

Guidelines for Health Care Sharing

in Samaritan™ **Classic** and **Basic**

AUGUST 2025



Guidelines for Health Care Sharing in Samaritan Classic and Basic

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These Guidelines are accurate as of August 2025. To access the most recent version of the Guidelines, please visit samaritanministries.org/guidelines.

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Samaritan Ministries International (SMI) is recognized by the IRS as a 501(c)(3) nonprofit religious organization that administers a health care sharing ministry. The ministry enables Christians to help one another with medical needs without using health insurance. Health care sharing is not insurance. Members share one another's medical expenses through voluntary giving, not because of legal obligation.

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Foundational Principles



We believe the following Biblical principles are basic to the life of every believer; therefore foundational to our health care sharing ministry:

Jesus Christ is our Provider for every need.

As the Creator of all things, He is the only One with all the resources necessary to meet every need that occurs in His creation.

Our needs are more than physical.

Human beings are more than just a collection of cells, and we have needs that go beyond the physical body. Our members come together to meet the financial, physical, and spiritual aspects of each medical need.

God has made us stewards of His resources.

As a first line of defense, members of the Body of Christ are responsible to use the resources they've been given by God to care for themselves, their family, and others.

Our local Christian church offers us support.

We seek to support and supplement the local Body, not replace it. We depend on local Christian church leaders to provide accountability for the Samaritan members under their care.

Mankind is the crown of His Creation.

Because we bear the image of God, we are to respect all human life at all stages of development. Therefore, we live according to Biblical principles in all aspects of our lives by treating our bodies as temples of the Holy Spirit.

Overview

Every month, members of Samaritan Ministries give to other members who have medical needs. Members pray and send their monthly share, along with notes of encouragement, directly to the member in need. This allows members to minister to all aspects of the need: spiritual, emotional, physical, and financial.

Samaritan Ministries International (*SMI*) is a nonprofit religious health care sharing ministry that enables Christians to help one another with medical needs without using health insurance. Because the ministry is not an insurance company, some of the terminology and processes are different than what you may be used to.

SMI members do not pay “premiums,” and money is not collected by SMI to “cover” members’ medical expenses. Instead, members send their monthly shares directly to other members with medical needs. Share notifications are sent out monthly, and they inform the members who they’ll be sharing with that month, and what the need was for. Once members receive their share notification, they send their designated share amount, as well as a note of encouragement directly to the member with the need.

For most of the year, members share directly with one another. When not sharing with another member directly, members send their Share(s) to the Samaritan Ministries office to support the ministry’s administrative services.

Medical needs below the initial unshareable amount of \$1,000 for Samaritan Classic and \$2,000 for Samaritan Basic are not shared. Needs that exceed the initial unshareable amount are shareable up to the maximum shareable amount of \$250,000 for Samaritan Classic and \$247,500 for Samaritan Basic. Please note that maternity Needs have a maximum shareable amount of \$247,000 for Samaritan Classic and \$236,500 for Samaritan Basic. The amount above the maximum shareable amount may be shared for members enrolled in *Save to Share*™.

HOW IT WORKS



A medical need arises

There are no network restrictions. Choose the doctor, hospital and pharmacy that works best for you and your family.



The need is shared

Medical bills are sent to Samaritan Ministries, and we notify members to pray and send money for your shareable bills.



Your bills get paid

The money received is used to pay your medical bills and you enjoy encouraging messages from other members.

Needs that do not qualify according to the Guidelines cannot be shared as part of the monthly share notification. However, we can make these unqualified needs known to the membership as a Special Prayer Need, and other members are free to make donations towards the unqualified need.

SMI is governed by a nine member Board of Directors, all of whom are SMI members. Six of the Board members are elected by the membership. Each Board member's term is for three years. None of the elected Board members have a financial or employment interest in SMI. No Board members receive financial compensation for their service as Board members, except for reimbursement of expenses incurred attending the meetings. The Board has three regularly scheduled meetings each year and additional special meetings as needed.

Introduction to Membership Levels

In both Samaritan Classic and Samaritan Basic, your monthly share amount is based on the number in your family participating in the membership and the age of the oldest person in that group.

Switching Membership Levels

Please read *Section XIV* carefully about the implications of switching levels. Switching to Basic will result in all bills subsequently received by SMI to be shared under the Basic Guidelines even if the services were provided before the switch. In switching to Classic from Basic you may totally lose the ability to share some needs.

Summarized below is a brief introduction of the key differences between membership levels. Please read the full Guidelines for a complete explanation of sharing.

Sharing Percentage

Basic • 90%

Classic • 100%

The amount of qualifying bills above the initial unshareable amount will be shared at 100% in Samaritan Classic, and at 90% in Samaritan Basic, absent any prorating. (*Section VI.A.7*)

Maternity needs in Samaritan Classic will be shared at 70% with a maximum 30% co-share amount of \$3,000.

Initial Unshareable Amount

Basic • \$2,000

Classic • \$1,000

The initial amount per medical condition that members do not share in Basic is \$2,000, compared to \$1,000 in Classic. The initial unshareable amount can be adjusted down for discounts received in Basic only. (*Section VI.A.4*)

A medical condition does not qualify for any sharing until the total bills exceed the initial unshareable amount (*not counting discounts*).

Maternity Limit

Basic • \$5,000

Classic • \$247,000

Maternity needs in Samaritan Basic have a \$5,000 sharing limit. Additionally, a maximum 10% co-share amount of \$13,500 applies to prevent these needs from becoming too great a burden. (*Section IX.A.8*)

Maternity needs in Samaritan Classic have a \$247,000 maximum shareable amount.

A multi-person membership (*or its equivalent*) is required for maternity sharing. (*Section IX.A.1*)

Maximum Shareable Amount

Basic • \$247,500

Classic • \$250,000

We are not insurance.

Health Insurance is a contract where one party agrees to be legally responsible for and accept another party's risk of loss, in exchange for a payment called a premium.

Health care sharing is an arrangement where members share one another's medical expenses through voluntary giving, not because of legal obligation.

We are not licensed or registered by any insurance board or department, since we are not practicing the business of insurance. We do not assess applicants' health risks, because neither the ministry nor the members are assuming financial liability for any other member's risk. There is no deadline or cutoff date to sign up for SMI; you can join anytime. There is no "policy term" ... your membership continues as long as you meet your responsibilities.

No Premiums

Insurance companies collect premiums that they keep until the money is needed for claims. Samaritan Ministries is not an insurance company, so we have no premiums. Members of Samaritan Ministries retain possession of their money until it is needed. Most months each year they send their assigned share, not to the ministry, but directly to another member who has a qualified medical need.

No Claims

Because Samaritan Ministries is not an insurance company, there is no transfer of risk. This means that when a member receives medical care, there is no "claim" that is owed. There is simply a medical need. Samaritan members send proof of their medical expenses to the Samaritan Ministries office (*or they can submit the need online via their Samaritan Dashboard*), where the need will be evaluated according to the Guidelines. Then the qualified needs are shared among the members. Again, this giving is voluntary and does not involve any legal obligation (*claim*) on the ministry or the other members.

Initial Unshareable Amount

In a sharing ministry, each member is always responsible for all of their own medical expenses. A medical need below the initial unshareable amount of \$1,000 for Samaritan Classic or \$2,000 for Samaritan Basic is not shared by the members.

Operational Costs

Most months, members share directly with one another. On some occasions, a member will send their Share to the Samaritan Ministries office to help meet administrative needs (*non-refundable after 30 days*). In their first year, new members may also be asked to send a few months to the office, depending on administrative needs. Unique services provided to the members may be paid for by other means as determined by the Board of Directors. An audit of ministry finances is conducted by an independent, outside auditing firm each year to verify integrity in how administrative money is handled.

Balancing Needs and Shares

If all needs cannot be met, we use a prorating method to evenly distribute the burden. For example, if there is only enough share money for 97% of the needs submitted for a particular month, 97% of each need would be shared for that month. We can also overlap needs from two months so that there is enough money for all the needs. See *Section VI.D "Balancing Needs and Shares/Proration."*

Is this legal?

Samaritan Ministries 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. Samaritan Ministries International is recognized by the IRS as a 501(c)(3) nonprofit religious organization. If your state requires all residents to have health insurance during the year or be exempt from the requirement, consult samaritanministries.org/tax for instructions on how to file your exemption. Health care sharing also satisfies the mandates of the federal Affordable Care Act. For years 2018 and prior, members are to complete the IRS created Form 8965 which indicates what portion of the year they were a member of a health care sharing ministry.

Health Care / Doctor Visits as a Cash-Pay Patient

Members deal directly with the providers of their choice, as “cash-pay” patients. There are no “preferred providers” or required networks, therefore, no “out of network” penalties. Members are free to work with their providers to determine the best treatments for their families.

Sharing Large Needs

SMI members are also eligible to participate in another sharing ministry, *Save to Share*, where needs exceeding \$250,000 may be shared. (See *Save to Share Guidelines*.) Massachusetts’ members are required to participate in *Save to Share*. There is no limit on the number of needs that an individual member or household may have, and neither your membership nor monthly share amount is affected by the amount of medical expenses you have.

Receiving Shares

The sharing turnaround time is normally within two to three months from receipt of your medical bills and required information. If your Need Processing Form is correct and complete, and there are no ongoing financial negotiations with providers, your need will be shared at the beginning of the second month after we receive your need. See page 65.

SMI will provide you with a checklist (*via postal mail and in your Samaritan Dashboard*) so that you can keep track of the members assigned to send to your need. If someone on your list has stopped sharing and will not be sending to you, that amount will be reassigned the following month to a member who is sharing. You must be current in your sharing responsibilities and other member requirements to have a need shared by the membership.

Medical Care Outside the U.S.

Whether you’re on vacation or a missions trip, bills from medical treatments occurring overseas can be shared. They must be written or translated into English and the price converted to U.S. dollars. They are handled the same as bills from treatment in the U.S. in all other respects.

I. Requirements

To become a member you must meet all the requirements of this section and submit an application, including a church leader verification. As long as you continue to meet these requirements and fulfill all membership responsibilities, your membership will continue.

We believe the following membership requirements benefit all members by being Scriptural, and also by minimizing medical risks and costs, ensuring proper accountability, and encouraging good health practices. SMI retains the discretion to remove from membership any member whose behavior violates Biblical standards such that they may bring the ministry into disrepute.

- A.** Be a professing Christian living by Biblical principles. Every adult on the membership must affirm the following member Statement of Faith:

I believe in the triune God of the Bible. He is one God Who is revealed in three distinct Persons—God the Father, God the Son, and God the Holy Spirit.

GEN 1:26 | LUKE 1:35, 3:21–22 | 2 COR 13:14 | MATT 28:18–20

I believe Jesus Christ was God in the flesh and continues to be such even after His resurrection—fully God and fully man. He was born of a virgin, lived a sinless life, died on the cross to pay the penalty for our sins, was bodily resurrected on the third day, and now is seated in the heavens at the right hand of God the Father.

ISA 7:14, 9:6 | MATT 1:22–23, 26:64 | MARK 16:19 | LUKE 24:38–40 | JOHN 1:1–2, 1:14, 1:29, 2:18–21, 5:18, 8:46 | ACTS 2:32–33 | 1 COR 15:3–4, 15:20–21 | 2 COR 5:21 | COL 1:15–20, 2:9 | HEB 1:1–4, 4:14–15, 7:26, 9:11–14, 10:10–12 | 1 PETER 2:22–24 | 1 JOHN 3:5

I believe that all people have sinned and fallen short of God's glory and can be saved from eternal death only through faith in Jesus Christ, Whose atoning death and resurrection secures for us eternal life.

JER 17:9 | JOHN 3:3, 14:6, 20:30–31 | ROM 3:9–11, 3:23, 5:12–21, 10:8–13 | EPH 2:8–9

- B.** As a community of Christians helping other Christians with their medical bills, every adult on a membership must attend a Biblical, Christian church regularly (*at least three out of four weeks per month that your health or weather permits*). If it is not possible for you to regularly attend a Biblical, Christian church, please submit a letter giving the details. HEB 10:25 *Fellowships, churches, temples, wards, and denominations that fall outside of Biblical, Christian faith—such as the Church of Scientology, Unitarian, Jehovah’s Witnesses, and The Church of Jesus Christ of Latter-day Saints—do not qualify for the church attendance requirement.*
- C.** Believe you are to bear one another’s burdens. GAL 6:2 | PHIL 2:4
- D.** Agree to: not abuse any legal or prescribed substance, abstain totally from illegal drugs and recreational use of marijuana, and abstain from tobacco use (*a rare celebratory cigar or pipe, e.g. when a baby is born, is allowed*). ROM 13:1 | 1 COR 6:12
- E.** Limit consumption of alcohol to moderate amounts and never drink to drunkenness, or cause another brother or sister in Christ to stumble. EPH 5:18
- F.** Abstain from any sexual activity outside of traditional Biblical marriage as designed by God between one biological man and one biological woman, which precludes rejecting one’s biological sex in any manner. GEN 1:27, 2:24 | MATT 19:5 | 1 COR 6:18
- G.** Agree to practice good health measures in accordance with the principle that your body is the temple of the Holy Spirit. 1 COR 6:19-20
- H.** Keep your membership active by promptly sending your monthly assigned share to all regular needs assigned to you in your monthly newsletter mailing or eShare notification. A notice will be given to members who are late in sending shares, and they will lose eligibility to have their own needs shared until the issue has been corrected. If financial need is the cause of these problems, assistance may be available through the Sponsorship Program (*Section V.C*). LUKE 16:10

- I. Agree that when you have a dispute with a fellow Christian, and your fellow Christian is willing to submit that dispute to fellow believers for resolution, you are not to sue each other in the civil courts or other government agencies, (*Section XII*). A person initiating a legal proceeding against SMI to become a member would disqualify himself from membership. 1 COR 6:1-8

- J. Sign and send in your Membership Continuation Form each year, confirming that you are still meeting the above requirements. PROV 10:9

- K. Have someone to whom you are accountable (*pastor, elder, church official, small group leader, accountability partner, etc.*) sign a statement confirming that you meet the above requirements. HEB 13:17

- L. You will be required to agree to these requirements when you apply for membership and provide background information including your date of birth. Annually, you will need to reconfirm that you still meet these requirements.

If at any time you no longer meet all of these membership requirements, you must notify SMI immediately, and your membership and all privileges will be suspended unless otherwise indicated.

Your health status has no effect on your eligibility for membership. However, there are limitations on the sharing of needs for some conditions that existed before membership. Other needs in which members share have specific requirements. For a detailed explanation of the types of needs that are shared or not shared by the members, see the shareable needs Guidelines (*Sections VI-IX*).

To be eligible to have a need shared, a member must be meeting all of the requirements of membership including being current with all shares, and the need must not be caused by conduct inconsistent with membership requirements.

II. Family Defined

A membership in Samaritan Ministries is limited to members of the same nuclear family. Nuclear family includes only husband, wife, and children, but can include grandchildren in the circumstances described in *II.F*. There are five primary sizes of participation for an SMI membership—one person; two persons (*two members of the same nuclear family*); three to seven person family; eight or more person family; and single parent with one or more children (*widowed, divorced, or legally separated*).

Any unmarried children age 17 and under, and unmarried children age 18 and over who meet the requirements of paragraph *A*, may be included as a child in a family membership. Their medical needs may be submitted for sharing if they meet the member requirements in *Section I* and are listed on the Membership Application/Continuation Form. Children 18 and over must verify that they meet the member requirements by signing an application form.

A. Adult Children (Age 18 and Over)

Your single children from age 18 up to and including age 25 may be on your membership if they are living at home (*which includes while away at school full time*).

However, an 18 year old and over may not be on a membership with a sibling when no parent is active on the membership. Whenever that occurs, the older child will be split off to his own membership.

Children age 26 and over must split to their own membership. If an adult child turns age 26 without creating his own membership, he will be inactivated from Samaritan Ministries membership. For more information about splitting off an existing membership, see *Section XIV.D*.

If your child has a disability, there is administrative leeway for your child to remain on your family membership even after turning age 26. Contact your Member Services team before that date if you wish to apply for this status.

B. Marriage

When your children are married, they must have their own membership even if they qualify as your dependent, or are under age 26. The spouse will not be a part of the new membership until they submit an application.

C. Thirty Day Transition Allowance

- 1. Children who become ineligible to be on their parents' membership—**as described in items A and B, will have a 30-day grace period to obtain their own membership after which they will no longer be considered part of their parents' membership. It is the child's obligation to be aware when he is responsible for his own membership.
- 2. Gap Time—**Any incidents which occur from the time a child leaves his parents' membership to the date he begins his own, will not be shared.

D. Newborn

A newborn, whose addition to the membership will increase the monthly share amount, will be included within the membership retroactive to the date of birth, as long as at least one parent was a member as of the baby's birth and you notify SMI to add him to the membership no later than 30 days after the birth; otherwise, the effective membership date will be no earlier than the date of notification to SMI. SMI should be notified as soon as possible to add subsequent newborn children to the membership. Please be aware that there are specific Guidelines addressing sharing needs for a newborn (*Section IX*).

E. Adoption

Adopted, unmarried children are considered members of the family the same as biological children.

F. Grandchildren

Grandchildren may be included as part of their grandparents' membership if they meet all of the following criteria:

- 1. They live permanently with their grandparents (*their residence*), and**

2. The grandparents have legal custody, or the grandchild is the child of a minor, and
3. They meet the eligibility Guidelines for children, and
4. They have no other agency, person, or group responsible for their medical bills.

G. Splitting Off a Membership

A child or spouse splitting off an existing membership will begin at the same level as the existing membership, but may immediately switch to a different level subject to the switching Guidelines in *Section XIV*.

III. Responsibilities

Please familiarize yourself with the following duties so we can minister to each other more efficiently and effectively. Your faithful participation directly ministers to other members.

A. Check Your Mail

Each member should faithfully check the mail (*or email if you have chosen that option*) for the newsletter mailing or eShare notification, and promptly call the office to request the newsletter and your monthly share assignment if you have not received them by the 10th of the month.

B. New Members

To begin a membership, each new member sends a start-up administrative fee to the SMI office, along with their share for the first month (*non-refundable after 30 days of joining*). The start-up administrative fee is currently \$200, and is non-refundable. New members will also normally be assigned to send their shares for the second and occasional third months to the office, although some may be directed to send to a member need to maintain basic amounts of share money for needs.

C. Sending Shares

Most months, you send your share directly to another member. On months where direct sharing is not assigned, you will send your share to the

Samaritan Ministries office to support the ministry's administrative services (*non-refundable after 30 days*).

A portion of members' monthly shares may be converted to administrative fees for expenses Samaritan incurs to facilitate sharing. These fees, when applicable, do not increase your monthly share amount. Members will be informed of the amount prior to any fees taking effect and on their monthly share assignment.

The assignment sheet in each month's email or newsletter mailing will tell where the monthly share should be sent. If your share check does not have your individual name on it, please make sure your name is on the memo line or other location so proper credit will be given to you. The share must be sent in U.S. currency.

D. Monthly Share Amount

The amount you send each month depends on the membership level that you choose: Samaritan Classic or Samaritan Basic.

- 1. Samaritan Classic**—Your monthly share amount is based on the number in your family participating in the membership and the age of the oldest participant. If you need financial assistance with your share amount, see *Section V.C. "Sponsorship."*
- 2. Samaritan Basic**—Your monthly share amount is based on the number in your family participating in the membership and the age of the oldest participant.

E. Overseas Members

Must have a stateside contact through which to send monthly shares and to receive shares sent to help with a need in a timely manner. The Member Services department can waive the need for a contact, if the member demonstrates that requirements are met by other means.

F. Sending Notes

Along with your monthly share, send a note of encouragement to the member with the medical need to which you are assigned. Also pray for this member and for other members listed in the Prayer Guide.

G. Respect the Privacy of Other Members

Members share deeply personal prayer requests and detailed 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.

H. Misuse of Trust and Accountability

At all times act with integrity and avoid the appearance of evil. Members presenting a falsified need, using deceptive practices, or participating in another member's misuse of trust will be dropped from membership.

When a need is submitted requesting other members share financially to relieve the burden of a medical expense, the member submitting the need is committing that those medical expenses will be paid immediately, if not already paid, to the extent of the sharing received unless a different arrangement has been made through the administrative office.

Members submitting needs further commit to work with SMI staff and partners to determine if the bills are shareable, to seek fair and reasonable prices from providers (see *Sections X.E and X.F*), and to document amounts paid to providers.

If a member receives more share money than the amount of his financial need, as a result of discounts or other changes, he will be directed to

forward any extra share money to another member with a need or to the administrative office to assist with the cost of negotiating reductions in SMI members' medical bills.

When an issue of possible misuse of trust by a member arises (*whether or not still active or currently a member*), the administrative office may seek the assistance of the member's Christian church and provide it with the necessary information to address the issue and hold the member accountable. The member may request resolution of the question through the mediation and arbitration provisions of *Section XII* of the Guidelines.

I. Ending Membership

If you wish to end your membership, SMI must have received notice from you no later than the 15th day of the month that you want to be the last month in which you share, so that a member with a need will not be relying on receiving your share. (*E.g., if you want your last sharing month to be February, you must notify SMI by February 15.*) After the 15th of the month, SMI will be preparing share notifications to send the following month, counting on the share you have pledged to help meet the needs of our brothers and sisters.

J. Modifying Membership Size

If you are continuing your membership but removing from the membership a spouse, or otherwise lowering the level of household participation, SMI must have received notice from you no later than the 15th day of the month that you want to be the last month in which you share the higher amount, so that a member with a need will not be relying on receiving the higher share amount. (*E.g., if you want your monthly share to be modified after February, you must notify SMI by February 15.*)

Additionally, if a spouse is being removed from the membership, the notice is not effective until written approval of the change signed by the removed spouse is received by SMI. See *Section XIV* regarding switching membership levels: Basic/Classic.

K. Restarting a Membership After 30 Days

- 1. And a Need has Occurred**—If you have a need occur (*whether new or related to a prior need*) after the date that your membership has ended, and you seek to restart your membership more than 30 days after the membership ended:
 - a. It will be treated as a new membership so all existing health conditions will be subject to the pre-existing conditions sharing limits (*discussed in Section VII*), as well as limitations effective for new memberships and
 - b. You may be required to pay a start-up fee, which is non-refundable.

- 2. And No Need has Occurred**—If you seek to restart your membership and no need has occurred since your membership ended:
 - a. If you notify Member Services within 60 days after the membership ended and you catch up on any missed shares, your membership will be treated as if it never ended.
 - b. If you notify Member Services more than 60 days after your membership ended, it will be treated as a new membership, so all existing health conditions will be subject to the pre-existing conditions sharing limits (*discussed in Section VIII*), as well as sharing for new memberships. You may also be required to pay a start-up fee, which is non-refundable.

L. Restarting a Membership After One Year

If you seek to restart a membership more than a year after it ended, it will be treated as a brand new membership requiring a new application and start-up fee, and subject to the pre-existing health conditions and new membership sharing limits as if you had never been a member. The start-up administrative fee is non-refundable.

IV. Member Involvement

A. Nominations and Elections

From SMI's inception, members have participated in determining how the ministry functions. Members continue to participate in important decisions by voting. Each membership receives one ballot, which counts as one vote for Board of Directors elections or any proposed share increases.

- 1. For Board Members**—The SMI Board consists of nine members of SMI. Six Board members are elected by the membership to staggered three-year terms. (*Vacancies in these positions may be filled by Board appointment.*) Members nominate candidates and vote by mail. Elections are announced in the newsletter and held each fall. The qualifications for Board members are available upon request. Samaritan Ministries founder, Ted Pittenger, is a permanent Board member and will appoint the other two Board members.

If the elected positions are contested, the two candidates receiving the most votes are elected. A candidate only receiving a plurality will be the winner unless the Board determines that a runoff should occur between the highest candidates. If there is only one candidate for each position, members will be provided with a "Yes/No" ballot, and each candidate must receive a simple majority of the votes cast to be elected.

To be eligible for Board membership, nominees must agree with the Bylaws doctrinal statements, including the following Board member Statement of Faith:

- *I believe the Bible alone is the inspired Word of God; therefore it is the final and only source of absolute spiritual authority.*
- *I believe in the triune God of the Bible. He is one God Who is revealed in three distinct Persons—God the Father, God the Son, and God the Holy Spirit.*

- *I believe Jesus Christ was God in the flesh, and continues to be such even after His resurrection—fully God and fully man. He was born of a virgin, lived a sinless life, died on the cross to pay the penalty for our sins, was bodily resurrected on the third day, and now is seated in the heavens at the right hand of God the Father.*
- *I believe that all people are born with a sinful nature and can be saved from eternal death only by grace alone, through faith alone, trusting only in Christ's atoning death and resurrection to save us from our sins and give us eternal life.*
- *I believe in the bodily resurrection of all who have put their faith in Jesus Christ, and the bodily resurrection to judgment of all who have not.*
- *All I believe and do should be for the glory of God alone.*

2. For Share Increases—All proposed share increases for Classic or Basic will be submitted to the membership of that program for their approval. The share increase will not be implemented if more than 50% of the households in that program vote against the proposed share increase.

3. For Advisory Input on Other Issues—The Board may seek an advisory vote of the members on any issue, e.g. whether to make changes in the Guidelines concerning what medical needs should be shared.

B. Communicating With Each Other

At SMI we believe all members of the Body of Christ should give input for the mutual edification of the whole body. We encourage members to communicate with staff about all issues of health care. Your input can help us be more aware of ways to improve the ministry. You may know about new and effective medical treatments. You may know of ways to negotiate discounts or use different treatments to keep costs down. You may know of specific medical, spiritual, or financial needs. You may know of ways the staff can better serve our members and encourage a spirit of community. Input offered in a spirit of love is highly valued, and we welcome it. Our staff and members should always communicate with these scriptural admonitions in mind: "But the fruit of the Spirit is ... kindness ... gentleness" GAL 5:22-23 and, "Let your speech always be gracious ..." COL 4:6 (ESV)

C. Membership Level Requirement

All the persons in a membership must share at the same membership level, all either being in Samaritan Basic or all in Samaritan Classic.

V. Additional Giving

Although we practice good stewardship by adhering to our Guidelines and limiting needs we share to what members have agreed upon, we also strongly encourage giving above and beyond what is required. This can be done through Special Prayer Needs, extra giving in proration months, the Sponsorship Program, and bequests. Because SMI is an IRS recognized 501(c)(3) tax-exempt nonprofit religious organization, any of these gifts can be tax-deductible if given directly to SMI's Member Assistance Fund.

A. Special Prayer Needs

Needs that do not meet the Guidelines may be eligible to be shared as Special Prayer Needs that members may give to in addition to their regular monthly share. SMI reserves the right to decide which needs will or will not be shared as Special Prayer Needs. Requests for needs to be submitted as Special Prayer Needs will be evaluated on such criteria as the extent of the financial burden, the availability of assistance from other sources, the degree to which the need was avoidable, and the amount of other pending requests.

Before submitting a Special Prayer Need, consider your financial resources, what reductions you have requested from providers, and what assistance is available from your family and local Christian church. Remember that the SMI membership will be giving beyond their monthly shares to lighten your burden. For questions concerning Special Prayer Needs call 877-764-2426 to speak to your Member Services team.

Please note: The initial unshareable amount and co-share are not eligible to be submitted as Special Prayer Needs.

B. Proration Months

In months where a proration occurs, most members who had a shareable need that month will only have the prorated amount shared, which may still leave a significant burden on some families. In such cases the monthly assignment sheet will show you the extra amount you, and the other members assigned that need, would have to send so that the member's need would be fully met. All members are asked to prayerfully consider giving out of their surplus, beyond their minimum monthly share, to minimize the effect of the proration.

You may give extra directly to the member assigned to you, or if you want to be able to receive a federal tax deduction for your gift, send it to the office designated for the member assistance fund.

C. Sponsorship

Even though members work to keep the monthly share amounts as low as possible, there are still circumstances when an applicant or current member may not be able to pay the entire amount. Because we are committed to the central role of the family and the local Christian church in all of life, including health care, application for help through Sponsorship will require that these other avenues of assistance be explored first, so they have the first opportunity to receive the blessing of giving. For more information about how to apply for Sponsorship, please call us toll-free at 877-764-2426.

D. Bequests

When preparing your will or other estate planning, your estate can make a tax-deductible gift to assist your fellow believers with health care burdens, or designate for other ministries of SMI, like the Special Needs Adoptions fund and Disaster Relief. SMI can be identified as ...

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VI. Amounts That Members Share

This section explains how the shareable amount of a member's medical expenses will be determined. There is no calendar year or lifetime limit on the number of conditions or the total dollar amount of different needs that may be shared. Itemized bills you want shared must be submitted within one year of treatment. Bills submitted more than a year after treatment will not ordinarily be shared.

A. Sharing Amounts

Medical needs are submitted on a per person per incident basis for illnesses or injuries resulting in visits to licensed medical professionals, emergency rooms, or hospitals (*inpatient and outpatient*).

- 1. Need Defined**—Bills related to the same condition, progression of a condition, or updated diagnoses of a condition or set of symptoms—including those for separate incidents—(e.g. *separate treatments or episodes of symptoms*) will be shared as one need and accumulate toward the \$250,000 maximum amount shared in Samaritan Classic/\$247,500 in Samaritan Basic. If at least 12 months pass without any symptoms, medication, or other treatment for the condition that originally created the need (*or related subsequent conditions*), and the condition thereafter recurs, it will be treated as a new need. Tests or a doctor's statement may be required to verify the lapse of symptoms, medication, or other treatment.
- 2. Multiple, Simultaneous Needs**—If more than one shareable condition is treated during the same time period, the member may submit separate needs for each condition. Each need must be submitted with a separate Need Processing Form, whether submitting the need via postal mail or online via your Samaritan Dashboard. The initial unshareable amount will apply to each need.

For multiple conditions with similar symptoms and treatment protocols, Samaritan may require treatment(s) received to be considered part of a single need.

3. Initial Unshareable Amount—When a need is greater than \$1,000 in Samaritan Classic, or \$2,000 in Samaritan Basic, only the portion of the need that exceeds those amounts will be shareable. See paragraph 5. Due to current technical limitations, an amount less than \$25 that is otherwise shareable may not be shared.

4. Effect of Discounts—

- a. For Samaritan Basic**—Payments by insurers and other organizations, and reductions by health care providers will be applied first, dollar for dollar, to the initial unshareable amount (\$2,000) and any applicable proration of each need. Discounts do not affect the 90% sharing percentage of Samaritan Basic for need amounts over \$2,000.
- b. For Samaritan Classic**—Effective for all needs started on or after September 1, 2020, payments by insurers and other organizations, and reductions by health care providers will not reduce the initial unshareable amount (\$1,000) or any applicable proration of each need. Reductions and third-party payments will still apply toward the initial unshareable amount and proration for any need started prior to September 1, 2020.

5. Maximum Amount—The maximum amount shared for each non-maternity need in Samaritan Basic is \$247,500 and in Samaritan Classic is \$250,000. *(If you desire to participate in need sharing for amounts greater than \$250,000, see the Save to Share program Guidelines. Massachusetts' members are required to participate in Save to Share.)* There is no lifetime maximum sharing amount for any person or household membership.

6. Special Guidelines for Participants in Samaritan Basic—

- a. **90% Sharing Percentage**—Needs for participants in Samaritan Basic are shared at 90% of the need amount that is over the \$2,000 initial unshareable amount.
- b. **Maximum 10% Co-share Amount**—The maximum amount unshareable due to the 90% sharing in Samaritan Basic is \$2,500. For the maximum amount unshareable on maternity needs, see *Section IX*.
- c. **Maximum Shareable Amount**—Paragraphs a & b together make \$247,500 the maximum amount shared in Samaritan Basic.

B. Payments from Others

1. Others Obligated to Pay—

- a. **Insurance Type Arrangements**—Bills must be submitted to insurance, Medicare, Worker's Compensation, and any other payer who may be responsible, before submitting them to Samaritan Ministries. Members must receive notice of payment or rejection, and submit documentation thereof, before Samaritan Ministries 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 bill is shared and later reimbursed by a third party, or liability is released as part of a settlement, the reimbursed amount must be sent on to meet other members' needs, even if the amount of medical expense compensation is not specified in the settlement.
- b. **Pursuing Legal Remedy**—If a member suffers an injury and a probable liable party or his insurance refuses to pay unless legal remedies are pursued, the member must pursue his legal remedies unless he demonstrates that doing so would violate his Biblically-based conviction against initiating a lawsuit. Conditions may be placed on sharing needs related to such injuries before the matter is settled. Amounts that are received in settlement, to the extent they fairly represent compensation for shared medical expenses, must be sent on to meet other members' needs.

2. Other Available Assistance—Seeking assistance from government aid programs is never required by SMI and is contrary to our understanding of God’s desire for His people. However, if a non-governmental, secular, religious, or fraternal organization is willing to pay any portion of a qualifying medical bill and the member refuses to accept this payment, the member has then chosen not to have that portion of the bill shared, unless the member demonstrates that accepting the assistance would violate his Biblical conviction. Funds raised by crowdfunding for shareable medical expenses must be reported to SMI and will be applied to reduce the shareable amount.

3. Health Reimbursement Arrangement (HRA), Flexible Spending Account (FSA), and Health Savings Account (HSA)—A member who has the right to a reimbursement from an HRA, FSA, or HSA for a shareable medical expense is not required to pay the bill with his HRA, FSA, or HSA although he should consider whether this resource should be used to lessen the burden that the other members will bear. If HRA, FSA, or HSA money is used to pay the expense, then that expense may still be submitted to be shared.

***Note:** There may be income tax consequences from using reimbursements from an HRA, FSA, or HSA to pay for an expense for which you also received share amounts. Please consult your tax advisor.*

4. Other Health Care Sharing Organizations—If a member simultaneously participates in another health care sharing ministry, he may not seek shares/payments from multiple ministries in excess of his shareable bills, for to do so is to obtain assistance beyond his burden.

C. Discounts

Discounts given by any health care provider should be listed in the Discounts column on the Bill List and will not be shared. However, in Samaritan Basic only, discounts do reduce the initial unshareable amount (see VI.A.5) and the amount subject to prorating (see VI.D.2).

D. Balancing Needs and Shares/Proration

The amount of a need that is shared may be affected by the amount of other members' needs. Each month there is a fixed amount of committed shares available from members to be sent out to meet needs. However, the needs of members fluctuate, and in any one month may be greater, or less, than the shares available. Needs take varying amounts of time to process to be ready for sharing, and there is never an exact match between the amount of shares available for a month and the needs that have been received. Many times the mismatch between needs and shares is remedied by overlapping needs received in two months, but occasionally the discrepancy is too large for this simple adjustment. The handling of large fluctuations is described below:

- 1. When Shares are Greater Than Needs**—If the shares available for a particular month are greater than the needs to be shared, and all of the unshared prorated needs from the previous month are also met, needs for the following month may be shared or the share amounts assigned to the members may be reduced for the month.
- 2. When Needs are Greater Than Shares/Prorating**—It is our goal that all qualifying needs presented by the members will be shared. However, in the event that the shareable needs are significantly greater than the shares available for that particular month, we may use a prorating contingency plan. For example, if \$1,000,000 in total needs are to be shared in a given month, but only \$900,000 in shares are available, we will take the percentage of shares as compared to needs— $900,000/1,000,000 = 90\%$ —and apply that percentage to each need. Thus, we will share 90% of the normal shareable amount of each need presented for that particular month. If you have a need for which \$1,000 would normally be shared, \$900 would actually be shared that month. If you participate in Samaritan Basic, the 90% proration would first be applied, leaving \$900 (*assuming no offsetting discounts*), and then multiply that amount times the 90% sharing percentage ($\$900 \times 90\%$) making \$810 the amount shared. We will ask members to pray that God will provide for the unshared portion of these needs in the following month. Members will also be encouraged to give more than their normal monthly share to help make up the shortfall. See *Section V.B.*

If in the month following the prorating we find that the shareable needs are less than the shares available, we will consider carrying over the unshared portion of prorated needs from the previous month. Once a deficit has run and one month has passed, we will not usually carry over the unshared needs to subsequent months. However, we will consider sharing prorated needs that are an excessive burden to a member as a Special Prayer Need. See *Section V.A.* In Samaritan Basic only, if medical providers have given you discounts on your bills, the discounts will be applied first to the initial \$2,000 unshareable amount, and then to the amount that is prorated, reducing or eliminating the impact of prorating on your need.

Special Prorating Guidelines for Participants in Samaritan Classic—

- a. Maximum Prorated Amount—**Effective for all needs started on or after September 1, 2020, a need will not be prorated more than \$2,500. A member would need to have a total of \$83,500 in bills (*after discounts*) prorated at 3% to reach the maximum prorated amount. Bills submitted on the same need in non-prorated months would not contribute to this total since those bills are not prorated. If proration occurs for multiple months, the Board may increase the maximum prorated amount as needed.

***Example:** A need of \$150,000 receiving a \$50,000 discount leaves a total amount of \$100,000 in shareable bills. If the entire \$100,000 is prorated at a standard amount of 3%, it would result in a prorated amount of \$3,000 ($\$100,000 \times .03$). Thus, the need would be prorated the maximum amount of \$2,500 instead of \$3,000, and Samaritan would share \$97,500 in shareable bills.*

- 3. Samaritan Basic/Samaritan Classic/Future Programs—**The balancing of needs and shares calculations may be done by sharing across two or more programs or by keeping them separate, as allowed by the SMI Board of Directors.

E. Time Limit for Submitting Documentation

The sooner that bills are submitted to SMI usually means the larger the reduction in price that can be obtained from the provider through negotiations. When there are a number of bills related to treating the same incident, it is helpful for them to be submitted together if they all can be obtained within a 30-day period. With this in mind, itemized bills should be submitted to the Samaritan office as soon as possible (*either by mail using the Need Processing Form or online via your Samaritan Dashboard*). Ordinarily, bills submitted more than one year after the service was provided will not be shared.

VII. Pre-Existing Conditions

Expenses for any medical service/treatment provided during your membership which meets these Guidelines are shareable while you are a member in good standing except as explained below or as otherwise agreed prior to membership.

If you ever switch membership levels from Samaritan Basic to Samaritan Classic, see *Section XIV* for an explanation of how your membership start date will change for purposes of determining whether a condition is pre-existing.

A. Conditions Cured & 12 Months Symptom and Treatment Free

Needs that result from a condition that existed prior to membership (*known or producing observable symptoms*) are only shareable if the condition appears to be cured, and 12 months have passed without any symptoms (*whether or not benign*), treatment, or medication (*even if the cause of the symptoms is unknown or misdiagnosed*). Tests or a doctor's statement may be required to verify the lapse of symptoms, treatment, and medication.

Exception: *For genetic disorders, hereditary diseases, cases of related cancers, and for heart conditions, the symptom/treatment-free period is five years.*

Please note: *New needs are not considered as “resulting from a condition that existed before membership” unless the prior condition actually caused the new need. Be aware that even though a condition may appear at one time to have been cured, there could be a subsequent relapse or complication which is a result of the original condition. SMI may require that the member provide a written opinion from a physician that the current need was not caused by the prior condition. Even though a need may not be shared because it resulted from a condition existing before membership, it may still qualify to be shared among our members as a Special Prayer Need. See Section V.A.*

B. Conditions Stabilized and Five Years Symptom Free

A condition will not be considered as existing before membership, even though it may be known that it is not “cured,” if all these are documented by the member to be true for at least five years at the time your membership began, or sometime thereafter:

1. The condition had not been treated nor was future treatment prescribed/planned;
2. The condition had not produced harmful symptoms (*only benign symptoms*); and
3. The condition had not deteriorated.

New members are strongly encouraged to have the condition evaluated by their physician at the time of becoming a member to document that it has not deteriorated since the previous evaluation, or to establish a baseline. The statement described in *Section VII.D* will be required at the time bills are submitted for a need related to such a condition.

C. Exceptions for Diabetes, High Blood Pressure, and Cholesterol Level

1. **Diabetes**—Needs resulting from Type 1 diabetes that existed prior to a membership will not be shared even though the member went 12 months without symptoms, treatment, or medication.

2. Diabetes Explained—By Type 1 diabetes (*also called juvenile onset diabetes*), we mean that condition where the body produces insufficient insulin. Type 2 diabetes (*also called “non-insulin dependent diabetes”*), the condition where your body is insulin resistant, and gestational diabetes, are subject to a 12-month symptom and treatment-free limitation. The condition commonly referred to as “pre-diabetes” will not be considered a condition existing before membership.

For Type 2 diabetes, you will have met the 12-month limitation if:

- a. at least 12 months have passed without any symptoms, treatment, or medication; and
- b. in the month before and the month after the 12-month period (*and anytime you are tested in-between*) your Hemoglobin A1C test level is 7 percent or below. Documentation of these test results must be provided to the office.

3. High Blood Pressure Exception—High blood pressure will not be considered a “condition existing prior to membership” even if you have not gone 12 months symptom free, as long as you have not been treated at a hospital for high blood pressure in the past five years, and you are able to control the condition through medication or diet. Medication for treatment as a chronic condition will not be shared.

4. Elevated Cholesterol—Is not by itself considered a pre-existing condition, nor the mere fact that a person is taking a prescribed statin drug. However, if the prescription is for diagnosed arteriosclerosis for a particular location (*e.g. heart, carotid artery*), that condition would be pre-existing as to that location.

D. Verification of Condition/Symptom History

To determine the eligibility of a condition, a statement signed by the doctor may be required verifying that the condition did not exist prior to membership, or that the member went at least 12 months (*up to five years for some conditions*) without symptoms, treatment, and medication subsequent to the last time the condition occurred before becoming a member.

E. Dropping and Rejoining

A condition that developed while a person is a member, will be considered a condition existing before membership if the person ends his membership, and later rejoins, unless:

1. the condition meets the cured/symptoms/treatment criteria of *Section VII.A*;
2. this membership was in good standing when ended, and the person was at all times while not a member either:
 - a. insured under a required employer group insurance plan with creditable coverage (*if available, the member may be required to purchase COBRA coverage to deal with ongoing treatment*); or
 - b. a member of another health care sharing ministry with a reciprocal arrangement.

(Conditions that developed while a person was not a member will still be governed by the limitations of Sections VII.A, B, and C.); or

3. other provisions were made in writing at the time the membership ended.

F. Adoption

Any physical condition of which the adopting parents had reason to be aware that the adopted child had prior to the adopting parents being legally responsible for the child's expenses, or prior to his effective date within his parents' membership, will be considered a "condition that existed before membership." However, routine maternity needs may be shared as provided in *Section IX.A.6* and needs related to genetic disorders and hereditary diseases may be shared as provided in *Section VIII.A*.

VIII. Need Sharing

We share expenses you incur for providing medical care to your membership

household, within the Guidelines approved by the members or the Board of Directors (*including the dollar and time limits of Sections VI and VII*).

Every effort continues to be made to write the Guidelines to be simple and understandable. It is staff's goal to find some way to share your medical bills within the constraints of what you as members have agreed through the Guidelines. If there is disagreement on the issue of shareability, there are multiple layers of appeals within staff, and ultimately the matter can be decided by a panel of members. See *Section XII.A*.

The approved Guidelines place some limitations on the types of physical maladies and medical services for which we share needs, and limit the sharing of expenses incurred due to injuries from certain listed causes.

This section is designed to allow you to quickly check the physical condition (*Part A*), and the medical services needed (*Part B*), to confirm whether or not a particular medical expense is shareable. There are special provisions for injuries from motor vehicle accidents (*Part C*), and a few services and charges that are not shared (*Part D*). There is also a section for guidelines regarding sharing of bills for new members (*Part E*). Please call your Member Services team if you have any questions regarding the application of these Guidelines. Also, see *Section XI* regarding advisory opinions and binding decisions.

A. Physical Conditions

Expenses for all types of physical conditions are generally shareable—subject to the treatment limitations of *Part B*—and with special provisions for some conditions as explained below:

- 1. Allergies**—Shareable. A treatment plan may be required. Testing and treatment during the first 12 months of membership are generally not eligible.
 - a.** However, acute treatment for an anaphylactic reaction from accidental exposure to an allergen is shareable even if this happens within the first 12 months of membership. Additional follow-up

testing or treatment for the allergy is not eligible for sharing within the first 12 months of membership.

- b. Epipens**—The initial purchase of up to a double-pack of Epipens is shareable within the 120-day prescription window (*Section VIII.A.29*). Replacement of an Epipen after emergency use is shareable outside the 120-day window. Replacement of an Epipen due to expiration is not shareable.
 - c. Sublingual Immunotherapy (SLIT)**—Shareable for a maximum of one year from the date of service of the first such treatment that is eligible for sharing.
 - d. Allergy Elimination Techniques (NAET)**—Not shareable.
- 2. Arthritis**—Shareable. Testing and treatment during the first 12 months of membership are generally not eligible. Undiagnosed joint pain may also not be eligible within the first 12 months of membership, unless confirmed not to be related to arthritis or any other condition with specific guidelines for new member sharing.
- 3. Autoimmune**—Shareable. Testing and treatment during the first 12 months of membership are generally not eligible. General symptoms common to autoimmune conditions—e.g. general fatigue, inflammation, gut issues, etc. will be treated with the same new member sharing guidelines (*Section VIII.E*) as an autoimmune condition. Some common autoimmune conditions include, but are not limited to, adrenal fatigue, immunodeficiency, multiple sclerosis (*MS*), Sjogren's Syndrome, Epstein-Barr, Chronic Inflammatory Response Syndrome (*CIRS*), Mast Cell Activation Syndrome, Lyme disease, various toxicities, etc.
- 4. Back Problems**—Shareable. Spinal surgery is generally not eligible in the first 12 months of membership, unless due to an acute injury or illness.
- 5. Bone Calcification**—Shareable. Testing and treatment during the first 12 months of membership are generally not eligible.

- 6. Cancer**—Shareable, but there may be a limitation if it is related to cancer of a type you had prior to becoming a member (see *Section VII.A*). During the first five years of membership, the statement described in *Section VII.D* may be required.
- 7. Complications from Maternity**—Bills for complications to the mother incurred up to 90 days after birth are considered part of the maternity need. See *Sections IX.A.3* and *IX.C* for details.
- 8. Complications Following Non-Shareable Medical Procedures**—If complications arise from a medical procedure that is not shareable (e.g. a routine colonoscopy and most cosmetic surgery, see *Section VIII.B*), expenses for treating the complications are shareable unless the procedure that was the cause was not shareable due to moral reasons (e.g. Abortion, see *Section VIII.D.1*), or the complication itself is not shareable (e.g. a routine dental problem arising from the treatment of a routine dental problem).
- 9. Dental Conditions**—Dental services are not shared, except when required due to an eligible accident or as a necessary accessory to treating another non-dental condition, such as an eligible genetic disorder (see *Section VIII.A.11*). The following accidents are considered ineligible: the breaking or injury of natural teeth caused by dental care, when eating, or by ineligible motor vehicle accidents (see *Section VIII.C.2*).
- 10. Diabetes**—Shareable, unless it is related to diabetes you had prior to becoming a member and it does not come within the exception described in *Section VII.C.2*. During the first five years of membership, the statement described in *Section VII.D* may be required. Sharing of the cost of prescriptions for medication to treat diabetes is subject to a 120-day supply limit.
- 11. Genetic Disorders**—Shareable when at least one of these is true:
 - a. Neither the condition nor a symptom of the condition was

discovered until after membership had begun;

- b. The condition has not required treatment or produced harmful symptoms, and has not deteriorated for at least five years;
- c. The condition exists in a person who has been included in a membership from birth, and the mother was included in a membership prior to the pregnancy; or
- d. If the condition exists in a person who was adopted, the person has been included in a membership since the adoption, and the adopting parents were unaware of the condition at the time the adoption was finalized.

12. Heart Conditions—Shareable unless related to a heart condition you had prior to becoming a member, and it does not come within the exceptions described in *Section VII*. During the first five years of membership, the statement described in *Section VII.D* may be required.

13. Hereditary Diseases—Shareable under the same conditions as Genetic Disorders.

14. High Blood Pressure—As long as you have not been treated in a hospital for high blood pressure in the past five years, and you have been able to control this condition through medication or diet, an incident that begins after your membership begins is shareable. It also qualifies for one 120-day period for sharing of prescription expenses (see *Section VIII.B.25*), as long as you were not previously on medication. Medication thereafter for treating a chronic condition is not shareable. See *Section VII.C.3*.

15. Hormone Imbalance—Shareable. A treatment plan may be required. Testing and treatment during the first 12 months of membership are generally not eligible.

- a. **Hormone Pellets and In-Office Treatment**—Shareable for a maximum of one year from the date of service of the first such

treatment that is eligible for sharing.

- b. HGH for Insufficient Growth in Pre-Adolescents**—Shareable according to the treatment plan for one year provided that the insufficient growth was not observed before membership. Sharing of treatment beyond one year will be considered based on annual growth status updates.
- c. Other Hormone Treatments**—Hormone products purchased through a pharmacy as prescription medication will be shared under the provisions of *Section VIII.B.25 (Prescriptions)* Hormone treatment purchased as a non-prescription over-the-counter medication, supplement, or cream is not eligible for sharing as explained in *Supplements—Section VIII.D.22*.

16. Joint Pain, Inflammation, and Degeneration—Testing and treatment during the first 12 months of membership is generally not shareable unless due to an acute injury or confirmed not to be related to arthritis or any other condition within the new member sharing guidelines. For eligibility of joint replacement surgery, see *Section VIII.B.15*.

17. Lipedema and Lymphedema—Shareable, but not eligible for sharing within the first 12 months of membership.

18. Lyme Disease, Lyme Co-Infections, and Other Tick-Born Illnesses—Shareable. Testing and treatment during the first 12 months of membership are generally not eligible. However, acute treatment for an identified tick bite with a bullseye rash within membership may be shareable within the first 12 months of membership. This may require verification from a physician.

19. Optical Conditions—Expenses related to diseases or injury that affect the eyes (*including cornea replacement because of disease or injury*) are eligible within the following limits:

- a.** Cataracts, glaucoma, and macular degeneration are ineligible for

sharing within the first 12 months of membership.

- b. Other conditions (*infections, convergence insufficiency, detached retinas caused by disease, etc.*) are eligible.
- c. Vision therapy is shareable, and outpatient therapy will be included in the 20 total outpatient therapy sessions allowed for any particular need (*Section VIII.B.33*).
- d. 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 are not shareable.

20. Pregnancy/Maternity—See *Section IX* for the special provisions.

21. Restricted Airway Conditions—Testing and treatment during the first 12 months of membership are generally not eligible. General symptoms common to restricted airway conditions—e.g. sleep apnea, sleep disordered breathing, and temporomandibular joint disorder (*TMJ*) will be treated with the same sharing guidelines as restricted airway conditions unless confirmed not to be related to a condition in the new member sharing guidelines (*Section VIII.E.*).

22. Sexually Transmitted Diseases (STDs)—HIV, AIDS, or other STDs contracted due to the actions of others (e.g. *blood transfusions or medical procedures*) will be shared. We do not share needs for sexually transmitted diseases, including the HIV virus and/or AIDS, when contracted by consensual sex outside of marriage, or through irresponsible behavior such as sharing hypodermic needles for legal or illegal drugs. It is the member's responsibility to explain how the disease was contracted.

23. Varicose Veins—Shareable. Testing and treatment during the first 12 months of membership are generally not eligible.

B. Medical Services

Visits to licensed medical professionals, emergency rooms, hospitals,

testing facilities, and outpatient surgery centers for treatments by a licensed medical professional (*LMP*) for injuries and illnesses are generally shareable when the expense is for what they may lawfully diagnose and/or treat under the license of their jurisdiction.

Examples may include Medical Doctor (*MD*), Doctor of Osteopathy (*DO*), Doctor of Nursing Practice (*DNP*), Physician Assistant (*PA*), Nurse Practitioner (*NP*), Certified Nurse Practitioner (*CNP*), Advanced Practice Nurse (*APN*, *APRN*), and Registered Nurse (*RN*).

Note that some LMPs may have limits within their license or certification on what they can lawfully diagnose or treatments they can perform. Examples may include Doctor of Chiropractic (*DC*), Licensed Physical Therapist (*LPT*), Licensed Occupational Therapist (*LOT*), Licensed Massage Therapist (*LMT*), Audiologist (*AuD*), Doctor of Podiatric Medicine (*DPM*), Licensed Speech Therapist, Licensed Speech Pathologist, Registered Speech Therapist, Licensed Acupuncturist (*LAc*), Licensed Practical Nurse (*LPN*), Midwife (*CM*, *CNM*, *CPM*, *RM*, *RNM*), Doctor of Dental Medicine (*DMD*), and Doctor of Optometry (*OD*).

Services that are eligible according to all other guidelines are also typically shareable when administered by medical professionals working with an LMP in a hospital or clinic setting. Examples include anesthesiologist, surgical tech, pathologist, radiologist, etc.

We do not share bills for treatments administered or prescribed by certain medical practitioners. Examples include Nutritionist/Dietician, Naturopathic Doctor (*ND*), Doctor of Naturopathic Medicine (*NMD*), Doctor of Natural Medicine (*DNM*), Traditional Naturopath (*TN*), Biblical Naturopath, Homeopath, Psychologist (*PhD*, *PsyD*), Doctor of Oriental Medicine (*DOM*), Doctor of Pastoral Counseling (*D. PC*), and Doctor of Pastoral Medicine (*PSC.D/D. PSc*).

Expenses for services rendered in any part of the world are shareable as long as the documentation meets the requirements of *Section X.M*. There are special rules and limitations for some services, and some services are not

shareable as explained in this *Section B*:

1. Alternative Medical Practices (or non-conventional treatments)—

a. Alternative Treatments—The following alternative treatments are shareable if prescribed and administered by an eligible Medical Provider.

- Acupuncture/Acupressure
- Chiropractic Treatments and related services
- Disc Decompression
- Dry Needling
- Hyperbaric Treatments
- Massage Therapy and related services
- Ozone Injections (*does not include insufflation*)
- Physical Therapy and related services
- Platelet Rich Plasma/Stem Cells
- Prolotherapy
- SoftWave Therapy

Other alternative treatments are not shareable.

b. Alternative treatment defined—By alternative treatments, we mean treatments that meet one or more of the following:

- Do not have American Medical Association (AMA) designations
- Are not Centers for Medicaid & Medicare Services (CMS) billable.
- Are classified as complementary and alternative medicine (CAM) rather than as evidence-based medicine (EBM).

c. Alternative testing—Alternative testing methods (*muscle response testing, bioenergetic testing, kinesiology, EDSA and Zyto, etc.*) are not shareable.

d. Integrative medicine programs—Bills for integrative program packages must be itemized before submitting to Samaritan to demonstrate what cost is for conventional services and what cost is for alternative services. The complementary and alternative treatments that are part of integrative medicine programs are not shareable.

2. Ambulance—See “Medical Transportation” (*Section VIII.B.20*).

- 3. Audiological**—Surgery to correct hearing issues due to illness, accident, or congenital disorder 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 stimulators, and similar implanted devices are shareable if a physician has provided written verification that the hearing loss cannot be addressed by non-surgical means.
- 4. Biofeedback Therapy**—Will be shared if lawfully prescribed by a licensed medical professional for treatment of a disease, injury, or physical condition, but not if strictly for a mental disorder. Documentation of the prescription may be required and it is subject to the total outpatient therapy session limit (*Section VIII.B.33*).
- 5. Chiropractic**—Services are shareable, including ancillary items, such as X-rays. Each office visit where adjustments, manipulations, or other therapy occurs counts toward one of the total therapy-type visits allowed for any one need (*Section VIII.B.37*). To be shareable, billings for each treatment must indicate the condition being treated. Maintenance treatments are not shareable.
- 6. Colonoscopy**—A colonoscopy is shareable when prescribed due to symptoms for a condition not evident prior to your membership, or when it results in the discovery of a shareable condition. Regular tests and checkups (*Section VIII.B.32*) are not shareable.
- 7. Concierge Medicine**—See “Direct Primary Care” (*Section VIII.B.10*).
- 8. Cosmetic Surgery**—Cosmetic surgery for disfiguration caused by amputation, disease (*excluding acne*), accident, and breast reconstruction following a mastectomy is shareable. All other elective cosmetic surgery done primarily for non-health reasons, including breast reduction or enhancement operations, is not shareable. See *Section VIII.A.11* for cosmetic surgery related to a genetic disorder.

9. Dental—See “Dental Problems” (*Section VIII.A.9*).

10. Direct Primary Care—Both “Direct Primary Care” and “Concierge Medicine” are methods by which consumers pay a regular fee, usually monthly, to secure more favorable access to a primary care physician. That monthly fee for a member’s household is shareable, within the limit for tests and checkups (*Section VIII.B.32*), as part of a shareable need, up to \$100 for any month in which, in regards to that need, the physician is consulted, makes a referral, or charges for services.

11. Fertility—Fertility treatment or testing is not shareable. However, medical expenses for an embryo adoption and implantation by a married couple will be eligible for sharing as a Special Prayer Need.

12. Hospice Care—Hospice care services will be shared for 90 days upon prescription by a physician or certification that the person is terminally ill. Additional 90-day periods will be shared with a renewed prescription/certification subject to the per-need dollar maximum.

13. Hyperbaric Therapy—Shareable if prescribed for treatment of a specific injury or illness. Outpatient sessions will be included in the total outpatient therapy sessions allowed for any particular need. See *Section VIII.B.33*.

14. Injection and Intravenous Therapy—Shareable if prescribed to treat a specific condition. See *Section VIII.A.1.a*. Depending on the condition for which it is prescribed, these may not be eligible within the first 12 months of membership. Treatments that begin as maintenance, wellness, or preventive are generally not shareable.

a. Limits on Visits:

1) Inpatient—All eligible injection and intravenous therapy sessions administered as part of receiving inpatient care (*e.g. while admitted to a hospital, or a long-term care hospital*).

2) Outpatient Injection and Intravenous Therapy—A treatment plan may be required. Limitations of sharing will be based on the method of treatment and treatment plan. Shareable for a maximum of one year from the date of service of the first such treatment that is eligible for sharing. The one-year limit does not apply to outpatient therapy that is a direct treatment for cancer or treats the pain or side effects of chemotherapy/radiation.

3) Other Injected Treatments—Injected products purchased through a pharmacy will be shared under the provisions of *Section VIII.B.25 (Prescriptions)*.

15. Joint Replacement and Spinal Surgery—Joint replacement, including disc replacement and spinal fusion surgery, is not eligible for sharing within the first 12 months of membership unless it is necessary as a result of an acute injury within membership.

16. Massage (Therapeutic)—Therapeutic massage sessions are shareable if lawfully prescribed by a licensed medical professional to treat a specific medical condition. Outpatient massage sessions will count toward the 20 total of all therapy-type sessions limit for any one need. See *Section VIII.B.33*. To be shareable, billings for each treatment must indicate the condition being treated. Maintenance treatments are not shareable.

17. Medical Equipment—Rental/Purchase—Medical equipment is shareable if it is both necessary to treat a shareable condition, and if it assists with a therapy eligible for sharing (*Section VIII.B.33*), or it assists the member to perform normal life functions inhibited by an eligible condition within the following limits:

a. Shareable Up to \$5,000 if a documented prescription is provided.

1) Rentals—After one month, the additional rental cost of an item is shareable only if the member provides the cost of purchasing the item. The purchase price of that item will be the maximum total amount shareable for that item, whether rented or purchased.

2) Equipment Not Shared—Indoor/outdoor exercise or gym equipment, saunas, hyperbaric chambers, home improvements to residences (*anything that attaches to the dwelling*), vehicles, or computers, iPads, and software.

3) Additional Amounts—An additional amount over \$5,000 may be shared if pre-approved in writing and substantial savings over other treatment options are demonstrated for that item, whether rented or purchased.

b. Maintenance/Repair/Replacement—The cost of maintaining, repairing, or replacing equipment is not shareable.

c. Sharing of Supplies for Equipment—Is subject to the 120-day Guideline limit for medical supplies. See *Section VIII.B.18*.

d. Equipment No Longer Needed—After the medical equipment has been shared and the member no longer plans to use it, the member is encouraged to sell the item, contact Samaritan, and return the funds to continue ministering to other members in need.

18. Medical Supplies—Medical supplies related to treating a qualifying medical condition are shareable for the customary cost of 120 days of treatment. All supplies provided during inpatient hospital stays and as a part of outpatient treatment by a medical provider will be shareable. Subsequent sharing for maintenance of the same condition will occur only when there is a new need.

19. Medical Tourism—SMI encourages its members to consider using distant providers when there are substantial savings. See the SMI website for more information. See “Travel Expenses” (*Section VIII.B.35*) for more details.

20. Medical Transportation—Medical transportation, including ambulance services and life flights to hospitals, is shareable in emergency situations or when prescribed by your health

care provider for transport for admission to another medical facility. Transportation for appointments is not shared.

- 21. Newborn Care**—See the Maternity and Newborn Guidelines (*Section IX*).
- 22. Organ Transplants**—The costs to the member recipient of a routine (*not experimental*) organ transplant (*including costs of the donor*) are shareable, and are subject to the limitations for conditions that existed prior to membership (*Section VII.A and B*). The costs of a member donating a transplant is shareable only if the recipient is a member.
- 23. Osteopathic**—Adjustments and manipulations, etc., are subject to the same total outpatient therapy limit as other therapy (*see Section VIII.B.33*). Other treatments that a licensed osteopath lawfully prescribes and that meet all other requirements will be shareable.
- 24. Physical Therapy**—Shareable for injury or illness-related physical therapy received while you are in the hospital and for up to 20 sessions for outpatient therapy. Outpatient sessions will be included in the total outpatient therapy sessions allowed for any particular need. See *Section VIII.B.33*.
- 25. Prescriptions**—We share up to a 120-day supply of any prescription for medication related to a qualifying medical condition purchased within 120 days of the date of the first prescription purchased for a need. Direct treatments for cancer, e.g. chemotherapy and drugs that treat the pain and side effects (*but not maintenance or preventative*) and anti-rejection drugs after an organ transplant, are not subject to this limitation. All medication, prescribed or not, administered during inpatient hospital stays will be shareable.

Note: *We do not share the cost of prescriptions for maintenance of chronic or recurring conditions (e.g. diabetes, eczema, blood pressure control) beyond a one-time, 120-day supply. (Subsequent sharing of a prescription for maintenance of the same condition will occur only when there is a new need. (See Section VI.A.1.) We*

do not share expenses for psychotropic medications for chemical imbalances unless they are verified by laboratory tests.

26. Prosthetics and Orthotics—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. The initial costs of prosthetics and orthotics are not eligible within the first 12 months of membership, unless necessary because of an acute illness or injury.

a. Certain Prosthetics Limited—Prosthetics for hair, teeth, and breasts are generally not shareable with certain exceptions for accidents and disease (see *Section VIII.A.9 “Dental Problems” regarding teeth, and Section VIII.B.8 “Cosmetic Surgery” regarding breasts*).

b. Replacements and Maintenance Limitations—

1) Implanted—Expenses for replacements and maintenance of prosthetics and orthotics that are surgically implanted are generally shareable after a person has been a member for 12 months. During the first five years of membership, the statement described in *Section VII.D* may be required if the device was implanted prior to membership, to document that the problem with the device was not pre-existing.

2) Not Implanted—To the extent that a prosthetic or orthotic is not implanted (*i.e. it can be maintained externally without surgery or other intrusion into the body*), costs of maintenance or replacement are not shareable unless it is for a condition that did not exist before membership and:

- a)** the expense is due to a change in the physical condition of the member after the person has been a member for more than 12 months; or
- b)** it is damaged in an accident. A failure during normal use is not an accident.

3) Teeth—Maintenance and replacement for implanted teeth will be shared under the same Guidelines as natural teeth.
See *Section VIII.A.8.*

4) Heart-Related Devices—If the device is being used due to a heart condition which existed prior to membership, replacement and maintenance will be shareable after a five-year, maintenance-free period if there was no indication (*besides the lapse of time*) at the time of joining that replacement or maintenance might be necessary in the next 12 months. The five-year period can run both before and after joining.

27. Psychiatric Care—Inpatient psychiatric care due to involuntary commitment, and psychiatric treatment for changes in the brain due to injury or physical illness are shareable up to \$50,000 per condition (*as a part of the \$250,000 need limit if not in Save to Share*). Psychotropic medication to treat chemical imbalances not demonstrable by lab tests is not shareable except for the situations described above. No other type of psychiatric care or services is shareable.

28. Psychological Services—Psychological services including psychophysiology are not shareable.

29. Sexual Dysfunction—Treatments for sexual dysfunction are not shareable unless due to injury or disease.

30. Speech Therapy—Therapy needs for treatment of speech problems related to an illness or accident (*e.g. stroke*) are shareable and subject to the total outpatient therapy session limit per need. See *Section VIII.B.33.*

31. Sterilization—Elective sterilization such as tubal ligation and vasectomy, or the reversal of the same, is not shareable. But, reversals may be shareable as Special Prayer Needs. See *Section V.A.* Procedures that result in sterilization are shareable if the reason for them is to treat a medical condition.

32. Tests and Checkups—Tests are shareable only when prescribed by a licensed provider because of symptoms that are evident for a condition that was not evident prior to becoming a member. Follow-up tests or checkups are not shareable more than one year after an illness or injury is: (1) stabilized after treatment, (2) in maintenance, or (3) in remission or is cured.

33. Therapy/Chiropractic—

a. For a therapy to be shared it must be an eligible treatment that is lawfully prescribed by a licensed medical professional (see *Section VIII.B Intro*) for a specific eligible condition:

1) It must be a physical condition being treated—not a psychological, emotional, or spiritual condition. Examples of conditions we don't share for: Attention Deficit Disorder, Attention Deficit Hyperactivity Disorder, Sensory Processing Disorder, Post Traumatic Stress Disorder, and cognitive developmental issues.

2) It must be a physical treatment—not a psychological treatment. It can be physical by any of the below:

a) Direct physical manipulation—e.g. chiropractic/osteopathic adjustments, physical & occupational therapy;

b) Indirect physical manipulation—an outside agent's stimuli prompts self-manipulation—e.g. speech therapy, biofeedback (*non-psychological*);

c) A physical agent (*matter or energy*) impacts the body—e.g. radiation, oxygen, ultrasound, or heat.

b. Limits on Visits

1) We share—

a) Inpatient—all eligible therapy sessions administered as part of receiving inpatient care (e.g. *while admitted to a hospital, or a long-term care hospital. Therapy at an inpatient rehab center is shareable for up to 45 days.*) Inpatient services do not count toward the outpatient therapy limit;

b) Outpatient—potentially up to 20 sessions of eligible outpatient therapy of all kinds combined for any one need. However, sessions prior to reaching the session limit are no longer shareable:

i) when they become maintenance, or

ii) after one year unless a treatment plan allowing such treatments has previously been submitted and approved.

iii) A single visit to an outpatient health care provider will only be counted as one therapy session, even if multiple types of therapy are provided during that single visit.

iv) The therapy-session limit does not apply to outpatient therapy that is a direct treatment for cancer or treats the pain or side effects of chemo/radiation.

c. Misc. Requirements and Limitations

1) Not Eligible for Sharing—

a) Therapy that is simply maintenance, preventive, or to improve wellness/performance where no harmful symptoms are present for which the therapy is prescribed to improve;

b) Remote therapy where the patient and the source of therapy are not in the same location. Services such as telemedicine consultation and prescriptions are eligible for sharing.

34. Transplants—See “Organ Transplants” (Section VIII.B.25).

35. Travel Expenses—Travel expenses (*transportation, meals, and lodging*) are not normally shared (*Section VIII.D.24*). However, where it can be demonstrated that a substantial savings in medical expenses resulted from the travel, reasonable expenses will be shared.

36. Visiting Nurses—We will share up to 45 days of prescribed visiting nursing care after you are released from a hospital. The days need not be consecutive.

C. Motor Vehicle Injuries

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. Bills must be submitted to any responsible or liable party before they will be considered for sharing. See *Section VI.B.1 “Others Obligated to Pay.”*

- 1. Shareable.** Needs from injuries in a motor vehicle accident where the member is not an operator or passenger (*in, on, or being pulled by the vehicle*), but a pedestrian, bicyclist, bystander, etc., is shareable for the amount of the need that is not the responsibility of any insurance or liable party.
- 2. Shareable with Requirements.** Needs from injuries in an accident where the member is an operator or passenger (*in, on, or being pulled by the vehicle*) of on-road or off-road motor vehicles such as snowmobiles, go-karts, off-road motorcycles, ATVs, tractors, farm implements, construction equipment, golf carts, personal moving devices, motorized watercraft of all kinds, and all aircraft, will be shareable for the amount of the need that is not the responsibility of any insurance or liable party, and if **all** of the following conditions are met. The operator and any rider:
 - a.** were riding or operating the vehicle off a public road; or were riding or operating the vehicle on a public road of which the vehicle was of a

- type allowed on the public road, and
- b. were insured as required by law (*and if not insured, then only those expenses greater than the legally required medical coverage shall be shareable*), and
 - c. were not operating the vehicle recklessly, or under the influence of alcohol or any illegal substance as defined by the applicable law.

D. Non-Qualifying Items

SMI is committed to honoring Jesus Christ in all our ways, spiritual and practical. Therefore, some of the medical practices that are listed below are not shareable because they are contrary to Scripture, even though prescribed by a licensed medical professional. Additionally, other items are not shared for various practical reasons.

Because the Guidelines cannot list all possible treatments that violate Biblical principles, SMI retains the discretion to not share such treatments, whether or not doctor prescribed, even though not listed below.

- 1. Abortion**—Expenses for abortion of a living, unborn baby will not be shareable.
- 2. Abuse of Drugs or Alcohol**—Injuries that result from a member abusing drugs or alcohol will not be shareable.
- 3. Accidents to Teeth While Eating**—The breaking or injury of natural teeth by accident when eating is not shareable.
- 4. ADD, ADHD, and SPD**—Psychotropic medication to treat chemical imbalances not demonstrable by lab tests, for Attention Deficit Disorder, Attention Deficit Hyperactivity Disorder, Sensory Processing Disorder, and similar disorders is not shareable.
- 5. Aging “Reversals”**—Treatments and devices for the normal, natural slow decline in bodily functions are usually not shareable as these are items for which members can normally budget, e.g. eyeglasses, hearing aids, dentures, sexual aids. (*When the item is a burden beyond budgeting, it may*

qualify as a Special Prayer Need.) When there is a loss of function due to disease or injury, generally the treatment will be shareable subject to all other Guideline limitations.

- 6. Armed Conflict**—Injuries or illness resulting from a member's active participation as a combatant in an armed conflict, but not including acting in self-defense or in defense of hearth or home, are not shareable.
- 7. Contraceptives**—Items prescribed or used primarily for contraception are not shareable.
- 8. Donations of Tissues and Organs**—Not shareable unless to be used for another SMI member. Complications from the donation would be shareable, but only if not the responsibility of the donee or the providers involved.
- 9. Euthanasia**—Expenses for intentionally terminating a human life are not shareable.
- 10. Infertility Expenses**—Bills for prescriptions, tests, treatment, in vitro fertilization, or other procedures primarily to address infertility are not shareable. However, medical expenses for an embryo adoption and implantation by a married couple will be eligible for sharing as a Special Prayer Need.
- 11. Injuries from Certain Acts**—Injuries or illness from participation in a riot, criminal act, assisted suicide, or euthanasia will not be shareable.
- 12. Interest/Late Charges**—Costs incurred for late payment or interest charges from any care provider are not shareable. Interest or finance charges from a credit card or lending institution that a member borrows from to pay medical bills are also not shareable unless it results in a substantial savings for early payment (30+%), and is limited to three months.

- 13. Long-Term Care**—Nursing home and other long-term care is not shareable. Separately-charged, non-routine medical services while in long-term care are shareable.
- 14. Membership Requirements Violated**—Needs arising from conduct inconsistent with the membership requirements, or occurring when a member is not meeting the membership requirements, are not shareable.
- 15. Non-Medical Expenses**—Phone calls, cots and/or meals for visitors, and other expenses not directly related to provided medical services are normally not shareable.
- 16. Prophylactic Surgery**—Removal of healthy organs (*such as due to increased risk of disease due to gene mutations*) is generally not shareable.
- 17. Purchasing Supplies from Relatives**—Purchases of supplies from a member's family will not be shared unless it is verified that it is being provided at cost.
- 18. Routine, Maintenance, Stabilized, Preventive, and Wellness Care**—Costs that members commonly share (*bear for one another*) are unexpected burdens related to medical conditions. Treatments classified as "routine, maintenance, preventive, wellness," or for a stabilized condition, are usually medical costs that should be anticipated and budgeted as part of the load for an individual to carry. For these reasons such costs are generally not shared; however, if these still present a burden, they may be eligible as a Special Prayer Need (*Section V.A*).
- 19. Service Animals**—None of the costs of service animals are shareable.
- 20. Sex Reassignment**—Procedures known as sex reassignment, gender reassignment, transmasculine procedures, transfeminine procedures, or other related procedures, including genitoplasty, are not shareable.

- 21. Sterilization**—Procedures for sterilization, and not primarily to treat a medical condition, are not shareable.
- 22. Supplements (i.e. products that contain a dietary ingredient)**—are not shareable.
- 23. Surrogacy**—Expenses related to a surrogate pregnancy, whether or not the surrogate is a member, are not shareable.
- 24. Travel Expenses**—Travel expenses and lodging expenses are normally not shareable. Reasonable travel, transportation, meals, and lodging will be considered shareable if a substantial savings will result (*Section VIII.B.35*).
- 25. Weight Reduction**—Weight reduction programs, diet centers, and clinics are not shareable. Staples in the stomach, balloons inserted in the stomach, jaw wiring, or any other surgical procedures done primarily for weight reduction are not shareable.

E. New Member Sharing

Certain conditions and treatments are only shareable after 3 months or 12 months of membership.

The new member sharing guidelines apply to each individual based on when they began membership with Samaritan Ministries. Newborns born into membership are not subject to the new member sharing guidelines.

All Needs are subject to the pre-existing conditions sharing limits discussed in *Section VII*. Conditions that are pre-existing as described in *Section VII* will remain ineligible even if 3 months or 12 months have elapsed.

- 1. 3 Month New Member Sharing**—Within the first 3 months of being a Samaritan Ministries member, only Needs for eligible injuries, acute illnesses, or accidents may be shared. While Needs may be opened at any time, only bills with dates of service after the first 3 months of membership may be shared. (*Acute Illness Defined—A health condition*

developing quickly and lasting only a short period of time, such as a few days or weeks. Acute illnesses develop quickly, but often improve following the implementation of short-term or urgent care. Viruses, infections, or injuries are all common causes of acute illness, e.g. pneumonia, appendicitis, influenza, etc.)

2. 12 Month New Member Sharing—Bills for certain conditions and treatments are eligible for sharing only after 12 months of being a member. If bills with dates of service prior to 12 months of membership still present a burden, they may be eligible as a Special Prayer Need (Section V.A). All conditions are also subject to the pre-existing conditions sharing limits discussed in Section VII.

a. Conditions—Bills for the following conditions are generally ineligible during the first year of membership:

- Prosthetics (VIII.B.26)
- Glaucoma (VIII.A.19)
- Lyme Disease (VIII.A.3 & 18)
- Cataracts (VIII.A.19)
- Lipedema/Lymphedema (VIII.A.17)
- Macular Degeneration (AMD) (VIII.A.19)
- Varicose Veins (VIII.A.23)
- Restricted Airway Conditions (VIII.A.21)
- Bone Calcification (VIII.A.5)
- Arthritis (VIII.A.2 & 16)
- Autoimmune Conditions (VIII.A.3)

Eligible bills for these conditions with dates of service after this waiting period may be shared.

b. Treatments — Bills for the following are ineligible within the first 12 months of membership:

- Joint Replacement and Back Surgery
- Hormone Therapy
- Allergy Treatments

Eligible bills for these treatments with dates of service after this waiting period may be shared.

IX. Maternity & Newborn Care

Maternity needs are shared when the doctor's estimated due date is 300 days or more after the date the mother's membership began. In general, maternity needs include bills for prenatal care, delivery, postnatal care, and miscarriage, and are treated like any other medical expense.

There are specific Guidelines for types of maternity needs that are shareable in Samaritan Basic and Samaritan Classic (*Section A*) and the initial unshared amount (*Section B*). Expenses related to pregnancies and complications of birth of the mother and child with an ineligible due date may only be shared as a Special Prayer Need (*Section C*).

A. Maternity Needs That Are Shareable

- 1. One-Person Memberships: No Maternity Sharing (*Two-Person Membership Required*)**—Maternity needs for one-person memberships of women under age 40 when they become pregnant, for both Samaritan Basic and Samaritan Classic, are not eligible for sharing except as Special Prayer Needs. This includes post-birth needs of the mother related to complications of birth. For a maternity expense to be shareable, the membership will need to be at a multi-person size (*or at an equivalent monthly share amount when multi-person is not possible or practical*) at least 300 days prior to the physician-calculated due date. (*One family member participating in Classic and another participating in Basic does not constitute a two-person membership eligible to share maternity needs. Likewise, a one-person membership provided in connection with an employer or other group organization does not constitute "a multi-person size or equivalent."*)
- 2. General Rule**—Shareable maternity needs include bills for prenatal care, delivery, postnatal care, miscarriage, and congenital conditions. Shareable services include those of doulas (*up to \$500*), midwives, doctors, nurse practitioners, and other licensed medical professionals.

There are special criteria for sharing needs of the child from genetic disorders and hereditary diseases. See *Section VIII.A*.

- 3. Separate Needs**—Bills for all pregnancy and birth-related complications of the mother incurred up to 90 days after birth will be shared as a part of the maternity need. Any pre-birth need of the child/children and routine postnatal care of the child, including no more than one routine outpatient doctor visit, will be part of the mother's maternity need. A post-birth need of the child beyond routine natal care will be considered the child's need separate from the mother's maternity need.
- 4. Multiple Birth Needs**—When there are complications (*anything beyond routine natal care*) from, or as a part of, a multi-child pregnancy, the expenses for each child will be considered a separate need.

Exception: *If a multi-child pregnancy is the result of the use of fertility drugs, in vitro fertilization, or other artificial means, all pregnancy and birth-related complications of the children will be treated as one need.*

5. Ectopic Pregnancies—

- a. Expenses Shared**—Procedures related to a ruptured fallopian tube (*including post-operative recovery of the mother, follow-up care, and treatment of any complications*), and, where an ectopic pregnancy is diagnosed before a rupture, all pre-operative tests and consultations and expenses related to keeping the mother under medical care while determining what care should be offered for the mother and child.
 - b. Expenses Not Shared**—Procedures directly related to the termination of a living, unborn child and/or removal of the living, unborn child from the mother due to an ectopic pregnancy are not shared (*e.g. methotrexate, salpingectomy, salpingostomy*), unless the removal of the child from its ectopic location was for the primary purpose of saving the life of the child or improving the health of the child.
- 6. Adopted Child**—Medical expenses of the birth mother and an adopted child, for which the adopting parents (*both a husband and wife*) became

liable while members and which are not from a “condition existing before membership” (see *Section II.E*), are shareable the same as other maternity needs (e.g. *two-person membership required*). The shareable amount will be reduced by any credit which the member is entitled under the federal adoption income tax credit due solely to those medical expenses. However, if the parents had reason to know of a physical condition which the adopted child had prior to the adopting parents being legally responsible for the child’s expenses, or prior to his effective date within his parents’ membership, it will be considered a “condition that existed before membership” under *Section VII*.

- 7. Early Maternity Sharing**—If a maternity care provider will reduce the normal charges if a member prepays some or all of the bill, we will consider sharing prior to the birth the cost of some of the services to the mother, e.g. hospital or birthing center, physician or midwife, and a doula (*up to \$500*), but not services for the baby or other services for the mom such as blood and lab work, ultrasounds, chiropractic, anesthesia, massage, or progesterone. The member must request an estimate from the provider and submit it with the Need Processing Form, whether submitting the need via postal mail or online via your Samaritan Dashboard. If the resulting bills are less than the prepaid amount, the member must contact Member Services who will advise where to send the surplus.
- 8. Maternity Co-Share** — The maternity co-share in Samaritan Basic is 10%, with a maximum co-share amount of \$13,500. For maternity needs in Samaritan Classic with a due date on or after October 1, 2025, the maternity co-share is 30% with a maximum co-share amount of \$3,000.
- 9. Maximum Maternity Shareable Amount Under Samaritan Basic**—The qualified bills submitted for a maternity need (*defined in paragraphs A.2 & 3*) for mothers participating in Samaritan Basic are shared with a \$5,000 initial maternity sharing limit.

After \$5,000 has been shared on the maternity need, nothing more is shared on the need until the sum of the co-share plus the unshared amount over the \$5,000 initial maternity sharing limit reaches the \$13,500 maximum co-share.

Once the maximum co-share amount of \$13,500 is reached, the remaining qualified bills are shared up to the \$236,500 maximum shareable amount.

B. Initial Unshareable Amount/Proration

- 1. Standard Initial Amount**—Like any other need, only the portion of a maternity need that exceeds \$1,000 for Samaritan Classic and \$2,000 for Samaritan Basic is shareable. See *Section VI.A.3* and *4*.
- 2. Home Births**—Home births in both Samaritan Basic and Samaritan Classic have the initial unshareable amount waived and are not subject to prorating (see *Section VI.D*) because they reduce overall maternity costs.
- 3. After Cesarean**—In both Samaritan Classic and Samaritan Basic, a vaginal birth after cesarean (VBAC) is not subject to prorating and the initial unshareable amount is waived.

C. Maternity Needs for Those With Ineligible Due Dates

Expenses related to pregnancies and complications of birth of the mother (*and child's postnatal expenses when related directly to a genetic disorder or hereditary disease, unless otherwise referenced in Section VIII.A.11*) where the physician-calculated due date is less than 300 days after membership began—may only be shared as a Special Prayer Need (*Section V.A*).

X. Submitting Medical Needs

Qualified expenses will be shared for all who are included in a household membership (see *Section II*) who meet the membership requirements (see *Section I*) when the expense occurs. For the person's need to be shared, the household must be current with the annual membership continuation verification and all shares, through the time he was a member, even if he is no longer a member when the need is shared.

To submit your medical needs, please follow these instructions:

A. First

Verify that your medical need meets the shareable needs Guidelines (*Sections VI–IX*). If you would like a Need Processing packet mailed to you, call Samaritan Ministries toll-free at 877-764-2426 and you will be directed to your Member Services team. Read the instructions in the Need Processing packet mailed to you and follow them carefully.

B. Online

If you prefer to submit your bills online instead, you can use your Samaritan Dashboard. Go to your Dashboard apps, click the Needs app, and then follow the online instructions.

C. Itemized Bill

Along with your Need Processing Form, you must submit itemized bills to Samaritan Ministries. Ask your health care provider to itemize all bills, and make copies to keep for your own records. If you are submitting your need online, you will need to have electronic versions of your itemized bills, to upload them when prompted. An itemized bill will contain the following information:

1. Name, address, and phone number of the provider
2. Name of the patient
3. Date(s) of services provided
4. Cost of each individual service or item
5. Description of the services or item
6. Account number if available

The sharing turnaround time is normally within two to three months from receipt of your medical bills and required information:



MONTH 1

You send us your bills

The process starts when we get your bills online or by mail.



MONTH 2

We process your bills

We do our part to review and assign medical needs.



MONTH 3

You receive shares

Funds from other members should arrive by the end of this month.

Have additional bills later?

Submit new bills at any time to begin the process again for those bills.

The most common need processing delays are caused by bills that do not provide specific and complete information about the services you received. Bills that merely give amounts or codes may not be accepted. Overbilling and errors are common in health care, and detailed bills allow you and Samaritan Ministries to verify that you are being billed correctly.

D. Read the “Common Questions”

This sheet is included in the Need Processing packet mailed to you. Seek reductions on your bills, using as a guide the “Suggestions for Negotiating Reductions” section and the Healthcare Bluebook available on your Samaritan Dashboard. Reductions may decrease the \$2,000 initial unshareable amount in Samaritan Basic. Additionally, reductions help reduce the burden for all members.

E. Obtaining Fair Price

One of the reasons that the monthly share is kept low is the substantial reductions from original billings that members and our negotiators are able to obtain.

Please note: *Almost no one pays a hospital’s “list price,” which is the price that is printed on the bill given to you. Hospitals’ “list prices” are three to five times what they expect most people to pay. Therefore, you may be able to obtain a cash-pay discount of as much as 75% off the “list price.” Physicians and other non-hospital services typically give cash-pay discounts of 20-40%. Thus, we encourage members to seek discounts even on small bills, but depending on the situation, often our negotiators are able to save even more. Your provider may also offer a prompt-payment discount if you are able to pay your bill within a certain time frame. Be sure to notify the Member Services department of any prompt-pay deadlines.*

F. Cooperation Required

When you submit bills, you are committing to cooperate with Samaritan Ministries staff and partners to determine if the bills are shareable, to seek fair and reasonable prices from medical providers, and to document amounts you have paid to providers. You will be required to sign a medical release so that Samaritan Ministries or its partners can obtain records and communi-

cate with your providers. Failing to submit a signed medical release, revoking a medical release, or declining to work with Samaritan staff and partners to obtain a fair price will prevent the sharing of your need.

In order to steward the shares of fellow Christians, Samaritan Ministries assists members to manage and control the costs of their health care. We are committed to protecting members from unfair and unreasonable charges. Samaritan reserves the right, on behalf of its members, to determine what charges or parts of a charge are unfair or unreasonable based on techniques, criteria, and standards adopted by Samaritan Ministries. Samaritan will limit the sharing of charges determined to be unfair or unreasonable and will advocate on behalf of sharing members against any health care provider demanding payment of unfair charges. This Guideline empowers Samaritan members to refuse to pay excessive charges, while also committing Samaritan to contend for fair prices on members' behalf. Samaritan Ministries and its partners will work with members and their providers to reach a resolution on excessive charges through negotiation and, if necessary, protect members through legal action. Samaritan will not leave an open bill dispute unresolved.

G. "Bill List"

List the amounts you have been billed. Also list any payments by other agencies and discounts from the health care provider. These reductions will not be shared. Total the columns on the "Bill List" and number your bills according to the list.

H. Member Questionnaire

The person with the medical need should complete this section. **Exception:** If the patient is a minor, parents may complete the Member Questionnaire. Your need will not be shared without it.

I. Explain the Need

Include a letter or note explaining the incident so we can better understand your need. Describe how we may pray for you or give praise for how God is already working in the situation. A short summary of your condition will be included in the Prayer Guide and in the assignment sheet sent to the

members who will be sharing with you.

J. Send to SMI

Mail your need information to Samaritan Ministries in the need envelope provided (*or submit it online via your Samaritan Dashboard*). Members correctly submitting needs are generally receiving gifts from other members within two to three months after receipt of the bills by SMI, helping you to pay the medical bills in a timely fashion.

K. Payment Plan

If you have not arranged a payment plan with the provider, you should pay something on the bill monthly, even if it is only \$10, so the provider knows you are not forgetting your responsibility.

L. More Bills

If additional bills for the same need arrive after you have submitted your need, call for an Add-on Form designated for your need, to submit the additional bills (*or submit them online via your Samaritan Dashboard*).

M. Overseas Bills

If you are treated for an illness or medical condition in another country, the entire itemized billing statement must be written or translated in English, and the cost must be converted to U.S. dollars.

N. Time Limit for Submitting Documentation

The sooner that bills are submitted to SMI usually means the larger the reduction in price that can be obtained from the provider through negotiations. When there are a number of bills related to treating the same incident, it is helpful for them to be submitted together if they all can be obtained within a 30-day period. With this in mind, itemized bills should be submitted to the Samaritan office as soon as possible (*either by mail using the Need Processing Form or online via your Samaritan Dashboard*). Ordinarily, bills submitted more than one year after the service was provided will not be shared.

XI. Advisory Opinions & Binding Decisions

Although Samaritan Ministries staff are trained to be forthright in phone conversations, routine responses to emails and oral opinions offered by the staff do not constitute binding decisions. Members who call to inform us of their circumstances in order to discover if a treatment qualifies for sharing will be given an opinion—not a binding decision. Inquiries by members in writing explaining circumstances and medical procedures involved and specifically seeking a binding, written ruling from SMI Leadership will be answered in writing and will explicitly indicate if it is a decision that will bind SMI. The routine submission of bills to SMI followed by SMI's standard "Need Status Update" will not be considered such an inquiry or binding ruling.

XII. Reconciling Disagreements

Samaritan Ministries is a community of Christians—and its members, as followers of Christ, believe that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within the Christian church (see *MATT 18:15-20*; *1 COR 6:1-8*). SMI does not understand these Scriptures to prohibit believers from cooperating with governmental authorities when a crime has been committed by another professing believer (*ROM 13:1-7*). A member who chooses to violate this command of Scripture and his covenant with his SMI brethren and takes a dispute to court, destroys our fellowship and has chosen to be as if he had never been a Samaritan Ministries member, and to not have his needs shared with the membership.

Therefore, in becoming a member or reaffirming your membership, you agree that any civil claim or dispute you have with or against SMI, its employees, directors, members, and associate members, that is related to SMI and its ministries in any way, shall be settled by Biblically-based mediation and, if

necessary, legally binding arbitration. And SMI agrees similarly with respect to any civil matter SMI might have against you. The procedure to be used depends upon the nature of the issue as explained in *Sections XII.A* and *XII.B*.

A. Questions Regarding Whether a Need is Shareable

Nearly all needs can be determined to be shareable or not shareable according to the Guidelines. In matters where the Guidelines may not provide absolute clarity, Samaritan Ministries can usually determine whether the need should be shared according to procedure and precedent. If Samaritan Ministries cannot determine whether the need is shareable, or if you believe we are misinterpreting the Guidelines or your circumstances, upon your written request explaining why you believe the bills in question are shareable under the Guidelines, the need will be submitted to a panel of 7 to 13 randomly chosen members who will review the need to determine whether it is shareable. The panel's decision will be binding on both SMI and the member. Your written request must be postmarked, or received by SMI, no later than 90 days after you received the staff's response to your last internal appeal.

B. Resolution of All Other Issues

Membership requirement issues related to your payment of shares or your integrity (*with respect to the submission and payment of medical bills*) may be appealed to the Institute for Christian Conciliation as explained below. All other questions regarding whether you meet membership requirements may be appealed to the Board of Directors who make the final, non-appealable decision.

Any other issue shall be settled in accordance with the Rules of Procedure for Christian Conciliation™ of the Institute for Christian Conciliation. (*Complete text of the Rules is available at ICCpeace.com or by contacting ICC Peace at info@iccpeace.com*). However, if both SMI and you agree, the dispute may be submitted to a randomly selected panel of members instead. In all events, you will have available the same relief as a court could grant. SMI will pay all of the arbitrator's fees and costs unless the arbitration determines there was no reasonable basis for your complaint, in which case you will be responsible for the fees and costs.

C. You and SMI Agree Not to Go to Court

You understand that these methods shall be the sole remedy for any civil controversy or claim arising out of your relationship with SMI and expressly waive your right to file a lawsuit in any civil court against SMI, its employees, members, associate members, and directors, for such disputes, except to enforce an arbitration decision obtained under *Sections XII.A or XII.B*. This also includes any determinations as to whether the matter in dispute comes within this arbitration agreement or can be required to be arbitrated. If an arbitration decision has been made and anyone is failing to follow that decision, then in order to enforce the arbitration award under either *Sections XII.A or XII.B*, the decision may be entered only in the Circuit Court of Peoria County, Illinois. Resolving disputes within the Body of Christ is always the command of Scripture and in the interest of all our members (*MATT 18:15-20; 1 COR 6*). Therefore, even if SMI or a member participates to some extent in a court proceeding regarding a matter in dispute, this participation will not be forfeiting the ability to later demand that the dispute be resolved by these arbitration procedures.

D. Applicable Law

For all civil matters of procedure and substance regarding any dispute or claim that comes within these mediation/arbitration requirements, the laws of the State of Illinois, and if applicable of the United States, shall govern.

XIII. Amending Guidelines

A. Procedures

These Guidelines may be amended by the Samaritan Ministries Board of Directors. The Board has the option of first taking an advisory vote of the members.

B. Effective Date

Amendments to the Guidelines will go into effect as soon as administratively practical or as designated by the Board. If you have a need which 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 the bills were

incurred. However, bills 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.

C. Notice of Amendments

Members will be notified of changes to the Guidelines in the monthly newsletter, through postings on the ministry website, or by provision of updated Guidelines booklets when they are notified that their Membership Continuation Form is coming due.

XIV. Switching Membership Levels

If you choose to switch your membership level, all needs will be "archived," meaning you would no longer be able to add more bills to that need number after switching, no matter the date of service. Once your membership level is switched, your new monthly share will be effective for the next monthly share assigned.

Example: *If your membership level is switched on August 28, your new monthly share will be effective for the October share. The September share was already assigned at your previous monthly share rate.*

Review points *A* and *B* below for details on how each switch in levels would affect your membership.

A. Switching from Samaritan Classic to Samaritan Basic

1. Any bills received at the SMI office **after** the day of the switch will be shared under the Samaritan Basic Guidelines, even though the need was started under the Samaritan Classic Guidelines.
2. If a bill is received after the switch date for a need that started under Samaritan Classic, a new need will have to be started with a new Need

Processing Form. Such a bill cannot be submitted with a Need Add-on Form.

3. If a need was started under Samaritan Classic, and after the member household switches programs a new need for the same medical condition is started under Samaritan Basic. Samaritan may take into account the provisions in *Section VI.A.1. "Need Defined"* and the amount that was shared under Samaritan Classic and may not allow sharing for the medical condition to exceed the maximum shareable amount of the initial need.

B. Switching from Samaritan Basic to Samaritan Classic

Bills received at the SMI office after the date of the switch will be shared under the Samaritan Classic Guidelines only if the related need meets the requirements of *Section VII* for not being pre-existing in relation to the date of the switch. In other words, all the needs of all the persons in the switching membership are treated like they became members on the day of the switch.

That means that any condition/injury occurring prior to the switch date, even if it occurred while the person was a Samaritan member participating in either membership level, is now pre-existing until it meets the new time/symptoms/treatment requirements in relation to the switching date. A new Special Prayer Need could be opened to request assistance for medical bills related to pre-existing conditions. (See *Section V.A.*)

Example 1: *Member joined Samaritan January 1, 2017, participating in Samaritan Basic and on March 1, 2017, he develops cancer. All treatments ended June 30, 2017, and there were no further treatments or symptoms. On July 1, 2020, he switches to Samaritan Classic. In July, 2021, the same cancer reoccurs. The need would be considered pre-existing and only shareable as a Special Prayer Need because the condition has not gone five years treatment and symptom free. (See Section VII.A.)*

Example 2: *Same facts as Example 1 except on January 1, 2021, the member switched back to Samaritan Basic. When the cancer reoccurs in July 1, 2021, it is still pre-existing because the member's start date in relation to needs is still July 1, 2020, when he switched to Samaritan Classic, and the five year symptom/*

treatment-free requirement for cancer still applies.

C. Switching Fee

There is a non-refundable fee of \$100 for each time a membership switches levels.

D. Splitting Off an Existing Membership

A child or spouse splitting off an existing membership will begin at the same level as the existing membership, but may immediately switch to a different level subject to the switching Guidelines in *Section XIV*. If a change in membership level is made at or after the split, the same results and fee as described in paragraphs A-C apply.

E. Multiple Switches

There is no limit on the number of switches, but the following special rules apply:

- 1. 60 days**—A switch may be “reversed” within 60 days as if it did not occur as long as no new needs or bills occurred during that time. You must contact our office directly.
- 2. 30 days**—If a new need or bills occur after a switch, the switch may only be “reversed” if done within 30 days of the switch. You must contact our office directly.
- 3. Switching Fee**—Is never refundable and will be charged for every switch, but will not be charged again for a “reversal.”

Save to Share™

The members of Samaritan Ministries share in needs up to \$250,000.

For those who want to help bear burdens that exceed \$250,000, there is *Save to Share*.



I. Participation

The following Guidelines apply only to *Save to Share* and not general membership:

- A. Only members of SMI are eligible to participate.
- B. An active SMI membership allows you to participate in *Save to Share* at the same level of membership (*one person, two-person family, three or more person family, or single-parent family*).
- C. In addition to the annual administrative share, each participating household must set aside funds each year that will be dedicated for use in the program. As of August 2025, the current annual household amount required to be set aside is \$133 for one person, \$266 for a two-person membership and single-parent family, and \$399 for a three or more person family.

Voting—Set-aside amounts can only be raised by a vote of participants with a 60% majority of the votes cast required for approval.

- D. Any unused set-aside funds that have not been shared and remain at the end of a year's participation are to be held for future needs if the household continues participation. Each year, the household will be asked to set aside an additional full year's amount. Participating memberships will not be asked to have more than three years' worth available (*the current year's set aside amount plus the equivalent of two years' worth of set-aside funds from previous years*). These funds can be called upon by the ministry at any time to be shared with eligible needs.
- E. An annual administrative share (*currently \$15*) will be required from each participating household. This share is separate from the set-aside funds and is paid to SMI.

- F. The set-aside funds are the property of the participant and are shared to meet another member's *Save to Share* need at the participant's voluntary discretion. If the participant ceases participation in the program, unused funds will remain the property of the participant.
- G. **Financial Difficulties**—If your financial situation changes and you believe you will not be able to continue participation, please contact your Member Services team immediately so that future *Save to Share* needs will not be assigned to you.

II. Need Sharing

- A. All of the responsibilities of Samaritan members and the requirements for submitting needs as set forth in the "Membership" and "Needs" Guidelines (*Sections I-XIV*) apply similarly to participants except when the *Save to Share* Guidelines specifically provide otherwise.
- B. Only needs eligible for sharing in the "Membership" and "Needs" Guidelines will be qualified to be shared in *Save to Share*. Also, for needs from a condition that occurred while an SMI member, but before participating in *Save to Share*, to be shareable, the condition must meet the same type of symptom and treatment free/time elapse, etc. requirements while a *Save to Share* member, as are found in *Section VII* "Pre-Existing Conditions" and *Section IX.C* "Maternity Needs for Those With Ineligible Due Dates" (e.g. *for the pregnancy of a member joining Save to Share fewer than 300 days before the estimated due date, the child's postnatal expenses when related directly to a genetic disorder or hereditary disease—unless otherwise referenced in Section VIII.A.11—would not be shareable under Save to Share*).

It is also necessary to again qualify for the pre-existing exceptions of *Section VII*, for a condition which developed while a person participated in *Save to Share*, if the person later dropped out of *Save to Share* and then rejoined.

- C. *Save to Share* needs will only be shared in months when there is a qualified need to share.
- D. New SMI members who join *Save to Share* at the same time will not be asked to share in *Save to Share* needs until they begin sharing with regular needs.
- E. When a member participating in *Save to Share* has a shareable need that is more than \$250,000, the amount of that need exceeding \$250,000 will be eligible for sharing with other *Save to Share* participants. It will only be the amount of the need over \$250,000 that is shared even though the ministry may not have shared all of the first \$250,000 of the need due to proration or the initial unshareable or co-share amount.

Large needs frequently are the result of the reality that most health care providers charge patients without insurance substantially more than insured patients. Therefore, *Save to Share* needs are not shared until satisfactory negotiations with providers toward reductions in bills have occurred.

- F. In order to have a *Save to Share* need shared, a participant must have the appropriate amount set aside, must have given to all *Save to Share* needs that have been assigned to him, must be current in sharing with all other SMI needs assigned to him, and must be a member in good standing of SMI. A participant who does not send his share after two notices may be removed from participation and, once removed, will not be eligible for reinstatement.
- G. Needs that qualify for sharing will be divided among participating households' set-aside funds. To expand further, a qualified need exceeding \$250,000 will continue to be shared by memberships in *Save to Share*. Participating memberships send a portion of their set-aside funds as part of their monthly share required for the *Save to Share* needs.
- H. If the amount of one need qualifying for sharing in *Save to Share* exceeds half of the total funds on any particular month, only half of these funds will be assigned for sharing. If at any time there are multiple *Save to Share* needs in process, and the order in which they are shared could affect the maximum amount shared for a particular need, then the need given priority for calculating the shareable

amount will be the need for which the properly completed form (*and all required documentation*) first arrived.

- I. Giving to *Save to Share* needs is done through the monthly newsletter mailing or eShare notification. The shareable amount of the need is determined and then divided among all *Save to Share* memberships. The correct *Save to Share* amount is then added to the regular share amount for each of these *Save to Share* households.

The *Save to Share* gifts are added to the total amount of share money available, and then enough of this larger amount is assigned to selected *Save to Share* memberships to be given to the *Save to Share* need(s). The other *Save to Share* memberships are directed to send their entire amounts (*including the Save to Share amount*) to regular needs. In this way, the memberships with *Save to Share* needs receive the amount they should receive, but instead of being inundated with a large number of small gifts coming from every *Save to Share* member, they receive a more manageable number of larger gifts.

III. Amendments & Mediation

- A. These Guidelines may be amended by the Samaritan Ministries Board of Directors. The Board has the option of taking an advisory vote of the *Save to Share* participants.
- B. If a member disagrees with a determination made by the Samaritan Ministries staff regarding a need, they may ask for the matter to be submitted to a panel of 7 to 13 randomly chosen *Save to Share* participants.
- C. Any disputes remaining after this resolution process will be handled using the mediation/arbitration procedures specified in *Section XII.B* and C.

State Legal Notices

Alabama Code Title 22-6A-2

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

Alaska Statute 21.03.021(k)

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

Arizona Statute 20-122

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

Arkansas Code 23-60-104.2

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

Florida Statute 624.1265

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

Georgia Statute 33-1-20

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

Idaho Statute 41-121

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of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

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

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

Indiana Code 27-1-2.1

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

Kentucky Revised Statute 304.1-120 (7)

Notice: Under Kentucky law, the religious organization facilitating the sharing of medical expenses is not an insurance company, and its guidelines, plan of operation, or any other document of the religious organization do not constitute or create an insurance policy. Participation in the religious organization or a subscription to any of its documents shall not be considered insurance. Any assistance you receive with your medical bills will be totally voluntary. Neither the organization 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 Revised Statute Title 22-318,319

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

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

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

Maryland Article 48, Section 1-202(4)

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

Massachusetts

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. Due to the public policy implications of Massachusetts' mandatory insurance requirement (which operates independent of the Affordable Care Act), all Massachusetts members of SMI must be participants in the *Save to Share* program for sharing medical expenses above \$250,000.

Michigan Section 550.1867

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

Mississippi Title 83-77-1

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

you are always personally responsible for the payment of your own medical bills.

Missouri Section 376.1750

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

Montana Revised Statute Chapter Sections 33-1-102 and 33-1-201

Notice: The health care sharing ministry facilitating the sharing of medical expenses is not an insurance company and does not use insurance agents or pay commissions to insurance agents. The health care sharing ministry's guidelines and plan of operation are not an insurance policy. Without health care insurance, there is no guarantee that you, a fellow member, or any other person who is a party to the health care sharing ministry agreement will be protected in the event of illness or emergency. Regardless of whether you receive any payment for medical expenses or whether the health care sharing ministry terminates, withdraws from the faith-based agreement, or continues to operate, you are always personally responsible for the payment of your own medical bills. If your participation in the health care sharing ministry ends, state law may subject you to a waiting period before you are able to apply for health insurance coverage.

Nebraska Revised Statute Chapter 44-311

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

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

New Hampshire Section 126-V:1

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

North Carolina Statute 58-49-12

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

North Dakota Century Code 50-37

The organization facilitating the sharing of medical expenses is not an insurance company and its guidelines and plan of operation are not an insurance policy. Whether anyone chooses to assist the participant with medical bills is voluntary. Participation in the organization or a subscription to its documents is not insurance, and regardless of whether the participant receives payments or the organization continues to operate, the participant is responsible for the payment of the participant's medical bills.

Pennsylvania 40 Penn. Statute Section 23(b)

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

South Dakota Statute Title 58-1-3.3

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

Tennessee Code Annotated, Section 48-51-201

Notice: The organization facilitating the sharing of medical expenses is not an insurance company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be

compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payments for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Texas Code Title 8, K, 1681.001

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

Utah Section 31 A-1-103 (3) (I)

- (A) the health care sharing ministry is not an insurance company;
- (B) nothing the health care sharing ministry offers or provides is an insurance policy, including the health care sharing ministry's guidelines or plan of operations;
- (C) participation in the health care sharing ministry is entirely voluntary and no participant is compelled by law to contribute to another participant's expenses;
- (D) participation in the health care sharing ministry or subscription to any of the health care sharing ministry's services is not insurance; and
- (E) each participant is always personally responsible for the participant's expenses regardless of whether the participant receives payment for the expenses through the health care sharing ministry or whether this health care sharing ministry continues to operate

Virginia Code 38.2-6300-6301

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

West Virginia Statute §35-1B-1-6

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 payments for medical expenses or whether this organization 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 Attorney General of your state.

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

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

Wyoming 26.1.104 (a)(v)(C)

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

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