



Trust in Trinity HealthShare

A Health Care Sharing Ministry You Can Believe In

Trinity HealthShare is a 501(c)(3) non-profit Health Care Sharing Ministry (HCSM) built on the centuries-old Christian tradition of sharing and bearing one another's health care needs. Our members hold a common set of ethical and religious beliefs, and voluntarily agree to share their medical expenses in accordance with those beliefs. In other words, we guide the cost sharing of member contributions for certain eligible health care needs, such as hospitalization, surgery and emergency room visits. Trinity HealthShare programs are not insurance.

Trinity HealthShare programs are built on the well-established model of health care sharing with a modern-day twist. We use innovative technologies to streamline access to individual and family-focused health care services at each step along the continuum of care. Our programs are designed to simplify the complexities of health care, while putting the power of choice back in the hands of our members, 24/7, 365 days/year.

TrinityCare Everyday offers three tiers of health care sharing to help absorb costs for fundamental everyday medical needs, as well as eligible emergency, surgical, inpatient and outpatient care services. This program is designed for primarily healthy people who only need to share health care expenses periodically throughout the year.

TrinityCare Complete helps the entire family by offering three tiers of health care sharing that, with monthly contributions, include an unlimited number of dependents and doctor visits. This program is designed for primarily healthy people who are looking for peace of mind knowing they have eligibility for sharing across a full spectrum of medical services such as preventive, primary, specialty, emergency, surgical, inpatient and outpatient care.

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Health Care Sharing on the Health Care Continuum

Trinity HealthShare programs provide access to a wide range of medical services eligible for cost-sharing. See individual program detail tables for specific cost-sharing services associated with each program tier.



* The Member Shared Responsibility Amount, or MSRA, reflects the amount of personal responsibility and stewardship members are expected to demonstrate; in other words, the amount a member must pay before asking others in the program to share in the cost of medical expenses.

The Perfect Fit

TrinityCare Everyday and TrinityCare Complete are Health Care Sharing Ministry programs designed to reduce costs and put the power of choice back in the hands of the consumer. Refer to the chart below to quickly compare TrinityCare Everyday with TrinityCare Complete.

COMPARISON CHART

	TrinityCare Everyday			TrinityCare Complete		
PROGRAM SERVICES	Value ¹	Plus ²	Premium ³	Value ⁴	Plus ⁵	Premium ⁶
MSRA Options Per Member	\$5,000 \$7,500 \$10,000			\$1,000 \$2,500 \$5,000 \$10,000		
MSRA Options Per Family	Not Available			\$3,000 \$7,500 \$15,000 \$30,000		
Co-expense Sharing Eligibility	Program (P): 100% Member (M): 0%			P: 60% M: 40%	P: 70% M: 30%	P: 80% M: 20%
Section 1	Services Eligible for Sharing Prior to Meeting the Member Shared Responsibility Amount (MSRA)					
PPO Network	MultiPlan PHCS	MultiPlan PHCS	MultiPlan PHCS	MultiPlan PHCS	MultiPlan PHCS	MultiPlan PHCS
Telemedicine	Included With Contribution No Consult Fee	Included With Contribution No Consult Fee	Included With Contribution No Consult Fee	Included With Contribution No Consult Fee	Included With Contribution No Consult Fee	Included With Contribution No Consult Fee
Preventive Care	Included With Contribution No Consult Fee	Included With Contribution No Consult Fee	Included With Contribution No Consult Fee	Included With Contribution No Consult Fee	Included With Contribution No Consult Fee	Included With Contribution No Consult Fee
Primary Care	1 Per Year \$20 Consult Fee	3 Per Year \$20 Consult Fee	5 Per Year \$20 Consult Fee	\$50 Consult Fee	\$35 Consult Fee	\$20 Consult Fee
Urgent Care	Not Eligible	1 Per Year \$20 Consult Fee	2 Per Year \$20 Consult Fee	\$100 Consult Fee	\$75 Consult Fee	\$75 Consult Fee
Specialty Care	Not Eligible	Not Eligible	MSRA \$75 Consult Fee	\$125 Consult Fee	\$75 Consult Fee	\$75 Consult Fee
Emergency Room	Eligible After MSRA (see below)	\$500 Consult Fee	\$300 Consult Fee	\$500 Consult Fee	\$300 Consult Fee	\$150 Consult Fee
Prescription Discount Program	Rx Valet	Rx Valet	Rx Valet	Rx Valet	Rx Valet	Rx Valet
Section 2	Services Eligible for Sharing After Meeting MSRA					
Specialty Care	Not Eligible	Not Eligible	\$75 Consult Fee	Eligible Prior to MSRA (see above)	Eligible Prior to MSRA (see above)	Eligible Prior to MSRA (see above)
Emergency Room	Eligible	Eligible Prior to MSRA (see above)	Eligible Prior to MSRA (see above)	Eligible Prior to MSRA (see above)	Eligible Prior to MSRA (see above)	Eligible Prior to MSRA (see above)
Inpatient						
Hospitalization	P: 100% M: 0%	P: 100% M: 0%	P: 100% M: 0%	P: 60% M: 40%	P: 70% M: 30%	P: 80% M: 20%
Surgery	P: 100% M: 0%	P: 100% M: 0%	P: 100% M: 0%	P: 60% M: 40%	P: 70% M: 30%	P: 80% M: 20%
Outpatient						
Hospitalization	P: 100% M: 0%	P: 100% M: 0%	P: 100% M: 0%	P: 60% M: 40%	P: 70% M: 30%	P: 80% M: 20%
Surgery	P: 100% M: 0%	P: 100% M: 0%	P: 100% M: 0%	P: 60% M: 40%	P: 70% M: 30%	P: 80% M: 20%

1. Please see page 7 for TrinityCare Everyday Value tier limitations.

2. Please see page 9 for TrinityCare Everyday Plus tier limitations.

3. Please see page 11 for TrinityCare Everyday Premium tier limitations.

4. Please see page 15 for TrinityCare Complete Value tier limitations.

5. Please see page 17 for TrinityCare Complete Plus tier limitations.

6. Please see page 19 for TrinityCare Complete Premium tier limitations.

Trinity HealthShare reviews each sharing request for eligibility based on the services outlined in the member guides.

Eligibility does not imply a promise to pay and each member is responsible for their own medical expenses at all times.

Everyday Health Care Sharing For Savings You Can Count On

TrinityCare Everyday offers three tiers of health care sharing to help absorb costs for fundamental everyday medical needs, as well as eligible emergency, surgical, inpatient and outpatient care services.

TrinityCare Everyday Premium Tier Enhanced Eligibility for Sharing

- Physician-directed maintenance care for chronic conditions such as diabetes, asthma, high blood pressure and cardiac disorders
- Maternity care available to help reduce delivery costs
- Unlimited specialist visits after meeting the Member Shared Responsibility Amount
- Save on prescriptions with Rx Valet, a prescription discount program



EVERYDAY VALUE PROGRAM DETAILS

SERVICES PER MEMBER ¹	MultiPlan PHCS (in-network)	Non-network
Member Shared Responsibility Amount (MSRA)	\$5,000 \$7,500 \$10,000	Not Eligible
Out-of-pocket Maximum (per member within sharing limits)	MSRA	Not Eligible
Per Incident Maximum Limit	\$150,000	Not Eligible
Lifetime Maximum Limit	\$1,000,000	Not Eligible
Co-expense ²	Sharing Eligibility: Program 100% Member 0%	Not Eligible
Section 1		
Services Eligible for Sharing Prior to Meeting MSRA		
Telemedicine	Included With Contribution No Consult Fee	Not Eligible
Wellness & Preventive Care	Included With Contribution No Consult Fee	Not Eligible
Primary Care ³	1 Per Year \$20 Consult Fee	Not Eligible
Pediatrics	Eligible as PCP	Not Eligible
OB/GYN	Eligible as PCP	Not Eligible
Urgent Care	Not Eligible	Not Eligible
Prescription Discount Program	Rx Valet	Not Eligible
Section 2		
Services Eligible for Sharing After Meeting MSRA		
Emergency Room ^{4,5}	Eligible	Not Eligible
Specialty Care	Not Eligible	Not Eligible
Maternity ⁶	Prenatal: Eligible Delivery: Not Eligible	Not Eligible
Inpatient Services⁵		
Hospitalization ⁷	Sharing Eligibility: Program 100% Member 0%	Not Eligible
Surgical ⁸	Sharing Eligibility: Program 100% Member 0%	Not Eligible
Outpatient Services⁵		
Hospitalization ⁷	Sharing Eligibility: Program 100% Member 0%	Not Eligible
Surgical ⁸	Sharing Eligibility: Program 100% Member 0%	Not Eligible

	\$5,000 MSRA			\$7,500 MSRA			\$10,000 MSRA		
Age ⁹	Member	Member + 1	Family	Member	Member + 1	Family	Member	Member + 1	Family
18–29	\$227.29	\$384.60	\$494.71	\$203.71	\$353.14	\$471.11	\$172.25	\$313.81	\$431.79
30–39	\$279.75	\$473.35	\$608.88	\$250.71	\$434.63	\$579.83	\$211.99	\$386.23	\$531.43
40–49	\$314.72	\$532.52	\$684.98	\$282.05	\$488.96	\$652.31	\$238.49	\$434.51	\$597.86
50–59	\$370.35	\$626.65	\$806.06	\$327.63	\$567.98	\$757.74	\$277.03	\$504.74	\$694.49
60–64	\$457.77	\$774.57	\$996.34	\$410.26	\$711.22	\$948.82	\$346.89	\$632.02	\$869.62

Prices shown are current as of November 1, 2019.

Administrative and conditional fees: \$125 one-time enrollment fee. Add \$60 per member, per month for those who smoke, vape or use nicotine of any kind.

EVERYDAY VALUE PROGRAM DETAILS

1. **Health care services for new occurrences of cancer are eligible for sharing** after 12 months of continuous membership. Pre-existing or recurrences of cancer are not eligible for sharing. If previously diagnosed with cancer, members must be cancer-free for five (5) years before being eligible to share for new cancer occurrences.
2. **Co-expense is a form of medical cost sharing** that requires the member to share a stated percentage of medical expenses after the MSRA has been met.
3. **An annual physical is available at no consult fee after nine months of continuous membership** or available immediately at program consult fee. Lifestyle lab testing not included.
4. **Emergency room visits are eligible for cost sharing for life-threatening emergencies.** Life-threatening emergencies are defined as potentially fatal injuries or illnesses that, if not treated immediately, would lead to disability or death.
5. **Primary care, pediatric, OB/GYN, specialty care and urgent care services for pre-existing conditions are eligible for sharing upon effective date.** Otherwise, hospitalization, surgery and emergency room services for pre-existing conditions are eligible for sharing after a 24-month waiting period. On the 25th month of continuous membership, the pre-existing condition will no longer be subject to these cost-sharing limitations.
6. **Prenatal maternity services are eligible for cost sharing at the PCP or OB/GYN immediately.** Maternity delivery services are not eligible for cost sharing. See the member guide for more information.
7. **Imaging (CT scans, PET scans, MRIs), labs, x-rays and diagnostic imaging are eligible for cost sharing** with a co-expense after MSRA has been met.
8. **Non-emergency surgical services are eligible for cost sharing** after the first six months. Surgical services do not include cosmetic surgery.
9. **Members, ages 26 and younger, can qualify as a dependent.**

Trinity HealthShare reviews each sharing request for eligibility based on the services outlined in the member guides. Eligibility does not imply a promise to pay and each member is responsible for their own medical expenses at all times.



EVERYDAY PLUS PROGRAM DETAILS

SERVICES PER MEMBER ¹	MultiPlan PHCS (in-network)	Non-network
Member Shared Responsibility Amount (MSRA)	\$5,000 \$7,500 \$10,000	Not Eligible
Out-of-pocket Maximum (per member within sharing limits)	MSRA	Not Eligible
Per Incident Maximum Limit	\$250,000	Not Eligible
Lifetime Maximum Limit	\$1,000,000	Not Eligible
Co-expense ²	Sharing Eligibility: Program 100% Member 0%	Not Eligible
Section 1	Services Eligible for Sharing Prior to Meeting MSRA	
Telemedicine	Included With Contribution No Consult Fee	Not Eligible
Wellness & Preventive Care	Included With Contribution No Consult Fee	Not Eligible
Primary Care ³	3 Per Year \$20 Consult Fee	Not Eligible
Pediatrics	Eligible as PCP	Not Eligible
OB/GYN	Eligible as PCP	Not Eligible
Urgent Care ⁴	1 Per Year \$20 Consult Fee	Not Eligible
Emergency Room ^{5,6}	\$500 Consult Fee	Not Eligible
Prescription Discount Program	Rx Valet	Not Eligible
Section 2	Services Eligible for Sharing After Meeting MSRA	
Specialty Care	Not Eligible	Not Eligible
Maternity ⁷	Prenatal: Eligible Delivery: Not Eligible	Not Eligible
Inpatient Services⁶		
Hospitalization ⁸	Sharing Eligibility: Program 100% Member 0%	Not Eligible
Surgical ⁹	Sharing Eligibility: Program 100% Member 0%	Not Eligible
Outpatient Services⁶		
Hospitalization ⁸	Sharing Eligibility: Program 100% Member 0%	Not Eligible
Surgical ⁹	Sharing Eligibility: Program 100% Member 0%	Not Eligible

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

Prices shown are current as of November 1, 2019.

Administrative and conditional fees: \$125 one-time enrollment fee. Add \$60 per member, per month for those who smoke, vape or use nicotine of any kind.

EVERYDAY PLUS PROGRAM DETAILS

1. **Health care services for new occurrences of cancer are eligible for sharing** after 12 months of continuous membership. Pre-existing or recurrences of cancer are not eligible for sharing. If previously diagnosed with cancer, members must be cancer-free for five (5) years before being eligible to share for new cancer occurrences.
2. **Co-expense is a form of medical cost sharing** that requires the member to share a stated percentage of medical expenses after the MSRA has been met.
3. **An annual physical is available at no consult fee after nine months of continuous membership** or available immediately at program consult fee. Lifestyle lab testing not included.
4. **Urgent care clinics provide a wide range of services including diagnostics for health concerns that may require x-rays.** A \$25 per x-ray read fee will be charged at urgent care facilities and may vary by city.
5. **Emergency room visits are eligible for cost sharing for life-threatening emergencies.** Life-threatening emergencies are defined as potentially fatal injuries or illnesses that, if not treated immediately, would lead to disability or death. If at the time during the emergency room visit the member is admitted to the hospital, the \$500 consult fee will be applied to the MSRA.
6. **Primary care, pediatric, OB/GYN, specialty care and urgent care services for pre-existing conditions are eligible for sharing upon effective date.** Otherwise, hospitalization, surgery and emergency room services for pre-existing conditions are eligible for sharing after a 24-month waiting period. On the 25th month of continuous membership, the pre-existing condition will no longer be subject to these cost-sharing limitations.
7. **Prenatal maternity services are eligible for cost sharing at the PCP or OB/GYN immediately.** Maternity delivery services are not eligible for cost sharing. See the member guide for more information.
8. **Imaging (CT scans, PET scans, MRIs), labs, x-rays and diagnostic imaging are eligible for cost sharing** with a co-expense after MSRA has been met.
9. **Non-emergency surgical services are eligible for cost sharing** after the first six months. Surgical services do not include cosmetic surgery.
10. **Members, ages 26 and younger, can qualify as a dependent.**

Trinity HealthShare reviews each sharing request for eligibility based on the services outlined in the member guides. Eligibility does not imply a promise to pay and each member is responsible for their own medical expenses at all times.



EVERYDAY PREMIUM PROGRAM DETAILS

SERVICES PER MEMBER ¹	MultiPlan PHCS (in-network)	Non-network
Member Shared Responsibility Amount (MSRA)	\$5,000 \$7,500 \$10,000	Not Eligible
Out-of-pocket Maximum (per member within sharing limits)	MSRA	Not Eligible
Per Incident Maximum Limit	\$500,000	Not Eligible
Lifetime Maximum Limit	\$1,000,000	Not Eligible
Co-expense ²	Sharing Eligibility: Program 100% Member 0%	Not Eligible
Section 1	Services Eligible for Sharing Prior to Meeting MSRA	
Telemedicine	Included With Contribution No Consult Fee	Not Eligible
Wellness & Preventive Care	Included With Contribution No Consult Fee	Not Eligible
Primary Care ³	5 Per Year \$20 Consult Fee	Not Eligible
Pediatrics	Eligible as PCP	Not Eligible
OB/GYN	Eligible as PCP	Not Eligible
Urgent Care ⁴	2 Per Year \$20 Consult Fee	Not Eligible
Emergency Room ^{5,6}	\$300 Consult Fee	Not Eligible
Prescription Discount Program	Rx Valet	Not Eligible
Section 2	Services Eligible for Sharing After Meeting MSRA	
Specialty Care ⁷	\$75 Consult Fee	Not Eligible
Maternity ⁸	Prenatal: Eligible Delivery: Included	Not Eligible
Inpatient Services⁶		
Hospitalization ⁹	Sharing Eligibility: Program 100% Member 0%	Not Eligible
Surgical ¹⁰	Sharing Eligibility: Program 100% Member 0%	Not Eligible
Outpatient Services⁶		
Hospitalization ⁹	Sharing Eligibility: Program 100% Member 0%	Not Eligible
Surgical ¹⁰	Sharing Eligibility: Program 100% Member 0%	Not Eligible

	\$5,000 MSRA			\$7,500 MSRA			\$10,000 MSRA		
Age ¹¹	Member	Member +1	Family	Member	Member +1	Family	Member	Member +1	Family
18–29	\$321.68	\$447.52	\$620.55	\$282.35	\$416.06	\$581.23	\$250.89	\$384.60	\$510.44
30–39	\$395.91	\$550.79	\$763.75	\$347.51	\$512.08	\$715.35	\$308.79	\$473.35	\$628.23
40–49	\$445.40	\$619.64	\$859.22	\$390.95	\$576.08	\$804.77	\$347.39	\$532.52	\$706.76
50–59	\$524.14	\$729.17	\$1,011.11	\$454.14	\$669.18	\$934.83	\$403.54	\$618.58	\$820.98
60–64	\$647.86	\$901.29	\$1,249.77	\$568.66	\$837.94	\$1,170.57	\$505.29	\$774.57	\$1,028.02

Prices shown are current as of November 1, 2019.

Administrative and conditional fees: \$125 one-time enrollment fee. Add \$60 per member, per month for those who smoke, vape or use nicotine of any kind.

EVERYDAY PREMIUM PROGRAM DETAILS

1. **Health care services for new occurrences of cancer are eligible for sharing** after 12 months of continuous membership. Pre-existing or recurrences of cancer are not eligible for sharing. If previously diagnosed with cancer, members must be cancer-free for five (5) years before being eligible to share for new cancer occurrences.
2. **Co-expense is a form of medical cost sharing** that requires the member to share a stated percentage of medical expenses after the MSRA has been met.
3. **An annual physical is available at no consult fee after nine months of continuous membership** or available immediately at program consult fee. Lifestyle lab testing not included.
4. **Urgent care clinics provide a wide range of services including diagnostics for health concerns that may require x-rays.** A \$25 per x-ray read fee will be charged at urgent care facilities and may vary by city.
5. **Emergency room visits are eligible for cost sharing for life-threatening emergencies.** Life-threatening emergencies are defined as potentially fatal injuries or illnesses that, if not treated immediately, would lead to disability or death. If at the time during the emergency room visit the member is admitted to the hospital, the \$300 consult fee will be applied to the MSRA.
6. **Primary care, pediatric, OB/GYN, specialty care and urgent care services for pre-existing conditions are eligible for sharing upon effective date.** Otherwise, hospitalization, surgery and emergency room services for pre-existing conditions are eligible for sharing after a 24-month waiting period. On the 25th month of continuous membership, the pre-existing condition will no longer be subject to these cost-sharing limitations.
7. **Specialty care visits are eligible for sharing after MSRA has been met.** If MSRA has not been met, member is responsible for the \$75 consult fee in addition to the cost of the specialty care visit. This consult fee does not apply toward the MSRA.
8. **Prenatal maternity services are eligible for cost sharing at the PCP or OB/GYN immediately.** Other maternity services are eligible for cost sharing after the first ten months of continuous membership and after MSRA has been met. After MSRA, physician services for vaginal delivery are eligible for cost sharing up to \$5,000, physician services for caesarean delivery are eligible for cost sharing up to \$8,000, and most health care services related to complications of mother and child are eligible for cost sharing up to \$50,000. See the member guide for more information.
9. **Imaging (CT scans, PET scans, MRIs), labs, x-rays and diagnostic imaging are eligible for cost sharing** with a co-expense after MSRA has been met.
10. **Non-emergency surgical services are eligible for cost sharing** after the first two months. Surgical services do not include cosmetic surgery.
11. **Members, ages 26 and younger, can qualify as a dependent.**

Trinity HealthShare reviews each sharing request for eligibility based on the services outlined in the member guides. Eligibility does not imply a promise to pay and each member is responsible for their own medical expenses at all times.

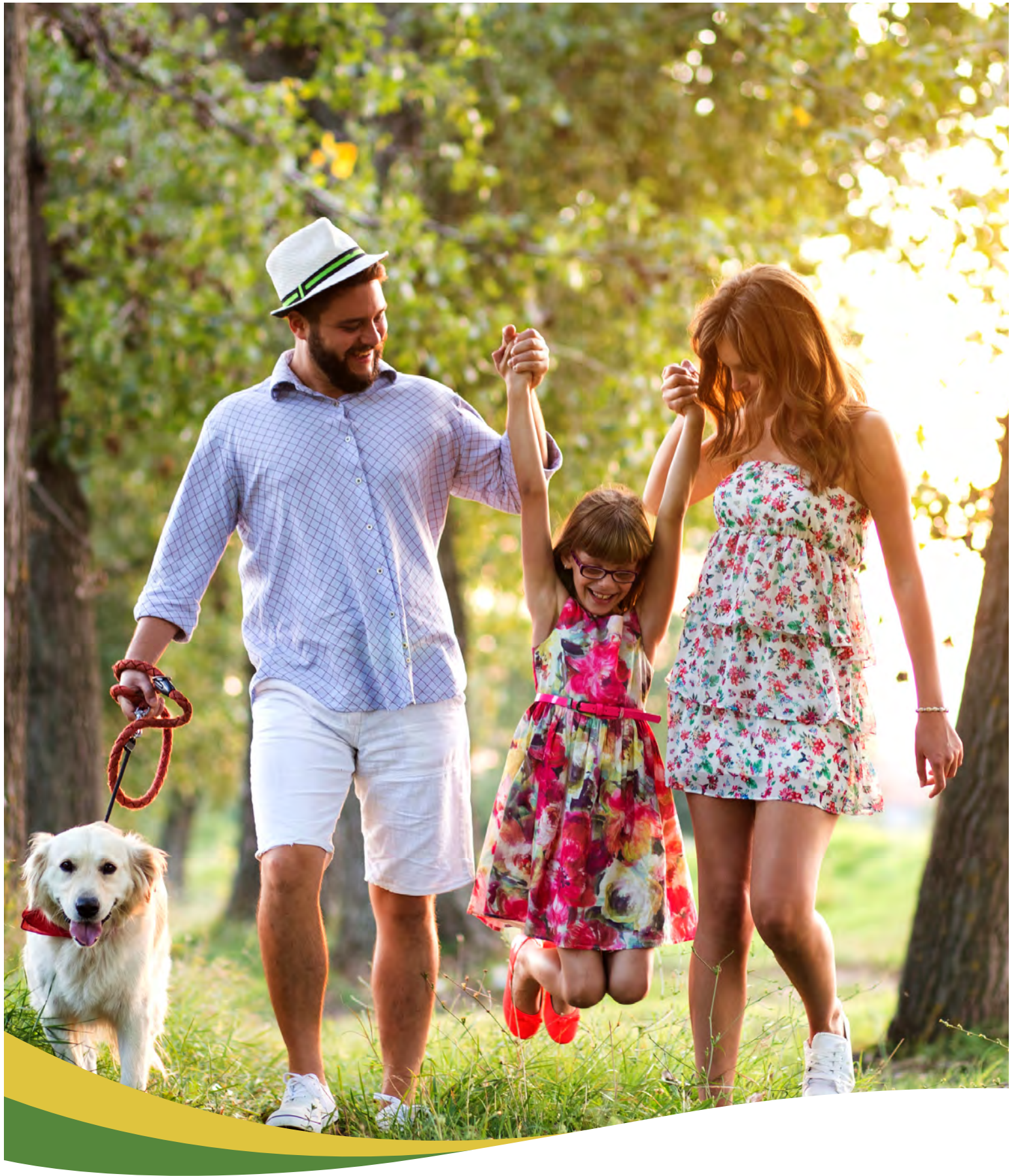


Complete Health Care Sharing Solutions for Less

TrinityCare Complete helps the entire family by offering three tiers of health care sharing that, with monthly contributions, include an unlimited number of dependents and doctor visits. This program is designed for primarily healthy people who are looking for peace of mind knowing they have eligibility for sharing across a full spectrum of medical services such as preventive, primary, specialty, emergency, surgical, inpatient and outpatient care.

TrinityCare Complete Enhanced Eligibility for Sharing:

- Unlimited in-network sharing eligibility for primary care, urgent care and specialty care visits
- Cost sharing is available for new diagnoses of cancer
- Specific sharing eligibility for some pre-existing conditions
- Lower MSRA options
- Prenatal and maternity cost sharing eligibility
- Non-network cost sharing eligibility options
- Save on prescriptions with Rx Valet, a prescription discount program



COMPLETE VALUE PROGRAM DETAILS

SERVICES PER MEMBER ¹	MultiPlan PHCS (in-network)	Non-network
Member Shared Responsibility Amount (MSRA)	\$1,000 \$2,500 \$5,000 \$10,000	
MSRA (per family of 3+ members)	\$3,000 \$7,500 \$15,000 \$30,000	
Out-of-pocket Maximum (per member within sharing limits)	\$3,000 \$7,500 \$15,000 \$30,000	\$6,000 \$15,000 \$30,000 \$60,000
Out-of-pocket Maximum (per family within sharing limits)	\$9,000 \$22,500 \$45,000 \$90,000	\$18,000 \$45,000 \$90,000 \$180,000
Lifetime Maximum Limit	\$1,000,000	\$1,000,000
Co-expense ²	Sharing Eligibility: Program 60% Member 40%	Sharing Eligibility: Program 50% Member 50%
Section 1	Services Eligible for Sharing Prior to Meeting MSRA	
Telemedicine	Included With Contribution No Consult Fee	Not Eligible
Wellness & Preventive Care	Included With Contribution No Consult Fee	Sharing Eligibility: Program 50% Member 50%
Primary Care	Unlimited \$50 Consult Fee	Sharing Eligibility: Program 50% Member 50%
Pediatrics	Unlimited \$50 Consult Fee	Sharing Eligibility: Program 50% Member 50%
OB/GYN	Unlimited \$50 Consult Fee	Sharing Eligibility: Program 50% Member 50%
Specialty Care	Unlimited \$125 Consult Fee	Sharing Eligibility: Program 50% Member 50%
Urgent Care	Unlimited \$100 Consult Fee	Sharing Eligibility: Program 50% Member 50%
Emergency Room ^{3,4}	Unlimited \$500 Consult Fee	\$500 Consult Fee
Prescription Discount Program	Rx Valet	Not Eligible
Section 2	Services Eligible for Sharing After Meeting MSRA	
Maternity ⁵	Prenatal: Eligible Delivery: Included	Sharing Eligibility: Program 50% Member 50%
Preferred Prescription ⁶	Discount 50% Cost Sharing	Not Eligible
Mail Order Prescription ⁶	Discount 75% Cost Sharing	Not Eligible
Inpatient Services⁴		
Hospitalization ⁷	Sharing Eligibility: Program 60% Member 40%	Sharing Eligibility: Program 50% Member 50%
Surgical ⁸	Sharing Eligibility: Program 60% Member 40%	Sharing Eligibility: Program 50% Member 50%
Outpatient Services⁴		
Hospitalization ⁷	Sharing Eligibility: Program 60% Member 40%	Sharing Eligibility: Program 50% Member 50%
Surgical ⁸	Sharing Eligibility: Program 60% Member 40%	Sharing Eligibility: Program 50% Member 50%

	\$1,000 MSRA			\$2,500 MSRA			\$5,000 MSRA			\$10,000 MSRA		
Age ⁹	Member	Member +1	Family	Member	Member +1	Family	Member	Member +1	Family	Member	Member +1	Family
18–29	\$393.01	\$589.52	\$786.02	\$352.35	\$528.54	\$704.71	\$325.25	\$487.88	\$650.51	\$260.20	\$390.31	\$520.40
30–39	\$491.26	\$736.89	\$982.52	\$440.45	\$660.66	\$880.89	\$406.57	\$609.85	\$813.12	\$325.25	\$487.88	\$650.51
40–49	\$540.39	\$810.58	\$1,105.34	\$484.49	\$726.74	\$991.00	\$447.22	\$670.83	\$914.77	\$357.77	\$536.66	\$731.81
50–59	\$702.40	\$1,209.68	\$1,430.80	\$621.63	\$1,070.58	\$1,266.28	\$573.81	\$988.23	\$1,168.87	\$459.05	\$790.58	\$935.09
60–64	\$937.86	\$1,634.57	\$1,741.75	\$840.85	\$1,465.48	\$1,561.57	\$776.17	\$1,352.75	\$1,441.45	\$620.94	\$1,082.20	\$1,153.16

Prices shown are current as of November 1, 2019.

Administrative and conditional fees: \$125 one-time enrollment fee. Add \$60 per member, per month for those who smoke, vape or use nicotine of any kind.

COMPLETE VALUE PROGRAM DETAILS

- 1. Health care services for new occurrences of cancer are eligible for sharing** upon enrollment. Pre-existing or recurrences of cancer are not eligible for sharing. If previously diagnosed with cancer, members must be cancer-free for five (5) years before being eligible to share for new cancer occurrences.
- 2. Co-expense is a form of medical cost sharing** that requires the member to share a stated percentage of medical expenses after the MSRA has been met.
- 3. Emergency room visits are eligible for cost sharing for life-threatening emergencies.** Life-threatening emergencies are defined as potentially fatal injuries or illnesses that, if not treated immediately, would lead to disability or death. If at the time during the emergency room visit the member is admitted to the hospital, the \$500 consult fee will be applied to the MSRA. Cost sharing eligibility is subject to review.
- 4. Primary care, pediatric, OB/GYN, specialty care and urgent care services for pre-existing conditions are eligible for sharing upon effective date.** Otherwise, hospitalization, surgery and emergency room services for pre-existing conditions are eligible for sharing after a 24-month waiting period. On the 25th month of continuous membership, the pre-existing condition will no longer be subject to these cost-sharing limitations.
- 5. Maternity services are eligible for cost sharing with a co-expense after MSRA has been met.** After MSRA, physician services for vaginal delivery are eligible for unlimited cost sharing, physician services for caesarean delivery are eligible for cost sharing up to \$8,000, and most health care services related to complications of mother and child are eligible for cost sharing up to \$50,000. See the member guide for more information.
- 6. Rx Valet immediately provides members some of the most substantial discounts available,** though savings may vary from month to month depending on the fluctuation of pricing by formularies. Prescriptions are eligible for cost sharing by the percentage shown once a separate prescription MSRA of \$1,500 has been met. Members simply pay prescription costs out of pocket and submit receipts. There is a maximum reimbursement of \$4,000 per program year.
- 7. Imaging (CT scans, PET scans, MRIs), labs, x-rays and diagnostic imaging are eligible for cost sharing** with a co-expense after MSRA has been met.
- 8. Non-emergency surgical services are eligible for cost sharing** after the first two months. Surgical services do not include cosmetic surgery.
- 9. Members, ages 26 and younger, can qualify as a dependent.**

Trinity HealthShare reviews each sharing request for eligibility based on the services outlined in the member guides. Eligibility does not imply a promise to pay and each member is responsible for their own medical expenses at all times.



COMPLETE PLUS PROGRAM DETAILS

SERVICES PER MEMBER ¹	MultiPlan PHCS (in-network)	Non-network
Member Shared Responsibility Amount (MSRA)	\$1,000 \$2,500 \$5,000 \$10,000	
MSRA (per family of 3+ members)	\$3,000 \$7,500 \$15,000 \$30,000	
Out-of-pocket Maximum (per member within sharing limits)	\$3,000 \$7,500 \$15,000 \$30,000	\$6,000 \$15,000 \$30,000 \$60,000
Out-of-pocket Maximum (per family within sharing limits)	\$9,000 \$22,500 \$45,000 \$90,000	\$18,000 \$45,000 \$90,000 \$180,000
Lifetime Maximum Limit	\$1,000,000	
Co-expense ²	Sharing Eligibility: Program 70% Member 30%	Sharing Eligibility: Program 60% Member 40%
Section 1	Services Eligible for Sharing Prior to Meeting MSRA	
Telemedicine	Included With Contribution No Consult Fee	Not Eligible
Wellness & Preventive Care	Included With Contribution No Consult Fee	Sharing Eligibility: Program 60% Member 40%
Primary Care	Unlimited \$35 Consult Fee	Sharing Eligibility: Program 60% Member 40%
Pediatrics	Unlimited \$35 Consult Fee	Sharing Eligibility: Program 60% Member 40%
OB/GYN	Unlimited \$35 Consult Fee	Sharing Eligibility: Program 60% Member 40%
Specialty Care	Unlimited \$75 Consult Fee	Sharing Eligibility: Program 60% Member 40%
Urgent Care	Unlimited \$75 Consult Fee	Sharing Eligibility: Program 60% Member 40%
Emergency Room ^{3,4}	Unlimited \$300 Consult Fee	\$500 Consult Fee
Prescription Discount Program	Rx Valet	Not Eligible
Section 2	Services Eligible for Sharing After Meeting MSRA	
Maternity ⁵	Prenatal: Eligible Delivery: Included	Sharing Eligibility: Program 60% Member 40%
Preferred Prescription ⁶	Discount 50% Cost Sharing	Not Eligible
Mail Order Prescription ⁶	Discount 75% Cost Sharing	Not Eligible
Inpatient Services⁴		
Hospitalization ⁷	Sharing Eligibility: Program 70% Member 30%	Sharing Eligibility: Program 60% Member 40%
Surgical ⁸	Sharing Eligibility: Program 70% Member 30%	Sharing Eligibility: Program 60% Member 40%
Outpatient Services⁴		
Hospitalization ⁷	Sharing Eligibility: Program 70% Member 30%	Sharing Eligibility: Program 60% Member 40%
Surgical ⁸	Sharing Eligibility: Program 70% Member 30%	Sharing Eligibility: Program 60% Member 40%

	\$1,000 MSRA			\$2,500 MSRA			\$5,000 MSRA			\$10,000 MSRA		
Age ⁹	Member	Member +1	Family	Member	Member +1	Family	Member	Member +1	Family	Member	Member +1	Family
18–29	\$471.61	\$707.42	\$943.23	\$422.83	\$634.24	\$845.65	\$390.31	\$585.45	\$780.60	\$312.24	\$468.36	\$624.48
30–39	\$589.52	\$884.28	\$1,179.03	\$528.54	\$792.80	\$1,057.06	\$487.88	\$731.81	\$975.75	\$390.31	\$585.45	\$780.60
40–49	\$648.46	\$972.71	\$1,326.41	\$581.38	\$872.08	\$1,189.20	\$536.66	\$805.00	\$1,097.72	\$429.34	\$644.00	\$878.17
50–59	\$842.88	\$1,451.62	\$1,716.97	\$745.95	\$1,284.69	\$1,519.53	\$688.57	\$1,185.87	\$1,402.65	\$550.86	\$948.69	\$1,122.11
60–64	\$1,125.44	\$1,961.48	\$2,090.11	\$1,009.02	\$1,758.57	\$1,873.89	\$931.40	\$1,623.29	\$1,729.74	\$745.12	\$1,298.63	\$1,383.80

Prices shown are current as of November 1, 2019.

Administrative and conditional fees: \$125 one-time enrollment fee. Add \$60 per member, per month for those who smoke, vape or use nicotine of any kind.

COMPLETE PLUS PROGRAM DETAILS

1. **Health care services for new occurrences of cancer are eligible for sharing** upon enrollment. Pre-existing or recurrences of cancer are not eligible for sharing. If previously diagnosed with cancer, members must be cancer-free for five (5) years before being eligible to share for new cancer occurrences.
2. **Co-expense is a form of medical cost sharing** that requires the member to share a stated percentage of medical expenses after the MSRA has been met.
3. **Emergency room visits are eligible for cost sharing for life-threatening emergencies.** Life-threatening emergencies are defined as potentially fatal injuries or illnesses that, if not treated immediately, would lead to disability or death. If at the time during the emergency room visit the member is admitted to the hospital, the \$300 consult fee will be applied to the MSRA. Cost sharing eligibility is subject to review.
4. **Many pre-existing conditions requiring hospitalization, surgery and emergency room services are eligible for up to \$10,000 of cost sharing per program year** during the first 24 months of continuous membership when a separate MSRA (equal to two times the MSRA) has been met. On the 25th month of continuous membership, the pre-existing condition will no longer be subject to these cost-sharing limitations. Otherwise, hospitalization, surgery and emergency room services for pre-existing conditions are eligible for sharing after a 24-month waiting period. Primary care, pediatric, OB/GYN, specialty care and urgent care services for pre-existing conditions are eligible for sharing upon effective date.
5. **Maternity services are eligible for cost sharing** with a co-expense after MSRA has been met. After MSRA, physician services for vaginal delivery are eligible for unlimited cost sharing, physician services for caesarean delivery are eligible for cost sharing up to \$8,000, and most health care services related to complications of mother and child are eligible for cost sharing up to \$50,000. See the member guide for more information.
6. **Rx Valet immediately provides members some of the most substantial discounts available,** though savings may vary from month to month depending on the fluctuation of pricing by formularies. Prescriptions are eligible for cost sharing by the percentage shown once a separate prescription MSRA of \$1,500 has been met. Members simply pay prescription costs out of pocket and submit receipts. There is a maximum reimbursement of \$4,000 per program year.
7. **Imaging (CT scans, PET scans, MRIs), labs, x-rays and diagnostic imaging are eligible for cost sharing** with a co-expense after MSRA has been met.
8. **Non-emergency surgical services are eligible for cost sharing** after the first two months. Surgical services do not include cosmetic surgery.
9. **Members, ages 26 and younger, can qualify as a dependent.**

Trinity HealthShare reviews each sharing request for eligibility based on the services outlined in the member guides. Eligibility does not imply a promise to pay and each member is responsible for their own medical expenses at all times.



COMPLETE PREMIUM PROGRAM DETAILS

SERVICES PER MEMBER ¹	MultiPlan PHCS (in-network)	Non-network
Member Shared Responsibility Amount (MSRA)	\$1,000 \$2,500 \$5,000 \$10,000	
MSRA (per family of 3+ members)	\$3,000 \$7,500 \$15,000 \$30,000	
Out-of-pocket Maximum (per member within sharing limits)	\$3,000 \$7,500 \$15,000 \$30,000	\$6,000 \$15,000 \$30,000 \$60,000
Out-of-pocket Maximum (per family within sharing limits)	\$9,000 \$22,500 \$45,000 \$90,000	\$18,000 \$45,000 \$90,000 \$180,000
Lifetime Maximum Limit	\$1,000,000	\$1,000,000
Co-expense ²	Sharing Eligibility: Program 80% Member 20%	Sharing Eligibility: Program 70% Member 30%
Section 1		
Services Eligible for Sharing Prior to Meeting MSRA		
Telemedicine	Included With Contribution No Consult Fee	Not Eligible
Wellness & Preventive Care	Included With Contribution No Consult Fee	Sharing Eligibility: Program 70% Member 30%
Primary Care	Unlimited \$20 Consult Fee	Sharing Eligibility: Program 70% Member 30%
Pediatrics	Unlimited \$20 Consult Fee	Sharing Eligibility: Program 70% Member 30%
OB/GYN	Unlimited \$20 Consult Fee	Sharing Eligibility: Program 70% Member 30%
Specialty Care	Unlimited \$75 Consult Fee	Sharing Eligibility: Program 70% Member 30%
Urgent Care	Unlimited \$75 Consult Fee	Sharing Eligibility: Program 70% Member 30%
Emergency Room ^{3,4}	Unlimited \$150 Consult Fee	\$300 Consult Fee
Prescription Discount Program	Rx Valet	Not Eligible
Section 2		
Services Eligible for Sharing After Meeting MSRA		
Maternity ⁵	Prenatal: Eligible Delivery: Included	Sharing Eligibility: Program 70% Member 30%
Preferred Prescription ⁶	Discount 50% Cost Sharing	Not Eligible
Mail Order Prescription ⁶	Discount 75% Cost Sharing	Not Eligible
Inpatient Services⁴		
Hospitalization ⁷	Sharing Eligibility: Program 80% Member 20%	Sharing Eligibility: Program 70% Member 30%
Surgical ⁸	Sharing Eligibility: Program 80% Member 20%	Sharing Eligibility: Program 70% Member 30%
Outpatient Services⁴		
Hospitalization ⁷	Sharing Eligibility: Program 80% Member 20%	Sharing Eligibility: Program 70% Member 30%
Surgical ⁸	Sharing Eligibility: Program 80% Member 20%	Sharing Eligibility: Program 70% Member 30%

	\$1,000 MSRA			\$2,500 MSRA			\$5,000 MSRA			\$10,000 MSRA		
Age ⁹	Member	Member +1	Family	Member	Member +1	Family	Member	Member +1	Family	Member	Member +1	Family
18–29	\$524.02	\$786.02	\$1,048.03	\$469.80	\$704.71	\$939.61	\$433.66	\$650.51	\$867.34	\$346.94	\$520.40	\$693.86
30–39	\$655.02	\$982.52	\$1,310.03	\$587.26	\$880.89	\$1,174.52	\$542.08	\$813.12	\$1,084.17	\$433.66	\$650.51	\$867.34
40–49	\$720.52	\$1,080.78	\$1,473.79	\$645.98	\$968.97	\$1,321.33	\$596.29	\$894.44	\$1,219.69	\$477.03	\$715.55	\$975.75
50–59	\$936.52	\$1,612.91	\$1,907.74	\$828.83	\$1,427.43	\$1,688.37	\$765.08	\$1,317.63	\$1,558.49	\$612.06	\$1,054.11	\$1,246.80
60–64	\$1,250.49	\$2,179.43	\$2,322.34	\$1,121.13	\$1,953.97	\$2,082.09	\$1,034.89	\$1,803.66	\$1,921.94	\$827.91	\$1,442.93	\$1,537.55

Prices shown are current as of November 1, 2019.

Administrative and conditional fees: \$125 one-time enrollment fee. Add \$60 per member, per month for those who smoke, vape or use nicotine of any kind.



COMPLETE PREMIUM PROGRAM DETAILS

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2. **Co-expense is a form of medical cost sharing** that requires the member to share a stated percentage of medical expenses after the MSRA has been met.
3. **Emergency room visits are eligible for cost sharing for life-threatening emergencies.** Life-threatening emergencies are defined as potentially fatal injuries or illnesses that, if not treated immediately, would lead to disability or death. If at the time during the emergency room visit the member is admitted to the hospital, the \$150 consult fee will be applied to the MSRA. Cost sharing eligibility is subject to review.
4. **Many pre-existing conditions requiring hospitalization, surgery and emergency room services are eligible for up to \$20,000 of cost sharing per program year** during the first 24 months of continuous membership when a separate MSRA (equal to two times the MSRA) has been met. On the 25th month of continuous membership, the pre-existing condition will no longer be subject to these cost-sharing limitations. Otherwise, hospitalization, surgery and emergency room services for pre-existing conditions are eligible for sharing after a 24-month waiting period. Primary care, pediatric, OB/GYN, specialty care and urgent care services for pre-existing conditions are eligible for sharing upon effective date.
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Trinity HealthShare reviews each sharing request for eligibility based on the services outlined in the member guides. Eligibility does not imply a promise to pay and each member is responsible for their own medical expenses at all times.



STATEMENT OF BELIEFS

Because Trinity Healthshare, Inc. is a faith-based 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 law, and are intended to notify individuals that health care sharing ministry programs 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 program 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 program 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 program 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 program 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 program 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 program of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance.

STATE SPECIFIC NOTICES (CONTINUED)

Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Illinois Statute 215-5/4-Class 1-b

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor program 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 program 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, program 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 program 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 program 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 program 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.

Mississippi Title 83-77-1

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor program 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.

STATE SPECIFIC NOTICES (CONTINUED)

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 program 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 program 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 program 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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