



Crisis Membership Level Overview





A Word From the President

Covenant HealthShare, a health care sharing ministry (HCSM) built on the legacy of Cathedral of Faith Church of God in Christ, is one of the oldest health care sharing ministries in the nation. The ministry is committed to providing Christ-centered, alternative healthcare options to members from across the United States.

Covenant HealthShare is not insurance; rather, its programs provide members the opportunity to share in the medical needs of their fellow Christians. Our members share a common set of religious beliefs and make a covenant with one another to live out those beliefs accordingly.

Covenant HealthShare's main focus is the sharing of medical needs, but the ministry's mission does not stop there. We are also committed to spreading the Gospel of Jesus Christ throughout the world by contributing funds and other critical resources to other nonprofit charitable organizations that align with our mission. Our outreach initiatives span across local communities, the United States and around the world and include: food and nutrition assistance; services for the homeless; academic assistance to students and learning institutions; international aid missions in Africa, Asia and The Caribbean and health disparity eradication. We are inspired by the Word as found in *Romans 12:13 (NIV)* **"Share with the Lord's people who are in need..."**.

Wayne Martin

Wayne Martin
President

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General Information

Contact Us

Member Support

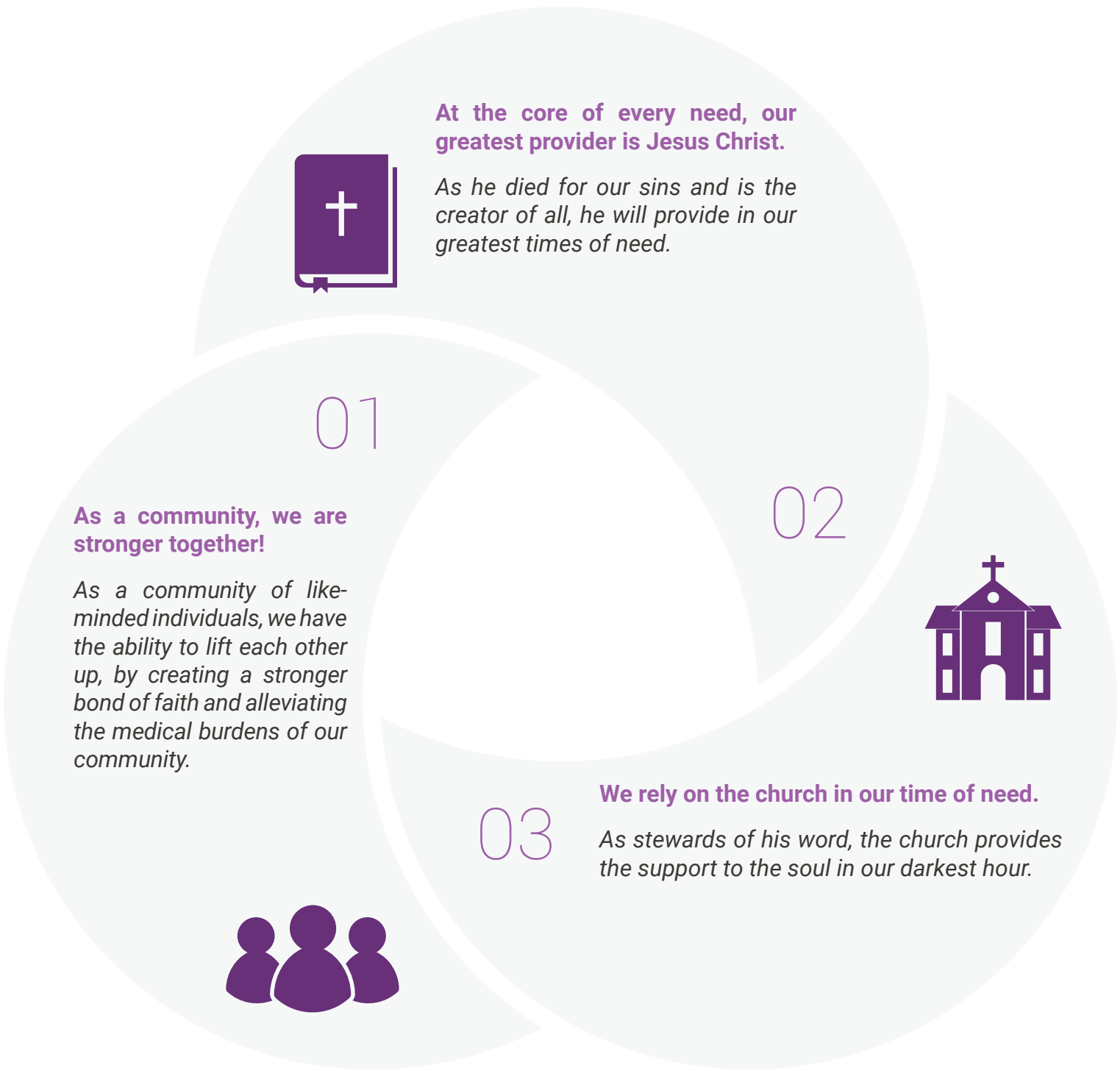
Please contact member support Monday through Friday between 8am and 6pm ET.

- **Phone Number:** 855.539.1552
- **Email:** membercare@covenantshare.org



Covenant HealthShare’s Core Principles

As a Christian organization, we believe that the following core principles and responsibilities truly set the foundation for Covenant HealthShare’s ministry:



About Us

— Hebrews 13:16
“And do not forget to do good and to share with others, for with such sacrifices God is pleased.”

Covenant HealthShare is a national nonprofit 501(c)(3) health care sharing ministry (HCSM) organization with a global impact. The Ministry provides Christians the opportunity to share in each other’s medical needs through a faith-centered healthcare program. Covenant HealthShare is the catalyst for the collection and distribution of its members’ medical sharing programs.

Beyond the sharing of medical needs, Covenant HealthShare is also devoted to sharing the Word of God through several national and global outreach initiatives. This commitment is driven by the ministries’ adherence to — Mark 16:15 *“Go into all the world and proclaim the gospel to the whole creation”*.

Covenant HealthShare is not insurance; it is a faith-centered, voluntary commitment to share medical needs among fellow Christians. Its members share common Christian beliefs and make a covenant with one another to live out these beliefs responsibly. To join the Ministry, members must attest to a statement of faith affirming their adherence to the Christian beliefs of the collective membership. Due to the faith-centered practices and voluntary nature of the ministry, Covenant HealthShare is not insurance and is recognized by law as a nonprofit ministry.

One Mission

To glorify God by facilitating the sharing of members’ medical needs through Christian principles, provide support and prayer to members, embody the Word of God and encourage a healthy lifestyle for Christ.

With a history dating back to 1991, Covenant HealthShare is the cornerstone between ministry and healthcare. Thank you for joining our health care sharing ministry. We are overjoyed to have you. Together we make a difference.

One Vision

Create a global community of Christians that lift each other’s burdens through the Word of God.



What We Do

Covenant HealthShare is a health care sharing ministry (HCSM) with you in mind, and our community has shared healthcare needs for nearly 30 years.[†] We provide Christians the opportunity to share in each other’s eligible medical needs through a faith-centered healthcare program. Covenant HealthShare is the catalyst for the collection and distribution of its members’ medical sharing program and we are a national, nonprofit 501(c)(3) organization making a global impact through the support we provide to our members and other charitable organizations. ([†] See [page 50](#)).

With a history dating back to 1991, Covenant HealthShare is the cornerstone between ministry and healthcare. Thank you for joining our health care sharing ministry. We are overjoyed to have you. Together we make a difference.



Step 1

A MEDICAL NEED ARISES

When a member has a medical need, the member visits and is treated by a provider and the service cost is submitted to the Ministry.



Step 2

A NEED IS SUBMITTED FOR SHARING

The Ministry verifies if the need meets the guidelines of the submitting member’s program level and, if so, coordinates sharing through the **Member Aid System** (MAS) across the membership community.



Step 3

ELIGIBLE BURDENS ARE SHARED

Eligible needs are shared by designated members, who were requested to share in the burden through the **Member Aid System** (MAS).

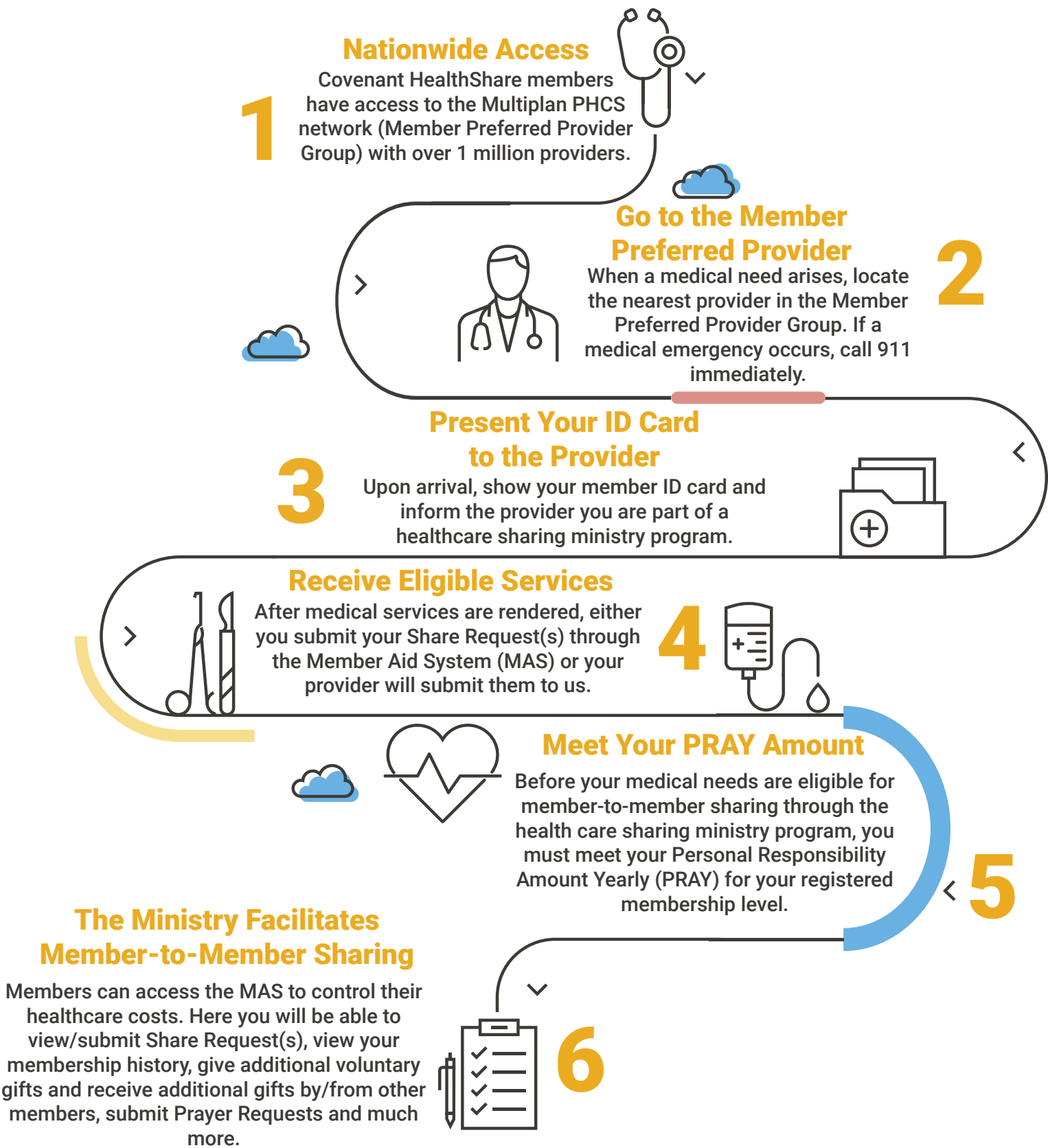
How it Works

Membership

Participation and membership in the Covenant HealthShare HCSM program and its membership levels is voluntary. A HCSM is a group of individuals who share a common set of ethical or religious beliefs and voluntarily choose to share in the payment of their medical expenses in accordance with those beliefs, without regard to the state in which a member resides or is employed. Membership in Covenant HealthShare cannot be transferred to anyone other than the registered member and his/her registered dependents (as defined in the Guidelines for the membership level in which the member is registered).

Covenant HealthShare’s healthcare sharing services are grounded in the faith-based traditions of mutual aid, neighborly assistance, and burden sharing. Covenant HealthShare is specifically tailored for individuals who maintain a healthy lifestyle, make responsible choices regarding health and medical care, and believe in helping others. Covenant HealthShare is not insurance: it is a faith-centered, voluntary commitment to share medical needs among fellow Christians. Its members share common Christian beliefs and make a covenant with one another to live out these beliefs responsibly. To join the ministry, members must acknowledge and attest to a statement of faith affirming their adherence to the Christian beliefs of the collective membership. Covenant HealthShare is NOT insurance and provides no guarantee of payment for any medical costs or expenses incurred by its members.

As a part of voluntary participation in the HCSM, Covenant HealthShare requests a “monthly member gift” amount to be contributed by each member in order to facilitate the sharing of eligible healthcare needs amongst the Covenant HealthShare community. Members send their **Monthly Member Gifts** (MMG) to Covenant HealthShare, which are then directed to the Medical Benevolence Fund to be used to fund members’ eligible medical needs and the administrative costs of the program. Weekly notices are sent to members through the **Member Aid System** (MAS) informing them who has requested assistance and what their general needs are (subject to Covenant HealthShare’s privacy policy). Once members receive notification in the MAS, they are asked to approve the amounts they are being requested to share in. Through the MAS, members can also manage their MMG, fellowship with other members, ask questions about the program and their membership level, and donate additional monies toward fellow members’ needs or other charitable causes.



How it Works, cont.

Key Points

- Members contribute their **Monthly Member Gift (MMG)** to the community
- These MMG contributions are then used to fund members’ eligible medical needs and the administrative costs of the program
- Weekly notifications are sent to members through the **Member Aid System (MAS)** informing them who has requested assistance and what their general needs are (subject to Covenant HealthShare’s privacy policy)
- Once members receive notification in the MAS, they are asked to approve the amounts they are being requested to share in. Through the MAS, members can also manage their MMG, fellowship with other members, ask questions about the program and their membership level, and donate additional monies toward fellow members’ needs and/or other charitable causes
- There is no designated window of time to join Covenant HealthShare; you can enroll anytime. Because we do not provide insurance, there is no “term” to your membership. Your membership continues as long as you meet the Guidelines for your registered membership level in the Covenant HealthShare program
- Members are responsible for paying the first \$5,000 or \$10,000 of the medical expenses they incur – this amount is known as the **Personal Responsibility Amount Yearly (PRAY)**. Amounts paid toward the PRAY are separate from a member’s MMG. Medical needs submitted for member-to-member sharing under any Covenant HealthShare membership level will not be eligible for sharing until the member meets the PRAY
- Needs that exceed the PRAY are shareable among members up to the **Yearly Membership Sharing Limit** of \$250,000
- Medical Needs that do not meet the Guidelines of a member’s registered program may be eligible to be submitted as an **Exceptional Grace Request**, through which members ask their fellow members to contribute additional funds toward the requesting member’s medical needs in addition to a member’s regular MMG. Covenant HealthShare reserves the right to decide which needs will or will not be shared as an Exceptional Grace Request. Each Exceptional Grace Request will be considered based on the monetary amount of the request, the member’s options to seek assistance from other sources, the circumstances giving rise to the need, the degree to which the need was avoidable, and the amount of other pending requests.
- Before submitting an Exceptional Grace Request, members should: consider their own financial resources; explore what options are available to reduce costs with providers; and what assistance is available from their family, their local church and other community resources. Please consider that Covenant HealthShare members will be giving beyond their MMG to lighten the burden of other members, so it is important to be mindful of factors above when submitting Exceptional Grace Requests. For additional information about Exceptional Grace Requests, please call 855.539.1552 to speak to a sharing advisor.



How We Are Different

Covenant HealthShare is NOT Insurance.

As a health care sharing ministry, Covenant HealthShare facilitates voluntary member-to-member sharing of healthcare costs and expenses among its community of members who share common Christian beliefs and make a covenant with one another to live out these beliefs responsibly. Covenant HealthShare is neither an insurance company nor a provider of insurance policies or products. The difference is simple; health insurance is a contract where one party agrees to be legally responsible for and accepts another party's risk of loss in exchange for a payment, which is called a premium. Healthcare sharing is an arrangement where members share one another's medical expenses through voluntary gifts, not because of legal obligation. Because Covenant HealthShare's members join on a voluntary basis, monthly payments are referred to as a "monthly member gifts" (MMG). As Covenant HealthShare is not insurance, we are not licensed or registered by any state departments of insurance. We do not assess potential members' health risks, because neither the Ministry nor the members are assuming financial liability for any other members' risk. As such, Covenant HealthShare neither assumes risk for medical expenses nor makes any guarantee or promise to pay. The Ministry offers voluntary participation in its HCSM program and members share in each other's medical needs. The Covenant HealthShare program is not governed by state insurance laws. Covenant HealthShare does not provide a promise to pay or any guarantee of payment for medical expenses. Since Covenant HealthShare does not assume the member's risk, the member is responsible for payment of his or her medical expenses. It is important for members to know and remember that membership in Covenant HealthShare does not guarantee that Share Requests submitted by members will be eligible under the submitting member's registered Covenant HealthShare membership level for sharing between the other members of that membership level, or that a member's Exceptional Grace Request will be eligible to be shared among the other members of the Covenant HealthShare community.

NO PREMIUMS

Insurance companies collect premiums that they keep until money is needed for claims. Covenant HealthShare is not an insurance company, therefore there are no premiums. Members of our Ministry voluntarily contribute their MMGs to the community of Covenant HealthShare members. That MMG is then shared with the other members in their time of medical need at the direction of the members through the **Member Aid System** (MAS), facilitated by Covenant HealthShare.

ADMINISTRATIVE COSTS

Voluntary MMGs are contributed each month by all Covenant HealthShare members. Up to thirty percent (30%) of any and all MMG contributions received by Covenant HealthShare may be applied toward administration of the Covenant HealthShare HCSM program, including general overhead costs (excluding marketing costs related to spreading the word of God and to grow the membership) and/or donated to other 501(c)(3) charitable organizations in furtherance of Covenant HealthShare's charitable purposes and mission. Administrative costs are subject to change by Covenant HealthShare.

PERSONAL RESPONSIBILITY AMOUNT YEARLY (PRAY)

In addition to their MMGs, Covenant HealthShare members must pay for their own medical expenses until they meet the **Personal Responsibility Amount Yearly** (PRAY) of \$5,000 or \$10,000. Any costs incurred by a member prior to meeting their PRAY are not shared by the other members. Once a member meets their PRAY, subsequent eligible medical costs incurred by the member become shareable by the membership community up to \$250,000 for the year and \$500,000 for the lifetime of the membership.

GUIDELINES

Covenant HealthShare manages member MMG contributions through established Guidelines that generally define the sharing of eligible expenses between members of Covenant HealthShare. In addition, the Guidelines more specifically define the sharing of medical expenses between members of the Covenant HealthShare program at each membership level. The Guidelines are not a contract and do not constitute an agreement, a promise to pay, or an obligation by or for Covenant HealthShare or its members to share in the health care burdens of others within and outside of the membership community.

The Guidelines are intended to ensure that every member has paid his/her own medical expenses as they are financially able before requesting that other members share in the cost of remaining eligible medical expenses. The Guidelines generally define when a member is eligible for member-to-member sharing, when a member need is eligible, and detail the types of expenses that may be eligible for member-to-member sharing per each Covenant HealthShare membership level, including specific limitations, exclusions, and/or requirements for sharing eligibility, so all members can expect a reasonable and equitable level of sharing. The total amount of sharing in eligible medical needs facilitated by the members of the community will be published monthly in a newsletter sent to all members.

Covenant HealthShare's membership community understands that some of its members may have experienced certain illnesses and life events that may still require medical care, but in order for the program to be sustainable and not overburdened, certain Covenant HealthShare membership levels may exclude or have sharing limitations related to conditions existing prior to membership. Members are required to fully disclose conditions existing prior to membership as part of their registration with Covenant HealthShare. Covenant HealthShare reserves the right, on behalf its members, to limit, condition, or exclude from, sharing eligibility any condition existing prior to membership, whether disclosed at the time of registration or discovered after the effective date of membership. Furthermore, a member is not eligible for member-to-member sharing of his/her medical need when such member: (i) receives care within the first sixty (60) days following the effective date of their membership and cancels their membership within thirty (30) days of receiving such medical care, (ii) cancels their membership within thirty (30) days of receiving medical care, except within the last ninety (90) days of their membership term, or (iii) receives elective surgery within the first sixty (60) days of becoming a member, except in the case of an accident.

Covenant HealthShare reserves the right to update and/or make any other changes to the Guidelines at any time on behalf of its members. Amendments to the Guidelines will go into effect as soon as administratively practical or as designated by the Covenant HealthShare Board of Directors. The Guidelines in effect at the time of service will supersede all previous versions of the Guidelines. If you have a need which began before the change was adopted, the sharing of burdens related to that need

How We Are Different, cont.

will be determined by the Guidelines as they existed on the date the burdens were incurred. However, burdens related to a member’s need that would have been shareable under the Guidelines in effect when a need began, will remain shareable regardless of subsequent changes to the Guidelines (subject to applicable deadlines and limitations on submission of needs share requests). For instance, if a member used services for a need in August and the Guidelines were updated in September, Covenant will honor the Guidelines that were existing at the time of service in August. Members will be notified of updates to the Guidelines by Covenant HealthShare.

BALANCING NEEDS AND AVAILABILITY OF MONTHLY MEMBER GIFTS (MMG)

In any given month, the available MMGs in the Medical Benevolence Fund may or may not meet the total amount of needs requested for member-to-member sharing by the Covenant HealthShare membership community. If members’ eligible requests exceed the MMG contributions available to meet those needs, the following actions may be taken:

- Pro-rata sharing of eligible medical needs may be initiated, whereby the members share a percentage of eligible medical needs during that month and withhold the balance of those eligible needs to be shared the following month
- If member needs exceed the available MMG contributions for longer than sixty (60) days, then the MMG amount may be increased to an amount sufficient to satisfy the payment of eligible needs requested for member-to-member sharing by Covenant HealthShare members. Any increase in the MMG amount will be applied to all members, and may be enacted temporarily or permanently based on the needs of the membership on an ongoing basis

IS THIS LEGAL?

Covenant HealthShare is not restricted from operating in any of the 50 United States, U.S. territories, or any foreign country, and has no legal barriers of which we are aware; however, we do not market membership in CO, MA, MD, PA and WA.* Covenant HealthShare is recognized by the Internal Revenue Service (IRS) as a Section 501(c)(3) charitable organization. Although no longer applicable as of January 1, 2019, healthcare sharing also satisfies the former mandates of the federal Affordable Care Act that required all individuals to either purchase health insurance or hold an exemption (the individual mandate), because health care sharing ministries such as Covenant HealthShare meet the requirements necessary for an individual to obtain such an exemption. Members should be aware, however, that several states impose their own individual mandates at the state level requiring certain documentation from the member related to such member’s payment for healthcare costs and expenses. Members should refer to their state’s specific tax filing guidelines for information and guidance.

*Limitation subject to change without prior notice.





Our Statement of Faith

Because Covenant HealthShare is a faith-based organization, members are required to acknowledge and agree with the Ministry's Statement of Faith in order to join the membership community:

We believe that Jesus Christ is the Son of God and our Lord and Savior;

We believe that our personal rights and liberties originate from our Lord, Jesus Christ;

We believe the Bible to be the inspired and only infallible written Word of God;

We believe every individual has a fundamental religious right to worship God in his or her own way;

We believe it is our moral and ethical obligation to assist our fellow man when s/he is in need according to our available resources and opportunity;

We believe it is our spiritual duty to God and our ethical duty to others to maintain a healthy lifestyle and avoid foods, behaviors, and habits that result in sickness or disease to ourselves or others; and

We believe it is our fundamental right of conscience to direct our own healthcare, in consultation with physicians, family, or other valued and trusted advisors.



Crisis Membership Level



\$5,000
\$10,000



\$250,000



\$500,000

Personal Responsibility Amount Yearly (PRAY)

PRAY is the amount members do not share in initially. A medical condition will not qualify for sharing until the total medical needs submitted exceed the PRAY.

Yearly Membership Sharing Limit

This is the total sharing amount available on eligible needs by other members for the Program Year.

Lifetime Membership Sharing Limit

This is the total sharing amount available on eligible needs by other members for the life of the membership.

The following services are eligible for sharing after the PRAY amount is met.

Member Access	Member Preferred Provider Group* (MultiPlan PHCS)	Non-Member Preferred Provider Group
Emergency Room Sharing	Per Incident Member to Member Sharing Limit= \$15,000	Per Incident Member to Member Sharing Limit= \$15,000
Ambulance Sharing	Member-to-Member Sharing = 100%	Membership = 50% PRAY** = 50%
Hospital Sharing	Member-to-Member Sharing = 100%	Membership = 50% PRAY** = 50%
Maternity Sharing	Member-to-Member Sharing = 100%	Membership = 50% PRAY** = 50%
Surgery Sharing	Member-to-Member Sharing = 100%	Membership = 50% PRAY** = 50%

*Covenant HealthShare does not own or operate the MultiPlan Private Health Care Service (PHCS) network.

**Please see the [Shareable Services page](#) for services the membership community will not share in.

Conditional Costs:

\$25 charitable donation at time of enrollment.

\$50 additional Monthly Member Gift (MMG) for members who use tobacco, including electronic forms of tobacco.

The Monthly Member Gift (MMG) amounts shown above are current as of October 21, 2020 and subject to change. The current MMG amount is provided at the time of member registration.

THIS IS NOT INSURANCE

Membership Level

The members of Covenant HealthShare want to share in the common medical burdens that financially strain our families consistently throughout the year. You are not alone in these burdens and as a community we can help lift each other up by reducing the financial strain on maintaining a happy and healthy life. The summary overview chart (below) gives examples of some common financial medical burdens and additional details on how member-to-member sharing may help to lessen these burdens.

If you decide to use the MultiPlan Private Health Care Service (PHCS) network, the membership community will have access to the most fair and consistent pricing for their medical needs. Members are able to share fully in the cost of eligible medical needs up to the **Yearly Membership Sharing Limit** of \$250,000 after your **Personal Responsibility Amount Yearly** (PRAY) has been met.

Should you decide not to use the MultiPlan (PHCS) network, it may put an additional financial burden on the membership community. Members are only able to share in half of the cost of eligible medical needs incurred by members using non-membership preferred providers (outside of the MultiPlan (PHCS) network). The requesting member will be responsible for paying the other half of the costs, and your PRAY and Yearly Membership Sharing Limit of \$250,000 still apply.

Neither the members nor the Ministry control MultiPlan (PHCS) network participation; it can change frequently. The Ministry does not guarantee provider participation in any network. It is important to call the provider to verify participation in the MultiPlan (PHCS) network prior to scheduling your appointment(s) and incurring medical needs that may or may not be eligible for sharing.

1. Start your doctor search by visiting:
CovenantShare.org/network.
2. Locate your membership level in the left-hand column of the chart;
3. Click the network logo; and
4. Search for a provider

Members are advised to contact the providers they wish to select to ensure participation in the MultiPlan Private Health Care Service (PHCS) network before seeking services from the provider.



Shareable Services

Services With Sharing Limitations/Exceptions & Services Not Shareable by Covenant HealthShare Members	
Abortion	Not Shareable.
Abuse of Drugs or Alcohol	Not Shareable.
ADD, ADHD, SPD	Not Shareable.
Alternative Medical Practices	Not Shareable.
Armed Conflict	Not Shareable With Exception. Unless in self-defense, member is not the assailant, or if member is a bystander.
Audiological	Shareable With Exception. Surgery to correct hearing issues due to illness, accident, or congenital defect is shareable. Hearing aids or any related examination or fitting, are not shareable unless for hearing loss caused by accident or disease (e.g. not shareable if due to aging or extended exposure to loud noise). Cochlear implants (and the related consultation and therapy), prosthetic inner ear stimulator, and similar implanted devices are shareable if a physician has provided written verification that the hearing loss cannot be addressed by non-surgical means.
Basic Care	Not Shareable. This membership level does not share in basic care like doctor visits, physicals, specialists, etc. The membership shares in expenses for medical needs incurred at facilities that usually deal with emergency-based needs.
Basic Eye Care	Not Shareable.
Bio Feedback Therapy	Shareable. Will be shared if prescribed by a licensed medical professional for treatment of a disease, injury, or physical condition.
Chiropractic	Not Shareable.
Conditions Existing Prior to Membership	Not Shareable With Exception. Needs that result from a condition existing prior to membership (known or producing observable symptoms) are only shareable among members if the condition appears to be cured and eighteen (18) months have passed without any symptoms (whether or not benign), treatment, or medication (even if the cause of the symptoms are unknown or misdiagnosed). A doctor's statement may be required to verify the lapse of symptoms, treatment, and medication. <i>The above clause only applies to hospital and surgical settings; there are no restrictions on conditions existing prior to membership at the following facility types: primary care, urgent care, specialists, emergency room and lab work.</i>
Contraceptives	Not Shareable.
Cosmetic Surgery	Not Shareable With Exception. <ul style="list-style-type: none">• Shareable. If the cosmetic surgery is for disfiguration caused by amputation, disease (excluding acne), eligible accident, and/or breast reconstruction following a mastectomy eligible.• Not Shareable. All other elective cosmetic surgery done primarily for non-health reasons, including breast reduction or enhancement operations.
Dental Conditions and Routine Dental Care	Not Shareable With Exception. Dental services are not shareable, except when required due to an eligible accident or as necessary to treat, or ancillary to treatment of, another eligible non-dental health condition, such as an eligible genetic defect. Dental services for accidents to teeth while eating are not shareable.

Shareable Services, cont.

Services With Sharing Limitations/Exceptions & Services Not Shareable by Covenant HealthShare Members	
Diabetes	Not Shareable With Exception. Unless 18 months have passed without any symptoms, treatment, or medication.
Elective Surgeries	Shareable With Exception. Costs for elective surgery will not be shareable if incurred in the first sixty (60) days of membership, except in the case of an eligible accident.
Fertility	Not Shareable.
Genetic Defects, Hereditary Diseases, Cancer, and Heart Conditions	Not Shareable With Exception. A condition will not be considered a condition existing prior to membership, even though it may be known that it is not “cured,” if all the following are true for at least five (5) years as of the start date for your membership: The condition has not (i) been treated nor was future treatment prescribed/planned; (ii) produced harmful symptoms (only benign symptoms); and (iii) worsened or deteriorated.
High Blood Pressure	Shareable With Exception. High blood pressure will not be considered a “condition existing prior to membership” <i>even if</i> you have not gone 18 months symptom free, <u>as long as</u> you have not been treated at a hospital for high blood pressure in the past five years, and you are able to manage the condition through medication and/or diet. Medication for treatment of high blood pressure as a chronic condition will not be shared.
High Cholesterol	Shareable With Exception. High Cholesterol by itself is not considered a condition existing prior to membership, nor the mere fact that a person is taking a prescribed a statin drug (or other antihyperlipidemic), unless the prescription is for diagnosed arteriosclerosis for a particular site within the body.
Homeopathic	Not Shareable.
Hormone, Infusion, and Intravenous Therapy	Not Shareable.
Hospice Care	Not Shareable.
Hyperbaric Therapy	Shareable. Expenses for hyperbaric therapy are only shareable if prescribed for treatment of a specific injury or illness.
Injury or Accident Result due to Alcohol or Drug Abuse	Not Shareable.
Long Term Care	Not Shareable.
Maintenance/Repair/Replacement of Medical Equipment	Not Shareable.
Massage (Therapeutic)	Not Shareable.
Medical Supplies	Shareable With Exception. Needs for medical supplies are shareable only when supplies are provided: (i) during an inpatient hospital stay; and/or (ii) supplies provided as a part of outpatient treatment by a medical provider.

Services With Sharing Limitations/Exceptions & Services Not Shareable by Covenant HealthShare Members	
Motor Vehicle Injuries	Shareable With Exception. Most needs for motor vehicle related injuries are shared. A “motor vehicle” is any vehicle with an engine/motor used for transportation, work, or recreation. Medical bills must be submitted to any responsible or liable party before related member needs will be considered for sharing. See “Payment from others” section below under Member Responsibilities. <ul style="list-style-type: none">• Shareable. Needs from injuries in a motor vehicle accident are eligible for sharing for the amount of the need that is not the responsibility of any insurance or liable party.• Not Shareable. Needs from injuries in a motor vehicle accident are not shareable if it is determined that the injured member was under the influence of alcohol or illegal substances at the time of injury. If found that you were under the influence of alcohol or illegal substances.
Naturopathic	Not Shareable.
Nutritionists	Not Shareable.
Optical	Shareable With Exception. Expenses related to cataracts, glaucoma, and other diseases or injuries of the eye(s) (including cornea replacement due to disease or injury) are shareable. Vision therapy is also shareable. Not Shareable. Expenses related to routine and corrective optometric services, exams, or tests, including eyeglasses, contacts, eye refraction, LASIK surgery, cornea replacement, surgery, or other services when done primarily for corrective or cosmetic reasons unrelated to disease or injury of the eye are not shareable.
Organ Transplant	Shareable. Costs for routine (not experimental) organ transplantation (including costs to the donor) where the member is the transplant recipient are shareable; however, eligibility for sharing is subject to applicable limitations on conditions existing prior to membership.
Physical Therapy	Shareable With Exception. Costs for inpatient (during hospital stays) and outpatient physical therapy are shareable if related to specific injury and/or illness.
Physiological services	Not Shareable.
Prescriptions	Not Shareable With Exception. All costs for medication, prescribed or not, administered during inpatient hospital stays will be shareable.
Prophylactic Surgery	Not Shareable.
Prosthetics & Orthotics	Not Shareable With Exception. Prosthetics are artificial devices that “replace or augment a missing or impaired part of the body.” An orthotic is a support or brace for weak or ineffective joints or muscles. <ul style="list-style-type: none">• Shareable. The initial costs of prosthetics and orthotics are generally shareable.• Not Shareable. Limited—Prosthetics for hair, teeth, and/or breasts are generally not shareable , except for certain eligible accidents and disease.• Not Shareable. Costs for replacement and/or maintenance of prosthetics and orthotics are not shareable.

Shareable Services, cont.

Services With Sharing Limitations/Exceptions & Services Not Shareable by Covenant HealthShare Members	
Psychiatric Care	Shareable With Exception. Costs for inpatient psychiatric care due to involuntary commitment, and/or psychiatric treatment for changes in the brain due to injury or physical illness are shareable up to \$25,000 per condition.
Self-Inflicted Injury	Not Shareable.
Sexual Dysfunction	Not Shareable With Exception. Only shareable if caused by injury or disease.
Sexually Transmitted Diseases (STDs)	Not Shareable With Exception. Eligibility for sharing of medical costs for care related to HIV, AIDS, and/or other STDs is dependent upon the manner in which the member contracted the STD. The member is responsible for providing this information. <ul style="list-style-type: none">Shareable. When the STD was contracted as a result of the actions of others and not of the member (e.g. blood transfusions, non-consensual sex, or medical procedures).Not Shareable. When the STD was contracted through irresponsible member behavior (e.g. consensual sex outside of marriage or sharing hypodermic needles for legal or illicit drug use).
Shareable Services	Shareable With Exception. Services received within the first sixty (60) days of membership will not be shareable if the member cancels their membership within thirty (30) days following receipt of such care (even if the services would otherwise generally qualify for sharing).
Speech Therapy	Shareable With Exception. Only shareable if related to illness or accident (e.g. stroke).
Sterilization	Not Shareable.
Supplements	Not Shareable.
Surrogacy	Not Shareable.
Temporomandibular Disorders (TMJ)	Not Shareable.
Travel Expenses	Not Shareable.
Weight Reduction	Not Shareable. Expenses for services from weight reduction programs, diet centers, and clinics are not shareable. Costs for staples in the stomach, balloons inserted in the stomach, jaw wiring, or any other surgical procedures done primarily for weight reduction are not shareable.



How to Use Your Membership

Member Aid System

As a member of Covenant HealthShare, you are a part of faith-based community of likeminded Christians. It is expected that all members will be good stewards of the program. To help members fulfill this expectation, Covenant HealthShare provides access to specialized technology systems designed to support members in their stewardship efforts.

- The member-based technology systems that make Covenant HealthShare unique are the Covenant HealthShare **Member Aid System** (MAS) and the **Medical Benevolence Fund** (MBF) platforms. The MBF is connected to the MAS, but you can also access it independently.

The MAS is the single most important tool for your membership.

- Through the MAS, you have visibility into, and control over, your membership and your healthcare costs through a secure online member portal. This secure online member portal provides the convenience of being able to self-service your membership and connect with the Covenant HealthShare community. Your time is important, and Covenant HealthShare’s MAS solves the problem of waiting on the phone to ask questions like, “Can I change my payment method?”, “Where do I find doctors and facilities in network?”, “How can I connect with other members?” or “How does my membership work?”.

In addition to offering solutions to the above questions (and more), the MAS also offers the following services for your convenience:

- E-chat with a Ministry Advisor about the various advantages of your membership
- Send words of encouragement and prayers to other members in their times of need
- Change your billing method privately and securely
- Search provider and facility locations
- View and check the status of your submitted Share Requests and how much money you have put toward your healthcare costs
- Approve eligible medical Share Requests submitted by members within your membership level of the program
- Add eligible dependents to your membership
- Donate additional funds to help lessen the needs within Share Requests that are in excess of the funds available by the community of members or to lighten member burdens identified in Exceptional Grace Requests



How to access the **Member Aid System** (MAS)

1. Go to the Covenant HealthShare website, CovenantShare.org
 - a) Click **Members** in the navigation bar at the top of the screen and you will be directed to the Member Aid System (MAS) login page
 - b) If it is your first time using the MAS, click **Register**
2. Complete all fields with an asterisk (*) then click **Save and Next**
3. You will be prompted to create your username and password
 - a) Your password should be between 8 and 15 characters and have at least one uppercase letter, one lower case letter, one number and one of the following special characters: !@#\$%&*_-
 - b) You will be asked to confirm your identity, then click **One Time Password (OTP) for Verification**, you will receive a 6-digit code
 - c) Then you may proceed to **Set Security Questions**
4. Scroll to read the **Covenant HealthShare Program Disclosures**
 - a) Check the box next to **I Agree**, then click **Submit**
5. Your MAS user account will be created, and you will be redirected to the MAS’s homepage

Member Aid System, cont.

How to use the Member Aid System (MAS)

The top of each page includes icons, a side menu, and access to preferences in your profile:

- **Icons** at the top of the page provide quick access to frequently used activities
 - **Home** icon will bring you to the home screen
 - The **@** icon will direct you to the Contact Us section
 - The **bell** icon will show any pending notifications
- **Username** allows you to view and manage your membership profile
- For a quick and easy reference, the left side bar of the homepage will display your:
 - **Membership Level Details** at a glance:
 - **Ministry Advisor Name:** The name of Ministry Advisor who helped you enroll
 - **Member ID:** Your 9-digit member ID
 - **Membership Level Details:** The name of your current, registered membership level and any applicable information
 - **Service Date:** The effective date of your membership in Covenant HealthShare
 - **Dependents:** The name(s) of any dependents registered under your membership
 - **Personal Responsibility Amount Yearly (PRAY):** The amount you have contributed toward the PRAY (amount of costs you are individually responsible for each year before your medical costs may be eligible for member-to-member sharing) required for your registered membership level.
 - **Individual PRAY:** You can also view PRAY amounts for other members registered under your membership. Click the drop-down **View PRAY for** and select the member whose PRAY details you would like to view
 - **Individual Limits** will automatically update for the member you selected to view under **Individual PRAY**

Click on the three (3) stacked horizontal lines on the top left of the MAS interface, under the Covenant HealthShare logo to display the MAS side panel menu:

- Click the dropdown arrow to expand the **My Profile** menu
 - **Subscriber and Dependent Information:**
 - You can view your personal profile details and make edits by clicking the **“Pencil”** icon on the far right
 - You can also add dependents in this section by clicking the **“Add Dependent”** icon on the far right and then following the prompts
 - **Services Information:** Quick glance on membership level enrolled
 - **Digital ID Card:** You can view your personalized membership card and request a replacement card if it has been lost
- Click **My Program Details** to view the guidelines for your registered membership level
- Click the dropdown arrow to expand the **Manage Share Requests** menu
 - Select **View Share Requests** to view the status of any submitted Share Requests
- Click **View Messages**
 - The **Messages** function allows you to receive incoming notifications and updates on your account
 - Messages are limited to one-way communications (incoming to you). You cannot use Messages to contact your Ministry Advisor, Sharing Advisor, or other members.
 - To contact Covenant HealthShare, click on the **“@”** icon on the top left right
 - Click the dropdown arrow to expand the **Payment** menu
 - Select **View Receipts** to view your Monthly Member Gift (MMG) history. You can also view a printable receipt for each MMG contribution
 - You can view and manage your current payment method by selecting **Change Payment Method**
 - To change your payment method, click **Add New**
 - Recurring MMG payments can be made using either a credit card or ACH. Select your preferred payment method, fill out/provide the requested information and click **Submit**
- Click **Documents & Forms** to find the forms necessary to make changes to your membership
- Click **Medical Benevolence Fund** to view your monthly MMG contributions to the Ministry and/or to view or make additional contributions above your voluntary MMG amount to share in other members’ burdens identified in Share Requests and/or Exceptional Grace Requests

If you wish to access the **Medical Benevolence Fund (MBF)** independently:

IMPORTANT: Since you are not accessing the MBF through the MAS, your MBF login information will be the same as the login information you use to access the MAS.

1. Go to mbf.covenantshare.org

- Upon logging in, you will be directed to the **Overview** page where you can view your PRAY amounts and other account activity
- You can view MMG allocations amongst yourself and your fellow Covenant HealthShare members by viewing the **Sharing History** page
- You may also make contributions to the HealthShare Ministry Fund or to a specific member in response to a Share Request or Exceptional Grace Request on the **Donations** page
- You will be prompted to enter the member's name and city of residence, and/or the monetary amount of your voluntary additional contribution to such member
- The **Account Summary** page displays information about your submitted Share Request(s), outstanding PRAY amounts, and remaining balances from any medical needs not eligible for sharing (in whole or in part) by the other Covenant HealthShare members
- The **Ministry Contributions** page summarizes total amount of current and historical voluntary member contributions (including MMGs) made to the Ministry and the total amount of member-to-member sharing made possible by such contributions



Member Responsibilities

1. New members

- To begin a membership, each new member sends a one-time, nonrefundable charitable donation of \$25, along with their first months' **Monthly Member Gift (MMG)**. Covenant HealthShare sends new members a letter, welcoming them to the healthcare sharing community, a copy of the membership guidelines (Guidelines), and login information for the **Member Aid System (MAS)**.

2. Sending sharing for eligible needs

- The MAS is the primary portal participation in healthcare sharing with other members of the community. Members should log in to on a weekly basis and asked to approve any pending eligible member Share Requests assigned to the member.
- Weekly email notifications are sent to members who have been assigned another member who has submitted a Share Request for assistance with an eligible medical need. As a member of the healthcare sharing community, you should log in to the MAS and approve the each member Share Request deemed eligible for sharing by Covenant HealthShare in accordance with the Guidelines.
- Engaged members of the Covenant HealthShare community should log in to the MAS on a weekly basis whether or not they receive email notifications.

3. Check your email and physical mail

- Each member should check their email regularly for Share Request notifications, which are requests for your approval on a member's Share Request for an eligible need in the MAS. When members are experiencing a healthcare sharing need, timing is everything. With that in mind, please log in to the MAS within a week your receipt of receiving a notification for an eligible Share Request pending approval. If there has not been a response in the MAS within a week of the notification, your approval will be deemed granted by automatic proxy. As a member of the Covenant HealthShare community, you should be diligent and act swiftly to provide as much assistance to your fellow members in their time of need as you are able, to help reduce or eliminate their medical burdens.
- Check your physical mail for any newsletters we may send or updates on positive impacts we are making on the community through our charitable giving to other 501(c)(3) charitable organizations.

4. Sending prayer and encouragement

- Along with approving the eligible Share Request in the MAS, members can send words of encouragement and prayers of support to members whose eligible Share Requests for medical needs are assigned to you. Prayer is an essential part of Covenant HealthShare's mission, and a central tenet of the membership community.

5. Respect the privacy of your fellow members

- Members share deeply personal Prayer Requests and potentially including confidential health information with one another to allow for specific prayer. While it is expected this information may be shared with family and prayer partners, please be sensitive: Do not post names or details on social media, blogs, or websites without permission, or in any other way misuse the information shared with you in confidence by a member, whether related to a personal Prayer Request or otherwise.

6. Trust and accountability

- At all times act with integrity and avoid the appearance of evil. Members engaging or attempting to engage in falsifying needs, use or attempted use of deceptive practices, of misusing, or participating in another member's misuse of, trust will be dropped from membership.
- When a Share Request is submitted, the Ministry verifies if the need is in accordance with these Guidelines and, if so, coordinates through the MAS timely sharing of the eligible medical need across the membership community.

7. Ending membership

- If you wish to end your membership, Covenant HealthShare must have received notice from you, stating your intent to end your membership you no later than the 15 days prior to your next MMG. This notice is necessary to give adequate time for other members to adjust to your MMG no longer being available for member-to-member sharing of medical burdens. This means, for example, that if you want your last sharing month to be February, you must give notice to Covenant HealthShare by February 15th that you are ending your membership in the Ministry.

8. Restarting membership within 60 days after the date your membership ended

- **And a need has occurred** — If you seek to restart your membership: (a) within 60 days after the date your membership ended, and (b) you incurred a need (whether new or related to a prior need) during the "gap" period between the end of your membership and the effective date of your restarted membership, then (c) your restarted membership will be treated as a new membership; and (d) you will be required to complete a new membership registration and make a nonrefundable charitable donation; and (e) in the interest of fairness to the other members, all existing member health conditions as of the new membership effective date will be subject to the sharing limits discussed in the **Conditions Existing Prior to Membership** section as if the prior period of membership never occurred.
- **And NO need has occurred** — If you seek to restart your membership: (a) within 60 days after the date your membership ended, and (b) you did not incur any medical need(s) (whether new or related to a prior need) during the "gap" period between the end of your membership and the effective date of your restarted membership, and (c) you contact Covenant HealthShare Member Support within the 60-day gap period to restart your membership, and (d) you catch up on your MMG contributions for any missed MMG amounts that you would have otherwise contributed during the "gap" period in your membership, then (e) your restarted membership will be treated as an existing membership, as if the prior period of membership never ended.

9. Restarting membership after 60 days or more after the date your membership ended

- If you seek to restart your membership: (a) 60 days or more after the date your membership ended, then (b) your restarted membership will be treated as a new membership; and (c) you will be required to complete a new membership registration and make a nonrefundable charitable donation; and (d) in the interest of fairness to the other members, all existing member health conditions as of the new membership effective date will be subject to the sharing limits discussed in the **Conditions Existing Prior to Membership** section as if the prior period of membership never occurred.

Member Responsibilities, cont.

10. Requesting sharing and prayer for an unqualified need (Exceptional Grace Request)

- Medical Needs that do not meet the Guidelines of a member's registered program may be eligible to be submitted as an **Exceptional Grace Request**, through which members ask their fellow members to contribute additional funds toward the requesting member's medical needs in addition to a member's regular MMG. Covenant HealthShare reserves the right to decide which needs will or will not be shared as an Exceptional Grace Request. Each Exceptional Grace Request will be considered based on the monetary amount of the request, the member's options to seek assistance from other sources, the circumstances giving rise to the need, the degree to which the need was avoidable, and the amount of other pending requests.
- Before submitting an Exceptional Grace Request, members should: consider their own financial resources; explore what options are available to reduce costs with providers; and what assistance is available from their family, their local church and other community resources. Please consider that Covenant HealthShare members will be giving beyond their MMG to lighten the burden of other members, so it is important to be mindful of factors above when submitting Exceptional Grace Requests. For additional information about Exceptional Grace Requests, please call 855.539.1552 to speak to a sharing advisor.

11. Payment from others

- a) In many situations there could be others that are obligated to pay.
- i. **Insurance Type Arrangements:** Medical bills for member healthcare needs must be submitted to insurance, Medicare, Worker's Compensation, and any other payer who may be responsible, before submitting them to Covenant HealthShare. Members must receive notice of payment or rejection, and submit supporting documentation before Covenant HealthShare will consider sharing the need. Any amount paid by insurance, Medicare, Worker's Compensation, or any other responsible or liable party will not be shared. If a need is shared and later reimbursed by a third party, or liability is released as part of a settlement, the reimbursed amount must be remitted to Covenant HealthShare to be shared with other members' medical burdens, even if the amount of medical expense compensation is not specified in the settlement.
 - ii. **Pursuing Legal Remedy:** If a member suffers an injury and a probable liable party or such party's insurance refuses to pay unless legal remedies are pursued, the member must pursue such necessary legal remedies unless the member demonstrates that pursuing or engaging in the pursuit of such necessary legal remedies would violate the member's Christian, faith-based conviction against initiating a lawsuit. Conditions may be placed on eligibility of Share Requests related to such injuries before the matter is settled. Any amounts that are received in a settlement, to the extent they fairly represent compensation for shared medical needs, must be remitted to Covenant HealthShare to be shared among the membership to lessen the medical burdens of the other members of the Covenant HealthShare community.

12. Other available assistance

- Covenant HealthShare members are encouraged, but not required, to seek and/or accept offers of, funding from federal or state healthcare programs or related governmental sources as relief from a member's medical need-related financial burdens. However, if a non-governmental, secular, religious, or fraternal organization makes an offer to pay any portion of a member's medical needs but the member declines to accept such payment,

that portion of the member's Share Request for which payment was offered but declined will be deemed ineligible for sharing among the members (even if such medical need(s) would otherwise be eligible for sharing), and the member's eligible Share Request shall be reduced to reflect the amount of offered but declined assistance. Notwithstanding, the member may request that such portion be deemed eligible for sharing among the members and such request will be granted by Covenant HealthShare (subject to eligibility for sharing under the Guidelines applicable to such member's registered membership level) if the member is able to demonstrate that acceptance of the offered payment would violate the member's Christian, faith-based conviction. Members must report to the Ministry amounts raised by crowdfunding for eligible medical needs and such amounts shall be applied to the member's Share Request to reduce the amount eligible for member-to-member sharing among the Covenant HealthShare community.

13. Other health care sharing organizations

- Members that choose to participate in one or more health care sharing ministries in addition to their membership with Covenant HealthShare shall not submit Share Requests or Extraordinary Grace Requests to Covenant HealthShare or obtain (or seek to obtain) sharing, payments, or other forms of reimbursement or compensation from Covenant HealthShare or those other certain health care sharing ministries in which the member participates if such submission and any subsequent sharing in the member's medical needs by the Covenant HealthShare membership community would result in excess share payments to the member over-and-above the member's actual financial burden arising from the medical needs included in the Share Request, Extraordinary Grace Request, or other non-Ministry method or form related to medical burden sharing. Intentional, willful, reckless, grossly negligent, deceitful, and/or fraudulent acts or omissions on the part of the member related to seeking and/or receiving any such excess share payments will not be tolerated by the Covenant HealthShare community. Members who disregard this provision may be subject to delays, withholding, and/or refusal to pay Share Requests and/or Exceptional Grace Requests (even for eligible medical needs) by Covenant HealthShare (on behalf of the membership community), and/or termination of membership with Covenant HealthShare.

14. Time limit for Share Request submission

- Ordinarily, a Share Request for a medical need submitted more than one year after the service giving rise to the medical need was provided will not be eligible for member-to-member sharing.

15. Changing membership levels

- Members can change their registered membership level at any time. A membership level change will be treated as a new membership, requiring a new registration and non-refundable charitable donation. In the interest of fairness to the other members, all existing member health conditions as of the new membership level effective date will be subject to the sharing limits discussed in the **Conditions Existing Prior to Membership** section as if the prior period of membership under another membership level never occurred.

16. Notice of amendments

- Members will be notified of changes to the Guidelines via monthly newsletters, notices on Covenant HealthShare's website, or through other electronic correspondence. See also **Membership Guidelines Updates** section below.

Defining Your Membership

MEMBERSHIP IN COVENANT HEALTHSHARE IS LIMITED TO MEMBERS OF THE SAME IMMEDIATE FAMILY. “IMMEDIATE FAMILY” MEMBERS MAY INCLUDE HUSBANDS, WIVES, AND CHILDREN, BUT (SUBJECT TO THE REQUIREMENTS BELOW) MAY ALSO INCLUDE GRANDCHILDREN.

An individual will be considered a member of an immediate family for purposes of membership if the individual meets the applicable criteria listed below:

Dependents

1. Children

- a) A single child aged 18 years through 25 years of age (up to the child’s 26th birthday) may be on his/her parent’s membership if the child is living at home (which includes while away at school full time)
- b) Persons aged 18 years and older may not be on a membership with a sibling when no parent is active on the membership. In this circumstance, the older person must be enrolled in his or her own membership
- c) A child aged 18 years and older, that does not live at home or meet the qualifications stated above is considered an adult and must be enrolled in his/her own membership
- d) Any unmarried child aged 17 years and younger or unmarried children aged 18 years and older who meet the requirements of paragraph (a), may be included as a child in a family membership

2. Marriage

- Once a child gets married s/he must enroll in his or her own membership. This applies even if the child still qualifies as a dependent, or is under the age of 26, at the time of the marriage.

Thirty Day Transition Period

- Children who become ineligible to be on their parents’ membership, as described above, will have a 30-day grace period in which to obtain their own membership. After which, they will be removed from their parents’ membership.

Gap Period Between Memberships

- Any medical event that occurs between the date that a dependent leaves a family membership and the date such individual enrolls in his/her own membership will not be shared.

Newborns

- A newborn, whose addition to the membership will increase the monthly share amount, will be included within a membership retroactive to the date of birth, as long as Covenant HealthShare is notified to add the newborn to the membership no later than 30 days after the birth; otherwise, the effective date of the newborn’s membership will be no earlier than the date of notification to the Ministry. Members should notify Covenant HealthShare as soon as possible of the need to add any subsequent newborn child(ren) to a membership. Please be aware that there are specific Guidelines addressing member-to-member sharing of healthcare needs for a newborn.
See Maternity & Newborn Sharing section

Adoption

- Adopted dependents who are unmarried are considered members of the immediate family and are treated the same as biological dependents for purposes of membership.

Grandchildren

- Grandchildren may be included as part of their grandparents’ membership if they meet all of the following criteria:
 - i. They live permanently with their grandparents (their primary household);
 - ii. The grandparents have legal custody, or the grandchild is the child of a minor;
 - iii. They meet the eligibility guidelines for children (described above); and
 - iv. There is no other third party responsible for their medical bills.

Removal of Child or Spouse From Membership

- A dependent or spouse that is removed from an existing membership and enrolls in a new membership will enroll in the same membership level at which they were previously enrolled.





Maternity & Newborn Sharing

Newborn and Maternity Need Sharing

- Maternity needs are shared when the doctor confirms that the member's estimated due date is eight (8) months or more after the effective date of the mother's membership. In general, maternity needs include prenatal care, delivery, postnatal/postpartum care, and miscarriage, and are treated like any other medical need for purposes of eligibility for member-to-member sharing.

Maternity Needs That Are Sharable

- **General Rule:** Shareable maternity needs include costs for prenatal care, delivery, postpartum/postnatal care, miscarriage and congenital conditions. Shareable needs include care provided by midwives, doctors, nurse practitioners and other licensed medical professionals. There are special criteria for sharing needs of the child related to genetic defects and hereditary diseases. *See Conditions Existing Prior to Membership section*

Pre- and Post-Birth Need Sharing

- Costs for all pregnancy and birth-related complications of the mother will be shared as a part of the maternity need.
- Any prenatal need of the child/children and routine postnatal care of the child/children, including no more than one routine outpatient doctor visit, will be shared as part of the mother's maternity need.
- A postnatal need of the child beyond routine postnatal care will be considered the child's need separate from the mother's maternity need.

Adopted Children

- Medical expenses of the birth mother and an adopted child, for which the adopting parents (both a husband and wife) are liable and that are not **Conditions Existing Prior to Membership**, are shareable the same extent as other maternity needs, less any credit amount to which the member is entitled under the federal adoption income tax credit (if any) due solely to those medical expenses. However, if the adopting parents had reason to know of a healthcare condition that the adopted child had prior to the adopting parents being legally responsible for the child's healthcare expenses, or prior to the effective date of the addition of the child to parents' membership, such healthcare condition will be considered a condition that existed prior to membership. *See Conditions Existing Prior to Membership section*



Conditions Existing Prior to Membership

Covenant HealthShare’s membership community understands that some of its members may have experienced certain illnesses and life events that may still require medical care, but in order for the program to be sustainable and not overburdened, certain limitations have been put on conditions occurring prior to membership (pre-existing conditions).

Members are able to share in conditions occurring prior to membership in the following circumstances:

1. Cured conditions, 18-months symptom and treatment free

- a) Needs that result from a condition occurring prior to membership (known or producing observable symptoms) are only eligible for member-to-member sharing if the condition appears to be cured and 18 months have passed without any symptoms (whether benign or not), treatment, or medication (even if the cause of the symptoms is unknown or misdiagnosed)
- b) **Written Doctors Opinion:** To maintain fairness related to member-to-member sharing, Covenant HealthShare may require a member to provide a written opinion from a physician to verify the lapse of symptoms, treatment, and medications for conditions existing prior to members and/or that the member’s current need was not caused by the prior condition

2. Heart Conditions, Cancer, Genetic Defects and Hereditary Diseases

- a) Because of the severity of certain medical burdens, members are not able to share in needs related to heart conditions, Cancer, genetic defects, and hereditary diseases unless the following criteria have been met:
 - i. A condition will not be considered a condition existing prior to membership, even though it may be known that it is not “cured,” if the member is able to document each of the following as true for at least 5 years prior to the effective date of membership:
 - The condition has not been treated nor was future treatment prescribed/planned;
 - The condition has not produced harmful symptoms (only benign symptoms, if any); and
 - The condition has not deteriorated
 - ii. **Written Doctors Opinion:** To maintain fairness related to member-to-member sharing, Covenant HealthShare may require a member to provide a written opinion from a physician to verify that for no fewer than the 5 years immediately preceding the effective date of the individual’s membership, the condition has not: (a) been treated nor was future treatment prescribed or planned; (b) produced harmful symptoms (only benign symptoms, if any); and (c) deteriorated, and/or that the member’s current need was not caused by the prior condition.

3. Exceptions the Covenant HealthShare membership community makes for specific conditions existing prior to membership

- a) **Diabetes**
 - i. **Impaired glucose tolerance** (also referred to as Prediabetes): is not considered a condition existing prior to membership by the members and related needs are shareable among members.
 - ii. **Non-insulin dependent diabetes** (also referred to as Type 2 Diabetes or Gestational Diabetes): the condition where the body is insulin resistant, will not be considered a condition existing prior to membership if 18 months have passed without any symptoms

(whether benign or not), treatment, or medication (even if the cause of the symptoms is unknown or misdiagnosed).

- iii. **Juvenile onset diabetes** (also called Type 1 Diabetes), the condition where the body produces insufficient insulin, will not be considered a condition existing prior to membership if 18 months have passed without any symptoms (whether benign or not), treatment, or medication (even if the cause of the symptoms is unknown or misdiagnosed).

b) High Blood Pressure

- i. High blood pressure will not be considered a condition existing prior to membership even if you have not gone 18 months symptom free, as long as you have not been treated at a hospital for high blood pressure in the past 5 years, and you are able to control the condition through medication or diet. Needs associated with medication for treatment of high blood pressure as a chronic condition will not be shared.

c) High Cholesterol

- i. Neither High Cholesterol on its own nor the taking of a prescribed statin drug (or other anti-hyperlipidemic) will be considered a condition existing prior to membership, unless the prescription is for diagnosed arteriosclerosis for a particular site within the body.

4. Member Verification of Certain Conditions

- a) For some of the conditions listed in this section, a statement signed by both the member and a doctor must be submitted with the member’s Share Request, verifying that the condition did not exist prior to membership, or that the member has gone at least 12 months (up to 5 years for some conditions) without symptoms, treatment, and medication subsequent to the last time the condition occurred before certain needs may be eligible to be submitted to the membership community for sharing.

5. Ending membership, rejoining or modifying membership level

- a) To prevent abuse and/or mistrust by the membership community, and to ensure fairness related to member-to-member sharing, a condition that developed while a person is a member will be considered a condition existing prior to membership if the person ends his/her membership, and later rejoins or switches membership levels, unless the criteria for eligibility of needs for member-to-member sharing outlined above has been met.

The above clause only applies to hospital and surgical settings; there are no restrictions on conditions existing prior to membership at the following facility types: primary care, urgent care, specialists, emergency room and lab work.

Please be aware that Covenant HealthShare is not an insurance company, nor is it a provider of insurance policies or products. The Ministry facilitates voluntary member-to-member sharing for all eligible medical expenses; however, member registration and participation is completely voluntary and does not create a contractual obligation between any member and Covenant HealthShare or otherwise represent an agreement, guarantee, or promise by the Ministry or other members that your medical bills will be paid. Membership in Covenant HealthShare should never be considered a substitute for an insurance policy. Whether you or your provider(s) receive any payments for medical expenses and/or Covenant HealthShare continues to operate, you are always liable for your unpaid medical bills. You may cancel your membership at any time.

Rectifying Disagreements

Disagreements Happen

Covenant HealthShare and its members are a Christian community and as followers of Christ, believe that the Bible instructs them to make every effort to live at peace and to resolve disputes with each other in private or within the Christian church (see Matthew 18:15-20; 1 Corinthians 6:1-8). A member who chooses not to adhere to these Biblical principles and decides to bring a dispute matter into a court, can damage the fellowship within the community. This type of action is also contrary to the mission of the health care sharing community and may result in the complaining member not having their needs shared.

Therefore, as a condition of membership each member agrees that in the event of a dispute or claim that is related to Covenant HealthShare, acting on behalf of its directors, officers, employees, agents, and the whole Covenant HealthShare community of members (collectively, "Covenant HealthShare") and/or its health care sharing ministry program in any way, the member shall seek to resolve such dispute as follows:

- (A) If the dispute or claim is related to the eligibility of a need for member-to-member sharing:
 - (1) Direct Discourse with Covenant HealthShare: The member shall first attempt to resolve the dispute or claim through direct discourse with a sharing advisor and/or members of Covenant HealthShare's administration. Nearly all needs can be determined to be eligible for sharing or not eligible for sharing according to the Guidelines. In matters where the Guidelines may not provide absolute clarity, Covenant HealthShare can usually determine whether the need should be shared according to procedure and precedent.
 - (2) Internal Review by Member Panel: If the member's claim or dispute cannot be resolved between the member and Covenant HealthShare through direct discourse with a sharing advisor and/or members of Covenant HealthShare's administration (for example, Covenant HealthShare cannot determine whether the need is shareable, or if you believe we are misinterpreting the Guidelines or your circumstances), then as a secondary avenue for resolution, the member will submit a written request to Covenant HealthShare for an internal review by a Member Panel (as described below). The member's written request must be postmarked, or received by Covenant HealthShare, no later than ninety (90) days after the denial of the Share Request that is the subject of the requested internal review by the Member Panel. Upon receipt of the member's written request explaining why the member believes the need(s) in question is/are eligible for member-to-member sharing under the Guidelines, the need(s) at issue will be submitted to a panel of five (5) to nine (9) randomly selected members who will be sent the Share Request through electronic secure communication and asked to determine if the need is eligible for member-to-member sharing ("Member Panel"). The Member Panel's decision will be binding on both Covenant HealthShare and the member.

- (B) If the dispute or claim is otherwise related in any way to Covenant HealthShare, its health care sharing ministry program, its directors, officers, employees, agents, and/or members:
 - (1) Christian Mediation: The member shall first seek to resolve any such claim against or dispute with Covenant HealthShare (as collectively defined above) through Biblically-based Christian mediation.
 - (2) Binding Arbitration: If mediation fails, then the member shall seek to resolve the dispute or claim against Covenant HealthShare through legally binding arbitration conducted in Atlanta, Georgia, in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation (complete text of the Rules is available www.iccpeace.com or by contacting ICC PEACE at info@iccpeace.com). Judgment upon an arbitration decision may be entered in any court otherwise having jurisdiction.
- (C) Each of the member and Covenant HealthShare (acting on behalf of its directors, officers, employees, agents, and the whole Covenant HealthShare community of members) shall bear its own costs with respect to any such mediation and/or arbitration.
- (D) The methods described under Section (A), above, are meant to be the sole remedies for disputes or claims arising out of a member's relationship with Covenant HealthShare and, as a condition of membership, each member agrees to expressly waive such member's right to file a lawsuit in any civil court against Covenant HealthShare, its directors, officers, employees, agents, and members for such disputes or claims, except to enforce an arbitration decision obtained under the circumstances described under Section (B)(2), above. This also includes any determinations as to whether the matter in dispute comes within this arbitration agreement or can be required to be arbitrated.
- (E) Cost-efficient and effective resolution of claims and disputes is in the interest of Covenant HealthShare members. Therefore, even if Covenant HealthShare or any member participates to any extent in a court proceeding regarding a matter in dispute discussed in this Section of the Guidelines or otherwise related to those matters, disputes, or claims discussed in this Section, such participation will not forfeit, waive, or otherwise foreclose the ability of a member and/or Covenant HealthShare to later demand that the dispute be resolved by the procedures, including the arbitration procedures, set forth in this Section. For all matters of procedure and substance regarding any dispute or claim that comes within these mediation/arbitration requirements, the laws of the State of Georgia, and if applicable, relevant federal law, shall govern.

DON'T CARRY BURDENS ALONE

Covenant HealthShare and its members are Christians and followers of Christ. We believe that the Bible commands them to make every effort to live at peace and to resolve disputes with each other within the Christian church. - Matthew 18:15-20; 1 Corinthians 6:1-8

SUBMITTING AN APPEAL

If Covenant HealthShare cannot determine whether a need is shareable, or If you believe we are misinterpreting the Guidelines or your circumstances, you may submit a written request to us explaining why you believe the need or needs in question are shareable under the Guidelines.

Rectifying Disagreements, cont.

Applicable Law

For all matters of procedure and substance regarding any dispute or claim that comes within these mediation/arbitration requirements, the laws of the State of Georgia, and if applicable, relevant federal law, shall govern.

Membership Guidelines Updates

Amendments to the Guidelines will go into effect as soon as administratively practical or as designated by the Covenant HealthShare Board of Directors. Medical needs that began, or Share Requests that were submitted, before the adoption of an amendment to the Guidelines that effects the eligibility of the medical need for member-to-member sharing will be determined under the Guidelines in effect on the date the medical needs were incurred. However, burdens related to a member's need that would have been shareable under the Guidelines in effect when a need began, will remain shareable regardless of subsequent Guideline changes (subject to applicable deadlines and limitations on submission of Share Requests). For instance, if a member used services for a need in August and the Guidelines were updated in September, Covenant will honor the Guidelines that were existing at the time of service.



Amendments to the Guidelines are subject to change. If you have a need that began before the change was adopted, the sharing of bills related to that need will be determined by the Guidelines as they existed on the date care was administered by a professional.

Your appeal will be submitted to a panel of 5 to 9 randomly selected members of the Covenant HealthShare community who will be asked to make a determination via electronic secure communication determining if the member's need is shareable. This process will be conducted in a manner that protects all members of the Covenant HealthShare community's privacy.

For all matters of procedure and substance regarding any dispute or claim that comes within these mediation/arbitration requirements, the laws of the State of Georgia, and if applicable, relevant federal law, shall govern.

Internal reviews take anywhere from 10-14 business days. The review process includes member-level review (described in 02) and requires leadership and Board approvals, compliance and medical review, as well as other approvals and/or review deemed necessary.



THE COST OF DISPUTING

A member who chooses not to adhere to these Biblical principles and decides to bring a dispute matter into a court, can damage the fellowship within the community. This type of action is also contrary to the mission of the health care sharing community and may result in the complaining member not having their needs shared.

WAITING IN PRAYER

Your written request must be postmarked, or received by Covenant HealthShare, no later than 90 days after denial of a Share Request. Each need is unique and takes time to research and have thoughtful prayer for guidance.

THIS IS NOT INSURANCE

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Glossary of Terms

Effective Date	The date that the member becomes active in the Covenant HealthShare program, which is determined at the time of registration.	Member Preferred Provider Group*	An eligible provider group, individual provider, and/or facility, participating in the MultiPlan PHCS network. Member-to-member sharing within a Covenant HealthShare membership level for services received from providers and/or at facilities participating in the Member Preferred Provider Group* is based on the specific sharing percentage established in the Guidelines for that membership level.
Exceptional Grace Request	Medical Needs that do not meet the Guidelines of a member’s registered program may be eligible to be submitted as an Exceptional Grace Request, through which members ask their fellow members to contribute additional funds toward the requesting member’s medical needs in addition to a member’s regular MMG. Covenant HealthShare reserves the right to decide which needs will or will not be shared as an Exceptional Grace Request.	Member-to-Member Sharing	Eligible needs which are shared throughout the Covenant HealthShare community. This percentage is determined by the sharing amount that is specific to membership level guidelines.
Explanation of Sharing	A document that explains a Share Request. It will provide information on the member-to-member share amount and total costs of services rendered, which is facilitated by Covenant HealthShare.	Monthly Member Gift (MMG)	A voluntary contribution donated each month by members to help share eligible medical burdens that are facilitated through the Member Aid System (MAS).
Household	Eligible registered members living under one roof, and dependent on the same Primary Member enrolled. Primary Members are responsible for payment of MMGs for their Household to be active.	Non-Member Preferred Provider Group	A provider group, individual provider, and/or facility, that is not included in the MultiPlan PHCS network. Member-to-member sharing within a Covenant HealthShare membership level for services received from providers and/or at facilities that do not participate in the Member Preferred Provider Group* is based on the specific sharing percentage established in the Guidelines for that membership level.
Lifetime Membership Sharing Limit	The amount of total sharing available on eligible needs by other members for the life of their Covenant HealthShare membership. Each enrolled member in the Household will have their own Lifetime Membership Sharing Limit.	Personal Responsibility Amount Yearly (PRAY)	The amount not shareable by Covenant HealthShare’s community to individual members on a 12-month basis from the date of program enrollment. A medical need will not qualify for sharing until the total Share Request submitted exceed the member’s PRAY.
Medical Benevolence Fund (MBF)	The charitable account that facilitates member-to-member sharing throughout the Covenant HealthShare community for eligible medical needs.	Primary Member	The oldest person registered in a Covenant HealthShare program membership level living in a Household. This person is responsible for their dependents and making MMG contributions to the Ministry on behalf of the Primary Member’s Household (if applicable) as required under the Guidelines for their registered membership level.
Medical Need	A medical service rendered by a Member Preferred Provider Group*, individual provider, and/or facility, or a Non-Member Preferred Provider Group, individual provider, and/or facility.	Program Year	A 12-month time period from the member's Effective Date, which is provided at the time of registration.
Member	A person who is enrolled in a membership level within the Covenant HealthShare program.	Share Request	A formal request for medical need cost sharing from one member to another that is shared throughout the membership community via the MAS.
Member Aid System (MAS)	The IT platform by which member-to-member sharing is facilitated, allowing members to control their healthcare cost through a secure online member portal. Members can also manage their MMGs, fellowship with other members, ask questions about the program and their membership level, and donate additional gifts toward fellow members’ needs or other charitable causes.	Yearly Membership Sharing Limit	The total amount available to be shared per year by the membership community. This amount is specific to the membership level guidelines. Total bills submitted will not be shared until a member's PRAY amount is met.

*Covenant HealthShare does not own or operate the MultiPlan Private Health Care Service (PHCS) network.

Legal Notices

The following legal notices are required by state law and are intended to notify individuals that health care sharing ministry programs are not insurance and that Covenant HealthShare does not provide any guarantee or promise of payment for any medical costs or expenses incurred by its members.

General Legal Notice

Covenant HealthShare facilitates the sharing of medical expenses but is not an insurance company, and neither its guidelines nor program of operation is an insurance policy. Sharing is available for all eligible medical expenses; however, participation as a member of Covenant HealthShare does not guarantee or promise that your medical bills will be paid or assigned to other members for payment. Whether any other member chooses to contribute, in whole or in part, to the payment of your medical bills is completely voluntary on the part of that member. As such, membership in Covenant HealthShare should never be considered as a substitute for an insurance policy. Whether you or your provider(s) receive any payments for medical expenses and whether or not Covenant HealthShare continues to operate, you are always liable for any unpaid medical bills. This health care sharing ministry is not regulated by state departments of insurance. You should review Covenant’s guidelines carefully to be sure you understand any limitations that may affect your personal medical and financial needs.

Covenant HealthShare, Inc. is not restricted from operating in any of the 50 United States, U.S. territories, or any foreign country, and has no legal barriers of which we are aware; however, we do not market membership in CO, MA, MD, PA, and WA. Limitation subject to change without prior notice.

State Specific Legal Notices

Alabama Code 22-6A-2, 22-6A-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 payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Alaska Statute 21.03.021(k)

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

Arizona Statute 20-122

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

Arkansas Code 23-60-104(2), 23-76-103(c)(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. If anyone chooses to assist you with your medical bills, it will be totally voluntary because participants are not compelled by law to contribute toward your medical bills. Participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive a payment for medical expenses or if this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Florida Statute 624.1265

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

Georgia Code 33-1-20(a)(6)

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 Code 41-121(2)(f)

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 Ill. Comp. Stat. 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 27-1-2.1-1, 27-1-2.1-2

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 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 OR 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 Statute 22:318, 22:319

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 Statute title 24-A, §704

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.

Michigan Comp. Laws 550.1865, 550.1867

Notice: The eligible entity that operates this health care sharing ministry, Covenant HealthShare, Inc., is not an insurance company and the financial assistance provided through the ministry is not insurance and is not provided through an insurance company. Whether any participant in the ministry chooses to assist another participant who has financial or medical needs is totally voluntary. A participant will not be compelled by law to contribute toward the financial or medical needs of another participant. This document is not a contract of insurance or a promise to pay for the financial or medical needs of a participant by the ministry. A participant who receives assistance from the ministry for his or her financial or medical needs remains personally responsible for the payment of all of his or her medical bills and other obligations incurred in meeting his or her financial or medical needs.

Mississippi Code 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 Statute 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 Statute 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 Statute 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.

South Dakota Codified Laws 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 Ins. Code 1681.001, 1681.002, and 1681.003

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, 38.2-6301

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

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

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

Wyoming Statute 26-1-104

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Any assistance with your medical bills is completely voluntary. No other participant is compelled by law or otherwise to contribute toward your medical bills. Participation in the organization or a subscription to any of its documents shall not be considered to be health insurance and is not subject to the regulatory requirements or consumer protections of the Wyoming insurance code. You are personally responsible for payment of your medical bills regardless of any financial sharing you may receive from the organization for medical expenses. You are also responsible for payment of your medical bills if the organization ceases to exist or ceases to facilitate the sharing of medical expenses.

Covenant HealthShare, Inc. is NOT insurance.

[†] Covenant HealthShare, Inc. (“Covenant HealthShare”) operates its health care sharing ministry as a successor-in-interest to the historical medical benevolent giving program established by its predecessor, a nonprofit 501(c)(3) ministry, that has been making regular benevolent distributions to members of its congregation and the communities it serves to assist such individuals with medical and other healthcare costs and expenses since 1991 (the “Program”). As its successor, Covenant HealthShare has formalized the Program and expanded the charitable and benevolent reach of the Program beyond its predecessor’s ministry to support all persons nationwide who have accepted Jesus Christ as their Savior, and subscribe and commit to live in accordance with the teachings of the Bible and their faith in God.

