



Solidarity HealthShare Sharing Guidelines



Welcome to Solidarity HealthShare[®], a healthcare sharing ministry. This document tells you:

- How the healthcare sharing ministry works.
- What Healthcare Services are eligible for Sharing by the Members.
- Your payment obligations.

Please read this document in its entirety. Since many of the provisions of the Sharing Guidelines are interrelated, you should read the entire document to get a full understanding of the healthcare sharing ministry. The program contains exclusions and limitations, so it is important that you read these Sharing Guidelines carefully. You should familiarize yourself with the Sharing Guidelines before receiving Healthcare Services.

Capitalized terms throughout this document have the meaning set forth in Section XI Definitions of Terms. In this document, the terms “we”, “us” or “our” refer to the Solidarity HealthShare healthcare sharing ministry. The term “you” refers to the Member of the healthcare sharing ministry.

Have questions? We can help!

If you have any questions regarding the healthcare sharing ministry, you can contact the Member Care Team at www.solidarityhealthshare.org or 844-313-4999.

ATTENTION: 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.

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I. THE HEALTHCARE SHARING MINISTRY

Melita Christian Fellowship Hospital Aid Plan (“Melita CFHAP”), which is also known as Solidarity HealthShare, is a healthcare sharing ministry that has been in existence and Sharing medical expenses continuously since prior to December 31, 1999 (the “Ministry”). The Melita CFHAP was initially founded by the Melita Christian Fellowship and expanded to include persons who follow the Catholic social teachings. Members are joined together by a common goal of mutual aid and financial Sharing. This program is specially tailored for individuals who maintain a lifestyle in accordance with the teachings of the Melita Christian Fellowship or the Catholic Church, make responsible choices in regard to their health, and believe in supporting others in a spirit of solidarity and subsidiarity.

Because Jesus Christ commissioned his disciples not only to preach the Gospel but to heal the sick (Matthew 10:8), concern for the body is of utmost importance for Christians, particularly for Catholics. Institutions dedicated to caring for and healing persons have been the innovation of priests, religious, and lay Catholics in centuries past. Today, the need to protect the inviolable conscience of faithful Christians and the need for affordable healthcare have led to the creation of the Ministry. Informed by Catholic social teaching, the Ministry is a free association of Members committed to Sharing medical expenses of fellow Members.

Members of the Ministry Share one another’s medical expenses. Solidarity HealthShare serves to facilitate this mutual Sharing by directing Members’ gifts to those who have eligible expenses. Solidarity HealthShare does not assume responsibility for payment of, or indemnification for, medical expenses. Solidarity HealthShare distributes Monthly Contributions received from Members in

accordance with these Sharing Guidelines. The Ministry is not insurance. Solidarity HealthShare is not an insurance company. The Ministry is not subject to insurance statutes or regulations. However, there are many legal requirements with which Solidarity HealthShare must comply in order to operate as a healthcare sharing ministry, including: (1) being a tax-exempt organization whose Members share a common set of ethical or religious beliefs; and (2) facilitating the direct Sharing from one Member to another of medical expenses in accordance with those beliefs, even after a Member develops a medical condition.

Each Member of the Ministry is a self-pay patient who submits voluntary Monthly Contributions to assist other Members with their Eligible Medical Expenses and support the administration and program services of the Ministry. Whether anyone chooses to Share in another Member’s medical expenses is totally voluntary. Monthly Contributions from Members are voluntary gifts and are non-refundable. Giving a monetary gift to assist another Member in the Ministry does not create a legally enforceable right to receive funds for medical expenses. Whether or not any Member receives assistance from other Members for medical expenses, Members are always liable for their own medical expenses.

Solidarity HealthShare facilitates the Sharing of certain medical expenses related to many but not all Healthcare Services (referred to as Eligible Medical Expenses). Healthcare Services for which medical expenses are eligible for Sharing are listed in Section VII.A and are referred to as Shareable Healthcare Services. Medical expenses for Shareable Healthcare Services are eligible for Sharing subject to the limitations set forth in these Sharing Guidelines.

II. MEMBERSHIP

Solidarity HealthShare has two types of membership.

A. Sharing Membership.

Sharing Members regularly participate in a Solidarity HealthShare Program each month by submitting a Monthly Contribution to ease another Member's medical expenses and support the administration and program services of the Ministry. When Sharing Members incur Eligible Medical Expenses, they may submit those Needs for Sharing among other Members as outlined in these Sharing Guidelines.

Sharing Members may choose to give above their suggested Monthly Contribution. Any contribution above the suggested Monthly Contribution is considered a charitable donation to Solidarity HealthShare and will be accounted to the Solidarity HealthShare Foundation, Inc., an Arizona nonprofit corporation, which is used to Share in Members' Medical Expense Needs that are not eligible for Sharing or used for educational or charitable purposes for Members.

B. Conditional Membership.

In the event a prospective Member at the time of application discloses a health condition that may be improved by a change in habits, lifestyle, or behavior, it will be at the discretion of Solidarity HealthShare to modify, change, or revise the acceptance of such an applicant on conditional terms to include participating in Solidarity WellSM coaching program. The terms of conditional membership will be communicated to the applicant to accept or decline during the application process. Conditional Members are accepted into Solidarity HealthShare provided that they agree to a wellness plan specified by Solidarity HealthShare. Conditional Members are assigned a health coach to monitor and encourage personal progress toward their goals. Health coaching sessions and related costs (including administrative fees) shall be paid for by the conditional Member by remitting a monthly amount set and revised from time to time by Solidarity HealthShare.

III. ELIGIBILITY FOR MEMBERSHIP

In order to become and remain a Sharing Member, applicants must meet the eligibility criteria listed below. Also, as a voluntary healthcare sharing ministry, the Ministry is constrained by finite resources—no matter how many Members we may have. Therefore, Solidarity HealthShare may decline membership to applicants who present active, pre-existing medical Needs as such immediate expenses may strain our giving beyond current capacity.

A. Maintain a Catholic/Christian Lifestyle.

At the heart of Catholic social teaching is a profound respect for the dignity of the human person. In recognition of the respect owed not only to others but to oneself, to be eligible person must commit to the following:

1. Strive to be a Christian who lives by biblical principles and respect the moral teachings of the Catholic Church;
2. Practice the principle of solidarity, the “firm and persevering determination to commit oneself to the common good”, by Sharing one another's medical burdens
3. Accept that one's body is a “temple of the Holy Spirit” (1 Corinthians 6:19-20) and, as such, exercise stewardship of the body by pursuing a healthy lifestyle for oneself and one's family.

(Compendium of the Social Doctrine of the Church, no. 193); and

B. Accept Our Shared Beliefs.

The *Catechism of the Catholic Church* teaches that solidarity can be understood and “articulated in terms of ‘friendship’ or ‘social charity’” (no. 1939). Bearing this in mind, Solidarity HealthShare brings together Catholics and other like-minded Christians to participate in a community of individuals and families who assist one another in meeting Needs that faced alone would be insurmountable.

The “friendship” of Sharing Members indicates a shared belief in the dignity of the human person. As the *Catechism of the Catholic Church* states: “Respect for the human person considers the other ‘another self.’ It presupposes respect for the fundamental rights that flow from the dignity intrinsic of the person” (no. 1944). Sharing Members demonstrate this respect by supporting their fellow Members as if they were indeed “another self.”

These beliefs inform the attitudes and behaviors of Solidarity HealthShare Members. Members Share in the medical expenses of fellow Members as they are compelled by conscience. Members make responsible decisions regarding their health out of respect for their bodies and accountability to other Members.

Solidarity HealthShare Members believe they have a right to freely make informed decisions regarding their healthcare and that this right must not be relinquished to others.

Solidarity HealthShare consists of like-minded individuals and families who mutually Share one another’s medical expenses. Our core beliefs are rooted in Sacred Scripture and the Sacred Tradition of the Catholic Church. We seek to remain faithful to Sacred Scripture and the moral and social doctrine of the Catholic Church, especially as it is articulated in the teachings of the *Catechism of the Catholic*

Church, The Compendium of the Social Doctrine of the Church, and the Ethical and Religious Directives for Catholic Healthcare Services of the United States Conference of Catholic Bishops.

These core beliefs inform our decisions and actions and guide our relationships with one another in community. We ask that each Member affirm the following Shared Beliefs:

1. We believe that our personal rights and liberties originate from and are bestowed on us by God and are not concessions granted to us by governments or men.
2. We believe that every person has a right to exercise his or her religion without interference or coercion. While we do not hold that every claim made in the name of religion has equal merit or equal basis in truth, we do respect each person’s freedom of both religious worship and practice
3. We believe it is our moral and ethical obligation to be our brother’s or sister’s keeper, in recognition of the principle of solidarity, according to our God-given resources and opportunity.
4. We believe in the virtue of temperance, which enables us to maintain a healthy lifestyle and avoid foods, behaviors, or habits that could produce sickness or disease.
5. We believe it is our fundamental right of conscience to direct our own healthcare in consultation with Physicians, family, or other valued advisors, free from government dictates, restraints, and oversight, including federal or state contraception and abortion mandates and all unethical practices or mandates.

C. Maintain a Virtuous Lifestyle.

“The human person, created in the image of God, is a being at once corporeal and spiritual” (*Catechism of the Catholic Church*, no. 362).

Because Members believe that we are made in God’s image, we must respect and care for our bodies. Guided by the Church’s teachings, Members must maintain a lifestyle that demonstrates a profound respect for the human person in both his spiritual and physical aspects.

To qualify as a Sharing Member, an applicant must comply with the lifestyle requirements detailed in these Guidelines. Members must also submit a thorough account of their medical history. In general, a virtuous lifestyle includes, but is not limited to:

1. Exercising the virtue of temperance to avoid every kind of excess, including, but not limited to the abuse of food, tobacco, alcohol, and medicine (over-the-counter or prescription drugs) (*Catechism of the Catholic Church*, no. 2290).
2. Abstaining from the use of illegal drugs. Illegal drugs include but are not limited to any

banned pharmaceuticals; non-prescribed pharmaceuticals; synthetic drugs; hallucinogenic substances; barbiturates; amphetamines; cocaine, heroin, or other opiates; marijuana; illegal intravenous drugs; narcotics; and all substances declared to be illegal (*Catechism of the Catholic Church*, no. 2291).

3. Intentionally incorporating exercise and good nutrition into one’s life. Solidarity HealthShare Members have a moral obligation to maintain their health so as not to place any unnecessary burdens on their fellow Members who Share in their healthcare costs.

These beliefs form the religious and ethical basis for our interaction and community relationships. Each Member agrees to the Statement of Shared Beliefs by signing the application form. We make a solemn and significant pledge to one another that we will aid, support, and devote our resources to one another as we pursue healthcare that respects our dignity.

IV. SOLIDARITY HEALTHSHARE PROGRAMS

Solidarity HealthShare has two program options. Each program is subject to the terms and limitations set forth in these Guidelines including but not limited to the sixty (60) day waiting period set forth in Section VII.C(1).

A. Solidarity ONE.

Solidarity ONE is our most comprehensive program and allows the Member to select the level of sharing participation to determine the Monthly Contribution Amount, the Annual Unshared Amount and Senior Discount. Members mutually Share Eligible Medical Expenses up to \$1 million per Incident per year.

B. Solidarity Legacy Premier.

Solidarity Legacy Premier allows Members to mutually Share Eligible Medical Expenses up to \$1 million per Incident per year and is not available for new Members.

V. APPLYING FOR MEMBERSHIP

A. Application.

Each person(s) applying for membership must submit a Member Enrollment Application, including a Medical History Questionnaire, and be accepted into a program by Solidarity HealthShare. Upon notice of acceptance into a program, the applicant will pay their membership dues. Membership will begin on the date specified by Solidarity HealthShare in writing to the Sharing Member.

B. Membership is not Guaranteed.

As a voluntary healthcare sharing ministry, the Ministry is constrained by finite resources—no matter how many Members we may have. Disclosing existing medical conditions during the application process can help us make suggestions as to lifestyle changes that can improve the health of the individual and benefit the Ministry as a whole. Solidarity HealthShare may decline membership to applicants who present active, pre-existing medical Needs as such immediate expenses may strain our giving beyond current capacity.

C. Types of Membership.

Solidarity HealthShare enrolls Members as either a single person, couple, or family. The Monthly Share Amount and the Annual Unshared Amount will vary based upon the membership type.

1. **Single Membership.** A single person is one Sharing Member.
2. **Couple Membership.** A couple is two Sharing Members of the same household related by birth, Marriage, or adoption. This would include:
 - a. A Married Couple;
 - b. A parent/guardian and a Dependent Child; or
 - c. Two Dependent Children, participating without either parent.
3. **Family Membership.** A family is comprised of three or more Sharing Members of the same household related by birth, Marriage, or adoption. This would include:

- a. A Married Couple and one or more Dependent Children;
- b. One parent/guardian and two or more Dependent Children; or
- c. Three or more Dependent Children, participating without either parent.

D. Changes in Membership Participation.

Changes in participation of the Membership, including but not limited to, changes to primary Member of the Membership; Monthly Contribution; and Annual Unshared Amount may result in resetting the Program Year and the Annual Unshared Amount for the Membership. During the Program Year, the Membership cannot be changed to lower the Annual Unshared Amount.

E. Dependent Children.

Dependent Child means any of the following.

1. A person under the age of twenty who is financially dependent upon his/her parent(s) or legal guardian.
2. An unmarried person, upon verification, from the age of twenty (20) through twenty-six (26) years of age that is: (i) a full-time student; (ii) assigned to a multi-month church-related mission or internship; or (iii) actively discerning the priesthood or religious life.

A full-time student is a person enrolled for a total of twelve (12) or more resident credit hours in a high school, an accredited college or university, or a certified vocational/technical training school. Resident credit hours are those derived from courses offered on a semester or term schedule that applies campus wide. Full-time student status begins thirty (30) days before the first day of classes in which a dependent is already enrolled. Full-time student status is presumed through the last day of August if the person was a full-time student in April or May of that same calendar year.

3. A person of any age that has a verified physical or mental disability necessitating ongoing guardianship. A Physician or Practitioner may be required to verify a disability.

F. Adding/Deleting a Dependent Child to Membership.

1. **Newborn Child.** A newborn child of a Member may be added to a membership as a Dependent Child. The Member should notify Solidarity HealthShare in writing within thirty (30) days of the birth of the child.
2. **Adopted Child.** An adopted child of a Member may be added to a membership as a Dependent Child subject to the approval of Solidarity HealthShare. The Member shall submit a Membership Enrollment Application, including a Medical History Questionnaire within thirty (30) days after the adoption is finalized. The adopted child may be added as a Dependent Child unless there is a Pre-Existing Condition that would be subject to membership declination. The adopted child must enroll in any eligible government program providing health benefits.
3. **Change in Membership Type.** The addition of a Dependent Child may result in a change in the Member's Membership Type and a change in the Monthly Contribution and Annual Unshared Amount. For example, a Single Membership would become a Couple Membership, and a Couple Membership would become a Family Membership.

4. **Continuing Membership after Loss of Dependent Status.** When a person no longer qualifies as a Dependent Child and wishes to continue Membership, he or she may apply as a new Sharing Member by submitting a Membership Enrollment Application. If the child applies within thirty (30) days, the Medical History Questionnaire will not be required.

G. Medical History Questionnaire.

In order for Solidarity HealthShare to be responsible stewards for existing Members, persons applying for Membership must provide accurate medical history information. If at any time it is discovered that a Sharing Member did not submit a complete and accurate medical history on the Membership Enrollment Application or on the Medical History Questionnaire, either a Sharing Limitation or Membership declination may be issued retroactively to the Member's effective enrollment date. Sharing Members may apply to have a Sharing Limitation removed by providing medical evidence that they qualify for such removal. Sharing Limitations and Sharing Membership declinations can be applied retroactively but cannot be removed retroactively.

H. Designation of Authority.

Each Member designates Solidarity HealthShare as the final authority for the interpretation of these Sharing Guidelines, subject to the Dispute Resolution and Appeal Process set forth in Article VIII. By participation in the Program, the Sharing Member accepts these conditions as enforceable and binding within the Ministry for the assigning of his/her Monthly Share Amount.

VI. MEMBER FINANCIAL PARTICIPATION

A. Payment of Membership Dues and Suggested Monthly Contribution.

To maintain active Membership, Sharing Members must submit Membership Dues and a Monthly Contribution of at least the minimum amount suggested by Solidarity HealthShare. Only Sharing Members with an active Membership will have their Eligible Medical Expenses Shared. The suggested Monthly Contribution consists of

the Monthly Share Amount, administrative fee, program service fee, and account service fee. Any amount contributed over the suggested Monthly Contribution will be a donation to Solidarity HealthShare Foundation, Inc.

1. **Membership Dues.** Membership dues are requested at the time of initial enrollment and are due before Membership may be effective.

2. Monthly Share Amount. The Monthly Share Amount is the monetary contribution voluntarily given to Share in another Member's medical expenses. The suggested Monthly Share Amount is determined by majority vote of the Board of Directors and is based upon the amount of bills submitted by Members for Sharing and the number of Members. Since the suggested Monthly Share Amount is not actuarially based, the amount is reviewed on a monthly basis and the suggested Monthly Share Amount may increase or decrease as determined by the Board of Directors. Notice of such change will be given to the Members in a timely manner. If a Sharing Member does not voluntarily contribute the full suggested Monthly Share Amount for sixty (60) days, the Sharing Member status shall be changed to an Inactive Member as stated in paragraph D below.

- a. A Sharing Member is assigned a specific Need to Share. By submission of the suggested Monthly Share Amount, the Member instructs Solidarity HealthShare to assign his/her contribution to another Member's Need.
- b. Members will be assigned an individual Member Care Portal which is a secure online way of contributing the suggested Monthly Share Amount and directing the contribution to another Member who has Eligible Medical Expenses. Sharing Members who participate regularly by sending their suggested Monthly Share Amount will have their Needs assigned to other active Sharing Members.

3. Administrative Fee. Solidarity HealthShare administrative fee includes the expenses for administrative, management or general expenses. The amount of the administrative fee may be revised at any time by majority vote of the Board of Directors. Notice of a change will be given to the Members in a timely manner.

4. Program Services Fee. Solidarity HealthShare program services fee includes the expenses to

facilitate the sharing of Member's Eligible Medical Expenses, to promote the health and wellness of the Members and to assist Members to be good stewards of their healthcare. The amount of the program services fee may be revised at any time by majority vote of the Board of Directors. Notice of a change will be given to the Members in a timely manner

5. Account Service Fee. Solidarity HealthShare account service fee is for the costs of processing the Monthly Contribution and can be discounted if the Member uses Automated Clearing House (ACH) for the Monthly Contribution.

B. When Available Shares are less than Eligible Needs.

In any given month, the available Monthly Share Amount payments may or may not equal the amount of Needs submitted for Sharing. If Eligible Medical Expenses exceed the available Shares to meet those Needs, the following actions may be taken by majority vote of the Board of Directors:

- 1. Pro-Rata Sharing.** A pro-rata Sharing of Needs may be initiated, whereby the Members share a percentage of Eligible Medical Expenses within that month and hold back the balance of those Needs to be Shared the following month.
- 2. Increase in Monthly Share Amount.** If the suggested Monthly Share Amount is not adequate to meet the Needs submitted for Sharing, then the suggested Monthly Share Amount may be increased in sufficient proportion to satisfy the eligible Needs. This action may be undertaken temporarily or on an ongoing basis.

C. Voluntary Withdrawal of Membership.

As a help to other Sharing Members, any Member who desires to withdraw their participation should send written notice of their cancellation, including the reason for such cancellation, by the first (1st) day of the month prior to the month in which the Member intends to withdraw membership. If a Member withdraws more than thirty (30) days after their Membership effective date, Membership fees will not be refunded.

If a Sharing Member has withdrawn their participation and wishes to become active again, he/she must reapply as a new applicant and will not receive preferential treatment as his/her application is considered for acceptance. Reactivating membership gives Sharing Members a new effective date and does not retroactively move the previous effective date forward.

D. Inactive Membership.

If a Sharing Member does not voluntarily contribute the suggested Monthly Contribution for two (2) consecutive months, the Sharing Member's status will be changed to "Inactive Member" with the effective date of inactivation of the first missed Monthly Contribution.

The Sharing Member will not be expected to submit the missed suggested Monthly Contributions; however, Eligible Medical Expenses while an Inactive Member will not be eligible for Sharing. If the Sharing Member contributes the suggested Monthly Contribution for each past due month, Eligible Medical Expenses will be eligible for Sharing.

If a Sharing Member has been changed to Inactive Member and wishes to become active again, he/she must reapply as a new applicant and will not receive preferential treatment as his/her application is considered for acceptance. Reactivating membership gives Sharing Members a new effective date and does not retroactively move the previous effective date forward.

VII. SHAREABLE HEALTHCARE SERVICES AND LOSS OF LIFE ASSISTANCE

The Ministry provides for the Sharing of certain medical expenses related to many but not all Healthcare Services (referred to as Eligible Medical Expenses). Healthcare Services for which medical expenses are eligible for Sharing are listed below and are referred to as Shareable Healthcare Services. Medical expenses for Shareable Healthcare Services are eligible for Sharing subject to the terms and limitations set forth in these Sharing Guidelines.

A. Healthcare Services for which Medical Expenses are Eligible for Sharing.

Eligible Medical Expenses related to the following Medically Necessary Healthcare Services provided under the direction of a Provider are Eligible for Sharing subject to the terms and limitations of these Guidelines.

1. Alternative and/or Integrative Treatments.

Alternative and/or Integrative Treatments are eligible for Sharing if such treatment meets the following criteria:

- a.** It is prescribed by a Physician;
- b.** It is prescribed for a medically diagnosed condition;

- c.** It is deemed safe;
- d.** It has peer reviewed evidence to support the treatment of the diagnosed condition; and
- e.** It is presented for prior approval to Solidarity HealthShare, if required by Section VII.D.

2. Ambulance Service. Emergency land or air ambulance transportation to the nearest medical facility capable of providing the Medically Necessary care to avoid seriously jeopardizing the Sharing Member's life or health. However, the additional expense for transportation to a facility that is not the nearest facility capable of providing Medically Necessary care is not eligible for Sharing.

3. Braces. New and replacement braces of the leg, arm, back, or neck. Replacement braces are eligible for Sharing if there is sufficient change in the Sharing Member's physical condition to make the current device no longer functional.

4. Cosmetic Procedures. Cosmetic care and treatment provided for disfigurement caused by amputation, disease (including acne), accident, breast reconstruction following a mastectomy, or cranial prostheses (wigs) for hair loss due to

- radiation or chemotherapy are eligible for Sharing. All other elective cosmetic treatment, including, but not limited to, pharmacological regimens; nutritional procedures or treatments; plastic surgery; salabrasion, chemosurgery, and other such skin abrasion procedures associated with the removal or revision of scars, tattoos, or actinic changes are not eligible for Sharing.
5. **Eating Disorder.** Treatments for eating disorders are eligible for Sharing under the Mental Health Services.
 6. **Emergency Room Visit.** Emergency room services for stabilization or initiation of treatment for a medical emergency or condition provided on an Outpatient basis at a Hospital, Clinic, or Urgent Care Facility, including when Hospital admission occurs within twenty-three (23) hours of emergency room treatment. Healthcare Services at an emergency room are not eligible for Sharing if the Healthcare Services are not judged to be an emergency by normal standards of medical care and when less costly treatment was available by taking reasonable measures to seek such care.
 7. **Fertility.** Expenses for fertility treatments relating to the restoration or healing of the reproductive system in order to support procreation in the marital act. However, as stated in Section B(3) below, services, supplies, care or treatment related to or arising from, artificial insemination, in vitro fertilization or embryo adoption including expenses related to a pregnancy or childbirth are not eligible for Sharing.
 8. **Home Healthcare.** Skilled care services at home by a Home Healthcare agency for each related Incident provided such home care reduces the expected medical expense and replaces Hospital or nursing home services.
 9. **Hospice Care.** Hospice Care to include respite and/or comfort care is eligible for sharing but requires a Pre-Notification and is required to be renewed every 30 days as needed.
 10. **Hospital Charges.** Inpatient or Outpatient Hospital treatment or surgery for a medically diagnosed condition.
 11. **Hysterectomy.** Expenses related to a Hysterectomy if it is Medically Necessary. The Sharing Member must submit a Pre-Notification to Solidarity HealthShare prior to surgery, as stated in Section VII.D, unless it is a medical emergency.
 12. **Immunizations.** Immunizations and vaccinations unless the vaccine is derived from aborted fetal tissue and an alternative pro-life vaccine exists (see *Moral Reflection on Vaccines Prepared from Cells Derived from Aborted Human Fetuses* by the Pontifical Academy for Life).
 13. **Maternity.** Medical expenses for Maternity, including, but not limited to, charges and expenses arising from Physician care, Hospital or birthing center admissions, attendance by midwives, or home deliveries accompanied by a midwife or Physician.
 14. **Medical Costs Incurred Outside the United States.** Charges for the care and treatment of a medically diagnosed condition when treatment outside the United States is financially beneficial or when traveling or temporarily residing outside the United States. Eligibility of such expenses are subject to all other provisions of the Guidelines. Medical billing is required to be submitted in English and US dollars.
 15. **Mental Health Services.** Expenses for counseling, drug and alcohol counseling, treatment, medication, and emergency hospitalizations are eligible for Sharing.
 16. **NaPro Technology.** Expenses for NaPro Technology, which includes evaluation, treatment, therapies, surgeries, education and supplies.
 17. **Natural Family Planning/Fertility Awareness-Based Methods.** Expenses for individual instruction and the initial supplies on approved fertility awareness-based methods, also known as Natural Family Planning. Such approved methods include, but are not limited to,

Creighton, Couple to Couple League, Billings, Family of the Americas, SymptoPro, and Marquette.

18. Naturopathic Care. Expenses for naturopathic care.

19. Organ Transplant. Morally permissible organ transplants and expenses incurred in evaluation, screening, transportation of the organ, the candidacy determination process, organ transplantation, organ procurement, follow-up care, immuno-suppressant therapy, and re-transplantation (*Catechism of the Catholic Church*, no. 2296). Expenses related to the donation of an organ are eligible for Sharing if the organ is for a Sharing Member.

20. Physical Manipulation (Chiropractic) or Physiotherapy. Up to twelve (12) visits per Program Year for treatment of musculoskeletal disease or injury prescribed by a Physician.

21. Physical Therapy. Up to twenty (20) visits per Program Year for physical therapy by a licensed physical therapist in accord with a Physician's order to improve body function.

22. Prescription Drugs and Supplements.

- a. Solidarity ONE Members. Prescription drugs are eligible for Sharing. Members have access to Drexel Pharmacy Sharing for retail prescription drugs based on the current formulary and co-share schedule. Supplements, including, but not limited to, phytotherapeutics, vitamins, herbs, and approved drugs are eligible for Sharing ninety (90) days after the onset of each related Incident.
- b. Solidarity Legacy Premier Members. Members have access to Drexel Pharmacy Wholesale program which provides access to discounts on certain prescription drugs. Prescription drugs and supplements, including, but not limited to, phytotherapeutics, vitamins, herbs, and approved drugs are eligible for Sharing ninety (90) days after the onset of each

related Incident. Prescription Drugs obtained from Drexel participating pharmacies are eligible for Sharing, however, Legacy Premier Members must pay for the prescription drugs and submit to Solidarity HealthShare for Sharing.

23. Prosthetics. Prosthetics and their replacement, if Medically Necessary.

24. Sterilization Reversal. Reversal of a tubal ligation or vasectomy limited to one reversal attempt only for the sole purpose of restoring the procreative end of the conjugal act.

25. Telehealth. Services provided via Telehealth from Providers who have provided Healthcare Services to the Member during at least one (1) prior in person office visit are Shareable if the Healthcare Service is eligible for Sharing. Mental health and counseling Healthcare Services provided via Telehealth are eligible for Sharing even if the Provider has not previously seen the Member in person. Healthcare Services from DialCare Telemedicine through the Solidarity Care Card are eligible for Sharing.

26. Therapies. Other therapies such as occupational, respiratory, cardiac rehabilitation, biofeedback and speech therapy by a licensed therapist in accord with a Physician's order to improve function are eligible up to twenty (20) visits per Program Year.

27. Wellness Visits. Charges for one (1) wellness exam or physical per Program Year are eligible for Sharing, before applying the Annual Unshared Amount, and include but not limited to screening labs (CBC, CMP, lipids, hemoglobin A1c, vitamin D and CRP). Sharing Members in the first two (2) years of life have seven (7) well-child visits for the first year and three (3) well-child visits for the second year eligible for Sharing. Other screening services including pap smears/HPV testing, screening colonoscopies, Prostate-Specific Antigen (PSA), DEXA scans, and breast imaging (screening mammogram/thermography) may be eligible for sharing following the Solidarity wellness policy.

B. Healthcare Services for which Medical Expenses are Not Eligible for Sharing.

Medical expenses arising from any one of the following are NOT eligible for Sharing among Members:

- 1. Abortion.** Services, supplies, care, or treatment related to an abortion directly intending the termination of a pregnancy before viability or directly intending the destruction of a viable fetus.
- 2. Alcohol/Drug Addiction.** Services, supplies, care, or procedures for an injury and/or disease and/or bodily malfunction resulting from a Sharing Member's abuse and/or use of alcohol or drugs/ pharmaceuticals, including drug and/or alcohol Rehabilitation Treatment.
- 3. Artificial Insemination and *In vitro* Fertilization and Embryo Adoption.** Services, supplies, care or treatment related to or arising from, artificial insemination, in vitro fertilization or embryo adoption including expenses related to the pregnancy or childbirth; however, Health Care Services received to treat complications are eligible for Sharing.
- 4. Breast Implants.** The placement, replacement, or removal of breast enhancement devices and complications related to breast implants unless related to a Medically Necessary mastectomy
- 5. Contraceptives.** Services or counseling on contraceptive interventions which render the marital (or non-marital) act infertile or intervene to prevent conception or implantation after a completed reproductive act.
- 6. Complications from Non-Eligible Treatments.** Care, services, or treatment required as a result of complications from a Healthcare Service that is not eligible for Sharing.
- 7. Custodial Care.** Services or supplies provided mainly as a rest, maintenance, custodial care, or other care that does not treat an illness or injury.
- 8. Dental Care.** Services in connection with the care, prostheses, treatment, filling, removal, or replacement of teeth or structures directly supporting teeth. Care or treatment involving the teeth that are an integral part of an Incident that is an Eligible Medical Expense is eligible for Sharing. Please see Solidarity Care CardSM for discounts on dental care.
- 9. Durable Medical Equipment.** The purchase, rental, or replacement of durable or reusable equipment or devices, including but not limited to orthotics, hearing aids, tubing, masks, and their associated expenses
- 10. Emergency Room Charges Incurred for Non-Emergency Treatment.** When treatment at an emergency room is not judged to be an emergency by normal standards of medical care and when less costly treatment was available by taking reasonable measures to seek such care.
- 11. Errors by Providers.** Charges for Healthcare Services that are the result of errors in medical care that are clearly identifiable, preventable, and serious in their consequence for patients. A finding of Provider negligence and/or malpractice is not required for services or fees to be considered ineligible for Sharing.
- 12. Exercise Programs.** Exercise programs for treatment of any condition, except for Physician-supervised cardiac rehabilitation and/or physical therapy.
- 13. Experimental, Investigational, or Unproven Services.** Care or treatment that is either experimental, investigational, or unproven by the American Medical Association, U.S. Food and Drug Administration, or other industry-recognized authoritative bodies, or that is illegal by U.S. law. Eligibility for Sharing of such expenses may be reviewed on a case-by-case basis.
- 14. Eye Care.** Eye exercise therapy, radial keratotomy, or other eye surgery to correct near-sightedness. Also, routine eye examinations, including refractions, lenses for the eyes, and exams for their fitting. This exclusion does not apply to the initial permanent lenses prescribed

following cataract removal. Please see Solidarity Care CardSM for discounts on recurring eye care.

- 15. Gross Negligent Acts.** Expenses resulting from an illness or injury caused by the Sharing Member's gross negligence or reckless disregard to safety, as evidenced by medical records and as determined by Solidarity HealthShare.
- 16. Hair Loss.** Care and treatment for hair loss, hair transplants, or any drug that promises hair growth.
- 17. Hazardous Hobbies.** Care and treatment of an injury or illness that results from engaging in a hazardous hobby. A hobby is hazardous if it is an unusual activity which is characterized by a constant threat of danger or risk of bodily harm. Examples of hazardous hobbies include, but are not limited to rock/cliff climbing, spelunking, skydiving, or bungee jumping.
- 18. Hearing Aids and Exams.** Services or supplies in connection with routine hearing exams, hearing aids, or exams for their fitting.
- 19. Healthcare Services from Family Members.** Healthcare Services prescribed, ordered or referred by or received from a Member of the Member's immediate family, including the Member's spouse, child, brother, sister, parent, in-law, or the Member him/herself.
- 20. Hospital Employees.** Professional services billed by a Physician or nurse who is an employee of a Hospital or skilled nursing facility and paid by the Hospital or Facility for the service.
- 21. Illegal Acts.** Services received as a result of an injury caused by engaging in an illegal act or occupation by committing or attempting to commit any crime, criminal act, assault, or other felonious behavior, including, but not limited to, illegal drug activity, crimes against persons, crimes against property, and gun offenses.
- 22. Impotence.** Surgical and non-surgical services for the treatment of impotence.
- 23. Non-Emergency Transportation.** Transportation by ambulance for conditions that will not seriously jeopardize the Sharing Member's health or life. Also, the additional expense for transportation to a facility that is not the nearest facility capable of providing Medically Necessary care.
- 24. No Obligation to Pay.** Services for which the Sharing Member has no legal obligation to pay.
- 25. Non-Medically Necessary Service.** Care and treatment that does not meet the criteria of a Medically Necessary Healthcare Service or is not specified as a Medically Necessary Healthcare Service, or care, treatment, services, or supplies not recommended or approved by a Provider. Solidarity HealthShare reserves the right to review billing submitted by Providers for payment and, upon review by a qualified Professional, decline to Share expenses deemed to be Non-Medically Necessary Healthcare Services.
- 26. Outpatient Prescribed/Non-Prescribed Medical Supplies/Personal Comfort Items.** Outpatient prescribed/non-prescribed medical supplies or equipment and personal comfort items are not eligible for Sharing, including, but not limited to, ace bandages, air conditioners, air-purification units, blood pressure instruments, diabetic test strips, elastic bandages, elastic stockings, electric heating units, first-aid supplies, gauze, humidifiers, insulin infusion non-hospital adjustable beds, orthopedic mattresses, ostomy supplies, over-the-counter drugs and treatments, pumps, scales, syringes, tubing, and masks.
- 27. Professional Racing or Competitive Events.** Charges for treatment of injuries or illness while racing or competing as a professional. Professional racing means that such activity is one's primary occupation and means of financial support. Professional racing and competitive events include, but are not limited to, automobile, motorcycle, watercraft, ski, or rodeo races or competitions.
- 28. Relative Giving Services.** Professional services performed by a person who ordinarily resides in the Sharing Member's home or is related to the Sharing Member as a spouse, parent, child, brother, or sister, whether the relationship is by blood or exists in law.

29. **Self-Inflicted.** An intentionally self-inflicted injury or illness.
 30. **Sex Change.** Care, services, or treatment for non-congenital transsexualism, gender dysphoria, or sexual reassignment or change. This includes medications, implants, hormone therapy, surgery, or medical or psychiatric treatment.
 31. **Sports-Related Safety/Performance Devices and Programs.** Devices used specifically as safety items or to affect performance primarily in sports-related activities. All membership, registration, or participation costs related to physical conditioning programs, such as athletic training, bodybuilding, exercise, fitness flexibility, and diversion or general motivation.
 32. **Sterilization.** Direct surgical sterilization, including vasectomy and tubal ligation.
 33. **Surrogacy.** Surrogacy, including routine expenses related to pregnancy and to childbirth, whether the Sharing Member is the surrogate, or the Sharing Member has retained the services of a surrogate. Healthcare Services received to treat complications related to the pregnancy are eligible for Sharing.
 34. **Travel or Accommodations.** Charges for travel or accommodations, whether or not recommended by a Physician.
 35. **War.** Any Healthcare Services due to a declared or undeclared act of war.
2. **Timely Submission of Needs.** Needs do not qualify for Sharing unless the Sharing Member submits a request for Sharing and documentation of Eligible Medical Expenses within ninety (90) days of receipt of the Healthcare Service or the date of discharge, as applicable. Failure to submit the request for Sharing within 90 days will not invalidate or reduce Shareable amount if submission within 90 days was not reasonably possible, so long as the request for Sharing is submitted within one (1) year.
 3. **Annual Unshared Amount.** Eligible Medical Expenses are not eligible for Sharing until the Eligible Medical Expenses exceed an Annual Unshared Amount for each Single, Couple, or Family Membership. The Annual Unshared Amount shall be calculated upon the Program Year for each Member. The Annual Unshared Amount is applied to the Program Year based upon the date the Shareable Healthcare Service occurred. Any changes to the Membership may reset the Annual Unshared Amount. See V. D.
 4. **Per Incident Limitations.** Sharing is subject to the per Incident limitation on Sharing set forth in the Program selected by the Member at the time of application and described in Section IV.
 5. **Pre-Existing Conditions.** A Pre-Existing Condition is: (a) a condition for which signs, symptoms, or treatment were present within the twenty-four (24) months prior to applying for Membership, (b) a condition of any malignant form of tissue or blood cancer for which signs, symptoms or any evidence of disease within the sixty (60) months prior to applying for Membership, or (c) a condition that can be reasonably expected to require medical intervention in the future. Medical expenses related to a Pre-Existing Condition are subject to the following.
 - a. Medical Expenses related to Pre-Existing Condition are not eligible for Sharing during the first year of membership.

C. Sharing Stewardship.

The Members of Solidarity HealthShare have limited resources and must be good stewards of the contributions of other Members. In order to provide for the Needs of Sharing Members and avoid burdensome suggested Monthly Share Amounts, Sharing among the Members is subject to the Sharing Limitations set forth in this section.

1. **Expenses are not Eligible for Sharing for 60 Days.** For sixty (60) days after acceptance as a Sharing Member, Sharing of medical expenses is limited to Eligible Medical Expenses related to accidents, emergencies, and acute illness.

- b. After the first full year of continuous monthly membership, medical expenses incurred for a Pre-Existing Condition within the thirteenth (13th) until the twenty-fourth (24th) continuous month of membership are eligible for Sharing up to \$25,000.
 - c. After two years of continuous monthly membership, medical expenses incurred for a Pre-Existing Condition within the twenty-fifth (25th) month until the thirty-sixth (36th) continuous month of membership may receive an additional \$25,000 of eligible Sharing.
 - d. Upon the beginning of the thirty-seventh (37th) month of continuous membership and thereafter, the condition will no longer be considered a Pre-Existing Condition.
 - e. If the Member has agreed to a Permanent Waiver, medical expenses related to the Pre-Existing Condition are never eligible for Sharing.
- 6. Pre-Existing Condition Review.** Medical expenses incurred may be subject to a Pre-Existing Condition review, including, but not limited to, request for medical notes and records, hospital charts, surgical records, or other relevant medical history information. Failure to fully disclose Pre-Existing Condition information at the time of application is a violation of the shared trust among Members and is grounds for termination of membership.
- 7. Permanent Waiver.** A Permanent Waiver may be requested or agreed upon during the application process. A Permanent Waiver means the Member agrees to never Share medical expenses from a specified Pre-Existing Condition. A Permanent Waiver allows individuals and families to be accepted as Members to Share Eligible Medical Expenses unrelated to the Pre-Existing Condition. A Member may request a rescission of the Permanent Waiver upon the medical improvement of the Pre-Existing Condition.
- 8. Excess Charge or Excessive Charges.** Members must take steps to ensure that charges for Shareable Healthcare Services are reasonable. Excess Charges do not qualify as Eligible Medical Expenses and are not eligible for Sharing. As part of its administrative services, Solidarity HealthShare will assist Members in communications with Providers to avoid Excessive Charges. In furtherance of the shared beliefs of all Members, it is the mission of Solidarity HealthShare to assist Members in managing, controlling, and directing their individual healthcare and the costs of that care. This includes the duty of Solidarity HealthShare to protect its Members from unfair and unreasonable charges submitted by Providers of healthcare services. Solidarity HealthShare reserves the right, on behalf of its Members, to determine what part of an expense for the care and treatment of an injury or illness is unfair or unreasonable, based on techniques, criteria, and standards established or adopted by Solidarity HealthShare. It is the intention of Solidarity HealthShare to limit the Sharing of charges determined to be excessive, unfair or unreasonable and we will advocate on behalf of Sharing Members against any Provider demanding payment of such unfair charges. If the Provider seeks to collect the Excessive Charges, Solidarity HealthShare will, with the cooperation of the Member, undertake reasonable efforts to minimize the Member's liability for such Excess or Excessive Charges. Solidarity HealthShare makes no representations or warranties as to the success of such efforts.
- 9. Conditional Member Expenses (Solidarity WellSM).** Health coaching sessions and related costs, including administrative fees charged by Solidarity HealthShare in its reasonable discretion, shall be paid for by the conditional Member by remitting a monthly amount set, and revised from time to time, by Solidarity HealthShare. Certain expenses associated with that customized treatment plan may be eligible for Sharing based upon review and case-by-case determination by Solidarity HealthShare, to include, but not be limited to, smoking cessation, weight loss or dietary regimens, diabetic testing

supplies, or other program costs that may be eligible for Sharing as an incentive to lifestyle change. Pre-Existing Condition guidelines may be altered at the discretion of Solidarity HealthShare to encourage participation in the conditional membership program.

- 10. Direct Primary Care (DPC).** Direct Primary Care monthly fees are eligible for Sharing up to \$375 for a single membership, \$750 for a couple membership, and \$1250 for a family membership.
- 11. Lifetime Limits.** There are no lifetime limits. However, each program has a per Incident limitation on Sharing.
- 12. Occupational or Work-Related Injuries.** Expenses arising from the care and treatment of an injury or illness that is occupational, or that arises from work for wage or profit, including self-employment, are not eligible for Sharing.
- 13. Other Sources of Medical Expense Payment.** Needs do not qualify for Sharing to the extent that they are discountable by the Provider or are eligible to be paid by a third party or source, whether private, governmental, or institutional, such as insurance, Medicare, Medicaid, Veterans Administration, Tricare, private/public grants, or, in the event of an accident, by any liable third party (each a “Payor”). If the Sharing Member does not cooperate fully and assist Solidarity HealthShare in determining if his/her Need is discountable or payable by a Payor, the Need will not be eligible for Sharing.

In order to conserve the giving of the Sharing Members, it is the obligation of the Member to pursue payment from any other responsible Payor before submitting any medical expenses for Sharing. If a Payor will pay any portion of the medical bill, that amount will be applied to and reduce the Member’s Need up to the total amount of the Need. If the Sharing Member refuses to accept or seek payment from a Payor, then the Member’s Need is reduced in amount equal to the amount that would have been due from the Payor. This limitation applies to the Sharing Member unless the Member declares,

in writing, that accepting payment from a Payor would violate the Member’s deeply held religious or ethical convictions. If the Sharing Member is sixty-five (65) years of age or older, this limitation also includes Needs that are eligible to be paid by Medicare Parts A, B, C or D, whether the Sharing Member is enrolled in Medicare or not.

To the extent that costs that are later deemed ineligible for Sharing have been previously Shared with Member, the Member agrees to fully reimburse Solidarity HealthShare’s members (consistent with their moral obligations) out of any subsequent recovery or settlement, related to the basis for the later-deemed ineligible Sharing, to the extent that recovery or settlement exceeds the amount in costs Shared with the Member. The Member further agrees that any costs or fees associated with seeking a recovery or settlement will not be Shared with Solidarity HealthShare members and any reimbursement to Solidarity HealthShare’s members of amounts later-deemed ineligible for Sharing will not be reduced in any amount by these costs or fees.

D. Pre-Notification of Shareable Healthcare Services.

- 1. Pre-Notification.** Pre-Notification of Shareable Healthcare Services benefits the Membership by monitoring Healthcare Services to ensure appropriate and cost-effective care. Pre-Notification can eliminate unnecessary services, hospitalizations, and shorten Inpatient admissions, while improving quality of care and reducing expenses Shared among the Members. To be eligible for Sharing, Solidarity HealthShare must be notified in advance (“Pre-Notification”), except in the case of emergencies, for the following:
 - a.** Alternative or integrative treatments including but not limited to naturopathic treatments or allogenic stem cell therapies.
 - b.** Home Health Care.
 - c.** Hospice Care both Inpatient and at home every thirty (30) days, as necessary.

- d. Imaging: MRIs and Nuclear Imaging (i.e. PET scans).
- e. Inpatient services including hospital admission with room and board, dialysis, labs, imaging, medications, therapies, skilled nursing, and inpatient medical rehabilitation. The Sharing Member, or the Member's Provider or representative, must call Solidarity HealthShare at least seven (7) days prior to admission.
- f. OB/GYN and Fertility services including pregnancy, laparoscopy, dilation and curettage, and hysteroscopy.
- g. Ophthalmological Services.
- h. Organ/Tissue Transplant Services.
- i. Prosthetics.
- j. Sterilization Reversals.
- k. Surgeries both inpatient and outpatient, but not including in office surgeries.

2. Concurrent Review. During an Inpatient admission, the Pre-Notification staff will continue to evaluate the Sharing Member's progress to monitor the length of the Inpatient stay and make a recommendation as to the maximum length of stay. The Sharing Member and his/her Physician will be advised of the Pre-Notification staff's recommendation. If the Pre-Notification Staff determines that Inpatient admission is no longer necessary, any additional Inpatient days will not be eligible for Sharing. Additional days not approved by Solidarity HealthShare will not be eligible for Sharing.

3. Emergency and Maternity Admissions. All emergency hospital admissions and Maternity admissions must be reported to Solidarity HealthShare within forty-eight (48) hours following admission or on the next business day after admission to be eligible for Sharing. If the Sharing Member is unable to notify Solidarity HealthShare within required time frame due to the severity of the illness or injury, then a Provider or a responsible party representing the

Member should provide notice at the earliest time reasonably possible. To determine eligibility for Sharing, all emergency admissions are reviewed retroactively to determine if the treatment received was Medically Necessary, appropriate, or for emergency services.

E. Loss of Life Assistance.

If a Sharing Member under the age of sixty-five (65), die(s) after two (2) years of continuous monthly membership, financial assistance to the surviving family for loss of life expenses, including but not limited to funeral/burial expenses, will be provided by the Sharing Members according to the following scale.

1. Primary applicant: Ten thousand dollars (\$10,000).
2. Dependent Spouse: Five thousand dollars (\$5,000).
3. Dependent Child: Three thousand dollars (\$3,000).

All Members must file with Solidarity HealthShare, at the time of enrollment, a directive in the form provided by Solidarity HealthShare identifying the recipient of any such loss of life assistance. If no directive is on file with Solidarity HealthShare, the financial assistance shall be paid to the Member's estate, or pursuant to an order of the applicable Court with probate jurisdiction.

A minor child (under the age of 18) enrolled by a parent or guardian and whose enrollment application is signed on behalf of such child by a parent or guardian, will be assisted at the same amount as a Dependent Child. Members who are sixty-five (65) years of age or older may choose to participate in the loss of life assistance at an additional fee on his/her suggested Monthly Contribution.

F. Provision for Eligible Medical Expenses after Death.

If at the time of his or her death a Sharing Member has outstanding Eligible Medical Expenses that have not been Shared, the following provisions apply.

1. Eligible Medical Expenses submitted by the Member's Provider shall be Shared as if the Member had not died.
2. Eligible Medical Expenses not submitted by the Provider but paid or payable directly by or on behalf of the Member and submitted for Sharing within a reasonable time of the billing or payment shall be Shared, and payment shall

be directed to the deceased Sharing Member's estate, or pursuant to an order of the applicable Court with probate jurisdiction.

Solidarity HealthShare at its option and in its sole discretion, may direct any amounts to be Shared with a deceased Member to be paid to the designated recipient for the Loss of Life Assistance.

VIII. DISPUTE RESOLUTION AND APPEAL

Solidarity HealthShare is a voluntary association of like-minded people who come together to assist each other by Sharing medical expenses. It is recognized that differences of opinion will occur and that a methodology for resolving disputes must be available. Therefore, by becoming a Sharing Member, individuals agree that any dispute with or against other Solidarity HealthShare or its associates or employees will be settled using the following steps of action, and only as a course of last resort. If a determination is made by Solidarity HealthShare and the Sharing Member disagrees and believes there is a defensible reason why the initial determination is wrong, then the Sharing Member may file an appeal.

A. First Level Appeal.

Most differences of opinion can be resolved simply by calling Solidarity HealthShare. A Member Care Coordinator will try to resolve the matter in writing within ten (10) working days.

B. Second Level Appeal.

If the Member is unsatisfied with the decision of the Member Services Representative, then the Sharing Member may request a review by the Internal Resolution Committee, made up of three (3) Solidarity HealthShare officials: the Chief Executive Officer, the President, and the Chief Medical Officer. The appeal must be in writing, stating the elements of the dispute and the relevant facts. Importantly, the appeal should address all of the following:

1. What information does Solidarity HealthShare have that is either incomplete or incorrect?

2. How do you believe Solidarity HealthShare has misinterpreted the information already on hand?
3. What provision in the Solidarity HealthShare Guidelines do you believe Solidarity HealthShare applied incorrectly?

Within thirty (30) days, the Internal Resolution Committee will render a written decision.

C. Third Level Appeal.

If the Member is unsatisfied with the decision of the Internal Resolution Committee, the Member may ask that the dispute be submitted to an External Resolution Committee made up of three (3) Sharing Members in good standing, randomly chosen by Solidarity HealthShare, who shall agree to review the matter. Within thirty (30) days the External Resolution Committee shall render their opinion in writing.

D. Final Appeal.

If the Member is unsatisfied with the decision of his/her fellow Sharing Members serving on the External Resolution Committee, then the matter shall be settled by mediation and, if necessary, legally binding arbitration conducted by Canon Law Professionals, LLC. Judgment upon an arbitration decision may be entered in any court otherwise having jurisdiction. Sharing Members agree and understand that these methods shall be the sole remedy for any controversy or claim arising out of these Sharing Guidelines and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision. Any such arbitration shall be held in Tempe, Arizona and subject to the laws of the

state of Arizona. Solidarity HealthShare shall pay the fees of the arbitrator in full and all other expenses of the arbitration, provided that each party shall pay for and bear the cost of its own transportation, accommodations, experts, evidence, and legal counsel, and provided further that the aggrieved

Sharing Member shall reimburse the full cost of arbitration should the arbitrator determine in favor of Solidarity HealthShare and not the Member. The Member agrees to be legally bound by the arbitrator's decision.

IX. AMENDING THE GUIDELINES

A. Access to Guidelines.

The Sharing Guidelines shall be available in electronic form on Solidarity HealthShare's website. A written copy of the Guidelines shall be provided upon request submitted to Solidarity HealthShare.

B. Changes to the Guidelines.

These Guidelines may be amended from time to time and as circumstances require by a majority vote of the Board of Directors.

C. Effective Date.

Amendments to the Guidelines will take effect as soon as is administratively practical or as designated

by the Board of Directors. Dates of Service of Eligible Medical Expenses submitted for Sharing will be subject to the edition of the Guidelines in effect when recorded as received by Solidarity HealthShare and supersedes all other editions of the Guidelines and any other communication, written or verbal.

D. Notification of Changes.

Sharing Members will be notified of changes to the Guidelines in the normal course of communication with Members no later than the Member's membership renewal date.

X. SHARING MEMBER RIGHTS AND RESPONSIBILITIES

As a Sharing Member, you have certain rights and responsibilities

A. Sharing Member Rights.

You have the right to:

1. Receive considerate, courteous service from all employees and representatives of Solidarity HealthShare;
2. Receive accurate information regarding the Sharing Guidelines and eligibility for Sharing of medical expenses in both Member literature and when in contact with Solidarity HealthShare;
3. Have Eligible Medical Expenses processed accurately once all necessary documentation has been received;
4. Have all medical records and personal information handled in a confidential manner and in compliance with Privacy Standards established by Solidarity HealthShare;

5. Be informed about Practitioners and Providers giving discounted services to Sharing Members;
6. File a dispute without fear of prejudice or reprisal; and
7. Make recommendations regarding Sharing Guidelines.

B. Sharing Member Responsibilities.

You have the responsibility to:

1. Read all Solidarity HealthShare materials carefully upon receipt and ask questions when necessary;
2. Participate in and support efforts by Solidarity HealthShare to negotiate with Providers to reduce or avoid Excess Charges;
3. Take personal charge of your healthcare and make informed and knowledgeable healthcare choices;

4. Learn how to promote your own health and wellness, eat properly, exercise, and eliminate harmful habits and stressors within your control;
5. Seek medical advice when appropriate and understand the medical advice you receive;
6. Understand any diagnosis when given and learn about its effects on your body and how you can help manage it;
7. Inquire about charges when possible, make cost comparisons between Providers, and make cost efficient choices;
8. Be informed about the policies and practices of Solidarity HealthShare and follow them for the benefit of all Sharing Members;
9. Be honest, forthright, and truthful about your health conditions and provide all pertinent information to your doctor, family members, and Solidarity HealthShare;
10. Treat Solidarity HealthShare personnel with courtesy and professionalism and refrain from abusive and profane language; and
11. Reconcile disagreements with Solidarity HealthShare in a manner consistent with Biblical commands to live at peace with fellow believers and to resolve disputes with each other in private, consistent with Section VII of these Sharing Guidelines.

XI. DEFINITIONS OF TERMS

A. Definitions.

Capitalized terms throughout these Guidelines have the following meanings.

1. **Annual Unshared Amount** means the amount of Eligible Medical Expenses that must be paid by a Sharing Member in a Program Year before Eligible Medical Expenses are eligible for Sharing.
2. **Board of Directors** means the Board of Directors of Melita Christian Fellowship Hospital Aid Plan, an Arizona nonprofit corporation, also known as Solidarity HealthShare.
3. **Health Sharing Delegate** means a person or entity to which Solidarity has delegated certain functions related to Member requests for Sharing, including but not limited to determining Reasonable Charges and assisting Members with Excess Charges.
4. **CMS** means the Centers for Medicare & Medicaid Services, the agency within the U.S. Department of Health and Human Services that is responsible for administering the Medicare program.
5. **CMS Cost Ratio means** the ratio of facility costs to charged amounts as utilized by CMS in determining facility (inpatient or outpatient) reimbursement or as reflected in a Hospital's most recent available departmental cost ratio report to CMS and published as the "Medicare Cost Report" in the American Hospital Directory.
6. **Cost(s) means:** (a) as to Healthcare Services provided by a Hospital or Physician, the costs determined from review and analysis of a facility's applicable CMS Cost Ratios; (b) as to medical and surgical supplies, implants and devices, the costs to the Hospital or Physician of such items, which may be established by a Hospital or Physician invoice or a certified statement from a representative of the Hospital or Physician or, in the absence of such an invoice or statement, through other sources of cost information or comparative data, such as comparable invoices, receipts, cost lists or other documentation or resources published or publicly available (free, for purchase or by subscription), or any combination thereof, that are deemed sufficient, in the opinion of Solidarity or its delegate; (c) as to pharmaceuticals provided by a Hospital, acquisition cost determined by reference to the National Average Drug Acquisition Cost calculated by CMS, the Average Acquisition Cost (AAC) for the state in which the facility resides,

the Predictive Acquisition Cost calculated by Glass Box Analytics, or other comparable and recognized data source; and (d) as to medical and surgical supplies, implants and devices provided by a Hospital, acquisition cost determined by reference to an invoice submitted by a Hospital or, in the absence of such an invoice, a written statement from the Hospital specifying its actual acquisition cost or, in the absence of such an invoice or written statement, through other documentation or sources of cost data such as, but not be limited to, comparable invoices, receipts, cost lists or other commonly recognized data source, or other documentation or sources of cost information deemed appropriate by Solidarity or its delegate.

7. **Dependent Child** has the meaning set forth in Section V.D.
8. **DialCare Telemedicine** means a Telehealth service offered by Careington International Corporation that is available to Solidarity Legacy Premier and Solidarity ONE Members. Solidarity HealthShare is not affiliated with Careington International Corporation. Information on DialCare Telemedicine is available at www.solidaritycarecard.com.
9. **Drex Pharmacy Sharing** means a program offered by Advanced Medical Pricing Solution Services (AMPS) and is available to Solidarity One Members. Drex Pharmacy Sharing provides Member access to certain retail prescription drugs on a co-sharing amount, meaning Member may have to pay part of the cost of the prescription drugs and the remainder will be submitted for Sharing among the Members. Drex Pharmacy Sharing is not an insurance program and Solidarity HealthShare is not affiliated with AMPS. Certain prescription drugs may be subject to prior approval of Solidarity HealthShare or its designee in order to be Eligible for Sharing. A request for prior approval will be handled by and the decision of Solidarity HealthShare will be communicated to the Drex participating pharmacy when Solidarity ONE Member submits a prescription.
10. **Drex Pharmacy Wholesale** means a program offered by Advanced Medical Pricing Solution Services (AMPS) and is available to Solidarity Legacy Premier Members. Drex Pharmacy Wholesale provides Member access to discounts on certain prescription drugs; it does not pay for the cost of any prescription drugs and the Member must pay for the prescription drugs and submit to Eligible Medical Expenses to Solidarity HealthShare for Sharing. Drex Pharmacy Wholesale is not an insurance program and Solidarity HealthShare is not affiliated with AMPS.
11. **Eligible Medical Expenses** means the Reasonable Charges for incurred Shareable Healthcare Services subject to the terms and limitations set forth in the Sharing Guidelines.
12. **Enrollment Date** means the first date of a Member's membership as notified in writing by Solidarity HealthShare.
13. **Excess Charge(s) or Excessive Charge(s)** means charge(s) for Healthcare Services that are greater than the Reasonable Charges as determined by Solidarity HealthShare or its Health Sharing Delegate.
14. **Facility** means any Facility that provides Healthcare Services on an Outpatient basis, whether a hospital-affiliated Facility or independent Facility.
15. **Guidelines or Sharing Guidelines** means this document that describes the types of medical expenses that are eligible for Sharing by Members and how Solidarity HealthShare functions to facilitate that mutual Sharing.
16. **Healthcare Services** means medical or healthcare services including, but not limited to, medical evaluations, diagnoses, treatments, procedures, drugs, therapies, devices and supplies. Unless specifically stated otherwise in the Guidelines, Healthcare Services do not include: (a) court ordered testing; (b) custodial care; (c) domiciliary care provided in a residential institution, treatment center, halfway house, or school because an Enrollee's own home

- arrangements are not available or are unsuitable, and consisting chiefly of room and board, even if therapy is included; (d) services or care provided or billed by a school, custodial care center for the developmentally disabled, residential programs for drug and alcohol, or outward bound programs, even if psychotherapy is included; (e) services or supplies primarily for educational, vocational, or training purposes, or (f) personal hygiene, environmental control, or convenience items such as air conditionals, water purifiers, allergenic pillows, safety helmets, and sports equipment.
- 17. High Dollar Drugs** means pharmaceuticals generally categorized as “orphan drugs” or “specialty drugs” or other high-cost drugs, including, without limitations, biologicals, oncology drugs, bone morphogenetic proteins, nucleotide analog combinations, antiretroviral therapies, intravenous immunoglobulin, and any drug that costs more than \$10,000 for a course of treatment or during the course of any single episode of care.
- 18. Hospital** means an institution that is operated and licensed under applicable state law and is primarily engaged in providing Healthcare Services on an Inpatient basis.
- 19. Incident** means any medically diagnosed illness or injury receiving medical treatment and incurring medical expenses of the same diagnosis. All related medical bills of the same diagnosis comprise the same Incident regardless of the dates of service.
- 20. Inpatient** means the receipt of Healthcare Services as a registered bed patient in a Hospital or other Provider where room and board charge is made.
- 21. Marriage or Married** means the uniting of one man and one woman in a single, exclusive union, as delineated in Sacred Scripture (Gen. 2:18-25); and Marriage is between one man and one woman, for life, which uniquely reflects Christ’s relationship with His Church (Eph. 5:21-33).
- 22. Maternity** means medical expenses incurred in the course of a mother’s care pertaining to prenatal or infant delivery and Medically Necessary Healthcare Services arising out of complications of pregnancy.
- 23. Medical Expense Need or Medical Need or Need** means a Member’s Eligible Medical Expense and the fees incurred by Solidarity HealthShare to reduce such charges or expenses.
- 24. Medically Necessary** means those Healthcare Services provided for the purpose of preventing, diagnosing, or treating an illness or injury that meet accepted standards of medicine or sufficient peer reviewed evidence. To help determine medical necessity, Solidarity HealthShare may refer to the Sharing Member’s medical records and other resources and may require a second opinion from a Physician or Practitioner chosen by Solidarity HealthShare.
- 25. Ministry** has the meaning set forth in Article I.
- 26. Monthly Contribution** means the amount the Member contributes on a monthly basis and consists of the Monthly Share Amount, administrative fee, program service fee and account service fee.
- 27. Monthly Share Amount** means the monetary contribution, not including the monthly administrative fees and monthly program services fees, suggested by Solidarity HealthShare and voluntarily given by a Sharing Member to Share in another Member’s Medical Expense Need as assigned by Solidarity HealthShare according to the Sharing Guidelines.
- 28. OPPS Reimbursement** means the amount that would be paid for the Healthcare Service in accordance with the Hospital Outpatient Prospective Payment System (“OPPS”) used by CMS.
- 29. Outpatient** means a patient who receives services at a Hospital or Facility but is not admitted as a registered overnight bed patient; this must be for a period of less than twenty-four (24) hours.

30. Payor has the meaning set forth in Section VII.C(12).

31. Physician means a person who is licensed to perform certain medical services and holds one of the following degrees and/or titles: Medical Doctor or Surgeon (M.D.); Doctor of Osteopathy (D.O.); Doctor of Optometry (O.D.); Doctor of Podiatric Medicine (D.P.M.); Doctor of Dental Surgery (D.D.S.); Doctor of Dental Medicine (D.M.D.); or Doctor of Chiropractic (D.C.); Naturopathic Medical Doctor (NMD, ND); Doctor of Holistic Medicine (MDh).

32. Practitioner means a person, other than a Physician, who is duly licensed, certified or otherwise authorized pursuant to the law of the jurisdiction in which care or treatment is received to provide Healthcare Services.

33. Pre-Existing Condition means a condition for which signs, symptoms, or treatment a prudent person would have sought medical care were present within the past twenty-four (24) months, or a condition of any malignant form of tissue or blood cancer for which signs, symptoms or any evidence of disease for sixty (60) months prior to applying for membership, or can be reasonably expected to require medical intervention in the future. Treatment includes receiving services and supplies, consultations, diagnostic tests, or prescribed medicines.

34. Permanent Waiver means a written agreement between the Member and Solidarity HealthShare in which the Member agrees to never request Sharing for medical expenses of a specified Pre-Existing Condition as mutual consideration for acceptance as a Member of Solidarity HealthShare.

35. Permitted Payment Level means, in the discretion of Solidarity HealthShare, charges for Healthcare Services which are necessary for the care and treatment of Illness or Injury not caused by the treating Provider. The Permitted Payment Level will be determined by Solidarity HealthShare or the Health Sharing Delegate, under a reference based pricing analysis and

taking into consideration: unusual circumstances or complications requiring additional time, skill and experience in connection with a particular Healthcare Service; industry standards and practices as they relate to similar scenarios; and the cause of injury or illness necessitating the Healthcare Services. Solidarity HealthShare retains discretionary authority to determine whether Healthcare Services or charges for Healthcare Services are reasonable based upon information presented to Solidarity HealthShare.

a. For Hospitals:

(i) Inpatient Services. The Permitted Payment Level is based on the average of 150% of the Medicare Allowable Amount and 135% of the Cost of the Medical Care; provided, however, that to the Permitted Payment Level may not exceed 175% of the Medicare Allowable Amount or the amount of Usual, Customary and Reasonable Fees.

(ii) Outpatient Services. The Permitted Payment Level is based on the average of 150% of the Medicare Allowable Amount for the Healthcare Services and 135% of the Cost of the Medical Care; provided, however, that the Permitted Payment Level shall not exceed 175% of the Medicare Allowable Amount or the amount of Usual, Customary and Reasonable Fees.

b. Ambulatory Surgery Centers & Independent Facilities:

The Permitted Payment Level is based on the average of 150% of the Medicare Allowable Amount and 135% of the Cost of the Medical Care; provided, however, that the Permitted Payment Level shall not exceed 175% of the Medicare Allowable Amount or the amount of Usual, Customary and Reasonable Fees.

c. Other Medical & Surgical Services: The Permitted Payment Level for any general medical and/or surgical Healthcare Services is based on the average of:

(i) allowable reimbursement amounts for such Healthcare Services according to the

OPPS Reimbursement or other Medicare fee payment methodology plus an additional 20%;

(ii) the Costs for such Medical Care plus an additional 12%; or

(iii) the Usual, Customary and Reasonable Fees as reflected in, or determined by reference to or through the use of any other industry-standard resources or widely recognized data sources, including any resources listed above or any other fee and/or cost information, sources, lists or comparative data published or publicly available (free, for purchase or by subscription), or any combination of such resources that are sufficient, in the opinion of the Health Sharing Delegate, to determine a Reasonable amount of Medical Care Shared by the Plan.

d. Pharmaceuticals. The Permitted Payment Level for pharmaceuticals received from any Hospital or independent facility is based on:

(i) 150% of Cost for pharmaceuticals other than High Dollar Drugs, but not to exceed the Usual, Customary and Reasonable Fees for such pharmaceuticals;

(ii) 120% of Cost for High Dollar Drugs; but not to exceed the Usual, Customary and Reasonable Fees for such pharmaceuticals.

e. Supplies, Implants & Devices. The Permitted Payment Level for medical and surgical supplies, implants and devices is based on 120% of the Cost to the Hospital or independent facility providing such items.

f. Dialysis Services and Infusion Therapy. The Permitted Payment Level for dialysis services and infusion therapy visits (which shall include dialysis, facility services, supplies and medications provided during treatment) is based on the Medicare Allowable Amount for the billing Hospital or Physician in light of clinical considerations pertinent to the patient being treated.

g. Medical Care Provided Under Direct or Indirect Agreement. The Permitted Payment Level for Medical Care provided by Hospitals or Physicians that holds a direct or indirect agreement with Solidarity will be the rates or fees established under such agreement.

Solidarity HealthShare may, in its sole discretion, taking into consideration specific circumstances, deem a greater amount to be the Permitted Payment Level. Solidarity HealthShare may take any or all of such factors into account but has no obligation to consider any particular factor. Solidarity HealthShare may also account for unusual circumstances or complications requiring additional or a lesser amount of time, skill, and experience in connection with a particular service or supply, industry standards and practices as they relate to similar scenarios, and the cause of injury or illness necessitating Healthcare Service and charges.

36. Program Year means the twelve (12) month period that begins on the Sharing Member's Enrollment Date or the anniversary of the Member's Enrollment Date, as applicable.

37. Provider means a Hospital, Facility, Physician or Practitioner.

38. Reasonable Charges means, the Permitted Payment Level for Shareable Healthcare Expenses as determined by Solidarity HealthShare or the Health Sharing Delegate.

39. Senior Discount means a discount applied to the Monthly Contribution in Solidarity ONE and Solidarity Legacy Premier that is available to Members who are enrolled in Medicare Parts A & B.

40. Share or Sharing means the distribution of Eligible Medical Expenses to the Sharing Members and the request for payment of same.

41. Shareable Healthcare Services means Medically Necessary Healthcare Services that are eligible for Sharing subject to the terms and limitations of

the Sharing Guidelines. Expenses for Healthcare Services must be Reasonable Charges to be Shareable Healthcare Services.

42. Sharing Limitation means any limitation on Sharing of Eligible Medical Expenses set forth in the Sharing Guidelines including, but limited to, the per Incident limitations set forth in Article IV and the frequency limitations set forth in Article VII.

43. Sharing Member or Member means a person whose application for enrollment in the Ministry is accepted by Solidarity HealthShare and who pays the suggested Monthly Contribution for the Medical Expense Needs of other Sharing Members and support the administration and program services of the Ministry.

44. Solidarity Care CardSM means the discount program, offered by Careington International Corporation, that is available to Solidarity One and Solidarity Legacy Premier Members. The Solidarity Care CardSM provides access to Telehealth and discounts on Eye care and Dental Care. The Solidarity Care CardSM is not an insurance program. Solidarity HealthShare is not affiliated with Careington International Corporation. Information on the Solidarity Care CardSM is available at www.solidaritycarecard.com.

45. Telehealth means Healthcare Services delivered by use of live interactive audio and video transmission of a provider-patient encounter

permitting two-way, real time communication from one site to a distant site using telecommunication technology which can include real time or store and forward technology and that is secure and appropriate for use in the delivery of Healthcare Services.

46. Usual, Customary and Reasonable Fees means the fees identified by Solidarity HealthShare, or the Health Sharing Delegate, to be usual, customary and reasonable for the Healthcare Service, taking into consideration the fee(s) which the healthcare provider most frequently charges and/or accepts as payment for the service or supply from the majority of its patients, the cost to the healthcare provider for providing the Healthcare Service, the prevailing range of fees charged and/or accepted for the service or supply by healthcare providers of similar training and experience in the same geographic locale or area, and the Medicare reimbursement rates for the service or supply. The term(s) “same geographic locale” and/or “area” mean a metropolitan area, county, or such greater area as is necessary to obtain a representative cross-section of persons or organizations rendering such Healthcare Services for which a specific charge is made or for which a reimbursement is accepted. To be a Usual, Customary and Reasonable Fee, fee(s) must be in compliance with generally accepted billing practices for unbundling or multiple procedures.

XII. LEGAL NOTICES

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

Alaska Statute 21.03.021(k)

Notice: The organization coordinating 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 a 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

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. Membership is not offered through an insurance company, and the organization is not subject to the regulatory requirements or consumer protections of the Florida Insurance Code. 2 Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant is 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.

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 com-

ped 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.

Massachusetts 956 CMR 5.03(3)(d)5

Notice: Melita Christian Fellowship Hospital Aid Plan, Inc. DBA Solidarity HealthShare is not an insurance company and does not guarantee that medical bills will be paid by the organization or any other individuals.

Michigan Section 550.1867

Notice: Melita Christian Fellowship Hospital Aid Plan, Inc. DBA Solidarity HealthShare that operates this healthcare sharing ministry is not an insurance company and the financial assistance provided through the ministry is not insurance and is not provided through an insurance company. Whether any participant in the ministry chooses to assist another participant who has financial or medical Needs is totally voluntary. A participant will not be compelled by law to contribute toward the financial or medical Needs of another participant. This document is not a contract of insurance or a promise to pay for the financial or medical Needs of a participant by the ministry. A participant who receives assistance from the ministry for his or her

financial or medical Needs remains personally responsible for the payment of all of his or her medical bills and other obligations incurred in meeting his or her financial or medical Needs.

Mississippi Title 83-77-1

Notice: The organization facilitating the Sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment of medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Missouri Section 376.1750

Notice: This publication is not an insurance company nor is it offered through an insurance company. Whether anyone chooses to assist you with your medical bills will be totally voluntary, as no other subscriber or member will be compelled to contribute toward your medical bills. As such, this publication should never be considered to be insurance. Whether you receive any payments for medical expenses and whether or not this publication continues to operate, you are always personally responsible for the payment of your own medical bills.

Nebraska Revised Statute Chapter 44-311

IMPORTANT NOTICE: This organization is not an insurance company, and its product should never be considered insurance. If you join this organization instead of purchasing health insurance, you will be considered uninsured. By the terms of this agreement, whether anyone chooses to assist you with your medical bills as a participant of this organization will be totally voluntary, and neither the organization nor any participant can be compelled by law to contribute toward your medical bills. Regardless of whether you receive payment for

medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills. This organization is not regulated by the Nebraska Department of Insurance. You should review this organization's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial Needs.

New Hampshire Section 126-V:1

IMPORTANT NOTICE: This organization is not an insurance company, and its product should never be considered insurance. If you join this organization instead of purchasing health insurance, you will be considered uninsured. By the terms of this agreement, whether anyone chooses to assist you with your medical bills as a participant of this organization will be totally voluntary, and neither the organization nor any participant can be compelled by law to contribute toward your medical bills. Regardless of whether you receive payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills. This organization is not regulated by the New Hampshire Insurance Department. You should review this organization's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial Needs.

North Carolina Statute 58-49-12

Notice: The organization facilitating the Sharing of medical expenses is not an insurance company and neither its guidelines nor its plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be voluntary. No other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally liable for the payment of your own medical bills.

Pennsylvania 40 Penn. Statute Section 23(b)

Notice: This publication is not an insurance company nor is it offered through an insurance company. This publication does not guarantee or promise that your medical bills will be published or assigned to others for payment. Whether anyone chooses to pay your medical bills will be totally voluntary. As such, this publication should never be considered a substitute for insurance. Whether you receive any payments for medical expenses and whether or not this publication continues to operate, you are always liable for any unpaid bills.

South Dakota Statute Title 58-1-3.3

Notice: The organization facilitating the Sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payments for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Texas Code Title 8, K, 1681.001

Notice: This healthcare 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 healthcare sharing ministry may be reported to the office of the Texas attorney general.

Virginia Code 38.2-6300-6301

Notice: This publication is not insurance and is not offered through an insurance company. Whether anyone chooses to assist you with your medical bills will be totally voluntary, as no other member will be compelled by law to contribute toward your medical bills. As such, this publication should never be considered to be insurance. Whether you receive any payments for medical expenses and whether or not this publication continues to operate, you are always personally responsible for the payment of your own medical bills.

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

ATTENTION: This publication is not issued by an insurance company, nor is it offered through an insurance company. This publication does not guarantee or promise that your medical bills will be published or assigned to others for payment. Whether anyone chooses to pay your medical bills is entirely voluntary. This publication should never be considered a substitute for an insurance policy. Whether or not you receive any payments for

medical expenses, and whether or not this publication continues to operate, you are responsible for the payment of your own medical bills.

Wyoming 26.1.104 (a)(v)(C)

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. Any assistance with your medical bills is completely voluntary. No other participant is compelled by law or otherwise to contribute toward your medical bills. Participation in the organization or a subscription to any of its documents shall not be considered to be health insurance and is not subject to the regulatory requirements or consumer protections of the Wyoming insurance code. You are personally responsible for payment of your medical bills regardless of any financial Sharing you may receive from the organization for medical expenses. You are also responsible for payment of your medical bills if the organization ceases to exist or ceases to facilitate the Sharing of medical expenses.