



ALIERACARETM

INDIVIDUAL

Everyday healthcare plans for individuals and families

Aliera Healthcare, Inc. in partnership with Trinity HealthShare, Inc. created the best of two medical care programs to provide healthcare solutions designed to reduce out-of-pocket expenses and improve individuals' and families' healthcare experiences. Aliera's program in conjunction with a Health Care Sharing Ministry (HCSM) Hospitalization and Surgery plans which provides members with one of the most flexible and cost-savings programs in the market today. The goal of our model of care is to achieve an optimal level of wellness and improve care while providing cost-effective, non-duplicative services.

Alternative Healthcare Plans



Telemedicine

Our U.S. board-certified family practitioners, pediatricians, and internists diagnose, treat, and write prescriptions when necessary and are available 24/7/365 from anywhere in the world. Providers can resolve most medical concerns over the phone or online through video consultation in the convenience of your home or when on the go. Telemedicine consultations help make healthcare affordable for any member.



Preventive & Primary Care

Preventive and Primary Care services are considered to be the core of all Aliera plans and key to maintaining a healthy lifestyle. Aliera's model of care is based on excellent service and a modern, innovative approach that truly is patient-centered. This includes medical care for members such as office visits, a variety of screenings, wellness guidance, basic eye and hearing exams, treatment for infections, flu shots, and more.



Labs & Diagnostics

Most labs ordered by Primary Care Physicians (PCP) or Urgent Care facilities are included in the monthly membership. AlieraCare Plans consist of lab tests at Quest Diagnostics and Lab Corp, along with any other in-network lab facility.



Urgent Care

Services within the scope of the nearest Urgent Care facility, including x-rays, are eligible for treatment. Urgent Care facilities are ideal for patients who need immediate, but not major trauma-level care. Providers administer treatment for minor injuries and illnesses, stitches for minor lacerations, and offer lab and x-ray services, as well as Specialty Care referrals, and flu shots.

Provides Cost-Sharing for Hospitalization and more-

This is NOT Insurance.

www.alierahealthcare.com | 844-834-3456



ALIERACARE™

Preventive Care & Primary Care



Healthy choices that are right for you

Preventive and Primary Care are at the core of all AlierACare Plans, and we consider them key to maintaining a healthy lifestyle. These include medical care services such as office visits, a variety of screenings, wellness guidance, in-office procedures, flu shots, and more. Our innovative health care model is based on a patient-centered approach, combining excellent service with a focus on keeping members in good health while helping them manage the more complex medical issues that may arise.

PREVENTIVE CARE SERVICES:*

1. Evidence-based items or services rated A or B in the United States Preventive Services Task Force recommendations;
2. Recommendations of the Advisory Committee on Immunization Practices adopted by the Director of the Centers for Disease Control and Prevention;
3. Comprehensive guidelines for infants, children, and adolescents supported by the Health Resources and Services Administration (HRSA); and
4. Comprehensive guidelines for women supported by the Health Resources and Services Administration (HRSA).

Preventive Services for Adults

- Blood Pressure Screening
- Cholesterol Screening
- Colorectal Cancer Screening
- Depression Screening
- Type II Diabetes Screening
- Diet Counseling
- HIV Screening

Immunizations & Injections

- Hepatitis A
- Hepatitis B
- Herpes Zoster
- Meningococcal
- Pneumococcal
- Tetanus
- DtaP
- Varicella
- Rotavirus
- Influenza
- Haemophilus
- Influenza Type B
- Human Papillomavirus
- Inactivated Poliovirus
- Measles, Mumps, Rubella

Preventive Services for Children

- Alcohol and Drug Use Assessment
- Autism Screening
- Behavioral Assessment
- Blood Pressure Screening
- Cervical Dysplasia Screening
- Congenital Hypothyroidism Screening
- Depression Screening
- Developmental Screening
- Dyslipidemia Screening
- Hearing Screening
- Height, Weight, and Body Mass Index Measurement
- Hematocrit/Hemoglobin Screening
- Hemoglobinopathies/Sickle Cell Screening
- HIV Screening
- Lead Screening
- Obesity Screening/Counseling
- Phenylketonuria Screening
- STI Counseling/Screening
- Tuberculin Testing
- Vision Screening

Preventive Services for Women

- Anemia Screening
- Bacteriuria and Urinary Tract Infection Screening
- BRCA Counseling
- Breast Cancer Screening
- Breast Cancer Chemoprevention Counseling
- Breastfeeding Comprehensive Support
- Cervical Cancer Screening
- Chlamydia Infection Screening
- Contraception Counseling
- Domestic Violence Counseling/Screening
- Gestational Diabetes Screening
- Gonorrhea Screening
- HPV Testing, every 3 years
- Tobacco Screening/Counseling
- STI Counseling
- Syphilis Screening

PRIMARY CARE SERVICES:*

1. Office Visits
2. Well Visits (ages 0–64)
3. Consult/Pre-Op Clearance
4. Office Procedures
 - In-office / non-invasive
 - Dermal care; nails, skin tags, lesions
 - Burn care, initial
5. Immunizations & Injections**
 - Administration
 - Joint injection



*AlierACare Value, Plus, Premium: Annual physicals are available immediately at the cost of a Primary Care (PCP) visit. An inclusive annual physical is only available after 9 months of continuous membership.

**Cost of medications not included under Primary Care offering.

ALIERACARE™

Value, Plus & Premium

Your everyday healthcare solution

Alieracare includes a range of services such as telemedicine, Primary Care, pharmaceuticals, basic eye and hearing exams, both in and out-patient procedures, extended hospitalizations, Urgent Care, and labs & diagnostic procedures. It's an all-inclusive, affordable health care option to traditional insurance. Additionally, our plans include Alieracare Bronze, Silver & Gold plans that add an enhanced, comprehensive level of health care through Trinity HealthShare, Inc.



SERVICES

- **Telemedicine**
- **Preventive Care**
- **Primary Care**
- **Labs & Diagnostics**
- **Urgent Care**
- **Chronic Maintenance** – With an Alieracare Premium Plan, you receive chronic care management for conditions such as diabetes, asthma, blood pressure, cardiac conditions, etc. Members' assigned Primary Care physicians also perform out-patient designated services.
- **Prescription Discount Program** – The Alieracare prescription savings program, powered by RxValet, delivers significant discounts for a variety of drugs (depending on prescription), saving members an average of 55% on prescription purchases.
- **Healthshare Membership** – Trinity HealthShare, Inc. is a Health Care Sharing Ministry (HCSM) which acts as an organizational clearing house to administer sharing of healthcare needs for qualifying members. The membership is based on a religious tradition of mutual aid, neighborly assistance, and burden sharing. The membership does not subsidize self-destructive behaviors and lifestyles, but is specifically tailored for individuals who maintain a healthy lifestyle, make responsible choices regarding health and care, and believe in helping others. The HCSM Healthshare membership is NOT health insurance. See legal notices page.
- **Hospitalization** – Hospitalization services are eligible for cost-sharing under Alieracare Plans once a member's Member Shared Responsibility Amount (MSRA) has been met. The per incident limit for sharing ranges from \$150,000 to \$1,000,000.
- **Surgery** – Under Alieracare Plans, surgical procedures are eligible for cost-sharing once the Member Shared Responsibility Amount (MSRA) has been met. The per incident limit for sharing ranges from \$150,000 to \$1,000,000.



					Multiplan PHCS				
Plan Services¹					Network			Non-Network	
Eligible prior to meeting Member Shared Responsibility Amount (MSRA)									
Wellness and Preventive Care					100%			N/A	
Telemedicine					100%			N/A	
Primary Care					1 per year* \$20 Consult Fee			N/A	
Urgent Care					N/A			N/A	
Labs & Diagnostics					Preventive Only			N/A	
X-Rays**					Preventive Only			N/A	
Chronic Maintenance					N/A			N/A	
Pediatrics					Preventive Only			N/A	
OB/GYN					Preventive Only			N/A	
Prescription Discount					Included			N/A	
Eligible after meeting Member Shared Responsibility Amount (MSRA) ^{2,3}									
MSRA Options – Per member					\$5,000, \$7,500, \$10,000			N/A	
Per Incident Maximum Limit					\$150,000			N/A	
Lifetime Maximum Limit					\$1,000,000			N/A	
Specialty Care⁴					N/A			N/A	
Maternity⁵					N/A			N/A	
Hospitalization					Included			N/A	
In-Patient Surgery					Included			N/A	
Out-Patient Surgery					Included			N/A	
Emergency Room⁶					Full MSRA			N/A	
Rates	\$5,000 MSRA			\$7,500 MSRA			\$10,000 MSRA		
Age⁷	Member	Member +1	Family***	Member	Member +1	Family***	Member	Member +1	Family***
18–29	\$206.64	\$349.64	\$449.74	\$185.19	\$321.04	\$428.29	\$156.59	\$285.29	\$392.54
30–39	\$254.32	\$430.32	\$553.52	\$227.62	\$395.12	\$527.12	\$192.72	\$351.12	\$483.12
40–49	\$286.11	\$484.11	\$622.71	\$256.41	\$444.51	\$593.01	\$216.81	\$395.01	\$543.51
50–59	\$317.90	\$537.90	\$691.90	\$284.90	\$493.90	\$658.90	\$240.90	\$438.90	\$603.90
60–64	\$381.48	\$645.48	\$830.28	\$341.88	\$592.68	\$790.68	\$289.08	\$526.68	\$724.68

- Non-emergency surgical services are unavailable for the first 6 months for Value. Surgical services do not include cosmetic surgery.
- Hospitalization, In-Patient and Out-Patient Surgery, Specialty Care, and Emergency Room services for pre-existing conditions have a 24 month waiting period. All other healthcare services for pre-existing conditions are eligible upon effective date.
- Eligibility for cancer conditions is provided after 12 months of continuous membership, if a pre-existing cancer condition did not exist prior to or at the time of application.
- The consult fee is in addition to the cost of your specialty visit and does not apply toward your annual MSRA.
- Maternity services are unavailable for the first 10 months of membership.
- ER visits are subject to review, and are meant only for life threatening situations. Maximum out-of-pocket is \$300 for the Premium plan, \$500 for the Plus plan, and full MSRA for the Value plan.
- Members under the age of 20 can qualify as dependents. Members ages 20–26 can qualify as a dependent if proven to be a full-time student.

Trinity HealthShare, Inc. plans follow medical eligibility review protocols described in the plan but are not a promise to pay. Sharing is available for all eligible medical needs.

Administrative and Conditional Fees:

\$125 one-time application fee per enrollment. Add \$60 for persons who smoke. Add \$130 per member for additional \$500,000 per incident.

* Annual physicals are available immediately at the cost of a Primary Care (PCP) visit. An inclusive annual physical is only available after 9 months of continual membership; lifestyle lab testing not included

** \$25 per x-ray read fee at Urgent Care, (may vary by city)

*** Add \$50 per additional dependent for families of 6 or more

					Multiplan PHCS				
Plan Services¹					Network			Non-Network	
Eligible prior to meeting Member Shared Responsibility Amount (MSRA)									
Wellness and Preventive Care					100%			N/A	
Telemedicine					100%			N/A	
Primary Care					3 per year* \$20 Consult Fee			N/A	
Urgent Care					1 per year \$20 Consult Fee			N/A	
Labs & Diagnostics					PCP & Urgent Care			N/A	
X-Rays**					100%**			N/A	
Chronic Maintenance					N/A			N/A	
Pediatrics					Preventive Only			N/A	
OB/GYN					Preventive Only			N/A	
Prescription Discount					Included			N/A	
Eligible after meeting Member Shared Responsibility Amount (MSRA) ²,³									
MSRA Options – Per member					\$5,000, \$7,500, \$10,000			N/A	
Per Incident Maximum Limit					\$250,000			N/A	
Lifetime Maximum Limit					\$1,000,000			N/A	
Specialty Care⁴					N/A			N/A	
Maternity⁵					N/A			N/A	
Hospitalization					Included			N/A	
In-Patient Surgery					Included			N/A	
Out-Patient Surgery					Included			N/A	
Emergency Room⁶					\$500 MSRA			N/A	
Rates	\$5,000 MSRA			\$7,500 MSRA			\$10,000 MSRA		
Age⁷	Member	Member +1	Family***	Member	Member +1	Family***	Member	Member +1	Family***
18–29	\$256.69	\$371.09	\$514.09	\$235.24	\$349.64	\$471.19	\$192.34	\$321.04	\$421.14
30–39	\$315.92	\$456.72	\$632.72	\$289.52	\$430.32	\$579.92	\$236.72	\$395.12	\$518.32
40–49	\$355.41	\$513.81	\$711.81	\$325.71	\$484.11	\$652.41	\$266.31	\$444.51	\$583.11
50–59	\$394.90	\$570.90	\$790.90	\$361.90	\$537.90	\$724.90	\$295.90	\$493.90	\$647.90
60–64	\$473.88	\$685.08	\$949.08	\$434.28	\$645.48	\$869.88	\$355.08	\$592.68	\$777.48

- Non-emergency surgical services are unavailable for the first 6 months for Plus. Surgical services do not include cosmetic surgery.
- Hospitalization, In-Patient and Out-Patient Surgery, Specialty Care, and Emergency Room services for pre-existing conditions have a 24 month waiting period. All other healthcare services for pre-existing conditions are eligible upon effective date.
- Eligibility for cancer conditions is provided after 12 months of continuous membership, if a pre-existing cancer condition did not exist prior to or at the time of application.
- The consult fee is in addition to the cost of your specialty visit and does not apply toward your annual MSRA.
- Maternity services are unavailable for the first 10 months of membership.
- ER visits are subject to review, and are meant only for life threatening situations. Maximum out-of-pocket is \$300 for the Premium plan, \$500 for the Plus plan, and full MSRA for the Value plan.
- Members under the age of 20 can qualify as dependents. Members ages 20–26 can qualify as a dependent if proven to be a full-time student.

Trinity HealthShare, Inc. plans follow medical eligibility review protocols described in the plan but are not a promise to pay. Sharing is available for all eligible medical needs.

Administrative and Conditional Fees:

\$125 one-time application fee per enrollment. Add \$60 for persons who smoke. Add \$130 per member for additional \$500,000 per incident.

* Annual physicals are available immediately at the cost of a Primary Care (PCP) visit. An inclusive annual physical is only available after 9 months of continual membership; lifestyle lab testing not included

** \$25 per x-ray read fee at Urgent Care, (may vary by city)

*** Add \$50 per additional dependent for families of 6 or more

					Multiplan PHCS				
Plan Services¹					Network			Non-Network	
Eligible prior to meeting Member Shared Responsibility Amount (MSRA)									
Wellness and Preventive Care					100%			N/A	
Telemedicine					100%			N/A	
Primary Care					5 per year* \$20 Consult Fee			N/A	
Urgent Care					2 per year \$20 Consult Fee			N/A	
Labs & Diagnostics					PCP & Urgent Care			N/A	
X-Rays**					100%**			N/A	
Chronic Maintenance					Included with PCP			N/A	
Pediatrics					As Primary Care			N/A	
OB/GYN					As Primary Care			N/A	
Prescription Discount					Included			N/A	
Eligible after meeting Member Shared Responsibility Amount (MSRA) ²,³									
MSRA Options – Per member					\$5,000, \$7,500, \$10,000			N/A	
Per Incident Maximum Limit					\$500,000			N/A	
Lifetime Maximum Limit					\$1,000,000			N/A	
Specialty Care⁴					\$75 Consult Fee (100% after MSRA)			N/A	
Maternity⁵					\$5,000 Max			N/A	
Hospitalization					Included			N/A	
In-Patient Surgery					Included			N/A	
Out-Patient Surgery					Included			N/A	
Emergency Room⁶					\$300 MSRA			N/A	
Rates	\$5,000 MSRA			\$7,500 MSRA			\$10,000 MSRA		
Age⁷	Member	Member +1	Family***	Member	Member +1	Family***	Member	Member +1	Family***
18–29	\$292.44	\$406.84	\$564.14	\$256.69	\$378.24	\$528.39	\$228.09	\$349.64	\$464.04
30–39	\$359.92	\$500.72	\$694.32	\$315.92	\$465.52	\$650.32	\$280.72	\$430.32	\$571.12
40–49	\$404.91	\$563.31	\$781.11	\$355.41	\$523.71	\$731.61	\$315.81	\$484.11	\$642.51
50–59	\$449.90	\$625.90	\$867.90	\$394.90	\$581.90	\$812.90	\$350.90	\$537.90	\$713.90
60–64	\$539.88	\$751.08	\$1,041.48	\$473.88	\$698.28	\$975.48	\$421.08	\$645.48	\$856.68

- Non-emergency surgical services are unavailable for the first 2 months for Premium. Surgical services do not include cosmetic surgery.
- Hospitalization, In-Patient and Out-Patient Surgery, Specialty Care, and Emergency Room services for pre-existing conditions have a 24 month waiting period. All other healthcare services for pre-existing conditions are eligible upon effective date.
- Eligibility for cancer conditions is provided after 12 months of continuous membership, if a pre-existing cancer condition did not exist prior to or at the time of application.
- The consult fee is in addition to the cost of your specialty visit and does not apply toward your annual MSRA.
- Maternity services are unavailable for the first 10 months of membership.
- ER visits are subject to review, and are meant only for life threatening situations. Maximum out-of-pocket is \$300 for the Premium plan, \$500 for the Plus plan, and full MSRA for the Value plan.
- Members under the age of 20 can qualify as dependents. Members ages 20–26 can qualify as a dependent if proven to be a full-time student.

Trinity HealthShare, Inc. plans follow medical eligibility review protocols described in the plan but are not a promise to pay. Sharing is available for all eligible medical needs.

Administrative and Conditional Fees:

\$125 one-time application fee per enrollment. Add \$60 for persons who smoke. Add \$130 per member for additional \$500,000 per incident.

* Annual physicals are available immediately at the cost of a Primary Care (PCP) visit. An inclusive annual physical is only available after 9 months of continual membership; lifestyle lab testing not included

** \$25 per x-ray read fee at Urgent Care, (may vary by city)

*** Add \$50 per additional dependent for families of 6 or more

ALIERACARE™

Bronze, Silver & Gold

Your comprehensive healthcare solution

Alieracare provides individuals and families flexibility and cost-savings where visits and health events match the everyday needs of the average family. Over time, your needs may grow as your family matures, requiring further flexibility while remaining affordable when compared to similar market offerings. Alieracare's Bronze, Silver and Gold Plans offer a comprehensive range of care through enhanced Trinity HealthShare, Inc. services, which include unlimited Primary Care, Urgent Care, Specialty Care as well as sharing for certain pre-existing conditions and cancer. Please see the list of comprehensive care plan highlights below.



ENHANCED OFFERINGS:

- Cancer sharing available immediately
- In and out-of-network sharing available
- Unlimited Primary Care, Urgent Care & Specialty Care
- Lower MSRA options
- Specific sharing amounts eligible for pre-existing conditions
- Home Healthcare & Hospice Services available
- Maternity & Prenatal Sharing available
- Prescription drug discount & reimbursement

PPO Network							Multiplan PHCS					
Eligible Medical Cost Sharing							Network			Non-Network		
Eligible prior to meeting Member Shared Responsibility Amount (MSRA)												
Wellness and Preventive							100%			50% after MSRA		
Telemedicine							Unlimited			Unlimited		
Primary Care							\$50 Consult Fee			50% after MSRA		
Specialty Care							\$125 Consult Fee			50% after MSRA		
Urgent Care							\$100 Consult Fee			50% after MSRA		
Emergency Room ¹ Emergency room services including hospital facility and physician charges.							\$500 Consult Fee			\$500 Consult Fee		
Eligible after meeting Member Shared Responsibility Amount (MSRA)												
MSRA – Per member 1 (1–2 members)							\$1,000, \$2,500, \$5,000, \$10,000			50% towards MSRA		
MSRA – Family maximum (3+ members)							\$3,000, \$7,500, \$15,000, \$30,000			50% towards MSRA		
Out-of-Pocket Maximum – Per member 1 (1–2 members)							\$3,000, \$7,500, \$15,000, \$30,000			\$6,000, \$15,000, \$30,000, \$60,000		
Out-of-Pocket Maximum – Family maximum (3+ members)							\$9,000, \$22,500, \$45,000, \$90,000			\$18,000, \$45,000, \$90,000, \$180,000		
Co-expense (Plan Pays)							60% after MSRA			50% after MSRA		
Hospitalization In-Patient							60% after MSRA			50% after MSRA		
Hospitalization Out-Patient							60% after MSRA			50% after MSRA		
Imaging – Eligible charges for CT, PET scans, MRIs, and the charges for related supplies.							60% after MSRA			50% after MSRA		
Laboratory Out-Patient and Professional Services – Sharing eligible for professional components of labs, including office, out-patient, and in-patient charges.							60% after MSRA			50% after MSRA		
X-rays and Diagnostic Imaging – Sharing eligible for the professional components of labs, including office, out-patient, and in-patient charges.							60% after MSRA			50% after MSRA		
Generic Prescription Drugs							No cost-sharing			Not eligible		
Preferred Brand Drugs							50% cost-sharing ²			Not eligible		
Non-Preferred Brand Drugs							No cost-sharing			Not eligible		
Mail-Order							75% cost-sharing ²			Not eligible		
Rates	\$1,000 MSRA			\$2,500 MSRA			\$5,000 MSRA			\$10,000 MSRA		
Age ³	Single	Member +1	Family	Single	Member +1	Family	Single	Member +1	Family	Single	Member +1	Family
18–29	\$357.28	\$535.92	\$714.57	\$320.32	\$480.48	\$640.65	\$295.68	\$443.52	\$591.36	\$236.55	\$354.82	\$473.09
30–39	\$446.60	\$669.91	\$893.21	\$400.40	\$600.60	\$800.81	\$369.60	\$554.40	\$739.21	\$295.68	\$443.52	\$591.36
40–49	\$491.26	\$736.90	\$1,004.86	\$440.44	\$660.67	\$900.91	\$406.56	\$609.84	\$831.61	\$325.25	\$487.88	\$665.29
50–59	\$602.91	\$1,038.35	\$1,228.16	\$540.54	\$930.94	\$1,101.11	\$498.96	\$859.33	\$1,016.41	\$399.17	\$687.46	\$813.13
60–64	\$781.56	\$1,362.14	\$1,451.46	\$700.71	\$1,221.23	\$1,301.31	\$646.81	\$1,127.29	\$1,201.21	\$517.44	\$901.83	\$960.97

Lifetime Maximum Sharing: \$1,000,000

Bronze Program cost-sharing parameters for pre-existing conditions. Hospitalization, In-Patient and Out-Patient Surgery, Specialty Care, and Emergency Room services for pre-existing conditions have a 24 month waiting period. All other healthcare services for pre-existing conditions are eligible upon effective date.

- Pre-existing Condition: chronic or recurrent conditions that have evidenced signs/symptoms and/or received treatment and/or medication within the past 24 months are not eligible for sharing during the first 24 months of membership.
 - Upon the 25th month of continuous membership and thereafter, the condition will no longer be subject to the pre-existing condition sharing limitations.
 - Appeals may be considered for earlier sharing in surgical interventions when it is in the best interest of both the members and the membership to do so.
- Cancer sharing is available immediately. Cancer sharing is only available for non-recurrent cancer diagnosis.
- ER visits are subject to review, and are meant only for life threatening situations.
 - All members seeking cost-sharing must use the prescription services Rx Valet included with your plan. Prescription drugs are eligible for cost-sharing by the percentage shown once a separate MSRA of \$1,500 for all prescriptions is met. Members are required to pay prescription cost out-of-pocket before submitting receipts to Trinity HealthShare, Inc. mailing address, Attn. Trinity Rx Claims, for review and cost-sharing. Maximum reimbursement of \$4,000 per plan year.
 - Members under the age of 20 can qualify as dependents. Members ages 20–26 can qualify as a dependent if proven to be a full-time student.

Trinity HealthShare, Inc. plans follow medical eligibility review protocols described in the plan but are not a promise to pay. Sharing is available for all eligible medical needs.

SILVER LEVEL

PPO Network							Multiplan PHCS					
Eligible Medical Cost Sharing							Network			Non-Network		
Eligible prior to meeting Member Shared Responsibility Amount (MSRA)												
Wellness and Preventive							100%			60% after MSRA		
Telemedicine							Unlimited			Unlimited		
Primary Care							\$35 Consult Fee			60% after MSRA		
Specialty Care							\$75 Consult Fee			60% after MSRA		
Urgent Care							\$75 Consult Fee			60% after MSRA		
Emergency Room ¹ Emergency room services including hospital facility and physician charges.							\$300 Consult Fee			\$500 Consult Fee		
Eligible after meeting Member Shared Responsibility Amount (MSRA)												
MSRA – Per member 1 (1–2 members)							\$1,000, \$2,500, \$5,000, \$10,000			60% towards MSRA		
MSRA – Family maximum (3+ members)							\$3,000, \$7,500, \$15,000, \$30,000			60% towards MSRA		
Out-of-Pocket Maximum – Per member 1 (1–2 members)							\$3,000, \$7,500, \$15,000, \$30,000			\$6,000, \$15,000, \$30,000, \$60,000		
Out-of-Pocket Maximum – Family maximum (3+ members)							\$9,000, \$22,500, \$45,000, \$90,000			\$18,000, \$45,000, \$90,000, \$180,000		
Co-expense (Plan Pays)							70% after MSRA			60% after MSRA		
Hospitalization In-Patient							70% after MSRA			60% after MSRA		
Hospitalization Out-Patient							70% after MSRA			60% after MSRA		
Imaging – Eligible charges for CT, PET scans, MRIs, and the charges for related supplies.							70% after MSRA			60% after MSRA		
Laboratory Out-Patient and Professional Services – Sharing eligible for professional components of labs, including office, out-patient, and in-patient charges.							70% after MSRA			60% after MSRA		
X-rays and Diagnostic Imaging – Sharing eligible for the professional components of labs, including office, out-patient, and in-patient charges.							70% after MSRA			60% after MSRA		
Generic Prescription Drugs							No cost-sharing			Not eligible		
Preferred Brand Drugs							50% cost-sharing ²			Not eligible		
Non-Preferred Brand Drugs							No cost-sharing			Not eligible		
Mail-Order							75% cost-sharing ²			Not eligible		
Rates	\$1,000 MSRA			\$2,500 MSRA			\$5,000 MSRA			\$10,000 MSRA		
Age ³	Single	Member +1	Family	Single	Member +1	Family	Single	Member +1	Family	Single	Member +1	Family
18–29	\$428.74	\$643.11	\$857.48	\$384.39	\$576.58	\$768.77	\$354.82	\$532.23	\$709.64	\$283.86	\$425.78	\$567.71
30–39	\$535.92	\$803.89	\$1,071.85	\$480.48	\$720.73	\$960.97	\$443.52	\$665.29	\$887.05	\$354.82	\$532.23	\$709.64
40–49	\$589.52	\$884.28	\$1,205.83	\$528.53	\$792.80	\$1,081.09	\$487.88	\$731.81	\$997.93	\$390.30	\$585.45	\$798.34
50–59	\$723.50	\$1,246.02	\$1,473.79	\$648.65	\$1,117.13	\$1,321.33	\$598.76	\$1,031.19	\$1,219.69	\$479.01	\$824.95	\$975.75
60–64	\$937.87	\$1,634.57	\$1,741.75	\$840.85	\$1,465.48	\$1,561.57	\$776.17	\$1,352.75	\$1,441.45	\$620.93	\$1,082.20	\$1,153.16

Lifetime Maximum Sharing: \$1,000,000

Silver Program cost-sharing parameters for pre-existing conditions. Hospitalization, In-Patient and Out-Patient Surgery, Specialty Care, and Emergency Room services for pre-existing conditions have limitations during the first 24 months of membership.

- During the first two years (24 months) of continuous membership, sharing is available up to \$10,000 of total medical expenses incurred for pre-existing conditions per year, after a separate MSRA equal to two times your plan MSRA.
- Upon inception of the 25th month of continuous membership and thereafter, the condition may no longer be subject to the pre-existing condition sharing limitations.
- Appeals may be considered for earlier sharing in surgical interventions when it is in the mutual best interest of both the members and the membership to do so. Cancer sharing is available immediately. Cancer sharing is only available for non-recurrent cancer diagnosis.

- ER visits are subject to review, and are meant only for life threatening situations.
- All members seeking cost-sharing must use the prescription services Rx Valet included with your plan. Prescription drugs are eligible for cost-sharing by the percentage shown once a separate MSRA of \$1,500 for all prescriptions is met. Members are required to pay prescription cost out-of-pocket before submitting receipts to Trinity HealthShare, Inc. mailing address, Attn. Trinity Rx Claims, for review and cost-sharing. Maximum reimbursement of \$4,000 per plan year.
- Members under the age of 20 can qualify as dependents. Members ages 20–26 can qualify as a dependent if proven to be a full-time student.

Trinity HealthShare, Inc. plans follow medical eligibility review protocols described in the plan but are not a promise to pay. Sharing is available for all eligible medical needs.

PPO Network							Multiplan PHCS					
Eligible Medical Cost Sharing							Network			Non-Network		
Eligible prior to meeting Member Shared Responsibility Amount (MSRA)												
Wellness and Preventive							100%			70% after MSRA		
Telemedicine							Unlimited			Unlimited		
Primary Care							\$20 Consult Fee			70% after MSRA		
Specialty Care							\$75 Consult Fee			70% after MSRA		
Urgent Care							\$75 Consult Fee			70% after MSRA		
Emergency Room ¹ Emergency room services including hospital facility and physician charges.							\$150 Consult Fee			\$300 Consult Fee		
Eligible after meeting Member Shared Responsibility Amount (MSRA)												
MSRA – Per member 1 (1–2 members)							\$1,000, \$2,500, \$5,000, \$10,000			70% towards MSRA		
MSRA – Family maximum (3+ members)							\$3,000, \$7,500, \$15,000, \$30,000			70% towards MSRA		
Out-of-Pocket Maximum – Per member 1 (1–2 members)							\$3,000, \$7,500, \$15,000, \$30,000			\$6,000, \$15,000, \$30,000, \$60,000		
Out-of-Pocket Maximum – Family maximum (3+ members)							\$9,000, \$22,500, \$45,000, \$90,000			\$18,000, \$45,000, \$90,000, \$180,000		
Co-expense (Plan Pays)							80% after MSRA			70% after MSRA		
Hospitalization In-Patient							80% after MSRA			70% after MSRA		
Hospitalization Out-Patient							80% after MSRA			70% after MSRA		
Imaging – Eligible charges for CT, PET scans, MRIs, and the charges for related supplies.							80% after MSRA			70% after MSRA		
Laboratory Out-Patient and Professional Services – Sharing eligible for professional components of labs, including office, out-patient, and in-patient charges.							80% after MSRA			70% after MSRA		
X-rays and Diagnostic Imaging – Sharing eligible for the professional components of labs, including office, out-patient, and in-patient charges.							80% after MSRA			70% after MSRA		
Generic Prescription Drugs							No cost-sharing			Not eligible		
Preferred Brand Drugs							50% cost-sharing ²			Not eligible		
Non-Preferred Brand Drugs							No cost-sharing			Not eligible		
Mail-Order							75% cost-sharing ²			Not eligible		
Rates	\$1,000 MSRA			\$2,500 MSRA			\$5,000 MSRA			\$10,000 MSRA		
Age ³	Single	Member +1	Family	Single	Member +1	Family	Single	Member +1	Family	Single	Member +1	Family
18–29	\$476.38	\$714.57	\$952.75	\$427.10	\$640.65	\$854.19	\$394.24	\$591.36	\$788.49	\$315.39	\$473.09	\$630.79
30–39	\$595.47	\$893.21	\$1,190.94	\$533.87	\$800.81	\$1,067.74	\$492.80	\$739.21	\$985.61	\$394.24	\$591.36	\$788.49
40–49	\$655.02	\$982.53	\$1,339.81	\$587.26	\$880.89	\$1,201.21	\$542.08	\$813.13	\$1,108.81	\$433.67	\$650.50	\$887.05
50–59	\$803.89	\$1,384.47	\$1,637.55	\$720.73	\$1,241.25	\$1,468.15	\$665.29	\$1,145.77	\$1,355.21	\$532.23	\$916.62	\$1,084.17
60–64	\$1,042.08	\$1,816.19	\$1,935.28	\$934.27	\$1,628.31	\$1,735.08	\$862.41	\$1,503.05	\$1,601.61	\$689.93	\$1,202.44	\$1,281.29

Lifetime Maximum Sharing: \$1,000,000

Gold Program cost-sharing parameters for pre-existing conditions. Hospitalization, In-Patient and Out-Patient Surgery, Specialty Care, and Emergency Room services for pre-existing conditions have limitations during the first 24 months of membership.

- During the first two years (24 months) of continuous membership, sharing is available up to \$20,000 of total medical expenses incurred for pre-existing conditions per year, after a separate MSRA equal to two times your plan MSRA.
- Upon inception of the 25th month of continuous membership and thereafter, the condition may no longer be subject to the pre-existing condition sharing limitations.
- Appeals may be considered for earlier sharing in surgical interventions when it is in the mutual best interest of both the members and the membership to do so. Cancer sharing is available immediately. Cancer sharing is only available for non-recurrent cancer diagnosis.

- ER visits are subject to review, and are meant only for life threatening situations.
- All members seeking cost-sharing must use the prescription services Rx Valet included with your plan. Prescription drugs are eligible for cost-sharing by the percentage shown once a separate MSRA of \$1,500 for all prescriptions is met. Members are required to pay prescription cost out-of-pocket before submitting receipts to Trinity HealthShare, Inc. mailing address, Attn. Trinity Rx Claims, for review and cost-sharing. Maximum reimbursement of \$4,000 per plan year.
- Members under the age of 20 can qualify as dependents. Members ages 20–26 can qualify as a dependent if proven to be a full-time student.

Trinity HealthShare, Inc. plans follow medical eligibility review protocols described in the plan but are not a promise to pay. Sharing is available for all eligible medical needs.

STATEMENT OF BELIEFS

Because Trinity HealthShare, Inc. is a religious organization, members are required to agree with the organization's Statement of Beliefs:

1. We believe that our personal rights and liberties originate from God and are bestowed on us by God.
2. We believe every individual has a fundamental religious right to worship God in his or her own way.
3. We believe it is our moral and ethical obligation to assist our fellow man when they are in need, according to our available resources and opportunity.
4. We believe it is our spiritual duty to God and our ethical duty to others to maintain a healthy lifestyle and avoid foods, behaviors, or habits that produce sickness or disease to ourselves or others.
5. We believe it is our fundamental right of conscience to direct our own healthcare, in consultation with physicians, family, or other valued advisor.

LEGAL NOTICES

The following legal notices are the result of discussions by Trinity HealthShare, Inc. or other healthcare sharing ministries with several state regulators and are part of an effort to ensure that Sharing Members understand that Trinity HealthShare, Inc. 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 organization facilitates the sharing of medical expenses but is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Sharing is available for all eligible claims; however, this program does not guarantee or promise that your medical bills will be paid or assigned to others for payment. Whether anyone chooses to pay your medical bills will be totally voluntary. As such, this program should never be considered as a substitute for an insurance policy. Whether you or your provider receive any payments for medical expenses and whether or not this program continues to operate, you are always liable for any unpaid bills. This health care sharing ministry is not regulated by the State Insurance Departments. You should review this organization's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs.

STATE SPECIFIC NOTICES

Alabama Code Title 22-6A-2

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

Arizona Statute 20-122

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

Arkansas Code 23-60-104.2

Notice: The organization facilitating the sharing of medical expenses is not an insurance company and neither its guidelines nor plan of operation is an insurance policy. If anyone chooses to assist you with your medical bills, it will be totally voluntary because participants are not compelled by law to contribute toward your medical bills. Participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive a payment for medical expenses or if this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Florida Statute 624.1265

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

Georgia Statute 33-1-20

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

Idaho Statute 41-121

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

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

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

Indiana Code 27-1-2.1

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

Kentucky Revised Statute 304.1-120 (7)

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

Louisiana Revised Statute Title 22-318,319

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

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

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)

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 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

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.

Brochure and product are not available for sale in AK, HI, MD, ME, PR, WY. Limitation subject to change without prior notice.

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