



Short Term Medical

Temporary healthcare coverage for individuals and family members

ACA EXEMPT

This is NOT Insurance

Why Choose Short Term Medical?

You can plan for the unexpected.

Alera, along with Unity's Short Term Medical plans, cover you and your family through times of transition. You'll have the care you need for unplanned or unexpected medical bills and other healthcare expenses, including:

- Doctor visits and some preventive care
- Emergency room and ambulance coverage
- Urgent care benefits, and more

Being without health coverage for any length of time is too long. Alera, along with Unity's Short Term Medical health sharing programs, cover a variety of needs from budget and family to your unique time frame.



- ❑ Individuals receive an ACA exemption when they enroll in an HCSM* Plan.
- ❑ Access to the large, national First Health PPO Network helps you get the care you need for less.
- ❑ Coverage terms available from 30 to 364 days. The eligibility terms vary by state.
- ❑ Choose from a variety of MSRA** options designed to help you find the plan that fits your budget.

* HCSM – Healthcare Cost Sharing Ministry

** MSRA – Member Shared Responsibility Amount



\$250,000 to \$1,000,000 in healthcare benefits available per eligibility term per covered person

THIS PLAN PROVIDES LIMITED BENEFITS.

Short Term Medical plans offer affordable medical coverage by a healthcare sharing ministry. They do not provide Minimum Essential Coverage as mandated by the Affordable Care Act, but provides ACA exemption under the HCSM plan.

This is NOT Insurance

Plan Highlights

Our Short Term Medical coverage provides protection for a variety of medical expenses and services*

DOCTOR VISITS

- Up to 3 visits with \$50 MSRA, no other responsibility
- Additional visits are at 20% after MSRA

TELEMEDICINE

- Free for members and family
- \$0 consult fee – with unlimited access

URGENT CARE

A medical facility providing immediate, non-routine urgent care for an injury or sickness treated on a walk-in basis

- First visit is Free – \$0 at no additional MSRA
- Additional visits are at 20% after MSRA

EMERGENCY ROOM CARE*

- First visit at \$300 – member responsibility amount
- Additional visits are at 20% after MSRA

AMBULANCE SERVICE

- Unlimited
- \$250 maximum benefit per trip

Ask your agent for the complete list of benefits.



First Health provides Alera members access to an expansive national* network of physicians and providers under its First Health Limited Benefit Plan.

*Not all service providers accept Alera or HealthPass USA Plans. Some limitations or restrictions apply. Products not available in some states, see Legal Notices pages. This is NOT insurance.



Guaranteed Issue Plans

Choosing an Alera Healthcare Guaranteed Issue Short Term Medical plan is easy

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



Guaranteed Issue Short Term Medical Plans

MSRA*	\$1,000 to \$10,000
Coexpense	20%, 25%, and 30%
Member Maximum Responsibility	\$5,000 to \$10,000
Coverage Term	Between 1 to 11 months (30 – 364 days)

* MSRA – Member Shared Responsibility Amount



1
Choose a Plan,
from several choices.

2
Choose an
Eligibility Term,
30 to 364 days.

3
Choose **MSRA Type**,
per incident or per term.

4
Choose a **MSRA* Amount**,
the share amount you choose
applies to each covered person.

5
Welcome to the
Aliera & Unity family.



		Short Term Medical VALUE	Short Term Medical PLUS	Short Term Medical PREMIUM
Eligibility Term		30 - 364 days	30 - 364 days	30 - 364 days
ALIERA BENEFITS				
Preventive Services		30 - 364 days	30 - 364 days	30 - 364 days
(Follows USPTF guidelines)		1 Preventive Visit	1 Preventive Visit	1 Preventive Visit
Telemedicine				
Free for members and family (\$0 consult fee – with unlimited access)		Included	Included	Included
Doctor Office (Illness & Injury)				
Office Visit, History, and Exam only (referrals for primary care physician/specialist not required)	You pay:	n/a	1 visits (\$50 MSRA no other responsibility) (additional visits=25% after MSRA)	3 visits (\$50 MSRA no other responsibility) (additional visits=20% after MSRA)
Urgent Care				
(A medical facility providing immediate, non-routine urgent care for an injury or sickness treated on a walk-in basis)		n/a	1 visit @ \$100 member responsibility	1 free visit (additional visits=20% after MSRA)
UNITY HCSM BENEFITS				
MSRA* Type		Per Incident/term	Per Incident/term	Per Incident/term
MSRA (per person)	You pay:	\$1,000, \$2,500, \$5,000 or \$10,000	\$1,000, \$2,500, \$5,000 or \$10,000	\$1,000, \$2,500, \$5,000 or \$10,000
Coexpense Choices (% you pay of eligible expenses after MSRA, per person)	You pay:	30% after MSRA	25% after MSRA	20% after MSRA
Out-of-Pocket Maximum	You pay:	\$10,000 per incident/per term	\$10,000 per incident/per term	\$5,000 per incident/per term
Lifetime Maximum Benefit (per covered person)	We pay:	\$1 million***	\$1 million***	\$1 million****
Pharmacy				
Name Brand and Generic Prescription (Rx) Drugs Plans/Options with Rx coverage: limited to \$3,000 maximum Rx benefit per person, per term	You pay:	<i>Not covered.</i>	25% after MSRA. (You pay for Rx drugs at the point of sale, at the lowest price available, and submit claim to us.)	20% after MSRA. (You pay for Rx drugs at the point of sale, at the lowest price available, and submit claim to us.)
Outpatient				
X-ray & Lab, Mammogram, Pap Smear, PSA screening	You pay:	30% after MSRA	25% after MSRA	20% after MSRA
Emergency Room Fees – Illness (Not covered unless admitted)	You pay:	30% after MSRA	25% after MSRA	1 visit @ \$300 member responsibility (additional visits 20% after MSRA)
Emergency Room Fees – Injury	You pay:	30% after MSRA	25% after MSRA	1 visit @ \$300 member responsibility (additional visits 20% after MSRA)
Inpatient				
Room and Board, Intensive Care Unit, Operating Room, Recovery Room, Prescription Drugs, Physician Visit, Professional Fees of Doctors, Surgeons, Nurses	You pay:	30% after MSRA	25% after MSRA	20% after MSRA
* MSRA – Member Shared Responsibility Amount	<ol style="list-style-type: none"> Pre-existing conditions have a 24-month waiting period. Cancer coverage is provided immediately if a pre-existing cancer condition did not exist 5 years prior to or at the time of application. Qualified dependents are under the age of 20. Ages 20-26 can qualify as a dependent if proven to be a full-time student. ER visits are subject to review and are meant only for life-threatening situations. Preventive visit not available on plans under 180 days. 			Products NOT available in AK, HI, PR, WA, OR, ND, SD, WY, NY, MD
	*** Maximum per incident is \$250,000 **** Maximum per incident is \$500,000			This is NOT Insurance

Is Short Term Medical Right For You?



COVERED

- ❑ Doctor visits, urgent care, ambulance service, and emergency room care
- ❑ Diagnostic testing, mammograms, radiation therapy, and chemotherapy
- ❑ Surgery, inpatient and outpatient hospital benefits, and hospital confinement benefits
- ❑ Physical therapy, skilled nursing facility benefits and home healthcare
- ❑ Transplant benefits and more



NOT COVERED

- ❑ Outpatient prescription medications, eyeglass prescriptions, and vision therapy
- ❑ Normal pregnancy or diagnosis and treatment of infertility
- ❑ Any medical expenses resulting from pre-existing conditions*

* Please refer to page 7 for a full definition of a pre-existing condition

Short Term Medical coverage isn't for everyone. Find out what it covers and what it doesn't.

Short Term Medical coverage, as its name implies, isn't meant to be a long-term solution. While it covers some medical expenses, it doesn't cover everything. Make sure you take a look at what you need your health coverage to do for you and compare it to the benefits provided through Short Term Medical.

The examples provided are from larger lists of covered and non-covered services. For a summary listing of non-covered services, please refer to the Limitations and Exclusions pages in the back of this brochure. See member guidelines for complete exclusions and cost-sharing coverage



Limitations and Exclusions

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

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

- Conditions for which claims were submitted under a prior Short Term Medical plan or plan issued by us that provided coverage that ended within 90 days before the Effective Date of this plan.
- Intentionally self-inflicted Sickness or Injury, whether sane or insane.
- Sickness or Injury to the extent that benefits are paid by Medicare or any other government law or program, except Medicaid (Medi-Cal in California); or medical coverage under any automobile or no fault insurance.
- Sickness or Injury eligible for benefits under worker's compensation, employers' liability or similar laws even when you do not file a claim for benefits.
- Treatment of Sickness or Injury caused by or contributed to by war or any act of war; or participation in the military service of any country. Any premium paid for a time not covered will be returned pro-rata.
- Dental treatment unless a Hospital stay is required due to Injury from an accidental blow to the mouth causing trauma to sound, natural teeth, the gums or supporting structures of the teeth. A sound, natural tooth has no decay and has never had a filling, root canal therapy or crown. Inpatient Hospital care must be the least expensive setting needed to produce a professionally adequate result and the Hospital charges only are Covered Expense. The treatment must be received while the plan is in force.
- Eyeglasses, contact lenses, eye exams, eye refraction or eye surgery for correction of refraction error; vision therapy; or artificial hearing devices.
- Normal pregnancy or childbirth; routine well baby care including Hospital nursery charges at birth; or abortion, except as provided in the complications arising from pregnancy provision in the Benefits section.
- Infertility diagnosis and treatment for males and females including, but not limited to, drugs and medications, artificial insemination, in-vitro fertilization and reversal of sterilization.
- Genetic testing or counseling including, but not limited to, amniocentesis and chorionic villi testing.
- Sex transformation; treatment of sexual function, dysfunction or inadequacy; or treatment to enhance sexual performance or desire.
- Treatment and medication to stimulate growth and growth hormones for any purpose.
- Treatment, services or supplies to address quality of life or lifestyle concerns including, but not limited to: smoking cessation; snoring or sleep disorders; the treatment or prevention of hair loss; change in skin pigmentation; or cognitive enhancement.
- Sterilization and drugs or devices used directly or indirectly to promote or prevent conception.
- Weight reduction or weight control programs or treatment; or surgery for weight control, obesity or morbid obesity.
- All treatments for varicose veins.
- Therapy or treatment for learning disorders or disabilities or developmental delays.
- Sales tax or gross receipt tax; provider administrative expenses including, but not limited to, charges for claim filing, contacting utilization review organizations, or case management fees.
- Cosmetic treatment or reconstructive or plastic surgery that is primarily a cosmetic procedure, including medical or surgical complications arising therefrom, except as provided in the Benefits section.
- Treatment of Mental Health Conditions or substance abuse.
- Treatment or services rendered by, or supplies purchased from, a member of Your Immediate Family or an employer.
- Treatment or services required due to accidental Injury sustained in operating a motor vehicle while the Covered Person's blood alcohol level, as defined by law, exceeds that level permitted by law or otherwise violates legal standards for a person operating a motor vehicle in the state where the Injury occurred. This exclusion applies whether or not the Injury occurred in connection with an incident involving the operation of a motor vehicle, and whether or not the Covered Person is charged with any violation in connection with the accident.
- Treatment or services required due to Injury received while engaging in any hazardous occupation or other activity, including the following: participating, instructing, demonstrating, guiding or accompanying others in parachute jumping, hang-gliding, bungee jumping, flight in an aircraft other than a regularly scheduled flight by an airline, racing any motorized or non-motorized vehicle, rock or mountain climbing, professional or semi-professional contact sports of any kind. Also excluded are treatment and services required due to Injury received while practicing, exercising, undergoing conditioning or physical preparation for any such activity.
- Treatment or services required due to Injury received while engaging in any hazardous occupation or other activity for which compensation is received, including the following: participating, instructing, demonstrating, guiding or accompanying others in skiing and horse riding. Also excluded are treatment and services required due to Injury received while practicing, exercising, undergoing conditioning or physical preparation for any such compensated activity.
- Treatment or services required due to Injury sustained while participating in any interscholastic or inter-collegiate sport, contest or competition or while practicing, exercising, undergoing conditioning or physical preparation for any such sport, contest or competition.
- Treatment or services required for Sickness or Injury resulting from being intoxicated (where the blood alcohol content meets the legal presumption of intoxication under the law of the state where the Sickness or Injury took place).
- Expense incurred due to Sickness or Injury of which a contributing cause was the Covered Person's voluntary attempt to commit, participation in or commission of a felony, whether or not charged, or as a consequence of the Covered Person's being under the influence of illegal narcotics or non-prescribed controlled substances.
- Custodial Care; respite care; rest care; or supportive care.
- Expenses incurred outside of the United States or its possessions or Canada.
- Expenses incurred for Experimental or Investigational Treatment.
- Private duty nursing services rendered during Hospital confinement and charges for standby Health Care Practitioners.
- Dental braces, dental appliances, corrective shoes, repairs to or replacement of prosthetic devices, or orthotics, except as provided in the Benefits section.
- Reduction mammoplasty; revision of breast surgery for capsular contraction or replacement of prosthesis, except as provided in the Benefits section.
- Services or supplies for foot care, including care of corns, bunions or calluses, except capsular or bone surgery.
- Treatment, services or supplies rendered or received when coverage under the plan is not in effect, except as provided under the Extension of Benefits provision.
- Any amount in excess of the Usual, Reasonable and Customary Amount, as determined by us under this plan.
- Prophylactic treatment or services. Prophylactic means any surgery or other procedure performed to prevent a disease process from becoming evident in the organ or tissue at a later date.
- Treatment, services or supplies that are not Medically Necessary as determined by us under this plan.
- Treatment, services or supplies that are prescribed, provided or furnished in a manner primarily for the convenience of the Covered Person or Physician.
- Treatment, services or supplies not described in the Benefits section.
- Expenses for marital counseling or social counseling.
- Outpatient Prescription Drugs, medications, vitamins, and mineral or food supplements including pre-natal vitamins, or any over-the-counter medicines, whether or not ordered by a Doctor.
- Treatment, services or supplies provided at no cost to the Covered Person.

Limitations and Exclusions, cont.

- Telephone consultations or failure to keep a scheduled appointment.
- Abortions, except in connection with covered Complications of Pregnancy or if the life of the expectant mother would be at risk.
- Eye surgery, such as radial keratotomy, when the primary purpose is to correct nearsightedness, farsightedness or astigmatism.
- Treatment for cataracts.
- Treatment of the temporomandibular joint unless Medically Necessary and caused by a congenital or developmental deformity, Sickness or Injury.
- Speech, vocational, occupational, biofeedback, acupuncture, recreational, sleep or music therapy, holistic care of any nature, massage and kinstherapy.
- Orthoptics and visual eye training.
- Hypnotherapy when used to treat conditions that are not recognized as Mental or Nervous Disorders by the American Psychiatric Association, and biofeedback, and nonmedical self-care or self-help programs.
- Any services or supplies in connection with cigarette smoking cessation.
- Treatment incurred as a result of exposure to non -medical nuclear radiation and/or radioactive material(s).
- Treatment for or related to any congenital condition, except as it relates to a newborn or adopted child added as a Covered Person to this plan.
- Spinal manipulation or adjustment.
- Sclerotherapy for veins of the extremities.
- Chronic fatigue or pain disorders; or immunodeficiency disorders.
- Treatment or diagnosis of allergies, except for emergency treatment of allergic reactions.
- Kidney or end stage renal disease.
- Joint replacement or other treatment of joints, spine, bones or connective tissue including tendons, ligaments and cartilage, unless related to a covered Injury.
- Expenses or losses related to or in connection with the treatment of Acquired Immunodeficiency Syndrome and its related effects.
- Hospice care.
- Costs of services or supplies for personal comfort or convenience, including homemaker services or supportive services focusing on activities of daily life that do not require the skills of qualified technical or professional personnel, including but not limited to bathing, dressing, feeding, routine skin care, bladder care and administration of oral medications or eye drops, except as specifically covered.

- Expenses for surgery during the first 6 months after the Effective Date of Coverage for a Covered Person for a total or partial hysterectomy, unless it is Medically Necessary due to a diagnosis or carcinoma (subject to all other coverage provisions, including but not limited to, the Pre-Existing Conditions exclusion); tonsillectomy, adenoidectomy, repair of deviated nasal septum or any type of surgery involving the sinus, myringotomy, tympanotomy, herniorrhaphy, or cholecystectomies.

Pre-existing condition exclusion

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

- For which medical advice, diagnosis, care, or treatment (includes receiving services and supplies, consultations, diagnostic tests or prescription medicines) was recommended or received within the 12 months immediately preceding the Effective Date; or
- That had manifested itself in such a manner that would have caused an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment (includes receiving services and supplies, consultations, diagnostic tests or prescription medicines) within the 12 months immediately preceding such person's Effective Date.

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

This exclusion also does not apply to routine follow-up care for breast cancer to determine whether a breast cancer has recurred in a covered person who has been previously diagnosed with breast cancer, unless evidence of breast cancer is found during or as a result of follow-up care.

Short Term Medical is nonrenewable

This Short Term Medical plan is nonrenewable, and plan termination is not considered a qualifying life event for purposes of enrolling in a major medical plan. Therefore, depending on the length of your coverage term, you may have a gap in medical coverage until you can begin coverage with a new Short Term Medical or other health plan.

If you choose to purchase a new Short Term Medical plan, you must submit a new application. Any illness or condition that developed and was covered under your previous plan is considered a pre-existing condition and will not be covered by subsequent Short Term Medical plans. This does not apply if you choose to enroll in one of our AlierCare plans.

Short Term Medical does not meet Minimum Essential Coverage as mandated by the Affordable Care Act

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

Examples of the claims Short Term Medical plans do not cover are for maternity, mental health and treatment related to medical conditions they had prior to the plan's effective date. Because these plans are not guaranteed renewable, the applicant may not be eligible for another short-term plan after the plan's termination date; and the pre-existing condition exclusion will apply to any conditions that arose during any prior short-term plans. This does not apply if you choose to enroll in one of our AlierCare plans.

This Short Term Medical Plan provides an ACA exemption for Individuals

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

Alier / Unity HealthShare Short Term Medical is NOT insurance

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



Alieria Healthcare, Inc. is a registered Delaware corporation located at 5901-B, Suite 200, Peachtree-Dunwoody Road, Atlanta, Georgia 30328. Unity's office is at the same address. Alieria Healthcare began business in 2012 and has one subsidiary company, HealthPass USA, LLC, a Georgia limited liability company. Alieria Healthcare, Inc.'s primary focus is to provide the best healthcare services at affordable prices, outside of the traditional insurance model. Alieria Healthcare products are not based on traditional health insurance. Alieria Healthcare, Inc. has an exclusive contract with Unity Healthshare, LLC a "not for profit, registered 501(c)(3)" company, to provide medical healthshare. Alieria markets and sells the Unity HealthShare program to qualifying members and provides "side by side" primary care services and other cost-saving programs to members. Alieria Healthcare also provides Minimum Value, Bronze, Silver, Gold, and Platinum plans to self-funded large employers. Alieria Healthcare is the only healthcare company which has a national primary care medical provider network using the "Direct Primary Care" model, referred to as DPC or DPCMH. Members enrolled in the Alieria Healthcare DPC program(s) have access to the recommended USPSTF preventive care services, which include Episodic primary care, Chronic care, Labs & Diagnostics, Prescription drug program, Urgent care and 24/7/365 Telemedicine. The Alieria Healthcare model of care and plan management is the CORE 4 model, which stands for the best Care, Coordination, Costing and Concierge available.

Brochure not for use in AK, HI, PR, WA, OR, ND, SD, WY, NY, MD.

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This is NOT Insurance

LEGAL NOTICES

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

GENERAL LEGAL NOTICE

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

STATE SPECIFIC NOTICES

Alabama Code Title 22-6A-2

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

Arizona Statute 20-122

Notice: the organization facilitating the sharing of medical expenses is not an insurance company and the ministry's guidelines and plan of operation are not an insurance policy. Whether anyone chooses to assist you with your medical bills will be completely voluntary because participants are not compelled by law to contribute toward your medical bills. Therefore, participation in the ministry or a subscription to any of its documents should not be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this ministry continues to operate, you are always personally responsible for the payment of your own medical bills.

Arkansas Code 23-60-104.2

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Florida Statute 624.1265

Unity HealthShare is not an insurance company, and membership is not offered through an insurance company. Unity HealthShare is not subject to the regulatory requirements or consumer protections of the Florida Insurance Code.

Georgia Statute 33-1-20

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

Idaho Statute 41-121

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

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation constitute or create an insurance policy. Any assistance you receive with your medical bills will be totally voluntary. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Whether or not you receive any payments for medical expenses and whether or not this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Indiana Code 27-1-2.1

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor its plan of operation is an insurance policy. Any assistance you receive with your medical bills will be totally voluntary. Neither the organization nor any other participant can be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Whether or not you receive any payments for medical expenses and whether or not this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Kentucky Revised Statute 304.1-120 (7)

Notice: Under Kentucky law, the religious organization facilitating the sharing of medical expenses is not an insurance company, and its guidelines, plan of operation, or any other document of the religious organization do not constitute or create an insurance policy. Participation in the religious organization or a subscription to any of its documents shall not be considered insurance. Any assistance you receive with your medical bills will be totally voluntary. Neither the organization nor any participant shall be compelled by law to contribute toward your medical bills. Whether or not you receive any payments for medical expenses, and whether or not this organization continues to operate, you shall be personally responsible for the payment of your medical bills.

Louisiana Revised Statute Title 22-318,319

Notice: The ministry facilitating the sharing of medical expenses is not an insurance company. Neither the guidelines nor the plan of operation of the ministry constitutes an insurance policy. Financial assistance for the payment of medical expenses is strictly voluntary. Participation in the ministry or a subscription to any publication issued by the ministry shall not be considered as enrollment in any health insurance plan or as a waiver of your responsibility to pay your medical expenses.

Maine Revised Statute Title 24-A, §704, sub-§3

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

Maryland Article 48, Section 1-202(4)

Notice: This publication is not issued by an insurance company nor is it offered through an insurance company. It does not guarantee or promise that your medical bills will be published or assigned to others for payment. No other subscriber will be compelled to contribute toward the cost of your medical bills. Therefore, this publication should never be considered a substitute for an insurance policy. This activity is not regulated by the State Insurance Administration, and your liabilities are not covered by the Life and Health Guaranty Fund. Whether or not you receive any payments for medical expenses and whether or not this entity continues to operate, you are always liable for any unpaid bills.

Mississippi Title 83-77-1

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

Missouri Section 376.1750

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

Nebraska Revised Statute Chapter 44-311

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

New Hampshire Section 126-V:1

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

North Carolina Statute 58-49-12

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

Pennsylvania 40 Penn. Statute Section 23(b)

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South Dakota Statute Title 58-1-3.3

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

Texas Code Title 8, K, 1681.001

Notice: This health care sharing ministry facilitates the sharing of medical expenses and is not an insurance company, and neither its guidelines nor its plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the ministry or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this ministry continues to operate, you are always personally responsible for the payment of your own medical bills. Complaints concerning this health care sharing ministry may be reported to the office of the Texas attorney general.

Virginia Code 38.2-6300-6301

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

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