



2021
Member Guidelines
for SHARE Dental

ALLIANCE FOR SHARED HEALTH
4230 Philips Farm Rd. Suite 201-2, Columbia, MO 65201

DISCLOSURES

A Word about the Guidelines

These guidelines are intended as a description of how membership in ASH works. They help to define what medical expenses are eligible for sharing, but are not a contract for payment, nor do they constitute a legally binding contract in any way. The guidelines provide for a general overview of how membership works, as well as more specific descriptions of what is eligible for sharing based upon the sharing level selected by each member. ASH maintains and reserves the right to exclude sharing of needs for pre-existing conditions, whether disclosed at the time of enrollment or “discovered” after the member’s start date. Guidelines can be changed at any time by ASH.

No Contract for Payment

As a reminder, ASH is a non-profit health care sharing ministry program. Your enrollment in one of the sharing levels offered through ASH is not health insurance, nor does it guarantee or promise to pay your medical bills. A more detailed description of what constitutes a health care sharing ministry is detailed in the Welcome Letter below.

While health sharing programs offer members an alternative way to help access medical care, membership in ASH does not represent, nor should it be construed as a “contract for payment” or a substitute for an insurance policy. ASH is committed to dutifully managing contributions to faithfully share in medical needs per the selected sharing level, however, you are always liable for your own unpaid medical bills.

Membership Guidelines

Every ASH member must attest to the ASH Statement of Beliefs in order to become an ASH member, and as such is responsible for reviewing and understanding the Guidelines. While members may be referred to ASH through outside non-contracted agents, it is your duty to understand which medical needs are eligible for sharing under each sharing level program, and which needs are not eligible for sharing.

No Promise to Pay

ASH is not legally allowed to make any warranties or promises to pay your medical needs. While ASH seeks to manage member contributions so that the sharing of medical needs is consistent with the member’s sharing level, members are always ultimately responsible for their own medical bills as ASH does not assume risk on the member’s behalf, nor can ASH guarantee that your medical needs will be shared by other members.

DENTAL EXPENSE SHARING

The SHARE dental sharing program shares in services and procedures based on a graduating scale where sharing percentages increase over a period of three years. The maximum sharing levels are highest in year 3, so it is to the member's advantage to seek regular, consistent care and maintain their membership over at least the three-year time period.

The SHARE dental sharing program also offers participating members access to a national POS Dental Network. Use of the Network is not required in order for dental needs to be eligible for sharing, however members who access network dentists will receive 20% to 50% discounts on most procedures including routine oral exams, cleanings, and major work such as dentures, root canals, and crowns through one of the largest dental networks in the U.S.A., with a focus on neighborhood dentists.

In general, network dentists agree to not bill members for the difference between their standard charges and network negotiated fees; non-network dentists can. Both will charge members for applicable Member Responsibility Amounts based on the program.

SHAREABLE DENTAL EXPENSES

Subject to the limitations and exclusions, shareable dental expenses shall include the necessary services, supplies, or treatment listed below and on the following pages. No sharing in dental needs will occur for any dental service, supply or treatment which is not on the following list of shareable dental expenses.

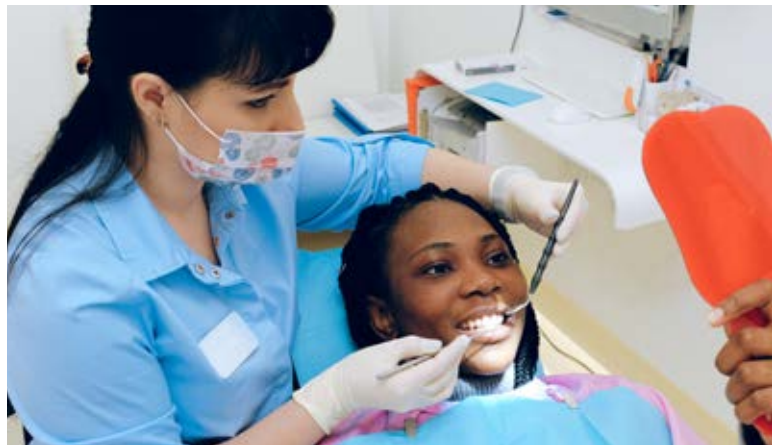
Class I- Diagnostic and Preventive Dental Services

1. Routine oral examination: Initial or periodic, limited to twice per membership year.
2. Prophylaxis: Scaling and cleaning of teeth, limited to twice per membership year. One (1) additional for members under the care of a medical professional during pregnancy.
3. Dental x-rays as follows:
 - a. Supplementary bite-wing x-rays, limited to twice per membership year under age fourteen (14) and once per membership year age fourteen (14) and older.
 - b. Panorex and/or full mouth series limited to one of each every five (5) years.
 - c. Other dental x-rays necessary for the diagnosis of a specific condition requiring treatment.

4. Topical application of fluoride limited to two (2) treatments per membership year under age nineteen (19).
5. Space maintainers, fixed appliance (not made of precious metals), one (1) per three (3) year period for Members under age nineteen (19) when used to maintain space as a result of prematurely lost deciduous molars and permanent first molars, or deciduous molars and permanent first molars that have not, or will not, develop.
6. Topical application of sealant to permanent teeth, for dependent children through the age of sixteen (16), limited to one treatment per tooth per three (3) years on permanent first and second molars.
7. Emergency palliative treatment primarily for relief of dental pain, not cure. Only paid as a shareable service when no other treatment (except x-rays) is rendered during the visit.

Class II-Basic Dental Services

1. Sedative fillings shareable as a separate procedure only if no other service (except x-rays) is rendered during the visit.
2. Restorations, using amalgam, silicate, acrylic, synthetic, and composite filling materials to restore teeth broken down by decay or injury.
3. Pin retention when part of the restoration instead of gold or crown retention.
4. Periodontics as follows:
 - a. Gingivectomy/gingivoplasty, gingival curettage, gingival flap procedure or mucogingival surgery
 - b. Scaling and root planing, limited to one (1) per 24 months per area of mouth.
 - c. Pedicle and free soft tissue grafts, and vestibuloplasty.
 - d. Occlusal adjustment, excluding charges for TMJ.
 - e. Excision of pericoronal gingiva.
 - f. Periodontal prophylaxis, limited to twice per membership year in addition to routine prophylaxis.
 - g. Osseous surgery.



5. Endodontics as follows:

- a. Pulp Capping.
- b. Pulpotomy.
- c. Root canal therapy.
- d. Apicoectomy.
- e. Hemisection.
- f. Retrograde fillings.

6. Oral surgery, including customary postoperative treatment furnished in connection with oral surgery, as follows:

- a. Simple extraction of one (1) or more teeth.
- b. Surgical extraction of erupted teeth and of soft tissue, partially bony, and completely bony impacted teeth.
- c. Extraction of tooth root.
- d. Incision and drainage of a tumor or a cyst.
- e. Alveolectomy, alveoloplasty, and frenectomy.
- f. Exostosis or hyperplastic tissue and excision of oral tissue for biopsy.
- g. Re-implantation or transplantation of a natural tooth.
- h. General anesthesia, only when provided in conjunction with a surgical procedure.

7. Bacteriologic cultures in connection with a shareable dental service.

8. Therapeutic injections administered by a dentist.

9. Repairs and adjustments to full or partial dentures.

10. Relining of present dentures, but only if they were installed more than six (6) months earlier and if they have not been relined during the past twelve (12) months.

11. Rebasing of present dentures, but only if they were installed more than six (6) months earlier and if they have not been rebased during the past thirty-six (36) months.

12. Denture adjustment once per twelve (12) consecutive months, only if done more than six (6) months after the initial insertion of the denture.

13. Repair or recementing of crowns, inlays, onlays or bridgework.

14. Specialists consultations and specialty examinations. These consultations and examinations are not restricted to the limitations for routine oral exams

Class III- Major Dental Expenses

1. Post and core.

2. Prefabricated stainless steel crowns shareable for one (1) per tooth per lifetime for members under age fifteen (15).

3. Gold Inlays and Onlays: Shareable only when the tooth cannot be restored by basic restorations. Restorations on teeth which are anterior to the first bicuspid are not shareable.

4. Porcelain Restorations: Shareable only when the tooth cannot be restored by basic restorations. Restorations on teeth which are posterior to the first bicuspid are not shareable.

5. Crowns: Shareable only when the tooth cannot be restored by a basic restoration. Crowns used to treat temporomandibular joint dysfunction will not be shareable.



6. Initial installation of fixed bridge (including abutments) to replace one (1) or more natural teeth extracted.

7. Removable bridge, partial or complete dentures to replace one (1) or more natural teeth extracted.

8. Replacement of an existing partial or full removable denture or fixed bridge, or the addition of teeth to existing bridgework to replace extracted natural teeth. However, only replacement or additions that meet the "Prosthesis Replacement Rule" below will be shareable.

9. Complete dentures for teeth extracted.

10. Dental implants: To replace missing teeth with artificial components that function as natural teeth.

Orthodontic Services (for dependent children through age 19 only)

1. Any dental expense furnished in connection with the orthodontic treatment;
2. Surgical exposure of impacted or unerupted teeth in connection with orthodontic treatment. Includes routine x-rays, local anesthetics, and post-surgical care.
3. Active appliances. Includes diagnostic services, the treatment plan, the fitting, making and placing of the active appliance, and all related office visits including post-treatment stabilization.

Orthodontia services will be shareable upon submission of proof that the orthodontia services have been received. Payments will be divided into equal installments, based upon the estimated number of months of treatment, and will be paid over the treatment period as proof of continuing treatment is submitted.

Prosthesis Replacement Rule

The Prosthesis Replacement Rule requires that replacements or additions to existing dentures or bridgework will be shareable only if satisfactory evidence is furnished that one of the following services applies:

1. The replacement or addition of teeth is required to replace one (1) or more teeth extracted after the existing denture or bridgework was installed.
2. The existing denture or bridge cannot be made serviceable and was installed at least five (5) years prior to its replacement.

Shareable expenses for a both a temporary and permanent prosthesis will be limited to the charge for the permanent prosthesis.

DENTAL EXCLUSIONS

In addition to the Membership Exclusions, no sharing of dental services will be provided under this Membership for dental expenses incurred by a active member for the following:

1. Started prior to the Member's Effective Date or after the Termination Date of participation in the program.
2. For house or hospital calls for dental services and for hospitalization costs (e.g. facility-use fees).

3. That are the responsibility of Workers' Compensation or employer's liability insurance, or for treatment of any automobile-related injury in which the Member is entitled to payment under an automobile insurance policy. ASH would share in excess to the third-party benefits and therefore, the ASH would have right of recovery for any amounts shared in excess.

4. For prescription and non-prescription drugs, vitamins or dietary supplements.

5. Administration of nitrous oxide and/or IV sedation, unless specifically indicated on the Schedule of Sharing.

6. Which are Cosmetic in nature. (e.g. bleaching, veneer facings, personalization or characterization of crowns, bridges and/or dentures).

7. Elective procedures (e.g. the prophylactic extraction of third molars).

8. For congenital mouth malformations or skeletal imbalances (e.g. treatment related to cleft lip or cleft palate, disharmony of facial bone, or required as the result of orthognathic surgery including orthodontic treatment).

9. For dental implants and any related surgery, placement, restoration, prosthetics (except single implant crowns), maintenance and removal of implants unless specifically covered under the program.

10. Diagnostic services and treatment of jaw joint problems by any method unless specifically covered under this sharing program. Examples of these jaw joint problems are temporomandibular joint disorders (TMD) and craniomandibular disorders or other conditions of the joint linking the jawbone and the complex of muscles, nerves and other tissues related to the joint.

11. For treatment of fractures and dislocations of the jaw.

12. For treatment of malignancies or neoplasms.

13. Services and/or appliances that alter the vertical dimension (e.g. full-mouth rehabilitation, splinting, fillings) to restore tooth structure lost from attrition, erosion or abrasion, appliances or any other method.

14. Replacement or repair of lost, stolen or damaged prosthetic or orthodontic appliances.

15. Preventive restorations.

16. Periodontal splinting of teeth by any method.

17. For duplicate dentures, prosthetic devices or any other duplicative device.



18. For which in the absence of the sharing program, the Member would incur no charge.
19. For plaque control programs, tobacco counseling, oral hygiene and dietary instructions.
20. For any condition caused by or resulting from declared or undeclared war or act thereof, or resulting from service in the National Guard or in the Armed Forces of any country or international authority.
21. For treatment and appliances for bruxism (e.g. night grinding of teeth).
22. For any needs submitted to ASH by the Member or on behalf of the Member in excess of twelve (12) months after the date of service.
23. Incomplete treatment (e.g. patient does not return to complete treatment) and temporary services (e.g. temporary restorations).
24. Procedures that are:
 - part of a service but are reported as separate services reported
 - in a treatment sequence that is not appropriate misreported
 - or that represent a procedure other than the one reported.
25. Specialized procedures and techniques (e.g. precision attachments, copings and intentional root canal treatment).
26. Fees for broken appointments.
27. Those not Dentally Necessary or not deemed to be generally accepted standards of dental treatment. If no clear or generally accepted standards exist, or there are varying positions within the professional community, the opinion of ASH's Dental Director will apply.

DENTAL LIMITATIONS

Shareable services are limited as detailed below. Services are shareable until 12:01 a.m. of the birthday when the member reaches any stated age:

1. Full mouth x-rays – one (1) every 5 year(s).
2. Bitewing x-rays – twice per membership year under age fourteen (14) and once per membership year age fourteen (14) and older.
3. Oral Evaluations:
 - Comprehensive and periodic – two (2) of these services are shareable per membership year. Once shared, comprehensive evaluations are not eligible to the same office unless there is a significant change in health condition or the patient is absent from the office for three (3) or more year(s).
 - Limited problem focused and consultations—one(1)of these services per dentist per member per membership year.

- Detailed problem focused – one (1) per dentist per member per membership year per eligible diagnosis.
4. Prophylaxis – two (2) per membership year. One (1) additional for Members under the care of a medical professional during pregnancy.
 5. Fluoride treatment – two (2) per membership year under age nineteen (19).
 6. Space maintainers – one (1) per three (3) year period for Members under age nineteen (19) when used to maintain space as a result of prematurely lost deciduous molars and permanent first molars, or deciduous molars and permanent first molars that have not, or will not, develop.
 7. Sealants – one (1) per tooth per 3 year(s) under age sixteen (16) on permanent first and second molars.
 8. Prefabricated stainless-steel crowns – one (1) per tooth per lifetime for Members under age fifteen (15).
 9. Periodontal Services:
 - Full mouth debridement – one (1) per lifetime.
 - Periodontal maintenance following active periodontal therapy – two (2) per membership year in addition to routine prophylaxis.
 - Periodontal scaling and root planning – one (1) per 24 months per area of the mouth.
 - Surgical periodontal procedures – one (1) per 24 months per area of the mouth.
 - Guided tissue regeneration – one (1) per tooth per lifetime.
 10. Replacement of restorative services only when they are not, and cannot be made, serviceable:
 - Basic restorations – not within 12 months of previous placement.
 - Single crowns, inlays, onlays – not within 5 year(s) of previous placement.
 - Buildups and post and cores – not within 5 year(s) of previous placement.
 - Replacement of natural tooth/teeth in an arch – not within 5 year(s) of a fixed partial denture, full denture or partial removable denture.
 11. Denture relining, rebasing or adjustments are considered part of the denture charges if provided within 6 months of insertion by the same dentist. Subsequent denture relining or rebasing limited to one (1) every 3 year(s) thereafter.
 12. Pulpal therapy – one (1) per eligible tooth per lifetime. Eligible teeth limited to primary anterior teeth under age six (6) and primary posterior molars under age twelve (12).

13. Root canal retreatment – one (1) per tooth per lifetime.

14. Re-cementation – one (1) per membership year. Re-cementation during the first 12 months following insertion of the crown or bridge by the same dentist is included in the crown or bridge benefit.

15. An alternate sharing provision (ASP) will be applied if a shareable dental condition can be treated by means of a professionally acceptable procedure which is less costly than the treatment recommended by the dentist. The ASP does not commit the member to the less costly treatment. However, if the member and the dentist choose the more expensive treatment, the member is responsible for the additional charges beyond those shareable under this ASP.

16. Sharing for orthodontic services shall cease at the end of the month after termination.

17. Intraoral Films:

- Occlusal - two (2) per 24 months.

DENTAL INCURRED DATE

A dental procedure will be deemed to have commenced on the date the shareable dental expense is completed.

1. For installation of prosthesis, other than a bridge or crown, the date of receipt of the appliance;
2. For a crown, bridge or gold restoration, on the date the crown is cemented;
3. For endodontic treatment, on the date the final service is rendered to complete the therapy.

There are times when one overall charge is made for all or part of a course of treatment. In this case, the needs processor will apportion that overall charge to each of the separate visits or treatments. The pro rata charge will be considered to be incurred as each visit or treatment is completed.



MAXIMUM SHAREABLE AMOUNT

Annual Member Responsibility Amounts and Annual Maximum Sharing Amounts are based on a membership year, which is determined by the member's initial start date.

The **maximum shareable amount** is the amount payable on behalf of an **active member** for shareable dental expenses during the membership year as stated on the *Schedule of Sharing Provisions*. If the **active member's** membership terminates and he subsequently reinstates during the membership year, the **maximum shareable amount** will be calculated on the sum of needs paid by the community.

MEMBER RESPONSIBILITY AMOUNT (MRA)

Individual MRA

The individual MRA is the dollar amount that a member must pay during each membership year before ASH will share in applicable needs. The individual MRA amount is shown on the *Schedule of Sharing Provisions*.

Family MRA

When two active members of the same family have each met their individual MRA amount during a membership year, the family MRA amount shall be considered satisfied for that membership year and no further MRA amount shall be taken from the expenses of any active family member for the remainder of that membership year.

Graduated Sharing Schedule

As dental sharing is based on a graduated scale, members out of pocket costs will decrease yearly as the percentage of shareable amounts increases (with annual maximum sharing amounts as applicable). Please refer to the *Dental Sharing Highlights* page to view the graduated sharing percentages.

Example: Member needs a crown repair. In the first year of membership, ASH will share in that service at 40% of the allowed amount after the annual MRA (\$50 per member/\$150 per family) and up to the annual maximum sharing amount (\$1,500). In the second year of membership, ASH will share in that service at 80% of the allowed amount after the annual MRA (\$50 per member/\$150 per family) and up to the annual maximum sharing amount (\$1,500). In the third year of membership, ASH will share in that service at 90% of the allowed amount after the annual MRA (\$50 per member/\$150 per family) and up to the annual maximum sharing amount (\$1,500).

Dental Sharing Highlights

	YEAR 1	YEAR 2	YEAR 3+
Class 1 – Diagnostic/Preventive Needs (Excluded from Annual Sharing Maximums)			
Exams	100%	100%	100%
Bitewing X-Rays			
All Other X-Rays			
Cleanings & Fluoride Treatments (includes 1 additional cleaning during pregnancy)			
Palliative Treatment			
Sealants for children 15 and under (1 per tooth per 3 years)			
Class 2 – Basic Services			
Basic Restorative (Fillings)	40%	80%	90%
Simple Extractions			
Space Maintainers			
Repairs of Crowns, Inlays, Onlays, Bridges, & Dentures			
Endodontics			
Nonsurgical Periodontics			
Surgical Periodontics			
Complex Oral Surgery			
General Anesthesia			
Class 3 – Major Services			
Inlays	20%	50%	60%
Onlays			
Crowns			
Prosthetics (Bridges, Dentures)			
Orthodontic (Dependent children to age 19)			
Diagnostic, Active, Retention Treatment	50%		
Sharing Maximums & MRAs (Cumulative of network and non-network)			
MRA (per person/per family) Per Member Year	\$50/\$150 Excludes Class 1 & Orthodontics		
Maximum (per person) Per Member Year	\$1,500 Excludes Class 1 & Orthodontics		
Lifetime Orthodontic Sharing Maximum	\$1,500		

The percentage shown is the percentage of the sharing maximum allowable charges (MACs) that the dental sharing program will share for eligible sharing services provided by either a participating dentist or a nonparticipating dentist. Participating dentists typically accept the maximum allowable charge as payment in full. Nonparticipating dentists may bill you for the difference between their charge and the maximum allowable charge paid by the policy. The ASH member guidelines detail the standard exclusions that apply. Dependent children are eligible to age 26 in all states. The member guidelines include a complete listing of shareable services, limitations, exclusions, cancellation and renewal provisions

Issue Age is 18 and over; dependent children eligible up to age 26.

Orthodontics is for dependent children up to age 19.

LEGAL NOTICES

The following legal notices are required by state regulation, and are intended to notify individuals that non-profit health sharing entities such as Alliance for Shared Health (ASH) and health care sharing ministry plans are not insurance, and that such entities do not provide any guarantee or promise to pay your medical expenses. ASH's role is to enable self-pay patients to help fellow ministry members through voluntary financial contributions.

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 medical expenses; however, this program does not guarantee or promise that your medical bills will be paid or assigned to others for payment. Whether anyone chooses to pay your medical bills will be totally voluntary. As such, this program should never be considered as a substitute for an insurance policy. Whether you or your provider receive any payments for medical expenses and whether or not this program continues to operate, you are always liable for any unpaid bills. This health care sharing ministry is not regulated by the State Insurance Departments. You should review this organization's guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs.

STATE SPECIFIC NOTICES

Alabama Code Title 22-6A-2

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

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

Alliance for Shared Health is not an insurance company, and membership is not offered through an insurance company. Alliance for Shared Health, LLC. 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

ASH does not offer any health care related program, plan, product, or service to Maine residents.

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

The plan is not insurance coverage and does not meet the minimum creditable coverage requirements under M.G.L. c. 111M and 956 CMR 5.00.

Michigan Section 550.1867

Notice: Alliance for Shared Health that operates this health care 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 this 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 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 58-49-1

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. 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.

Oklahoma

Especially for Oklahoma Residents: This is not an insurance policy. It is a voluntary program that is neither approved, endorsed, or regulated by the Oklahoma Department of Insurance and the program is not guaranteed under the Oklahoma Life and Health Insurance Guaranty Association.

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.

Utah Statute Title 31A-1-103(3)(c), as last amended by Laws of Utah, Chapter 274.

The title of insurance code does not apply to health benefits provided by a health care sharing organization if the organization is described as a 501(c)(3).

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.

Washington RCW 48.43.009

Health care sharing ministries are not health carriers as defined in RCW 48.43.005 or insurers as defined in RCW 48.01.050. For purposes of this section, "health care sharing ministry" has the same meaning as in 26 U.S.C. Sec 5000A.

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 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 payments of your medical bills regardless of any financial sharing you may receive for 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.

