MEMBER GUIDE

TRINITYCARE℠ EVERYDAY

TRINITY℠ HealthShare

THIS IS NOT AN INSURANCE PRODUCT

Welcome

Welcome to the Trinity family! Thank you for participating in our health care sharing community. We are committed to streamlining access to individual and family-focused health care services at each step along the continuum of care. Please take a few minutes to review and understand the information in this member guide.

While this member guide is not a contract and does not constitute an agreement, a promise to pay, or an obligation to share, it is provided to help you understand how your Trinity HealthShare (Trinity) program works, your responsibilities as a member of a Health Care Sharing Ministry (HCSM) and the guidelines associated with your Trinity program. The more informed you are, the easier it will be to understand which services may be eligible for sharing with your Trinity program, as well as any limitations, exclusions or requirements you should know about prior to receiving a medical service.

If you have any questions, *member services* is here to help with any of the following:

- General information
- Program management
- Monthly contributions
- Member Shared Responsibility Amount (MSRA)
- Find a network provider
- Eligibility for sharing
- Sharing requests
- Using your member portal

Trinity HealthShare programs are not available in AK, CO, CT, HI, MA, MD, ME, MT, ND, NH, OR, PA, PR, SD, TX, VT, WA, WY or Washington, D.C. Limitation subject to change without prior notice. Due to regulatory limitations regarding compensation, Trinity HealthShare programs will no longer be sold in Massachusetts or Pennsylvania.

Contact Member Services

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

Phone: 844-834-3456

Email: memberservices@trinityhealthshare.org

Online: TrinityHealthShare.org

Mail: PO Box 28220 | Atlanta, GA 30358

Quick Reference:

Billing/Payment Questions | 844-834-3456
Log in to your Member Portal:
TrinityHealthShare.org > Members > Member Portal

Share Request Questions | 844-834-3456
Log in to your Member Portal:
TrinityHealthShare.org > Members > Member Portal

FirstCall Telemedicine | 866-920-DOCS (3627)
FirstCallTelemed.com

Find a Network Health Care Provider
To find a network provider, go to TrinityHealthShare.org/network. Find the name of your program and click the logo next to it to start a provider search.

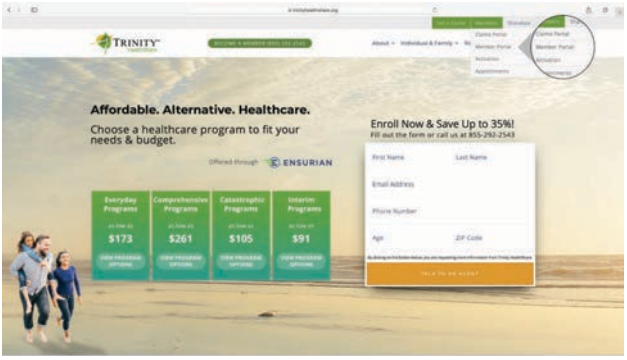
Rx Valet | 855-798-2538
RxValet.com

Getting Started

In order to maintain your privacy and provide a streamlined member experience, Trinity works closely with vendors to make digital registration and activation quick and easy. Please follow each of the steps below in order to gain access to all the services outlined in your program.

Step 1: Register for the Member Portal

Refer to your member portal to view/print a copy of your member ID card, request an address change, initiate a program change, add a dependent, review contribution history, manage share requests, and add or change your monthly contribution method.



1. Locate the 9-digit ID number on your ID card
2. Visit **TrinityHealthShare.org**
3. Click the green **Members** button on the top navigation bar
4. Select **Member Portal**
5. Click on **Need to Register?**
6. Complete the form and click **Register**

Step 2: Activate Your FirstCall Telemedicine Account

By establishing your telemedicine account, you have access to board-certified physicians 24/7, 365 days per year via phone or video chat.*

1. Go to **FirstCallTelemed.com**
2. Click on **Activate Now**
3. Follow the online instructions and provide the required information for the primary member, including medical history.
4. Set up minor dependents (17 years or younger) by clicking **My Family** on the top menu.
5. Follow the online instructions to provide the necessary information and complete each dependent's medical history.
6. Set up adult dependents (18 to 26 years). Adult dependents must set up their own account; follow steps 1-3 above.

After your FirstCall Telemedicine Account is active, consultations may be requested by

- Logging in to the member portal on **FirstCallTelemed.com**
- Calling **866-920-DOCS (3627)**

**If membership fees are not paid to date, members are not eligible to set up/use the telemedicine account.*

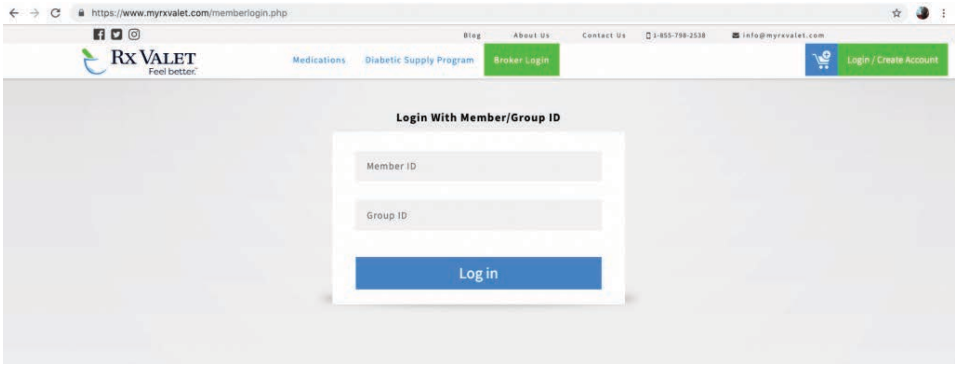
Step 3: Activate Your Rx Valet Account

This prescription discount program helps you save on prescription medications and diabetic testing supplies at most retail pharmacies. Save even more by choosing the home delivery option.*

1. Go to **RxValet.com**
2. Click **Login/Create Account**
3. Select **Member/Group ID**
4. Enter 9-digit ID number on your card
5. Enter the Group ID 2504

After registration is complete, you will receive an email with instructions and a video on how to use Rx Valet for home delivery and at your local pharmacy. For added convenience, download the Rx Valet app on your smartphone. If you are experiencing an urgent situation and don't have time to set up your account, you can hand your member ID card to the pharmacist to see if an immediate discount can be applied. The discount may not be as great, so please set up your account when you have time.

**If membership fees are not paid to date, members are not eligible to set up or use the prescription discount account.*



Part I: How to Use Your Membership

Program Overview

This member guide contains the information you need to understand each of the services available with your program. Please review it carefully. We highly encourage you to contact FirstCall Telemedicine before seeking treatment elsewhere, unless you have a life-threatening emergency. Often times, telemedicine physicians can treat primary medical concerns — and you don?t even have to leave the comfort of your home! Refer to your member ID card or the *FirstCall Telemedicine* section of this member guide for more information. Also, remember to keep your member ID with you at all times and present it to providers before services are rendered.

Eligibility for Sharing

Trinity HealthShare reviews each sharing request for eligibility based on the services outlined in the member guides. Eligibility does not imply a promise to pay and each member is responsible for their own medical expenses at all times.

Services At A Glance

Trinity HealthShare programs provide access to a wide range of medical services that may be eligible for cost sharing. Your program includes the services below, but review the individual program details in this guide for specific cost-sharing services associated with your program tier.

Find a Network Health Care Provider

Since network participation can change frequently, Trinity cannot guarantee provider participation in any networks. It is important to call the provider to verify participation in the network associated with your Trinity program prior to scheduling your appointment(s) and incurring medical expenses that may or may not be eligible for sharing.

- Start your provider search by visiting **TrinityHealthShare.org/network**
- Find the name of your program in the left-hand column of the chart
- Click the network logo next to it
- Search for a provider
- Call the provider you choose to ensure participation with Trinity HealthShare programs

If you need help, contact *member services* and a representative will be happy to help you identify a provider listed under the network associated with your program.

What Is a Member Shared Responsibility Amount (MSRA)?

The Member Shared Responsibility Amount, or MSRA, reflects the amount of personal responsibility and stewardship members are expected to demonstrate; in other words, the amount a member must pay before asking others in the program to share in the cost of medical expenses. It is important to recognize that some services (such as telemedicine, preventive services and prescription discounts) are available to members before the full amount of the MSRA is met. Expenses for other services, however, are not eligible for sharing until members pay the entire MSRA.

Services Eligible For Sharing Prior to Meeting the MSRA

The following sections outline the services that are generally eligible for sharing prior to meeting your MSRA.

FirstCall Telemedicine

Included with Contribution
No Consult Fee, Co-expense or MSRA Applies

FirstCall Telemedicine
FirstCallTelemed.com | 866-920-DOCS (3627)

FirstCall Telemedicine is a great option for immediate access to health care because it is included with your Trinity program's monthly contribution for members and their dependents, 24/7, 365 days per year. Trinity encourages members with access to

FirstCall Telemedicine to take advantage of the services it offers before seeking treatment elsewhere, unless you have a life-threatening emergency. FirstCall Telemedicine has board-certified physicians who can treat many primary medical concerns quickly and easily and who may prescribe some medications over the phone or using a secure internet connection/application. You don?t even have to leave the comfort of your home!

- At home, at work, or while traveling in the U.S., you or your dependents can speak to a board-certified telemedicine physician 24/7 via face-to-face internet consultation or by phone
- Telemedicine consultations are included with every program for members and dependents on the program
- Speak with the next available doctor or schedule an appointment for a more convenient time. Telemedicine doctors typically respond within 15 minutes of your call
- Save time and money by avoiding the expense of emergency room visits for non-emergency situations, waiting for an appointment, or driving to a local facility. Telemedicine providers can often treat conditions such as:
    - Cold and flu symptoms
    - Bronchitis
    - Allergies
    - Poison ivy
    - Pink eye
    - Urinary tract infections
    - Respiratory infections
    - Sinus problems
    - Ear infections

If the telemedicine physician recommends that you see your primary care physician (PCP) or that you visit an urgent care facility, refer to the *Find A Network Health Care Provider* section of this guide or contact *member services* and a representative will be happy to help you identify a provider listed under the network associated with your program.

Make sure to *Activate your FirstCall Telemedicine Account* as soon as your membership is active so you can use the service right when you need it.

Wellness & Preventive Care

When applicable, included with contribution.

No consult fee, co-expense or MSRA applies unless additional services are performed at the time of visit.

It's easier to stay healthy with regular wellness and preventive care. As part of your Trinity solution, your program may include many preventive care services with your monthly contribution. When applicable, there is no consult fee or obligation to reach the MSRA for the preventive care services listed below.

How to Use Wellness & Preventive Care Services

1. Members do not need to call FirstCall Telemedicine to schedule preventive care.
2. Present your member ID card and a photo ID when you arrive at your PCP.
3. If you have not activated your membership or if your monthly contributions are not current, the services will automatically be deemed ineligible for sharing.
4. Preventive health services must be appropriate for the member. If other medical needs are addressed during regular check-ups or preventive care visits, members are responsible for the non-preventive costs at the time of those visits.
5. Refer to the *Preventive Services Eligible for Sharing* list below.

Preventive Services Eligible for Sharing

A sampling of the preventive medical services included with your monthly contribution is listed below and subject to change without notice. Please refer to details within this guide for specifics about the services included with your program. Always verify eligibility before treatment or service is rendered.

- Abnormal Blood Glucose and Type 2 Diabetes Mellitus: Screening
- Asymptomatic Bacteriuria in Adults: Screening
- Bacterial Vaginosis in Pregnancy to Prevent Preterm Delivery: Screening
- BRCA-Related Cancer: Risk Assessment, Genetic Counseling, and Genetic Testing
- Breast Cancer: Medications for Risk Reduction
- Breast Cancer: Screening
- Breastfeeding: Primary Care Interventions
- Cervical Cancer: Screening
- Chlamydia and Gonorrhea: Screening
- Colorectal Cancer: Screening*
- Dental Caries in Children from Birth Through Age 5 Years: Screening
- Depression in Adults: Screening
- Depression in Adolescents: Screening
- Folic Acid for the Prevention of Neural Tube Defects: Preventive Medication

- Genital Herpes Infection: Serologic Screening
- Gestational Diabetes Mellitus, Screening
- Gynecological Conditions: Periodic Screening With the Pelvic Examination
- Healthful Diet and Physical Activity for Cardiovascular Disease Prevention in Adults With Cardiovascular Risk Factors: Behavioral Counseling
- Hepatitis B Virus Infection in Pregnant Women: Screening
- Hepatitis B Virus Infection: Screening, 2014
- Hepatitis C: Screening
- High Blood Pressure in Adults: Screening
- Human Immunodeficiency Virus (HIV) Infection: Screening
- Immunizations for Adults
- Immunizations for Children
- Intimate Partner Violence, Elder Abuse, and Abuse of Vulnerable Adults: Screening
- Latent Tuberculosis Infection: Screening
- Lung Cancer: Screening
- Motor Vehicle Occupant Restraints: Counseling
- Obesity in Children and Adolescents: Screening
- Ocular Prophylaxis for Gonococcal Ophthalmia
- Opthalmia Neonatorum: Preventive Medication
- Ovarian Cancer: Screening
- Perinatal Depression: Preventive Interventions
- Preeclampsia: Screening
- Rh(D) Incompatibility: Screening
- Rubella: Immunizations
- Sexually Transmitted Infections: Behavioral Counseling
- Skin Cancer Prevention: Behavioral Counseling
- Statin Use for the Primary Prevention of Cardiovascular Disease in Adults: Preventive Medication
- Syphilis Infection in Nonpregnant Adults and Adolescents: Screening
- Syphilis Infection in Pregnant Women: Screening
- Tobacco Smoking Cessation in Adults, Including Pregnant Women: Behavioral and Pharmacotherapy Interventions
- Tobacco Use in Children and Adolescents: Primary Care Interventions
- Vision in Children Ages 6 Months to 5 Years: Screening
- Vitamin Supplementation to Prevent Cancer and Cardiovascular Disease: Preventive Medication

**For adults ages 50-65, a colorectal screening (fecal occult blood test) may be eligible as a preventive service. A colonoscopy would be considered an outpatient surgical service and is not eligible as a preventive service. Cologuard is not eligible for sharing.*

Primary Care

Participating In-network Services
Value: 1 visit per year l $20 consult fee Plus: 3 visits per year l $20 consult fee Premium: 5 visits per year l $20 consult fee

Primary care is at the core of your Trinity program, and the Trinity HealthShare community considers it a key step in living a healthier lifestyle. Your program tier includes a specified number of visits every program year to a PCP, pediatrician or OB/GYN for primary care, sick care, chronic maintenance and general day-to-day medical care. A consult fee is required at each visit.

How to Use the Primary Care Service

1. Contact your telemedicine provider to speak with a U.S. board-certified doctor via telephone or a scheduled face-to-face internet conference.
2. The telemedicine doctor may be able to resolve your medical issue and prescribe medication, if needed.
3. If your medical issue cannot be resolved after a no-fee consultation with the telemedicine doctor, visit the closest participating in-network primary care facility (refer to the *Find A Network Health Care Provider* section of this guide).
4. Present your member ID to the front office personnel when you arrive at your PCP's office. The provider's staff will contact the program to verify your eligibility status. If you have not activated your membership or if your monthly contributions are not current, the services will automatically be deemed ineligible for sharing.
5. A consult fee is due at the time of service. If x-ray services are required, there is a $25 dollar fee for the image read, which is your responsibility. Costs may be higher depending on your state and provider.

Urgent Care

Participating In-network Services
Value: not eligible Plus: 1 visit per year l $20 consult fee Premium: 2 visits per year l $20 consult fee

Urgent care centers provide walk-in, extended hour access for adults and children when illness is beyond the scope or availability of telemedicine or a PCP, but not life threatening as to warrant a trip to the emergency room. Your program network includes many participating urgent care facilities throughout the United States. Many Urgent Care facilities are open later than primary care offices and have some weekend hours with variable late-night weekends and holiday access. Often, no appointment is necessary, but you may choose to call ahead to plan your visit if you want to cut down on waiting room times.

Staff varies with each facility from board-certified doctors to nurse practitioners and medical assistants, who work together and independently to treat a wide range of common non-life-threatening illnesses and injuries which may include, but are not limited to:

- Accidents or Falls
- Back or Stomach Pain
- Chronic condition exams
- Cuts Requiring Stitches
- Earaches
- Flu, Sore Throat, Coughing, Congestion
- High Fever
- Mild-to-moderate Asthma
- Severe Abdominal Pain
- Sprains or Minor Broken Bones
- Vomiting, Diarrhea, Dehydration
- Wellness & preventive services including vaccines, screenings and more

How to Use the Urgent Care Service

1. If it is not a life-threatening emergency *(see definition below)*, please contact your telemedicine provider first via telephone or a scheduled face-to-face internet conference. Your provider will determine if your medical condition can be resolved without visiting a local urgent care facility.
2. If your medical issue cannot be resolved, the telemedicine provider will advise you to locate the the closest participating in-network urgent care facility (refer to the *Find A Network Health Care Provider* section of this guide).
3. Present your member ID to the front office personnel when you arrive at urgent care. The urgent care staff will contact the program to verify your eligibility status. If you have not activated your membership or if your monthly contributions are not current, the services will automatically be deemed ineligible for sharing.
4. A consult fee is due at the time of service. If x-ray services are required, there is a $25 dollar fee for the image read, which is your responsibility. Costs may be higher depending on your state and provider.

Life-threatening Emergency. A potentially fatal injury or illness that if not treated immediately would lead to disability or death.

Emergency Room

Participating In-network Services
Value: full MSRA Plus: unlimited visits l $500 consult fee Premium: unlimited visits l $300 consult fee

Emergency room visits are eligible for cost sharing for life-threatening emergencies only. Life-threatening emergencies are defined as potentially fatal injuries or illnesses that, if not treated immediately, would lead to disability or death. Examples of an emergency include, but are not limited to, severe pain, choking, major bleeding, heart attack, or a sudden, unexplained loss of consciousness.

Emergency services are provided for stabilization or initiation of treatment of an emergency medical condition provided on an outpatient basis at a hospital, clinic or urgent care facility, including when hospital admission occurs within twenty-three (23) hours of emergency room treatment. Trinity HealthShare must be notified of all ER visits within 48 hours.

If you are experiencing a life-threatening emergency, call 911 or go to the emergency room. It is your responsibility to know which providers in your area are participating in the network associated with your program before a life-threatening emergency occurs. Please refer to the *Find A Network Health Care Provider* section of this guide or contact member services today and a representative will be happy to help you identify a provider listed under the network associated with your program.

If you are not experiencing a life-threatening emergency, you're encouraged to utilize telemedicine, visit your PCP, or go to an urgent care facility for treatment whenever possible. It is still important to call the provider to verify participation in the network associated with your Trinity program prior to scheduling your appointment(s) and incurring medical expenses that may or may not be eligible for sharing.

Emergency Room Limitations

- **Pre-existing Conditions.** Refer to *Pre-existing Conditions* section of this member guide for details.

Lab Work & X-rays

Participating In-network Services
Value: included at PCP Plus: included at PCP or urgent care Premium: included at PCP or urgent care

Any lab work or x-rays conducted by a participating in-network PCP, urgent care or specialist (Plus and Premium programs only) during an eligible routine visit are included. If x-rays are required, a $25 x-ray read fee will be due at time of service.

Imaging (CT scans, PET scans, MRIs), labs, x-rays and diagnostic imaging in an inpatient or outpatient hospital setting are eligible for cost sharing with a co-expense after MSRA has been met.

Neither lifestyle lab testing nor independent lab testing is eligible for sharing.

Prescriptions

Prescription Discount Program: included with contribution
No consult fee, co-expense or MSRA applies

Rx Valet can provide members with substantial prescription discounts, though savings may vary from month to month depending on the fluctuation of pricing by formularies. This prescription discount program* is available immediately upon enrollment. See the *Getting Started* section of this member guide to register with Rx Valet and start taking advantage of the savings.

Rx Valet Home Delivery Prescription Information

Home Delivery orders are fulfilled exclusively through Advanced Pharmacy, LLC. To save time, have your physician send your prescription directly to Advanced Pharmacy electronically. Alternatively, they can also transfer your existing prescriptions from another pharmacy to fulfill your order. Please call the Rx Valet live customer care team at **855-798-2538** and provide the medication details, pharmacy name, and pharmacy telephone number.

Electronic prescriptions should be sent to Advanced Pharmacy, LLC located at:

350-D Feaster Road
Greenville, SC 29615

Phone: 855-240-9368
NPI: 1174830475

Fax: 888-415-7906
NCPDP: 4229971

**If membership fees are not paid to date, members are not eligible to set up or use the prescription discount program.*

Services Eligible for Sharing After Meeting the MSRA

The following sections outline the services available to you AFTER meeting the MSRA.

Service Eligibility Verification

Non-emergency Surgery, Procedure or Test. The member must contact *member services* to verify service eligibility for the following procedures or services prior to receiving them. Failure to comply with this requirement will render the service not eligible for sharing.

- Cardiac Testing, Procedures & Treatments
- EMG/EEG/EKG
- Infusion Therapy Within Facility
- Outpatient Surgical Procedures
- Radionuclide Imaging
- Occupational Therapy
- Ophthalmic Procedures
- Physical Therapy
- Sleep Studies (must be completed in one session)
- Speech Therapy (eligible for sharing under limited circumstances only)

Specialty Care

Participating In-network Services
Value: not eligible Plus: not eligible Premium: $75 After MSRA I If MSRA has not been met, member is responsible for a $75 consult fee in addition to the cost of the specialty care visit. This consult fee does not apply toward the MSRA.

For most everyday medical conditions, your primary care provider is your one-stop medical shop. However, there are cases when it's time to see a specialist who has received additional training and has been board certified for that specialty. For situations like these, your program may provide specialty care services at the cost of a consult fee to be paid at the time of service.

Trinity members are required to obtain a referral before visiting a specialist.
Without a referral, specialty visits are automatically deemed not eligible for sharing.

Specialty Care Limitations

- **Mental Health.** Everyday Premium members are eligible for $2,500 (max) for psychotherapy office visits and $1,000 (max) at outpatient facilities. Everyday Value and Plus programs do not include this service.
- **Occupational Therapy.** Everyday Value and Plus members receive up to six (6) visits total per program year at inpatient and outpatient facilities. Everyday Premium members receive up to six (6) visits total per program year at inpatient, outpatient *and* specialty facilities.
- **Physical Therapy.** Everyday Value and Plus members receive up to six (6) visits total per program year at inpatient and outpatient facilities. Everyday Premium members receive up to six (6) visits total per program year at inpatient, outpatient *and* specialty facilities.
- **Sleep Testing (overnight).** All components of a polysomnogram must be completed in one session. A second overnight test will not be eligible for sharing under any circumstance. Overnight sleep testing will require *service eligibility verification*. Allowed charges will not exceed the usual, customary, and reasonable charges for the area.
- **Speech Therapy.** Everyday Value and Plus members receive up to six (6) visits total per program year at inpatient and outpatient facilities. Everyday Premium

members receive up to six (6) visits total per program year at inpatient, outpatient *and* specialty facilities. Service only eligible for sharing after a stroke.

Hospitalization & Surgical

Participating In-network Services for Inpatient/Outpatient Hospitalization and Surgery
All Tiers: after MSRA has been met, program shares 100% of eligible medical expenses

In order to help alleviate stress and strain during times of crisis or medical need, hospitalization, as well as many inpatient and outpatient surgery procedures are eligible for sharing after MSRA has been met.

1. Members are required to verify service eligibility for all hospitalization & surgical services/visits unless it is an obvious medical emergency. Please see the *Service Eligibility Verification* section of this guide for instructions.
2. Members are responsible to pay the MSRA before any cost sharing will be available. Once the MSRA has been reached in full, sharing will directly reimburse the providers and hospital facilities.
3. Several programs allow for fixed cost sharing in the emergency room.

Inpatient Limitations

- **Occupational Therapy.** Everyday Value and Plus members receive up to six (6) visits total per program year at inpatient and outpatient facilities. Everyday Premium members receive up to six (6) visits total per program year at inpatient, outpatient *and* specialty facilities.
- **Organ Transplant Limit.** Eligible medical expenses for organ transplant may be shared up to a maximum of $150,000 per member. This includes all costs in conjunction with the actual transplant procedure. Medical expenses for multiple organ transplants will be considered on a case-by-case basis.
- **Physical Therapy.** Everyday Value and Plus members receive up to six (6) visits total per program year at inpatient and outpatient facilities. Everyday Premium members receive up to six (6) visits total per program year at inpatient, outpatient *and* specialty facilities.
- **Pre-existing Conditions.** Refer to *Pre-existing Conditions* section of this member guide for details.

- **Speech Therapy.** Everyday Value and Plus members receive up to six (6) visits total per program year at inpatient and outpatient facilities. Everyday Premium members receive up to six (6) visits total per program year at inpatient, outpatient *and* specialty facilities. Service only eligible for sharing after a stroke.

- **Surgical.** Non-life-threatening surgical services are not available for the first 60 days of membership for Everyday Premium programs and all other programs require a six (6) month waiting period. Surgical services do not include cosmetic surgery. Please verify service eligibility by calling Member Services before receiving any surgical services.

Outpatient Limitations

- **Mental Health.** Everyday Premium members are eligible for $2,500 (max) for psychotherapy office visits and $1,000 (max) at outpatient facilities. Everyday Value and Plus programs do not include this service.

- **Occupational Therapy.** Everyday Value and Plus members receive up to six (6) visits total per program year at inpatient and outpatient facilities. Everyday Premium members receive up to six (6) visits total per program year at inpatient, outpatient *and* specialty facilities.

- **Physical Therapy.** Everyday Value and Plus members receive up to six (6) visits total per program year at inpatient and outpatient facilities. Everyday Premium members receive up to six (6) visits total per program year at inpatient, outpatient *and* specialty facilities.

- **Pre-existing Conditions.** Refer to *Pre-existing Conditions* section of this member guide for details.

- **Sleep Testing (overnight).** All components of a polysomnogram must be completed in one session. A second overnight test will not be eligible for sharing under any circumstance. Overnight sleep testing will require *service eligibility verification*. Allowed charges will not exceed the usual, customary, and reasonable charges for the area.

- **Speech Therapy.** Everyday Value and Plus members receive up to six (6) visits total per program year at inpatient and outpatient facilities. Everyday Premium members receive up to six (6) visits total per program year at inpatient, outpatient *and* specialty facilities. Service only eligible for sharing after a stroke.

- **Surgical.** Non-life-threatening surgical services are not available for the first 60 days of membership for Everyday Premium programs and all other programs require a six (6) month waiting period. Surgical services do not include cosmetic surgery. Please verify service eligibility by calling Member Services before receiving any surgical services.

Extended Continuum of Care

Trinity programs provide access to additional services to help ensure you get the care you need, when you need it.

Pre-existing Conditions

Value I Plus I Premium
Primary care, pediatric, OB/GYN, specialty care and urgent care services for pre-existing conditions are eligible for sharing consideration upon effective date. Otherwise, hospitalization, surgery and emergency room services for pre-existing conditions are eligible for sharing after a 24-month waiting period. On the 25th month of continuous membership, the pre-existing condition will no longer be subject to these cost-sharing limitations.

Pre-existing Condition. Any illness or accident for which a person has been diagnosed, received medical treatment, been examined, taken medication, or had symptoms within 24 months prior to the effective date. Symptoms include but are not limited to the following: abnormal discharge or bleeding, abnormal growth/break, cut or tear, discoloration, deformity, full or partial body function loss, obvious damage, illness, or abnormality, impaired breathing, impaired motion, inflammation or swelling, itching, numbness, pain that interferes with normal use, unexplained or unplanned weight gain or loss exceeding 25% of the total body weight occurring within a six-month period, fainting, loss of consciousness, seizure, abnormal results from a test administered by a medical practitioner.

The following restrictions are only applicable to pre-existing conditions and do not affect normal sharing for other non-pre-existing related incidents, events, etc.

1. Chronic or recurrent conditions that have evidenced signs/symptoms and/or received treatment and/or medication within the past 24 months are not eligible for sharing during the first 24 months of membership.
2. Upon inception of the 25th month of continuous membership and thereafter, the conditions may no longer be subject to the pre-existing condition sharing limitations.
3. Appeals may be considered for earlier sharing in surgical interventions when it is in the mutual best interest of both the members and the membership to do so.

Cancer Care

TrinityCare Everyday Value I Plus I Premium
Health care services for new occurrences of cancer following enrollment are eligible for sharing after 12 months of continuous membership. Pre-existing or recurrences of cancer are not eligible for sharing. If previously diagnosed with cancer, members must be cancer-free for five (5) years before being considered eligible to share for new cancer occurrences.

Cancer sharing will not be available for individuals who have cancer at the time of or five (5) years prior to enrollment. If cancer existed outside of the 5-year time frame of a pre-existing lookback, the following must be met in the five (5) years prior to enrollment, to be eligible for future, non-recurring cancer incidents.

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

Eligibility for Cancer Sharing Requests

For inpatient hospital admissions related to cancer of any type (e.g. breast, colorectal, leukemia, lymphoma, prostate, skin, etc.), the member must meet the following requirements in order for the admission to be eligible for sharing:

- The member is required to contact Trinity HealthShare within 30 days of diagnosis.
- If the member fails to notify Trinity HealthShare within the 30-day time frame, the member will be responsible for 50% of the total allowed charges after the MSRA(s) has been assessed to the member for inpatient cancer hospitalization.
- Early detection provides the best chance for successful treatment and in the most cost-effective manner. Membership requires that all members age 40 and older receive appropriate screening tests every two years – mammogram or thermography and pap smear with pelvic exams for women and PSA testing for men. **Failure to obtain biennial mammograms and gynecological tests listed above for women or PSA tests for men will render future medical expenses for breast, cervical, endometrial, ovarian or prostate cancer ineligible for sharing.**

Cancer Limitations

- **Cancer.** Cancer sharing is limited to the Per Incident Maximum Limit of $150,000 for Everyday Value, $250,000 for Everyday Plus, $500,000 for Everyday Premium

when applicable.

Maternity

- **Maternity.** All Trinity Everyday tiers include sharing eligibility for prenatal maternity services immediately at the PCP or OB/GYN.
    - **Everyday Value and Plus**: Maternity delivery services are not eligible for cost sharing.
    - **Everyday Premium**: Offers some maternity services which may be eligible for cost sharing after the first ten months of continuous membership and after MSRA has been met. After MSRA, physician services for vaginal delivery are eligible for cost sharing up to $5,000, physician services for caesarean delivery are eligible for cost sharing up to $8,000, and most health care services related to complications of mother and child are eligible for cost sharing up to $50,000.
    - Hospitalization services for some maternity medical expenses are eligible for sharing at the program co-expense.

Mental Health

- **Mental Health.** Everyday Premium members are eligible for $2,500 (max) for psychotherapy office visits and $1,000 (max) at outpatient facilities. Everyday Value and Plus programs do not include this service.

Limits of Sharing

Total eligible medical expenses shared from member contributions are limited as defined in this section and as further limited in each section of this member guide, or in writing to the individual member.

- **Lifetime Limits.** $1,000,000: the maximum amount shared for eligible medical expenses over the course of an individual member’s lifetime.
- **Ambulance**. Ground ambulance services to the nearest medical facility capable of providing the care needed to avoid seriously jeopardizing the sharing member's life or health are eligible for sharing and only subject to the program year maximum limit. Air ambulance services are eligible for sharing up to a $10,000 maximum sharing limit.
- **Cancer.** Cancer sharing is limited to the Per Incident Maximum Limit of $150,000 for Everyday Value, $250,000 for Everyday Plus, $500,000 for Everyday Premium when applicable.
- **Mental Health.** Everyday Premium members are eligible for $2,500 (max) for psychotherapy office visits and $1,000 (max) at outpatient facilities. Everyday Value and Plus programs do not include this service.
- **Maternity.** All Trinity Everyday tiers include sharing eligibility for prenatal

maternity services immediately at the PCP or OB/GYN.
    - **Everyday Value and Plus**: Maternity delivery services are not eligible for cost sharing.
    - **Everyday Premium**: Offers some maternity services which may be eligible for cost sharing after the first ten months of continuous membership and after MSRA has been met. After MSRA, physician services for vaginal delivery are eligible for cost sharing up to $5,000, physician services for caesarean delivery are eligible for cost sharing up to $8,000, and most health care services related to complications of mother and child are eligible for cost sharing up to $50,000.
    - Hospitalization services for some maternity medical expenses are eligible for sharing at the program co-expense.

- **Occupational Therapy.** Everyday Value and Plus members receive up to six (6) visits total per program year at inpatient and outpatient facilities. Everyday Premium members receive up to six (6) visits total per program year at inpatient, outpatient *and* specialty facilities.

- **Organ Transplant Limit.** Eligible medical expenses for organ transplant may be shared up to a maximum of $150,000 per member. This includes all costs in conjunction with the actual transplant procedure. Medical expenses for multiple organ transplants will be considered on a case-by-case basis.

- **Physical Therapy.** Everyday Value and Plus members receive up to six (6) visits total per program year at inpatient and outpatient facilities. Everyday Premium members receive up to six (6) visits total per program year at inpatient, outpatient *and* specialty facilities.

- **Pre-existing Conditions.** Refer to *Pre-existing Conditions* section of this member guide for details.

- **Sleep Testing (overnight).** All components of a polysomnogram must be completed in one session. A second overnight test will not be eligible for sharing under any circumstance. Overnight sleep testing will require *service eligibility verification*. Allowed charges will not exceed the usual, customary, and reasonable charges for the area.

- **Speech Therapy.** Everyday Value and Plus members receive up to six (6) visits total per program year at inpatient and outpatient facilities. Everyday Premium members receive up to six (6) visits total per program year at inpatient, outpatient *and* specialty facilities. Service only eligible for sharing after a stroke.

- **Surgical.** Non-life-threatening surgical services are not available for the first 60 days of membership for Everyday Premium programs and all other programs require a six (6) month waiting period. Surgical services do not include cosmetic surgery. Please verify service eligibility by calling Member Services before receiving any surgical services.

- **Other Resources.** Services available to the member from other sources such as

insurance, VA, Tricare, private grants, or by a liable third party (primary, auto, home insurance, educational, etc.), will be considered the member's primary benefit source, and the member will be required to file medical claims with those providers first. If there are medical expenses those sources do not pay, the member is authorized to submit the excess medical expenses for sharing. Sharing of monthly contributions for a medical expense that is later paid or found to payable by another source will automatically allow Trinity HealthShare full rights to recover the amounts that were shared with the member.

Medical Expenses Not Generally Shared By HCSM

Only medical expenses incurred on or after the membership effective date are eligible for sharing. The member (or the member's provider) must submit a request for sharing in the manner and format specified by Trinity HealthShare. This includes, but is not limited to, standard industry claim forms, a copy of the itemized bill(s) and medical records, if necessary.

Lifestyles or activities engaged in after the enrollment date that conflict with the Statement of Beliefs are not eligible for sharing. Medical expenses arising from any one of the following are not eligible for sharing, either:

1. Abortion Services
2. Acupuncture Services
3. Aqua Therapy
4. Biofeedback
5. Birth Control (female) Office Procedure
6. Birth Control (male) Elective Sterilization
7. Birth Control (male) Reversal of Sterilization
8. Cataracts, Contacts or Glasses
9. Chemical Face Peels
10. Chiropractic Services
11. Christian Science Practitioner
12. Cosmetic Surgery
13. CPAP Machines
14. Custodial Care Services
15. Dental Services
16. Dermabrasion Services
17. Doula or Midwife
18. Durable Medical Equipment
19. Education Services
20. Exercise Equipment
21. Experimental Drugs & Procedures
22. Extreme sports: Sports that voluntarily put an individual in a life-threatening situation
23. Gender Dysphoria
24. Genetic Testing
25. Home Health Care Services & Private Duty Nursing
26. Hospice Services

27. Hypnotherapy Services
28. Infertility Services
29. Lifestyle Lab Testing
30. Mammogram (3D)
31. Massage Therapy
32. Mental Health Services (Inpatient or Residential)
33. MILIEU Situational Therapy Services
34. Non-routine Hearing Exams & Hearing Aids
35. Ongoing Pain Management
36. Professional & Extreme Sports Injuries
37. Prosthetic Appliances
38. Self-inflicted Injury
39. Sexual Dysfunction Services
40. Sexual Transformation Services
41. Skilled Nursing Facility
42. Substance/Alcohol Abuse
43. TMJ Treatment
44. Vision Services
45. Wigs

PART II: How Your Health Care Cost Sharing Ministry (HCSM) Works

Membership

This is a voluntary program offered by Trinity Healthshare, Inc., a Health Care Sharing Ministry (HCSM). An HCSM is a group of individuals who share a common set of ethical or religious beliefs and voluntarily choose to share in the payment of their medical expenses in accordance with those beliefs, without regard to the state in which a member resides or is employed. Membership cannot be transferred to anyone other than the member and his/her eligible enrolled dependents.

Services are offered on a faith-based tradition of mutual aid, neighborly assistance, and burden sharing. Trinity is specifically tailored for individuals who maintain a healthy lifestyle, make responsible choices regarding health and care, and believe in helping others. As an HCSM, Trinity does not subsidize self-destructive behaviors or lifestyles. Trinity is **NOT** insurance and provides no guarantee to pay.

All Trinity HealthShare (Trinity) members are required to declare their acknowledgment of the Statement of Beliefs and to attest that they are of like mind with those beliefs.

Statement of Beliefs

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

Disclaimer; No Promise to Pay

Trinity HealthShare (Trinity) is a Health Care Sharing Ministry (HCSM), not an insurance company, and does not offer any insurance products or policies. As such, Trinity does not assume any risk for medical expenses and makes no promise to pay. Trinity offers voluntary participation in its HCSM programs, which are not governed by insurance laws.

Trinity does not provide a promise to pay or any guarantee of payment for medical expenses. Since Trinity does not assume the member's risk, the member is responsible for payment of his/her medical bills. Trinity does not guarantee that medical expenses will be shared by other members who utilize the health care

sharing services provided by Trinity.

Voluntary Participation

Trinity members are voluntary participants of an HCSM program. Enrollment, membership and participation in a Trinity HCSM program, such as the sharing of monetary contributions, is voluntary. Enrollment is not a contract. Members are free to withdraw participation at any time. Trinity requests a “monthly contribution” amount to be collected from members to facilitate the sharing of eligible medical expenses.

Guidelines

Trinity manages contributions by establishing the guidelines that generally define the sharing of eligible expenses between members of the Trinity HCSM (“Guidelines”), and more specifically defines the sharing of eligible expenses between members of each Trinity program outlined in the individual member guide(s) provided at the time of enrollment. The Guidelines and Trinity member guides are not contracts and do not constitute an agreement, a promise to pay, or an obligation to share.

The Guidelines are intended to ensure that every member has paid his/her own medical expenses as they are financially able before requesting others to share in the cost of remaining eligible medical expenses. The Guidelines generally define when a member is eligible for sharing requests, while individual member guide(s) detail what type of expenses may be eligible for sharing per program, including specific limitations, exclusions and requirements for sharing eligibility, so all members can expect a reasonable and equitable level of sharing. The amounts of sharing requests will be published monthly in a newsletter to members.

Trinity programs may exclude or have sharing limitations for pre-existing conditions. Members are required to fully disclose pre-existing conditions as part of their enrollment in Trinity programs. Trinity reserves the right, on behalf of members, to exclude sharing eligibility for any pre-existing conditions, whether disclosed at the time of enrollment or discovered after the effective date of membership. Furthermore, a member is not eligible for sharing when a member (i) receives care within the first 60 days of the program and cancels membership within 30 days of receiving medical care, except within the last 90 days of the membership term, or (ii) receives or requires surgery within the first 60 days of becoming a member, except in the case of an accident.

Trinity reserves the right to make updates to the Guidelines and member guides at any time on behalf of its HCSM program members. The Guidelines and member guides in effect at the time of service will supersede all previous versions of the Guidelines and member guides. Members will be notified of updates.

Sharing Requests and Use of Funds

After receiving an eligible sharing request from a member or a provider, Trinity HealthShare will assign the eligible expense(s) for sharing, less the amount of personal responsibility required, called the Member Shared Responsibility Amount (MSRA).

Voluntary “monthly contributions” are received from each member, each month. Up to 30% of membership contributions may be applied towards administration of Trinity HealthShare programs, charitable causes, or general overhead costs, not including marketing costs to grow the membership. Administrative costs are subject to change by Trinity HealthShare and may be applied towards other charitable causes or general overhead costs.

HCSM Tax Matters

Members should always consult with a tax professional to determine whether participation will have tax implications.

Individuals Helping Individuals

Contributors participating in the membership help individuals with their eligible medical expenses. Trinity HealthShare facilitates in this assistance, dispersing monthly contributions as described in the membership guidelines.

Membership Qualifications

To become and remain a member of Trinity HealthShare, a person must meet the following criteria:

Religious Beliefs and Standards. The person must have a belief of helping others and/or maintaining a healthy lifestyle as outlined in the Statement of Beliefs. If at any time during participation in the membership, the individual is not honoring the Statement of Beliefs, they will be subject to removal from participating in the membership.

Medical History. The person must meet the criteria to be qualified for membership on his/her enrollment date, based on the criteria set forth in this guidebook and the membership enrollment form. If, at any time, it is discovered that a member did not submit a complete and accurate medical history on the membership enrollment form, a retroactive membership limitation, or a retroactive denial to his/her effective date of membership may be applied.

Enrollment, Acceptance and Effective Date. A person must submit a complete membership enrollment form and attest to the Statement of Beliefs. The membership begins on a date specified by Trinity HealthShare in writing to the member.

Dependent(s). The head of household’s spouse or unmarried child(ren), ages 26 and younger, who are the head of household’s dependent by birth, legal adoption, or marriage who is participating under the same combined membership. A dependent may participate under a combined membership with the head of household. Under a combined membership, the head of household is responsible for ensuring that everyone

participating under the combined membership meets and complies with the Statement of Beliefs and all guideline provisions.

A dependent who wishes to continue participating in the membership but no longer qualifies under a combined membership must apply and qualify for a membership based on eligibility criteria.

Financial Participation. Monthly contributions should be received by the 1st or 15th of each month depending on the member's effective date. If the monthly contribution is not received within 5 days of the due date, an administrative fee may be assessed to track, receive and post the monthly contribution. If the monthly contribution is not received within 45 days, membership will become inactive as of the last day of the month in which a monthly contribution was received.

Any member who has a membership that has become inactive will be able to reinstate their membership under the terms as outlined by Trinity HealthShare in writing. A member will not be able to reinstate their membership if they have allowed their membership to become inactive a total of three times. Share requests occurring after a member's inactive account date but before they reapply will not be considered eligible for sharing.

Other Criteria. Children under the age of 18 may not qualify for their own membership.

When Available Shares are Less than Eligible Medical Expenses

In any given month, the available suggested share amounts may or may not meet the total amount of eligible medical expenses submitted for sharing. If a member's eligible bills exceed the available shares to meet those medical expenses, the following actions may be taken:

1. A pro-rata share of eligible medical expenses may be initiated, whereby the members share a percentage of eligible medical bills within that month and hold back the balance of those eligible medical expenses to be shared the following month.
2. If the suggested share amount is not adequate to meet the eligible medical expenses submitted for sharing over a 60-day period, then the suggested share amount may be increased in sufficient proportion to satisfy the eligible medical expenses. This action may be undertaken temporarily or on an ongoing basis and will be applied to all members.

Refunds

If you cancel your membership within 10 days of the effective date of the membership, you are entitled to a full refund, including the one-time enrollment fee. Any cancellation requests processed more than 10 days from the scheduled billing date will NOT receive a refund, and the membership will remain active until the end of that billing period. Refunds will be processed as a credit to the same card or account provided for billing. Requests involving refunds payable by check may be delayed up to 30 business days.

Program Change/Switch Policy

Members wishing to switch to a program type other than that which they are currently participating may, at the discretion of Trinity HealthShare, be required to submit an Individual Program Change/Switch Form for review. Membership changes to an existing program or switches to a new program will only become effective on the applicable effective date after the new program enrollment has been evaluated for eligibility.

1. When switching from one annual program category to another (i.e. TrinityCare to CarePlus) your program will be reset as if it is a new enrollment. This rule does not apply when transitioning from an InterimCare program.
2. You are allowed to switch programs two times per membership year. The first program switch will not incur any additional fees; the second will incur an enrollment fee of the new program. Program switches are subject to a 30-day review and approval process.

Voluntary Termination Policy

Members of Trinity HealthShare programs may voluntarily terminate their membership at any time. Members wishing to discontinue participation in the program must complete a cancellation form including the reason for discontinuing participation in the membership.

Post-termination Sharing Policy

To ensure equitable sharing opportunities for all program participants, any share requests received within 60 days of a cancellation are subject to review by Trinity HealthShare, on behalf of program participants, for eligibility.

Contributors' Instructions & Conditions

By submitting monthly contributions, the contributor instructs Trinity HealthShare to share contributions in accordance with the membership guidelines. Each contributor designates Trinity HealthShare as the final authority for the interpretation of these guidelines. By participation in the membership, all members accept these conditions.

Dispute Resolution & Appeal

Trinity HealthShare is a voluntary association of like-minded people who come together to assist each other by sharing medical expenses without establishing legal obligations.

However, it is recognized that differences of opinion may occur, and that a methodology for resolving disputes must be available. Therefore, by becoming a Sharing Member of Trinity HealthShare you agree that any dispute you have with or against Trinity HealthShare its associates, or employees will be settled using the following steps of action, and only as a course of last resort.

If a determination is made with which the sharing member disagrees and believes there is a valid reason why the initial determination is wrong, then the sharing member may file an appeal.

A. 1st Level Appeal. Most differences of opinion can be resolved simply by calling Trinity HealthShare who will try to resolve the matter telephonically (through the member services team) within a reasonable amount of time.

B. 2nd Level Appeal. If the sharing member is unsatisfied with the determination of the member services representative, then the sharing member may request a review by the Internal Resolution Committee, made up of three Trinity HealthShare officials. The appeal must be in writing, stating the elements of the disagreement and the relevant facts. Make sure the appeal addresses the following items:

1. What information in the determination is either incomplete or incorrect?
2. How do you believe the information already on hand has been misinterpreted?
3. Which provision in the Member Guide do you believe was applied incorrectly?

Within thirty (30) days, the Internal Resolution Committee will render a written decision, unless additional medical documentation is required to make an accurate decision.

Appendices

Appendix A: Abbreviations & Definitions

Many of the terms used in describing health cost sharing may be unfamiliar to those new to the programs and programs provided by Trinity. This section provides a quick and easy reference to help you understand the terms used in this guide and other program documents.

Abbreviations

- **ACA** Affordable Care Act
- **DEA** Drug Enforcement Administration
- **DME** Durable Medical Equipment
- **HCSM** Health Care Sharing Ministry
- **MSRA** Member Shared Responsibility Amount
- **PCP** Primary Care Provider
- **PPO** Participating Provider Organization

Definitions

Terms used throughout the member guide and other documents are defined as follows:

Affiliated Practitioner. Medical care professionals or facilities that are under contract with a network of providers with whom Trinity HealthShare works.

Co-expense: A stated percentage of medical expenses that the member is required to pay after the MSRA has been met. Cost sharing is not available for co-expense amounts, unless the out-of-pocket maximum is exceeded.

Combined Membership. Two or more family members residing in the same household.

Consult Fee. A fixed dollar amount due from the member when a medical service is rendered.

Contributor. Person named as head of household under the membership.

Dependent(s). The head of household's spouse or unmarried child(ren), ages 26 and younger, who are the head of household's dependent by birth, legal adoption, or marriage who is participating under the same combined membership.

Eligible. Medical expenses that qualify for voluntary sharing of contributions from members in accordance with membership guidelines and subject to the sharing limits.

Effective Date. The date a member's membership becomes effective and medical expenses become eligible as sharing requests.

Enrollment Date. The date Trinity HealthShare receives a complete membership enrollment form.

Facility. A physical location that provides medical services, included but not limited to, primary care facilities, urgent care facilities, specialty care facilities, clinics, hospitals and ambulatory surgical centers.

Life-threatening Emergency. A potentially fatal injury or illness that if not treated immediately would lead to disability or death.

Member(ship) Guide. The document that contains the criteria used to determine eligibility for participation in the membership, application of membership limitations, and eligibility of medical expenses for sharing.

Member Shared Responsibility Amount (MSRA). The MSRA reflects the amount of personal responsibility and stewardship members are expected to demonstrate; in other words, the amount a member must pay before asking others in the program to share in the cost of medical expenses. See the *What is a Member Shared Responsibility Amount* section of this guide for more details.

Monthly Contributions. Monetary contributions, excluding the annual membership fee, voluntarily given to Trinity HealthShare to hold and disburse according to the membership sharing instructions.

Non-affiliated Practitioner. Medical care professionals or facilities that are not participating within our current network.

Out-of-pocket Maximum. This is the most a member pays for eligible services in a program year. After a member pays the MSRA and co-expenses, the program shares 100% of eligible services up to the per-incident maximum or lifetime maximum limits. The out-of- pocket maximum does not include monthly contributions.

Pre-existing Condition. Any illness or accident for which a person has been diagnosed, received medical treatment, been examined, taken medication, or had symptoms within 24 months prior to the effective date. Symptoms include but are not limited to the following: abnormal discharge or bleeding, abnormal growth/break, cut or tear, discoloration, deformity, full or partial body function loss, obvious damage, illness, or abnormality, impaired breathing, impaired motion, inflammation or swelling, itching, numbness, pain that interferes with normal use, unexplained or unplanned weight gain or loss exceeding 25% of the total body weight occurring within a six-month period, fainting, loss of consciousness, seizure, abnormal results from a test administered by a medical practitioner.

Share (Sharing) Request. A request submitted to Trinity HealthShare for eligible medical expenses to be paid by the membership.

Sharing Instructions. Instructions contained on the membership enrollment form outlining the order in which voluntary monthly contributions may be shared by Trinity HealthShare.

Trinity HealthShare. A 501(c)(3) non-profit organization that provides HCSM services to guide the cost sharing of member contributions for certain eligible health care expenses such as hospitalization, surgery and emergency room visits.

Usual, Customary and Reasonable. The lesser of the actual charge or the amount most other providers would charge for those or comparable services or supplies, as determined by Trinity HealthShare.

Appendix B : Terms, Conditions & Special Considerations

1. Keep your member ID card with you at all times and present it to all providers to confirm your status as a Trinity HCSM member.
2. Activate your program membership by following the instructions in this member guide.
3. Telemedicine. Set up your telemedicine account by following the instructions in the *Getting Started* section of this member guide. You will also receive the same instructions in an electronic welcome letter, as well as printed version in the mail.
    - Telemedicine is subject to state regulations and may not be available in certain states.
    - Telemedicine phone and face-to-face internet consultations are available 24/7/365.
    - Telemedicine does not guarantee that a prescription will be written.

    - Telemedicine providers do not prescribe DEA-controlled substances, non-therapeutic drugs, and certain other drugs which may be harmful because of their potential for abuse. Telemedicine doctors reserve the right to deny care for potential misuse of services.
    - Trinity telemedicine partners do not replace the primary care provider.
4. Durable Medical Equipment (DME) – i.e. crutches, etc. – is not included in your program. Members will be charged for DME at time of service.
5. Trinity HealthShare cannot guarantee a provider will accept a Trinity HCSM program if the member fails to contact *member services* before services are rendered. Member services representatives are available to confirm eligibility and answer your questions. Refer to the *Contact Member Services* section of this guide for phone numbers and hours of service.
6. Programs may vary from state to state. Providers may be added or removed from Trinity networks at any time without notice.
7. Primary Care is defined as “episodic primary care” or “sick care.” Members are responsible for paying a consult fee at the time of service; no consult fee is due for preventive services that are referenced in this guide.
8. Most network facilities are able to accommodate both urgent care and primary care situations.
9. While Trinity HealthShare offers access to one of the largest networks of providers in the country, some in-network providers may not participate Trinity HCSMs.

Disclaimer

After receiving an eligible sharing request from a member or a provider, Trinity HealthShare will assign the eligible expense(s) for sharing, less the amount of personal responsibility required, called the Member Shared Responsibility Amount (MSRA).

Voluntary “monthly contributions” are received from each member, each month. Up to 30% of membership contributions may be applied towards administration of Trinity HealthShare programs, charitable causes, or general overhead costs, not including marketing costs to grow the membership. Administrative costs are subject to change by Trinity HealthShare and may be applied towards other charitable causes or general overhead costs.

This publication or membership is not issued by an insurance company, nor is it offered through an insurance company. This publication or the membership does not guarantee or promise that expenses related to your eligible medical expenses will be shared by the membership. This publication or the membership should never be considered as a substitute for an insurance policy. If the publication or the membership is unable to share in all or part of your eligible medical expenses, or whether or not this membership continues to operate, you will remain financially liable for any and all unpaid medical expenses.

This is not a legally binding agreement to reimburse any member for medical expenses a member may incur, but is instead, an opportunity for members to care for one another in a time of need, to present their medical expenses to other members as outlined in the

membership guidelines. The financial assistance members receive will come from other members' monthly contributions that are placed in a sharing account, not from Trinity HealthShare.

Disclosures

1. Trinity HealthShare, the Trinity HealthShare logo, and other program or service logos are trademarks of Trinity HealthShare, Inc. and may not be used without written permission.
2. Trinity HealthShare programs are NOT insurance. Trinity HealthShare does not guarantee the quality of services or products offered by individual providers. Members may change providers upon 30 days' notice if not satisfied with the medical services provided.
3. Trinity HealthShare programs offer services only to members and dependents on your program.
4. Trinity HealthShare reserves the right to interpret the terms of this membership to determine the level of medical expenses shared by the HCSM membership.
5. This membership is issued in consideration of the member's enrollment form and the member's payment of a monthly fee as provided under these programs. Omissions and misstatements, or incorrect, incomplete, fraudulent, or intentional misrepresentation in your enrollment form may void your membership, and services may be denied.

Appendix C : Legal Notices

The following legal notices are required by state law, and are intended to notify individuals that health care sharing ministry programs are not insurance, and that the ministry does not provide any guarantee or promise to pay your medical expenses.

GENERAL LEGAL NOTICE

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

STATE SPECIFIC NOTICES

Alabama Code Title 22-6A-2

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

anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

Arizona Statute 20-122

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

Arkansas Code 23-60-104.2

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

Florida Statute 624.1265

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

Georgia Statute 33-1-20

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

Idaho Statute 41-121

Notice: The organization facilitating the sharing of medical expenses is not an insurance

company, and neither its guidelines nor plan of operation is an insurance policy. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant will be compelled by law to contribute toward your medical bills. As such, participation in the organization or a subscription to any of its documents should never be considered to be insurance. Regardless of whether you receive any payment for medical expenses or whether this organization continues to operate, you are always personally responsible for the payment of your own medical bills.

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

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

Indiana Code 27-1-2.1

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

Kentucky Revised Statute 304.1-120 (7)

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

Louisiana Revised Statute Title 22-318,319

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

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

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

Mississippi Title 83-77-1

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Missouri Section 376.1750

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Nebraska Revised Statute Chapter 44-311

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North Carolina Statute 58-49-12

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Pennsylvania 40 Penn. Statute Section 23(b)

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South Dakota Statute Title 58-1-3.3

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Texas Code Title 8, K, 1681.001

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Virginia Code 38.2-6300-6301

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

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