

S.M.A.R.T.  
Care  
Program  
Brochure



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# S.M.A.R.T. Care Program Brochure



## Welcome

We are grateful for the opportunity to help you navigate your healthcare and planning needs. While we pray you never face a life-altering diagnosis, S.M.A.R.T. Care can lessen the financial burden and the mental toll in the event that the most testing circumstances arise.

The S.M.A.R.T. Care program is offered as a limited benefit add-on to your membership and serves Members most effectively when used in conjunction with a primary health sharing program. Please refer to your Member materials for your WeShare® program details.

## Health Sharing for Life-Threatening Illnesses

S.M.A.R.T. Care provides additional sharing benefits for unforeseen, life-threatening illnesses such as stroke, heart attack, aggressive cancer, kidney failure and major organ transplants. Members elect their Maximum Lifetime Share Limit when joining the program, between \$5,000 to \$50,000, which is leveraged to pay for medical or other unexpected costs not normally included with primary healthcare benefits. It helps reduce financial worry so you can focus on your health, should you be diagnosed with a life-threatening condition.

### How It Works

A contribution amount is assigned during program enrollment and consolidated into your WeShare monthly contribution amount. Monthly contributions are accumulated into an escrow account, which is shared to pay for eligible services of our Member community. S.M.A.R.T. Care Members access their share limit with no AMCS to meet to pay for eligible services (e.g., childcare, emergency transportation, paycheck protection, utilities, auto payments, insurance (home, auto, health), mortgage, rent, extended care services, mental health/family counseling and afterlife care). With no AMCS to meet before S.M.A.R.T. Care will help you pay for expenses, 100 percent of eligible costs are shared by the program.

\* Monthly Contributions



\* Eligible Expenses  
Reimbursed at 100%

This is a reimbursement program. To access funds, Members must request reimbursement and submit receipts or corresponding documentation.

WeShare membership is offered and administered by Unite Health Share Ministries (UHSM), which is a Healthcare Sharing Ministry (HCSM). WeShare membership reflects the program elements at the time of publishing (2023) and are subject to change with a given notice of 30-days. WeShare, healthcare by UHSM is not insurance. UHSM is not an insurance company. No other participant is compelled by law or otherwise to contribute toward your medical bills. Copyright 2023 Unite Health Share Ministries. "UHSM," "WeShare," "WeShare Access" are trademarks of Unite Health Share Ministries. All rights reserved.

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## Monthly Contribution Amount (MCA)

The designated monthly amount S.M.A.R.T. Care Members commit to voluntarily contributing to the program's escrow account. The amount is established at enrollment and depends on the sharing benefit level selected, between \$5,000 to \$50,000, according to the Member's age and health history.

## Qualifying Illness Terms & Conditions

### Program Eligibility

- WeShare and WeShare Access Members ages 18-64 are eligible for sharing after 60 days of continuous WeShare membership
- Qualifying illnesses are eligible for sharing 30 days after diagnosis
- Illnesses resulting from pre-existing conditions are eligible after 24-months of continuous membership
- Illnesses must be diagnosed during active program enrollment and cannot be a result of attempted suicide, self-inflicted injury, operating a motorized vehicle under the influence of drugs or alcohol, non-prescribed drug use, illegal activity, incarceration or war/pandemic/famine
- Services must be rendered by any licensed care provider (services cannot be rendered by a family member, even if licensed)

Members ages 18 – 64 are eligible for S.M.A.R.T. Care enrollment. Any remaining benefits will expire when a Member reaches age 65 or receives the maximum share amount. The Sharing Member is eligible for up to 100 percent of the maximum sharing limit. If needed, the spouse of the primary Member is eligible for up to 50 percent, while dependents are eligible for up to 25 percent of the maximum share limit. Total amount paid from shared dollars shall not exceed the maximum share limit.

Once an illness is qualified and considered eligible, Sharing Members are eligible to receive 100 percent of the designated benefit amount, up to your selected maximum lifetime share limit. Should a qualified incident leverage less than the maximum lifetime share limit, the balance remains eligible for sharing for future eligible expenses. For eligible medical services, expenses from any care provider are eligible for sharing. There is not a provider network designated for S.M.A.R.T. Care.

Benefits are available following 60 days of continuous membership with WeShare, unless the critical illness is a result of a pre-existing condition. If the illness resulted from a pre-existing condition, benefits are available after 24 months of continuous membership with WeShare. See the Glossary for a definition on pre-existing conditions.

Upon diagnoses of a qualifying illness, related expenses are eligible for sharing 30 days after diagnosis, treatment and/or loss of active employment income.

Critical illness or treatments resulting from the following situations are program exclusions and never eligible for sharing: critical illness diagnoses that pre-date program eligibility timelines, programs not actively in force, attempted suicide or intentional self-inflicted injury, driving or operation of motorized vehicles or machinery under the influence of alcohol or drugs, voluntary ingestion of non-prescribed drugs/sedatives/gas, commitment or attempted crime, engaging in illegal occupation, participating in a riot/rebellion/insurrection, war (declared or undeclared)/pandemic/famine, incarceration or while incarcerated, medical services performed by a member's family or a health care provider (licensed or not), coma due to alcohol or drug misuse or medically induced as part of a treatment program.

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## Sharing Related Expenses

In the event a Sharing Member is diagnosed or treated with a qualifying medical condition outlined by this program, S.M.A.R.T. Care helps Members pay for unexpected costs typically not included in primary healthcare benefits. The S.M.A.R.T. Care program can provide sharing to help pay for extra medical and out-of-pocket expenses related to the illness, including childcare, emergency transportation, paycheck protection, utilities, auto payments, insurance (home, auto, health), mortgage, rent, extended care services, mental health/family counseling and afterlife care. This is a reimbursement program. To access funds, Members must request reimbursement and submit receipts or corresponding documentation. Sharing pays for 100 percent of eligible expenses for all qualifying illnesses, which include:

MEDICAL CONDITIONS & MAXIMUM LIFETIME SHARE BENEFITS		
Qualifying Illness	Percent Shared	Max Lifetime Share Limit
Stroke		
Myocardial Infarction (heart attack)		\$5,000 to \$50,000
Aggressive Cancer	100%	Selected by Member upon enrollment
Renal (Kidney) Failure		
Transplants of major organs		

**Stroke** – The death of brain tissue due to an acute cerebrovascular event. There must be evidence on a CT, MRI, or similar imaging technique that a stroke has occurred, and new neurological deficit persisting 30 days after the event that results in a score of 2 or higher on the modified Rankin scale for stroke outcome. No benefit will be eligible for sharing as the result of transient ischemic attack or cerebral injury from trauma or hypoxia.

**Myocardial Infarction (Heart Attack)** – The death of heart muscle due to inadequate blood supply. All the following criteria for acute myocardial infarction must be satisfied:

- Typical clinical symptoms, for example, central chest pain;
- Diagnostic increase of specific cardiac markers; and
- New electrocardiographic changes of infarction

**Aggressive Cancer** – This means and is limited to a malignant tumor characterized by uncontrolled growth of malignant cells and invasion of normal tissue. Eligible sharing of the cancer benefit includes the following blood cancers: lymphoma, leukemia and multiple myeloma. Cancer must be positively diagnosed with pathologic confirmation. A clinical diagnosis will be accepted only if: (a) a pathologic diagnosis cannot be made because it is medically inappropriate or life threatening; (b) there is medical evidence to support the diagnosis; and (c) a physician is treating the Sharing Member for cancer. The following tumors are excluded:

- Chronic lymphocytic leukemia that has not progressed to at least Rai Stage I;
- All tumors that are histologically described as nonmalignant, benign, premalignant, noninvasive, dysplasia (all grades) or carcinoma in situ;
- All skin cancers, unless there is metastasis, or the tumor is a malignant melanoma of greater than 1.0 mm maximum thickness (regardless of Clark level or ulceration) as determined by histological examination using the Breslow method;
- Prostate cancer, unless histologically classified as Gleason score 7 or greater, or TNM classification T1 bN0M0 or greater; Papillary carcinoma of the thyroid that is 1cm or less in diameter and limited to the thyroid, also known as microcarcinoma of the thyroid;
- Noninvasive papillary cancer of the bladder histologically described as TNM classification TaN0M0 or lower; and

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- Evidence of cancer cells or cancer genetic material detected by molecular or biochemical probes only (including but not limited to proteomic or DNA/RNA-based techniques) with no lesion amenable to tissue diagnosis.

**Renal (Kidney) Failure** – The chronic, irreversible failure of both kidneys to function, as a result of which either regular renal or peritoneal dialysis, or renal transplant is initiated.

**Transplant of major organs** – The human-to-human organ transplant procedure from a donor to the Sharing Member:

- of bone marrow solely for treatment of bone marrow failure;
- transplant of an entire heart, lung, pancreas; or
- a total or partial liver transplant

The following are excluded: transplant of any other organs, parts of organs, tissues or cells; transplant of bone marrow or stem cells due to bone marrow failure that results from the treatment process for Category One or Category Two Cancer; autologous bone marrow transplant in which the Sharing Member's own bone marrow is used; or bone marrow transplant as treatment for Aplastic Anemia.

RELATED ELIGIBLE SHARING EXPENSES	
Eligible Expense	Sharing Limits
Childcare	Sharing for up to 3 months of licensed childcare assistance
Emergency Transportation	Emergency related transportation medical needs not covered/paid by another program. Maximum one-time lifetime benefit; not to be used for reoccurring conditions
Mortgage Bill	Sharing for up to 3 months
Rent Payments	Sharing for up to 3 months
Paycheck Protection	Sharing for up to 3 months. Maximum benefit capped at \$8,000/month based on average of last three months W2 adjusted gross income (AGI) or average of last annual taxes AGI; not including bonuses/commissions
Automobile Payment	Sharing for up to 3 months on one vehicle
Insurance	Sharing for up to 3 months. Auto, health, healthshare, and homeowners' programs must have been "in force" at the time of the diagnosis or treatment
Utilities	Sharing for up to 3 months on standard utilities; including electric, gas, water, sewage, broadband internet, and phone (mobile)
Mental Health & Family Counseling	Sharing for up to 10 visits by Sharing Member
Extended Care Services	Sharing for adult day service, hospice, respite, assisted living, nursing homes, skilled nursing, and rehabilitative therapies. Independent assessment where 2 of the 6 daily living activities are unable to be accomplished; ADLs: transferring, mobility, toileting, dressing, washing, feeding
Afterlife Care	Sharing for gravesite, burial fees, religious service, coffin, urn, cremation fees, transportation, clergy fees up to \$20,000 maximum or max S.M.A.R.T. Care benefit, whichever is less.

Expenses are eligible for sharing 30 days after qualifying medical diagnosis or treatment. Bills, receipts, pay stubs, or tax documents are required and must be submitted 30+ days after diagnosis or treatment. Expenses paid by other programs or insurance are not eligible.

## Coordination of Care (COC)

S.M.A.R.T. Care is a secondary benefit sharing program designed to offset medical expenses not paid by a Member's primary program. To contain costs and eliminate payment duplication, WeShare ensures a medical need is not otherwise eligible for coverage or paid by another source prior to facilitating a share request. Sharing Members must fully cooperate at all times and provide all information needed or requested by WeShare to determine payment responsibilities.

WeShare membership is offered and administered by Unite Health Share Ministries (UHSM), which is a Healthcare Sharing Ministry (HCSM). WeShare membership reflects the program elements at the time of publishing (2023) and are subject to change with a given notice of 30-days. WeShare, healthcare by UHSM is not insurance. UHSM is not an insurance company. No other participant is compelled by law or otherwise to contribute toward your medical bills. Copyright 2023 Unite Health Share Ministries. "UHSM," "WeShare," "WeShare Access" are trademarks of Unite Health Share Ministries. All rights reserved.

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**Annual Member Care Share (AMCS)** – The amount each Sharing Member commits to paying their care provider when obtaining services, before the primary Sharing Program (WeShare or WeShare Access) will contribute towards eligible medical needs. This amount is based on the selected Sharing Program tier and is accumulated as medical services are received throughout the calendar year, from January 1 through December 31. AMCS must be met for each individual Sharing Member within a calendar year, including the Sharing Members that are considered dependents. For families, a minimum of two members must meet their maximum AMCS within a calendar year. After the AMCS is met for the calendar year, all eligible medical costs subject to the AMCS are shared at 100%, for all family members. Generally, and unless otherwise noted, the AMCS applies to services obtained. However, certain services are not subject to the AMCS and may be shared at 100% or only require a consultation or service fee, which is listed herein. If a consultation or service fee applies, it will continue to apply even after the AMCS is met. There is no AMCS to meet before S.M.A.R.T. Care will help you pay for expenses, which means 100% of eligible costs are shared by the program.

**Eligible/Eligible for Sharing** – A status indicating that a Sharing Member has met the conditions, those which qualify for sharing, as described in the membership guidelines, and as aligned with the parameters of the Sharing Program. Eligible for sharing expenses are those medically necessary services, supplies and/or treatment that are eligible for sharing under this Health Sharing Program. Charges for services, supplies, and/or treatments meant to treat or correct a preventable condition or cost which arises solely due to a provider's medical error are not considered eligible for sharing expenses. A finding of provider negligence and/or malpractice is not required for service(s) and / or fee(s) to be considered not reasonable and allowed or not eligible for sharing.

**Maximum Lifetime Share Limit (Share Limit)** – The maximum amount the program will share, per family, per lifetime. If a Member upgrades their program, increasing their share limit, previously accumulated dollars will be deducted from the new share limit amount.

**Medical Need(s)** – Charges or expenses rendered for medical services provided by a facility or a licensed medical professional to address illnesses or accidents.

**Medically Necessary** – A service, procedure, or medication necessary to restore or maintain physical function and is provided in the most cost-effective setting consistent with the Sharing Member's condition. The fact that a medical professional may prescribe, administer, or recommend services or care does not make it medically necessary, even if it is not listed as a membership limitation or an ineligible need in the membership guidelines. To help determine medical necessity, WeShare may request the Sharing Member's medical records and may require a second opinion from a third-party medical professional.

**Membership Guidelines** – A document which provides the recital of guidelines by which Sharing Members agree to. The membership guidelines describe the program elements, resources, membership details, and any stipulations/limitations that apply to membership and Sharing Programs. The membership guidelines help Sharing Members understand how monthly contributions are shared in accordance with the escrow instructions.

**Pre-Existing Condition** – Any medical condition that a Sharing Member has prior diagnostics, represented symptoms for, been examined related to, and/or has received treatment prior to becoming an Active Sharing Member of WeShare or WeShare Access – whether known to a Sharing Member or not – is considered a pre-existing condition.

**Sharing Member** – Those who have applied to become a WeShare or WeShare Access Sharing Member and agreed with the Statement of Faith and Shared Beliefs, the sharing membership commitments, and the escrow instructions. Sharing Members must choose a Sharing Program, submit scheduled monthly contributions, through the form of direct payment, and are not to be ineligible, as a result of any other reason (including age restrictions). Sharing Members may submit eligible medical needs for sharing in conjunction with the member guidelines, the specific Sharing Program and the escrow instructions.

**Sharing Program** – A program that helps Members manage medical expenses using contributed funds by its member community. From WeShare to S.M.A.R.T. and A.I.D.D. Care, UHSM's suite of Sharing Programs offer a variety of designs to meet varying Member needs.



## General Notices

This program is not an insurance company nor is it offered through an insurance company. 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 or not you receive any payments for medical expenses and whether this program continues to operate, you are always liable for any unpaid bills. Neither WeShare nor UHSM constitute as an insurance company nor is the membership offered through an insurance company.

WeShare is a program and product of United Faith Ministries, Inc., which is a 501 (c) (3) nonprofit corporation, dba "Unite Health Share Ministries" or "UHSM." WeShare Access®, a program of Unite Health Share Ministries (UHSM), is a religious organization facilitating the sharing of medical expenses.

It is not an insurance company, and neither its guidelines or its plan of operation, or any other documents of the religious organization constitute or create an insurance policy. Membership is not offered through an insurance company, and the organization is not subject to the regulatory requirements or consumer protections of any state's insurance code. The sharing programs, services, publications, and any materials given should never be considered a substitute for an insurance policy.

Any publication or any other material given by UHSM are not issued by an insurance company, nor are they offered through an insurance company. This publication or any other materials do not represent, guarantee or promise that you will be eligible for membership or that your medical bills will be published or assigned to other members for payment. Whether anyone chooses to assist you with your medical bills will be totally voluntary because no other participant is compelled by law to contribute towards your medical bills. Regardless of whether you receive any payments for medical expenses or whether this organization continues to operate, you are always responsible for the payment of your own medical bills.

This is NOT Insurance.

### Notice:

S.M.A.R.T. Care by UHSM is a limited benefits healthshare program and is not intended to be a substitute for hospital or medical expense healthcare. It pays for specific critical illnesses and related expenses only and does not provide benefits for any medical conditions not outlined by this program.

UHSM is a religious organization facilitating the sharing of medical expenses. It is not an insurance company, and neither its guidelines or its plan of operation, or any other documents of the religious organization constitute or create an insurance policy. Membership is not offered through an insurance company, and the organization is not subject to the regulatory requirements or consumer protections of any state's insurance code. The Sharing Programs, services, publications and any materials given should never be considered a substitute for an

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## State-Specific Notices

### Alabama Code Title 22-6A-2

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### 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 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**

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**Colorado, Disclaimer:**

A health care cost-sharing arrangement is not a qualified health plan, and participation or membership in a health care cost-sharing arrangement does not guarantee payment of bill or medical expenses. A member of a health care cost-sharing arrangement remains personally responsible for payment of all bills or medical expenses. A member of health care costs-sharing arrangement may be subject to certain preexisting condition exclusions or other limitations.

**Florida Statute 624.1265**

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

**Georgia Statute 33-1-20**

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**Idaho Statute 41-121**

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in the organization or a subscription to any of its documents should never be considered 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**

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**Indiana Code 27-1-2.1-1**

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**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.**

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**Louisiana Revised Statute Title 22-318,319**

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**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 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 Code Ann. Ins. §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 this entity continues to operate, you are always liable for any unpaid bills.

**Michigan Section 550.1867**

Notice: United Faith Ministries, Inc., DBA WeShare, Unite Health Share Ministries or UHSM, 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 Code Title §83-77-1**

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**Missouri Section 376.1750**

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**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.

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**North Carolina Statute 58-49-12**

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**Pennsylvania 40 P.S. Insurance § 23(b)**

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**South Carolina, Important Notice:**

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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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**Wyoming 26-1-104 (v)**

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