mailing address, Attn. Unity Rx Claims, for review and reimbursement. Additionally, all members seeking reimbursement must use the prescription services Rx Valet included with your plan.



Unity HealthShare ► Silver

Per Term

Eligible Medical Cost Sharing				PPO Network			Multiplan PHCS					
							Network			Non-Network		
Wellness and Preventive [Alera]				100%			60% after MSRA					
Telemedicine [Alera]				Included			Included					
MSRA – Individual/Family				Indiv: \$1,000-\$10,000 Family: \$3,000-\$30,000			50% towards MSRA					
Out-of-Pocket Maximum – Individual/Family				Indiv: \$3,000-\$30,000 Family: \$9,000-\$90,000			Indiv: \$6,000-\$60,000 Family: \$18,000-\$180,000					
Co-expense				70% after MSRA			50% after MSRA					
Hospitalization In-Patient				70% after MSRA			50% after MSRA					
Hospitalization Out-Patient				70% after MSRA			50% after MSRA					
Emergency Room Services - Emergency room services including hospital facility and physician charges. Surgery, PT, or DME required during emergency room visits, will be eligible under emergency room sharing.				\$300 consult fee			\$500 consult fee					
Urgent Care [Alera]				\$75 consult fee			60% after MSRA					
Primary Care Visits [Alera]				\$35 consult fee			60% after MSRA					
Specialist Visits				\$75 consult fee			60% after MSRA					
Imaging – Eligible charges for CT, PET scans, MRIs, and the charges for related supplies.				70% after MSRA			60% after MSRA					
Laboratory Outpatient and Professional Services – Sharing eligible for professional components of labs, including office, out-patient, and in-patient charges.				70% after MSRA			60% after MSRA					
X-rays and Diagnostic Imaging – Sharing eligible for the professional components of labs, including the office, out-patient, and in-patient charges.				70% after MSRA			60% after MSRA					
Generic Prescription Drugs				No cost sharing			Not eligible					
Preferred Brand Drugs				50% cost sharing*			Not eligible					
Non-Preferred Brand Drugs				No cost sharing			Not eligible					
Mail-Order				75% cost sharing*			Not eligible					

Per Term Rates	\$1,000 MSRA			\$2,500 MSRA			\$5,000 MSRA			\$10,000 MSRA		
	Age	Single	Member +1	Family	Single	Member +1	Family	Single	Member +1	Family	Single	Member +1
18- 29	\$428.74	\$643.11	\$857.48	\$384.39	\$576.58	\$768.77	\$354.82	\$532.23	\$709.64	\$283.86	\$425.78	\$567.71
30-39	\$535.92	\$803.89	\$1,071.85	\$480.48	\$720.73	\$960.97	\$443.52	\$665.29	\$887.05	\$354.82	\$532.23	\$709.64
40-49	\$589.52	\$884.28	\$1,205.83	\$528.53	\$792.80	\$1,081.09	\$487.88	\$731.81	\$997.93	\$390.30	\$585.45	\$798.34
50-59	\$723.50	\$1,246.02	\$1,473.79	\$648.65	\$1,117.13	\$1,321.33	\$598.76	\$1,031.19	\$1,219.69	\$479.01	\$824.95	\$975.75
60-64	\$937.87	\$1,634.57	\$1,741.75	\$840.85	\$1,465.48	\$1,561.57	\$776.17	\$1,352.75	\$1,441.45	\$620.93	\$1,082.20	\$1,153.16

Lifetime Maximum Sharing: \$1,000,000

Silver Program cost sharing parameters for pre-existing conditions. The following restrictions are only applicable to the pre-existing condition and do not effect normal sharing for other non pre-existing related incidents, events, etc.

- During the first two years of continuous membership, sharing is available up to \$10,000 of total medical expenses incurred for pre-existing conditions per year, after a separate MSRA equal to two times your plan MSRA.
- Upon inception of the 25th month of continuous membership and thereafter, the condition may no longer be subject to the pre-existing condition sharing limitations.
- Appeals may be considered for earlier sharing in surgical interventions when it is in the mutual best interest of both the members and the membership to do so.

* Prescription drugs are covered by the percentage shown once a separate MSRA of \$1500 for all medications is met. Members are required to pay drug cost first and then submit receipts to Unity HealthShare mailing address, Attn. Unity Rx Claims, for review and reimbursement. Additionally, all members seeking reimbursement must use the prescription services Rx Valet included with your plan.



Unity HealthShare ► Gold

Per Term

				PPO Network			Multiplan PHCS						
Eligible Medical Cost Sharing				Network			Non-Network						
Wellness and Preventive [Alera]				100%			70% after MSRA						
Telemedicine [Alera]				Included			Included						
MSRA – Individual/Family				Indiv: \$1,000-\$10,000 Family: \$3,000-\$30,000			50% towards MSRA						
Out-of-Pocket Maximum – Individual/Family				Indiv: \$3,000-\$30,000 Family: \$9,000-\$90,000			Indiv: \$6,000-\$60,000 Family: \$18,000-\$180,000						
Co-expense				80% after MSRA			70% after MSRA						
Hospitalization In-Patient				80% after MSRA			70% after MSRA						
Hospitalization Out-Patient				80% after MSRA			70% after MSRA						
Emergency Room Services - Emergency room services including hospital facility and physician charges. Surgery, PT, or DME required during emergency room visits, will be eligible under emergency room sharing.				\$150 consult fee			\$300 consult fee						
Urgent Care [Alera]				\$75 consult fee			70% after MSRA						
Primary Care Visits [Alera]				\$20 consult fee			70% after MSRA						
Specialist Visits				\$75 consult fee			70% after MSRA						
Imaging – Eligible charges for CT, PET scans, MRIs, and the charges for related supplies.				80% after MSRA			70% after MSRA						
Laboratory Outpatient and Professional Services – Sharing eligible for professional components of labs, including office, outpatient, and inpatient charges.				80% after MSRA			70% after MSRA						
X-rays and Diagnostic Imaging – Sharing eligible for the professional components of labs, including the office, outpatient, and inpatient charges.				80% after MSRA			70% after MSRA						
Generic Prescription Drugs				No cost sharing			Not eligible						
Preferred Brand Drugs				50% cost sharing			Not eligible						
Non-Preferred Brand Drugs				No cost sharing			Not eligible						
Mail-Order				75% cost sharing			Not eligible						
Per Term Rates		\$1,000 MSRA			\$2,500 MSRA			\$5,000 MSRA			\$10,000 MSRA		
Age	Single	Member +1	Family	Single	Member +1	Family	Single	Member +1	Family	Single	Member +1	Family	
18- 29	\$476.38	\$714.57	\$952.75	\$427.10	\$640.65	\$854.19	\$394.24	\$591.36	\$788.49	\$315.39	\$473.09	\$630.79	
30-39	\$595.47	\$893.21	\$1,190.94	\$533.87	\$800.81	\$1,067.74	\$492.80	\$739.21	\$985.61	\$394.24	\$591.36	\$788.49	
40-49	\$655.02	\$982.53	\$1,339.81	\$587.26	\$880.89	\$1,201.21	\$542.08	\$813.13	\$1,108.81	\$433.67	\$650.50	\$887.05	
50-59	\$803.89	\$1,384.47	\$1,637.55	\$720.73	\$1,241.25	\$1,468.15	\$665.29	\$1,145.77	\$1,355.21	\$532.23	\$916.62	\$1,084.17	
60-64	\$1,042.08	\$1,816.19	\$1,935.28	\$934.27	\$1,628.31	\$1,735.08	\$862.41	\$1,503.05	\$1,601.61	\$689.93	\$1,202.44	\$1,281.29	

Lifetime Maximum Sharing: \$1,000,000

Gold Program cost sharing parameters for pre-existing conditions. The following restrictions are only applicable to the pre-existing condition and do not effect normal sharing for other non pre-existing related incidents, events, etc.

- During the first two years of continuous membership, sharing is available up to \$20,000 of total medical expenses incurred for a pre-existing condition per year, after a separate MSRA equal to two time your plan MSRA.
- Upon the inception of the 25th month of continuous membership and thereafter, the condition may no longer be subject to the pre-existing condition sharing limitations.
- Appeals may be considered for earlier sharing in surgical interventions when it is in the mutual best interest of both the members and the membership to do so.

* Prescription drugs are covered by the percentage shown once a separate MSRA of \$1500 for all medications is met. Members are required to pay drug cost first and then submit receipts to Unity HealthShare mailing address, Attn. Unity Rx Claims, for review and reimbursement. Additionally, all members seeking reimbursement must use the prescription services Rx Valet included with your plan.

Preventive and Wellness

15 Preventive Services for Adults (ages 18 and older)

1. Abdominal Aortic Aneurysm one time screening for age 65-75
2. Alcohol Misuse screening and counseling
3. Aspirin use for men ages 45-79 and women ages 55-79 to prevent CVD when prescribed by a physician
4. Blood Pressure screening
5. Cholesterol screening for adults
6. Colorectal Cancer screening for adults age 50 to 75 limited to one every 5 years
7. Depression screening
8. Type 2 Diabetes screening
9. Diet Counseling
10. HIV screening
11. Immunizations vaccines (Hepatitis A & B, Herpes Zoster, Human Papillomavirus, Influenza (flu shot), Measles, Mumps Rubella, Meningococcal, Pneumococcal, Tetanus, Diphtheria, Pertussis, Varicella)
12. Obesity screening and counseling
13. Sexually Transmitted Infection (STI) prevention counseling
14. Tobacco Use screening and cessation interventions
15. Syphilis screening

21 Preventive Services for Women, Including Pregnant Women

1. Anemia screening on a routine basis for pregnant women
2. Bacteriuria urinary tract or other infection screening for pregnant women
3. BRCA counseling and genetic testing for women at higher risk
4. Breast Cancer Mammography screenings every year for women age 40 and over
5. Breast Cancer Chemo Prevention counseling for women
6. Breastfeeding comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women
7. Cervical Cancer screening
8. Chlamydia Infection screening
9. Domestic and Interpersonal Violence screening and counseling for all women
10. Folic Acid supplements for women who may become pregnant when prescribed by a physician
11. Gestational Diabetes screening
12. Gonorrhea screening
13. Hepatitis B screening for pregnant women
14. Human Immunodeficiency Virus (HIV) screening and counseling
15. Human Papillomavirus (HPV) DNA Test: HPV DNA testing every three years for women with normal cytology results who are 30 or older
16. Osteoporosis screening age 65 and older and younger women with a fracture risk greater than that of a 65 year old woman
17. Rh Incompatibility screening for all pregnant women and follow-up testing
18. Tobacco Use screening and interventions and expanded counseling for pregnant tobacco users
19. Sexually Transmitted Infections (STI) counseling
20. Syphilis screening
21. Well-woman visits to obtain recommended preventive services (Includes routine prenatal visits for pregnant women.)

26 Services for Children

1. Alcohol and Drug Use assessments
2. Autism screening for children limited to two screenings up to 24 months
3. Behavioral assessments for children limited to 5 assessments up to age 17
4. Blood Pressure screening
5. Cervical Dysplasia screening
6. Congenital Hypothyroidism screening for newborns
7. Depression screening for adolescents age 12 and older
8. Developmental screening for children under age 3, and surveillance throughout childhood
9. Dyslipidemia screening for children
10. Fluoride Chemo Prevention supplements for children without fluoride in their water source when prescribed by a physician
11. Gonorrhea preventive medication for the eyes of all newborns
12. Hearing screening for all newborns
13. Height, Weight and Body Mass Index measurements for children
14. Hematocrit or Hemoglobin screening for children
15. Hemoglobinopathies or Sickle Cell screening for newborns
16. HIV screening for adolescents
17. Immunization vaccines for children from birth to age 18; doses, recommended ages, and recommended populations vary: Diphtheria, Tetanus, Pertussis, Hepatitis A & B, Human Papillomavirus, Inactivated Poliovirus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Rotavirus, Varicella, Haemophilus influenzae type b
18. Iron supplements for children up to 12 months when prescribed by a physician
19. Lead screening for children
20. Medical History for all children throughout development Ages: 0 to 11 months, 1 to 4 years, 5 to 10 years, 11 to 14 years, 15 to 17 years
21. Obesity screening and counseling
22. Oral Health risk assessment for young children up to age 10
23. Phenylketonuria (PKU) screening in newborns
24. Sexually Transmitted Infection (STI) prevention counseling and screening for adolescents
25. Tuberculin testing for children
26. Vision screening for all children under the age of 5

Today

After five centuries of this faith tradition, the members of Anabaptist Healthshare still believe that caring for one another can and should include sharing one another's needs. When Jesus said to "Love your neighbor as yourself," members of Anabaptist Healthshare believe that Jesus was commanding them to care for one another.

And so today, Anabaptist Healthshare actively continues the centuries-old Anabaptist tradition of healthcare sharing and to "so fulfill the law of Christ." The core ethical beliefs of traditional Mennonites mobilize their actions, and they relate to one another in community because of them. The concept of koinonia, or community, is a core tenet of both the Amish and Mennonite faiths, a commonly-held doctrine that binds together the community of believers.



Good Works | Your contributions are making a difference here and abroad

A portion of your application fee is contributed to the Anabaptist Ministry Fund, which is designated for charity. The ministry fund helps ensure the medical needs of others are met. Among those who are protected by this ministry fund are: missionaries to Africa, El Salvador, Belize, and Paraguay; volunteers at elder care nonprofit organizations in America; volunteers at a special needs home in Virginia; Christian counselors in Pennsylvania; staff of Christian literature distribution and publication ministries; and staff of troubled youth camps in Maryland and Pennsylvania.



Sharing is caring

A community of like-minded people serving others

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info@unityhealthshare.com
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LEGAL NOTICES

The following legal notices are the result of discussions by Unity HealthShare(SM) or other healthcare sharing ministries with several state regulators and are part of an effort to ensure that Sharing Members understand that Unity HealthShare 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 HealthShare is not an insurance company, and membership is not offered through an insurance company. Unity HealthShare 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.

STATE SPECIFIC NOTICES, Continued.

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.

STATE SPECIFIC NOTICES, Continued.

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)

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South Dakota Statute Title 58-1-3.3

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Texas Code Title 8, K, 1681.001

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STATE SPECIFIC NOTICES, Continued.

Virginia Code 38.2-6300-6301

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

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