



# Guidelines for Health Care Sharing

October 2016 - website

*Contains details on how Samaritan Ministries' non-insurance Christian Health Care Newsletter and Save to Share™ ministries work, and how you can join in this unique and Biblical approach to health care sharing.*

# Foundational Principles of **Samaritan Ministries'** **Health Care Sharing**

**SMI emphasizes certain Biblical principles that we believe are basic to the life of every believer and thus are foundational to the effective function of our health care sharing ministry.**

■ **Jesus Christ is the only adequate Provider for every need we have.**

He is the One Who created everything, and He is the only One Who has enough resources to meet every need. No human organization is large enough to do this—no company and no government. He gives some of His provision through human channels, but He is ultimately the only One we can trust.

■ **A medical need (or any other need) involves more than money.**

The physical world is not all there is. Human beings are more than a collection of cells. We are made in the image of God and have needs that go beyond our physical bodies. When we have a medical need, there is more involved than money or mere physical healing. Samaritan members pray for one another for all aspects of members' needs, and we hear daily from members with needs telling how God has answered these prayers.

■ **Believers in Jesus Christ are responsible to first use the resources He has given us to meet the needs of ourselves and our families.**

When a need occurs that exceeds what He has provided, other members of the Body of Christ should show His love by using the resources God has given them to help in the same way they would want to be helped.

■ **The local Christian church should be the next “line of defense” to provide for the needs of its own members.**

SMI is intended to support and supplement this work of the local body, not replace it. We seek to avoid undermining what should be done locally. We also depend on the leaders of the local Christian church to provide accountability for the SMI members under their care.

■ **God created man as His image bearer and the crown of His creation.**

Right worship of God requires respecting His image in all people for all of life, including health care. The Sixth Commandment, “You shall not murder,” requires the preservation of human life, and the subduing of all passions and avoiding all occasions, temptations, and practices which tend to the unjust taking of life. We must live according to Biblical ethics in all aspects of health care.



#### BOARD OF DIRECTORS

Daniel Coughlin  
Richard Driggers  
Ron Drummond  
Kevin Holst  
Chris King  
William Kurth  
Joseph Musser  
Ted Pittenger

Samaritan Ministries International is an Illinois not-for-profit corporation and is recognized by the federal government as a 501(c)(3) charity.

SMI is a member of the Christian Leadership Alliance, and Samaritan's *Christian Health Care Newsletter* is a member of the Evangelical Press Association.

© Copyright 2016

No part of this document may be copied or reproduced in any form without the express written permission of Samaritan Ministries International.

## To contact us:

Call  
**1-877-SMI-CHCN**  
(1-877-764-2426)

Write  
**P.O. Box 3618**  
**Peoria, IL 61612**

Visit  
**samaritanministries.org**



**Send a note:** Burdens can be lightened emotionally as we encourage one another in the Lord.



**Pay your share:** Burdens can be lightened physically as we do our part to meet others' financial needs, just as they do for us.



**Always stay alert in prayer:** Burdens can be lightened spiritually as we unite to call upon God, the One Who can do the impossible.

# Table of Contents

## General Information

Foundational Principles	2
Brief Overview	4
How the Process Works	6
Frequent Questions	8
How can the monthly share be so low?	9
Disclaimer	13

## Christian Health Care Newsletter Guidelines

I. Membership Requirements	14
II. Household Members Included	16
III. Member Responsibilities	17
IV. Member Participation in SMI	19
V. Additional Giving Opportunities	20
VI. Amounts That Members Share	21
VII. Conditions Existing Before Membership	23
VIII. Needs Shared by Members	25
A. Physical Conditions for Which Medical Expenses are Shared	25
B. Medical Expenses for Which Sharing is Limited	26
C. Injuries Involving Motor Vehicles	30
D. Miscellaneous Items Not Shared	31
IX. Maternity Needs and Newborn Care	33
X. Submitting Medical Needs	34
XI. Advisory Opinions and Binding Decisions	35
XII. Disagreement and Reconciliation	35
XIII. Amending the Guidelines	36

## Save to Share™ Guidelines

I. Participation Requirements	38
II. Need Sharing	39
III. Amending and Mediating the Save to Share™ Guidelines	40

Guidelines Index	42
------------------	----



# Brief Overview

The *Christian Health Care Newsletter*, published by Samaritan Ministries International (SMI), enables Christians to help one another with medical needs apart from health insurance. Because the ministry is not an insurance company, some of the terminology and processes are different than you may be accustomed to.

SMI members do not pay “premiums,” and money is not collected by SMI to “cover” members’ medical expenses. Each month a newsletter is mailed to all of the member households. Included with each newsletter is an individualized *monthly share notice* assigning that household to another member’s medical *need*. Members are asked to mail their *monthly share* directly to another member, to include a note of encouragement, and to pray for the member in need. Also included in the mailing is a daily Prayer Guide that presents additional member needs to pray for.

The current monthly share is \$220 for one person, \$440 for two members of the same nuclear family, \$495 for a family of three or more persons, and \$305 for a widowed or divorced parent with children. The monthly share is reduced for young adult heads of household. See Section III.D for more details.

One month each year, on the anniversary month

of their joining the ministry, every Samaritan household helps provide for the administrative expenses of the ministry by sending their monthly share to the office, instead of to a member need. In addition, new members send a start-up administrative fee to the office, along with their

first month’s share. New members may also be asked to send their second and third months’ shares to the office.

The start-up administrative fee, first month’s share, and annual continuation share sent to the office are primarily for basic administrative services. The second and third months’ shares from new members are used for growth-related expenses as needed.

A member who has a medical need requests a *Need Processing Form* from the SMI office, then completes and returns it along with the bills for the need. At SMI, a Member Services specialist will verify the information and prepare the need for *publication*. When the need is published, a *checklist* of the members who have been

assigned to share in the need is sent to the receiving household so that the SMI staff can keep track of the sharing.

Medical needs of less than \$300 are not published. When a need exceeds \$300, the amount

*“As soon as my need was published the checks started pouring in...can’t tell you how encouraging all the prayers and notes were, and what a blessing it was to have others help during my need.”*

- Merritt Acheson

above \$300 is publishable up to \$250,000. Needs that exceed \$250,000 may be publishable for those members who participate in the *Save to Share™* ministry.

Needs that do not qualify according to the Guidelines as publishable needs, can still be made known to the other members in the *Special Prayer Needs* section of the monthly share notice. In this way, members with non-publishable needs still have the opportunity to receive some help from other members.

## Organization and Membership

Samaritan Ministries International (SMI) is an Illinois not-for-profit corporation founded in 1991 by Ted A. Pittenger. SMI's administrative offices are located in Peoria, Illinois. SMI's purpose, as stated in its bylaws, is to operate ministries designed to assist the Body of Christ in carrying out the Great Commission that Jesus Christ gave to His disciples as recorded in Matthew 28:18-20.

SMI is recognized by the Internal Revenue Service as an exempt charity to which tax deductible contributions may be made. SMI accepts deductible gifts (only amounts given beyond the administrative fees and monthly shares are deductible) for its operations, including assisting financial needs which are not addressed by sharing under the Guidelines. Similarly, SMI's prayer ministry among our staff and members is available for the non-published needs of members and nonmembers as we seek to serve all as commanded by Galatians 6:10.

*The Christian Health Care Newsletter* received the first membership in September, 1994, seeking to provide a way for Christians to bear one another's health care needs spiritually, emotionally, and financially. Today there are more than 63,000 member households (more than 207,000 individuals). These members come from all 50 states and several foreign countries.

In addition to the newsletter health care sharing ministry, in 2012 SMI established the Morning Center, a ministry to bring free maternity care to women in need in underserved areas, to address both their physical and spiritual needs.

SMI is governed by a nine member Board of Directors, all of whom must have been SMI members for at least two years, and six of whom are elected by the members. None of the elected Board members receive financial compensation for their service as Board members except for reimbursement of expenses incurred attending the meetings. They serve three-year terms. The Board has one regularly scheduled meeting each quarter and additional special meetings as needed.

Any Christian who has a vision for practicing Christian community as explained in the following Guidelines, and agrees with the SMI statement of faith, may join as a fully participating member of the *Christian Health Care Newsletter*. Each member household will be asked to share each month in the medical need of another member.

Memberships are not refused on the basis of health although conditions that exist before membership may be limited or excluded from publication. There are spiritual requirements for membership that are explained in the Guidelines, and a member's pastor or Christian church leader is asked to verify that the member meets the requirements.

Nonmembers who desire to pray for the ministry and follow its activities, but not share financially in medical needs, can receive the newsletter each month for a suggested donation of \$12 per year.

We endeavor to honor our Lord and serve our brethren in each of these ministries, and we encourage suggestions or other input to help us do this more effectively.

---

*“It is humbling to know that at one point in a day, someone took the time to sit down, write a note and a check, and say a prayer especially for me.”* - Cynthia Smith



# How the Wo

8

**God is glorified**

The member is encouraged and gives praises to God for His provision.



7

**The burden is lifted**

The member receives letters with financial gifts, notes of encouragement, and confirmation of prayers.



6

**Members respond**

The members send their shares along with notes of encouragement to the member need assigned to them. They also pray for the member with the need.



5

**The need is published**

The need is assigned to specific members, who are informed through the monthly newsletter.



# Need Processing Steps

1

**A medical need begins**

A Samaritan Ministries member has a need and calls the Samaritan Ministries office.



2

**A packet is sent and prayer begins**

A Samaritan Ministries staff member sends a Need Processing packet to the member, who is added to the prayer list so fellow members can begin praying.



3

**The need is presented**

The member completes the form in the packet and returns it, with his medical bills, to the office.



4

**The need is processed**

The Samaritan Ministries staff verifies the need information and prepares it for publication in the monthly newsletter.





# Frequent Questions

## **1. What is Samaritan Ministries' philosophy of health care?**

We believe Jesus Christ is the Ultimate Provider for all of life's needs. Individuals and families have the primary responsibility for their own health and decisions related to seeking health care. When they have burdens that are greater than they can bear, we firmly believe that the body of Christ, at the local Christian church level first, and then in a broad corporate sense, should bear one another's burdens to fulfill the law of Christ (Galatians 6:2). Our monthly newsletter seeks to teach these principles as an integral part of our Christian worldview, not only to our members, but also to all the Body of Christ, to whom we minister by example and exhortation.

## **2. Is Samaritan Ministries' health care sharing some kind of Christian health insurance?**

No. Insurance is usually thought of as a contract whereby one party agrees to be legally responsible for and accept another party's risk of loss, in exchange for a payment called a premium. Health care sharing is an arrangement whereby Christians share, to assist one another with medical expenses through voluntary giving. We are not licensed or registered by any insurance board or department since we are not practicing the business of insurance. We do not assess applicants' health risks, because neither the ministry nor the members are assuming financial liability for any other member's risk. Unlike insurance, the focus of Samaritan Ministries' need sharing is not on what you might receive financially if you have a need, but on how you can help others with the needs they have right now (Acts 20:35).

## **3. Why don't you use insurance?**

When health care costs are paid by someone other than the person receiving care, typically an insurance company or the government, the Biblical model outlined in the answer to question 1 can be undermined. We believe many of the current problems with the health care system are the direct result of restricting personal freedom and responsibility through dependence on third-party payers. Samaritan Ministries is designed to allow Christians to help one another while maintaining personal responsibility.

## **4. Do you have premiums?**

As stated in the answer to question 2, Samaritan Ministries is not an insurance company, so we have no premiums. Insurance companies collect premiums that they keep until the money is needed for claims. From these funds they also pay all salaries and other operating expenses, build office buildings, pay executive bonuses and dividends, etc. Policy holders must sort through company reports to know how much of their money actually goes to pay for medical treatments.

Members of Samaritan Ministries retain possession of their money until it is needed. Eleven months each year they are assigned a share that they send, not to the ministry, but directly to another member who has a qualified medical need. They know how much of their money is going for medical needs from the moment they put their share in the mail.

## **5. How are the ministry's administrative services supported?**

One month each year, on the anniversary month of when they joined the ministry, every



Samaritan household sends the amount of their monthly share to the Samaritan office. In addition, new members send a start-up administrative fee along with their first month's share to the office. New members may also be asked to send their second and third month's shares to the office, unless directed to send to another member to maintain share amounts for member needs. An audit of ministry finances is conducted by an independent, outside auditing firm each year to verify integrity in how administrative money is handled.

### **6. How are claims handled?**

As explained in the answer to question 2, one reason Samaritan Ministries is not an insurance company is that there is no transfer of risk. This means that when a member receives medical care, there is no "claim" that is owed. There is simply a medical need. Samaritan members send proof of their medical expenses to the Samaritan Ministries office where they are evaluated according to the Guidelines. Then the qualified needs are shared among the members by being published in a monthly newsletter mailing where each active member is asked to share in another member's medical need. Again, this giving is voluntary and does not involve any legal obligation (claim) on the ministry or the other members.

### **7. Do you have a deductible?**

The concept of a deductible indicates that there are some amounts for which you are responsible, and some amounts for which an insurance company is responsible. In a sharing ministry each member is always responsible for all of his own medical expenses.

Once again, Samaritan Ministries does not offer insurance, so our procedures are different. At Samaritan, a medical need involving less than \$300 is not shared among the members. When the need goes over \$300, the amount from \$300 to \$250,000 is shared. (The amount of a need that exceeds \$250,000 can be eligible for sharing if the member also joins Samaritan's *Save to Share*™.) If a member household has more than three shareable needs in any 12-month period, the first \$300 is also shared for the fourth, and any subsequent needs in that period.

### **8. How do Samaritan members deal with their health care providers?**

Members deal directly with the providers of their choice, as "self-pay" or "cash-pay" patients. There are no "preferred providers" or required networks. Thus there are no "out of network" penalties. There is not a complicated or hidden list of approved treatments and procedures. The Ministry Guidelines explain what is shared or not shared in plain language. Members are free to work with their providers to determine the best treatments for their families.

### **9. Will health care providers accept cash-pay patients?**

Most providers accept cash-pay patients and sometimes offer significant discounts because they don't have to deal with a third-party payment system. If a provider seems unwilling to offer competitive rates for their services to cash-pay patients, Samaritan can assist members with patient advocacy services to negotiate better rates and improve the relationship between the member and the provider.

## **How can the monthly share be so low?**

■ God answers prayer! We hear about this every day at Samaritan Ministries. People even heal more quickly when they are prayed for. It is exciting to see how God gives healing and improved health in answer to the prayers of His people.

■ Samaritan Ministries members agree to live a Biblical lifestyle. In addition to honoring Jesus Christ, this commitment eliminates many habits that can harm health.

■ Samaritan Ministries members look for ways to save money on health care. They realize that keeping their own costs down will reduce the burden others are asked to bear. Many have found very creative ways to save money on health care.

■ The direct sharing approach keeps administrative costs to a minimum. Also, none of the administrative money is used for corporate profits or stockholder dividends.

## **10. What happens if there are more medical needs than shares in a month?**

Sometimes we can overlap needs from two months so that there is enough money for all the needs. However, if all needs cannot be met, we use a prorating method to evenly distribute the burden. For example, if there is only enough share money for 90 percent of the needs submitted for a particular month, only 90 percent of each need would be published in the newsletter for that month. If prorating occurs three months in a row without being reversed, the Board must propose a share increase to the members for a vote. See Section VI.D "Balancing Needs and Shares/Proration" and FAQ 14 for more details.

## **11. What kind of requirements do members have to meet?**

Members must be professing Christians who attend a Christian church regularly. They must agree to abstain from sinful practices such as drug abuse and sexual immorality. They must be accountable to a pastor or other Christian church leader for the needs they submit. For a detailed statement of requirements, consult Section I.

## **12. Can overseas missionaries be members?**

Yes, and we currently have missionary members from all over the world. Overseas SMI members must have a means for timely and securely receiving and depositing gifts from members when they have a need, receiving the monthly newsletter, and sending out their monthly share in U.S. currency. Usually overseas missionaries must have a stateside contact for these purposes. See Section III.E.

## **13. How much does it really cost to belong to Samaritan Ministries?**

Every member sends a share each month. Eleven months of the year, this share is sent to a member with a need. The other month it is sent to the SMI office to support administrative services. New members also send a start-up administrative fee of \$200 to the SMI office along with their first month's share.

Currently, the monthly share amounts for the four primary levels of household participation are as follows: a one-person membership shares \$220; a two-person membership shares \$440 (two members of the same nuclear family); a three or more persons family membership shares \$495; and a widowed or divorced parent with children shares \$305.

The monthly share is reduced for heads of household age 25 or younger. Those amounts are as follows: a one-person membership shares \$180; a two-person membership shares \$360 (two members of the same nuclear family); a three or more persons family membership shares \$445; and a widowed or divorced parent with children shares \$255.

A sponsorship program exists to provide for those whose financial situation might otherwise hinder their ability to participate. See Section V.C for more details.

## **14. How are the monthly share amounts changed?**

The monthly share can only change if first the Board of Directors proposes a change and then the members approve by a supermajority. See Section IV.A.2 for more details.

## **15. What is the maximum amount Samaritan Ministries members will share for medical needs?**

The maximum amount that will be shared among the members for each medical need (i.e. illness or injury, see Section VI.A.5 and 6) is \$250,000. The need has to meet the Guidelines before it can be shared. SMI members are also eligible to participate in another sharing ministry, *Save to Share™*, where the rest of needs over \$250,000 may be shared. (See *Save to Share™* Guidelines.) Massachusetts' members are required to participate in *Save to Share™*. There is no limit on the number of needs one person may have shared.

## **16. Is there a lifetime or yearly maximum amount that is eligible for sharing for any one person or family?**

There are no lifetime or yearly maximum amounts eligible for sharing. There is no limit on the number of needs that an individual member or household may have.

## **17. If I have large amounts of medical expenses, how will that affect my membership?**

Neither your membership nor your monthly share is affected by the amount of medical expenses you have.

## **18. What kinds of needs do Samaritan Ministries members share?**

In general, needs for illnesses or injuries resulting in visits to medical doctors, emergency rooms, testing facilities, or hospitals are shared on a per person, per incident basis. See Sections VI-IX for more details.

*"I am so thankful for this ministry! My recent heart attack was a traumatic time for my husband and me. We were in a state of shock on what to do, but God calmed our fears and helped us through all the details. The Lord gave us back our hope, and through His strength I am doing very well.*

*"When I went to the post office, I opened up the drawer and there were so many cards I could hardly carry them to the car. This happened day after day, week after week, throughout that month. I made it to the car each time and started to cry in thanksgiving for all the brothers and sisters in Christ who had sent shares to us. You all have been a Godsend both spiritually and financially. Many members sent pictures and they are taped in my Bible so that I can pray for their families.*

*"I still have cards in bags that I look at and the Lord reminds me of what His family looks like—what a true gift to be a part of that family. We consider it a privilege to send our shares each month to those who like me have a need and thank the Lord for His provision to do so.*

*"Thank you for your prayers, encouragement, and wisdom—each member of the Body is necessary. We need one another. All must have a deep concern for each other.*

*"1 Corinthians 12:25-26 says, 'That there may be no division in the Body, but that the members may have the same care for one another. If one member suffers, all suffer together; if one member is honored, all rejoice together.'*

*"God bless you all. We're rejoicing for brothers and sisters in Christ!"*

- Tim and Kimmie Rock

---

### **19. What kinds of needs do Samaritan Ministries members not share?**

Needs resulting from conditions that existed prior to your membership are usually not shared (see Section VII for details). Routine checkups and preventative care are considered items that can be included in your budget and are not shared. Most dental, audiological, and optical related needs are not shared. If any of these needs that do not qualify for sharing should become a burden to your family, the Special Prayer Needs ministry may be able to provide assistance. See Section V.A. A detailed explanation of the limitations on needs shared is found in Sections VIII and IX.

### **20. So, if I have had cancer in the past, does that mean that SMI would never have its members share in any future**

### **cancer related bills I might have?**

NO, in fact there are several ways in which that need might be shared. First, the second cancer's expenses would only be ineligible for sharing if it "resulted from" the first cancer. It is quite possible that a second cancer is unrelated to the first and thus eligible for sharing. Second, except for Type 1 diabetes, all conditions you had before your membership may be publishable after a time without symptoms or treatments (see Section VII for details). Finally, even expenses that are not eligible under the basic sharing program may be shared among our members through the Special Prayer Needs ministry. See Section V.A.

### **21. What amounts do the members share for maternity needs?**

For a pregnancy that begins after the start of

your membership, maternity needs are shared like any other need. For a pregnancy that began prior to your membership, those expenses will be shared as a Special Prayer Need. See Section IX for more details.

## **22. How do I know if a need qualifies for publication?**

The types of needs that qualify for publication can be found in the following Guidelines. Consult Section X to familiarize yourself with the general procedures for submitting your need and Sections VI-IX for the specific requirements for publishing certain types of needs. If you have any questions, don't hesitate to call your Member Services team at 877-764-2426.

## **23. How are expenses from medical treatments occurring overseas handled by SMI?**

Bills from medical treatments occurring overseas must be written or translated into English and the price converted to U.S. dollars. They are handled the same as bills from treatment in the U.S. in all other respects.

## **24. How will I pay my bills when I have a need?**

You explain to your care providers (doctors, hospitals, etc.) that you do not have insurance and that you are a cash-pay patient. The providers send their bills directly to you. You organize the bills, complete a Need Processing Form, and submit them to Samaritan Ministries. We will publish your need in our newsletter mailing, and the members assigned to your need will be asked to send their monthly shares directly to you through the mail. You then use the money you receive to pay your bills.

## **25. What if I receive more money from members' shares than the total amount of my final medical bills?**

Sometimes reductions in charges are obtained after the full amount of a need has already been assigned to the members, and the member with the need receives more than he still owes on his bills. Because these shares were given in trust that they would be used only for the medical need being published, a member receiving money has the responsibility to be faithful to that trust by seeing that any extra is sent to another member with an unmet need or to the Samaritan Ministries' office to assist with the cost of negotiating the reductions. The SMI administrative office directs the members where to send any extra shares they receive.

## **26. What happens to the extra if some members send more than their minimum share amount to a member in need?**

Because members understand our mutual sharing as a giving ministry, sometimes they give more than their share amount in a variety of ways. One way extra giving occurs is by members sending more than the assigned amount to those in need. These extra gifts from members are meant for those to whom they are given and are not expected to be sent on to anyone else.

## **27. How long does it take to have a medical need published in the newsletter?**

The publishing turnaround time is normally 30-60 days from receipt of your bills and required information. If your Need Processing Form is correct and complete, and there are no ongoing financial negotiations with providers, your need will be published at the beginning of the second month after we receive your need. For example, a need received by the end of September would be processed in October and published at the beginning of November.

## **28. What if someone assigned to give towards my need does not send their share?**

SMI will send you a checklist so that you can keep track of who were assigned to send to your need. If we learn that someone on your list has stopped sharing and will not be sending to you, that amount will be reassigned in the following month to a member who is sharing. You must be current in your sharing responsibilities and other member requirements to have a need published.

## **29. Do you have a death provision?**

No, we have chosen not to have any sharing provision for death, beyond the related medical expenses.

## **30. When did this ministry begin?**

We incorporated as an Illinois not-for-profit organization in September 1991. The next three years were dedicated to research and development. We have been actively sharing needs since September 1994.

## **31. This sounds too good to be true! Does this really work?**

God is the only One Who has enough resources to provide for all of the needs of everyone. He has worked through Samaritan members in amazing ways to provide for our members' medical needs, but He also has provided through other means.

Past contributions by Samaritan members assisting one another are not any guarantee of future actions. There is not a promise/contract by SMI or the members to contribute toward any need you might have in the future. The only promise by SMI is to make qualifying medical needs known through the monthly newsletter mailing, so SMI members can give voluntary gifts to those members with needs.

### **32. Is this legal?**

The Christian health care sharing ministry of Samaritan Ministries' *Christian Health Care Newsletter* is not restricted from operating in any of the 50 United States, or U.S. territories or any foreign country, and has no legal barriers of which we are aware. Samaritan Ministries International is recognized by the IRS as a 501(c)(3) charity.

### **33. How are members of SMI affected by the federal health care law?**

Starting in 2014, the law requires individuals to have government-approved health insurance or pay a penalty. However, the law also contains a provision that members of health care sharing ministries are not subject to the insurance requirement.

### **34. How will the IRS know that I meet the law's requirements and don't owe a penalty?**

For 2016 taxes which are due in 2017 (and for 2014's & 2015's taxes), the IRS created Form 8965 which members are to complete indicating what portion of the year they were a member of a health care sharing ministry. It is likely that a same or similar form will be used in future years. If you are not required to file a tax return, you won't need to do anything. SMI will notify members of any future changes as soon as the IRS announces them.

### **35. How many people are members of Samaritan Ministries' *Christian Health Care Newsletter*?**

As of October 2016, there are more than 63,000 member households (more than 207,000 individuals).

### **36. Is it possible to receive the monthly newsletter without becoming a member?**

Yes. Nonmembers who desire to pray for the ministry, follow its activities, and be blessed by the articles and testimonies, but not share financially in medical needs, can receive the newsletter each month for a suggested donation of \$12 per year.

### **37. Can you provide any references for your ministry?**

If you call 1-888-268-4377 we will attempt to provide names and numbers of members in your area who have had a need published.

## Disclaimer

To those who do not live according to a Biblical worldview, the concept of Christians covenanting together to share medical expenses, pray for one another, and encourage each other with cards or notes sounds idealistic at best. While it is true that Christians are not perfect—and we all stumble at times—sincere, committed believers have been helping one another for centuries. Organized programs like this one have been functioning successfully for decades. Yet, to be extra cautious we include this warning for all to consider:

**WARNING:** This publication is not issued by an insurance company, nor is it offered through an insurance company. Whether anyone chooses to send you money to assist you with your medical bills will be totally voluntary. This publication should never be considered to be like an insurance policy. Whether you receive any money for medical expenses, or whether or not this publication continues to operate, you will always remain liable for any unpaid bills.

This is not a legally binding agreement to reimburse you for medical expenses you incur, but is an opportunity for you to assist other Christians in need, and when you are in need, to present your medical expenses to other Christians as outlined in these Guidelines. The monetary assistance you may receive will come from other members, not from Samaritan Ministries International.





## I. Membership Requirements

To become a member you must meet all the requirements of this section and submit an application, including a pastor's verification. As long as you continue to meet these requirements and fulfill all membership duties as determined by the Board of Directors, your membership will continue. If at any time you no longer meet all these membership requirements, you must notify SMI immediately, and your membership and all privileges will be suspended unless otherwise indicated.

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

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

We believe the following membership requirements benefit all members by being Scriptural, and also by minimizing medical risks and costs, ensuring proper accountability, and encouraging

good health practices:

- A.** Be a professing Christian according to Biblical principles. *Romans 10:9-10, John 3:3*
- B.** Be in agreement with the following member statement of faith:

*I believe in the triune God of the Bible. He is one God Who is revealed in three distinct Persons—God the Father, God the Son, and God the Holy Spirit.<sup>1</sup>*

*I believe Jesus Christ was God in the flesh—fully God and fully man.<sup>2</sup> He was born of a virgin,<sup>3</sup> lived a sinless life,<sup>4</sup> died on the cross to pay the penalty for our sins,<sup>5</sup> was bodily resurrected on the third day,<sup>6</sup> and now is seated in the heavens at the right hand of God, the Father.<sup>7</sup>*

*I believe that all people are born with a sinful nature<sup>8</sup> and can be saved from eternal death only by trusting in Christ's atoning death and resurrection to save us from our sins and give us eternal life.<sup>9</sup>*

### Statement of faith Scripture references

1. *Genesis 1:26, Luke 1:35, Luke 3:21-22, 2 Corinthians 13:14, Matthew 28:18-20*
2. *Isaiah 9:6, John 1:1-2, John 1:14, Hebrews 1:1-4, John 5:18, Colossians 1:15-20, Colossians 2:9,*

Hebrews 4:15

3. Isaiah 7:14, Matthew 1:22-23
4. John 8:46, Hebrews 4:14-15, Hebrews 7:26, 1 Peter 2:22, 1 John 3:5, 2 Corinthians 5:21
5. 1 Corinthians 15:3, John 1:29, Hebrews 9:11-14, Hebrews 10:10-12, 1 Peter 2:24
6. 1 Corinthians 15:3-4, 1 Corinthians 15:20-21, John 2:18-21, Luke 24:38-40
7. Matthew 26:64, Mark 16:19, Acts 2:32-33
8. Jeremiah 17:9, Romans 5:12-21, Romans 3:9-11, Romans 3:23
9. John 14:6, John 3:3, Ephesians 2:8-9, John 20:30-31, Romans 10:8-13

- 
- C.** Attend a Christian church regularly (at least three out of four weeks per month that your health or weather permits). *Hebrews 10:25* If it is not possible for you to attend a Christian church, please submit a letter giving the details.
- D.** Believe that you are to bear one another's burdens as taught in the Bible. *Galatians 6:2; Philippians 2:4*
- E.** Agree to: not abuse any legal or prescribed substance, abstain totally from illegal drugs and recreational use of marijuana, and abstain from tobacco use (a rare celebratory cigar or pipe, e.g. at the birth of a baby, is an allowed exception). *Romans 13:1; 1 Corinthians 6:12*
- F.** Choose option one or two regarding the use of alcohol. *Ephesians 5:18*
- Option 1.** Abstain totally from all beverages containing alcohol (wine used for communion only is an approved exception).
- Option 2.** Limit consumption of alcohol to moderate amounts so as to never drink to drunkenness.
- G.** Abstain from any sexual activity outside of traditional Biblical marriage as designed by

God between one man and one woman. *Genesis 2:24, Matthew 19:5, 1 Corinthians 6:18*

- H.** Agree to practice good health measures in accordance with the principle that your body is the temple of the Holy Spirit. *1 Corinthians 6:19-20*
- I.** Keep your membership active and current by promptly sending your monthly share to all regular needs assigned to you in the monthly newsletter mailing. *Luke 16:10* Members who are not current in sending their monthly shares will not be eligible to have needs published, and will be choosing not to continue their membership if the failure is not corrected after notice has been given. If financial need is the cause of these problems, assistance may be available through the Sponsorship Program (Section V.C).
- J.** Be in agreement that when you have a dispute with a fellow Christian, and your fellow Christian is willing to submit that dispute to fellow believers for resolution, you are not to sue each other in the civil courts or other government agency *1 Corinthians 6:1-8* (Section XII). A person initiating a governmental proceeding against SMI to become a member would disqualify himself from membership.
- K.** Sign and send to us your Membership Continuation Form each year confirming that you are meeting the above requirements. *Proverbs 10:9*
- L.** Have your pastor or Christian church leader sign a statement confirming that you meet the above requirements. *Hebrews 13:17*
- M.** You will be required to complete an application form agreeing to these requirements and providing background information including your date of birth. Annually, you will need to confirm that you meet these requirements.

*“We were nervous when we found ourselves with our first medical problem and in a place of need. God used the faithful members of Samaritan Ministries to not only meet our financial need, but also do it in such an encouraging and God-honoring way. Each month it feels like a privilege to send our share to another family, and even more so now that we have been on the receiving end.*

*“Bearing one another’s burdens’ brings much greater joy than paying over-inflated premiums for insurance. We are so grateful.”*

- Ryan and Jenny Oldham

## II. Household Members Included

There are four primary levels of household participation for SMI membership: one person; two persons (two members of the same nuclear family); three or more person family; and widowed, divorced, or legally separated with children. Nuclear family includes only husband, wife, and children, and can include grandchildren in the circumstances described in II.F.

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

### A. Children Age 18 and Over

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

Single children age 26 and over may be on your membership if they are still living in your home and have an annual adjusted gross income (AGI) for federal tax purposes of less than 80 times the standard one-person membership monthly share.

**Example:** For the current standard one-person monthly share of \$220, the AGI limit is \$220 x 80, or \$17,600.

Additionally, if your child's AGI exceeds \$17,600, in special circumstances (e.g. a handicapped child) there is administrative leeway for your child to remain on your family membership. Contact your Member Services team if you wish to apply for this status.

### B. Marriage

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

### C. Thirty Day Transition Allowance

1. **Children who become ineligible to be on their parents' membership**—as described in Section II.A and B above, will have a 30-day grace period to obtain their own membership after which they will no longer be considered part of their parents' membership. It is the child's obligation to be aware when he is responsible for his own membership.

2. **Gap Time**—Any incidents which occur from the time a child leaves his parents' membership to the date he begins his own, will not be published.

### D. Newborn

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

### E. Adoption

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

### F. Grandchildren

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

1. they live permanently with their grandparents (their residence), and
2. the grandparents have legal custody, or the grandchild is the child of a minor, and
3. they meet the eligibility Guidelines for children, and
4. they have no other agency, person, or group responsible for their medical bills.

### III. Member Responsibilities

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

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

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

**C. Sending Shares**—After the first three months of membership, the next nine months you will send your share to a member in need. Then, on your anniversary month of becoming a member, you will send your share to the office, and the following 11 months you will again send your monthly share to another member with a medical need. Eleven months of shares to a member, then one to the office, will then continue as long as you remain a member.

**D. Monthly Share**—The assignment sheet in each month's email or newsletter mailing will tell where the monthly share should be sent. The amount you send depends on your household's membership level.

If your share check does not have your individual name on it, please make sure your name is on the memo line or other location so proper credit will be given to you. The share must be sent in U.S. currency.

As of October 2016, the monthly share amounts for the four primary levels of household participation are as follows: a one-person membership shares \$220; a two-person membership shares \$440 (two members of the same nuclear family); a three or more persons family membership shares \$495; and a widowed or divorced parent with children shares \$305.

The monthly share is reduced for heads of household age 25 or younger. Those amounts are as follows: a one-person membership shares \$180; a two-person membership shares \$360 (two members of the same nuclear family); a three or more persons family membership shares \$445; and a widowed or divorced parent with children shares \$255.

If you need assistance with your share amount, see Section V.C. "Sponsorship."

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

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

**G. Respect the Privacy of Other Members**—Members share deeply personal prayer requests and detailed health information with one another to allow for specific prayer. While it is expected this information may be shared with family and prayer partners, please be sensitive: Do not post names or details on social media, blogs, or websites without permission, or in any other way misuse the information.

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

When a need is submitted requesting other members share financially to relieve the burden of a medical expense, the member submitting the need is committing that those medical expenses will be paid immediately, if not already paid, to the extent of the sharing received.

Members submitting needs further commit to work with SMI staff and agents to seek equitable prices from providers and to document

amounts paid to providers.

If a member receives more share money than the amount of his financial need, as a result of discounts or other changes (see FAQ 25), he will be directed to forward any extra share money to another member with a need or to the administrative office to assist with the cost of negotiating reductions in SMI members' medical bills.

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

- I. Ending Membership**—If you wish to end your membership, SMI must have received notice from you no later than the 15th day of the month that you want to be the last month for which you share, so that a member with a need will not be relying on receiving your share. (E.g., if you want your last sharing month to be for the share that is due to be sent by March 15, you must notify SMI by February 15.) After the 15th of the month, SMI will be preparing share slips to send the following month, counting on the share you have pledged to help meet the needs of our brothers and sisters.
- J. Modifying Membership**—If you are continuing your membership, but removing from the membership a spouse, or otherwise lowering the level of household participation, SMI must have received notice from you no later than the 15th day of the month that you want to be the last month for which you share the higher amount, so that a member with a need will not be relying on receiving the higher share amount.

(E.g., if you want your monthly share to be modified for the share that is due to be sent by March 15, you must notify SMI by February 15.) Additionally, if a spouse is being removed from the membership, the notice is not effective until written approval of the change signed by the removed spouse is received by SMI.

**K. Restarting a Membership After 30 Days**

**1. And a Need has Occurred**—If you have a need occur (whether new or related to a prior need) after the date that your membership has ended, and you seek to restart your membership more than 30 days after the membership ended:

- a. It will be treated as a new membership so all existing health conditions will be subject to the pre-existing conditions sharing limits discussed in Section VII, and
- b. You may be required to pay a start-up fee.

**2. And No Need has Occurred**—If you seek to restart your membership and no need has occurred since your membership ended:

- a. If you notify Member Services within 60 days after the membership ended and you catch up on any missed shares, your membership will be treated as if it never ended.
- b. If you notify MS more than 60 days after your membership ended it will be treated as a new membership so all existing health conditions will be subject to the pre-existing conditions sharing limits discussed in Section VII, and you may be required to pay a start-up fee.

- L. Restarting a Membership After One Year**—If you seek to restart a membership more than a year after it ended, it will be treated as a brand new membership requiring a new application and start-up fee, and subject to the pre-existing health conditions sharing limits of Section VII as if you had never been a member.

---

*“Every response is greatly appreciated. It’s so good to know that I am being prayed for by other Christians I have never met here on earth, but look forward to seeing in heaven. There are no strangers in God’s family. “May the Lord richly bless Samaritan and each member.”*

- Sylvia Malepou



## IV. Member Participation in SMI

### A. Nominations and Elections

From SMI's inception, members have participated in determining how the ministry functions. Members continue to participate in important decisions by voting. Each household receives one ballot. Three or more person family ballots count for 3 votes, widowed or divorced parents with children: 2.5 votes, two persons: 2 votes, and one person: 1 vote.

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

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

To be eligible for Board membership, nominees must agree with the following Board member Statement of Faith

*I believe* the Bible alone is the inspired Word of God; therefore it is the final and only source of absolute spiritual authority.

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

*I believe* Jesus Christ was God in the flesh—fully God and fully man. He was born of a virgin, lived a sinless life, died on the cross to pay the penalty for our sins, was bodily resurrected on the third day, and now is seated in

the heavens at the right hand of God, the Father.

*I believe* that all people are born with a sinful nature and can be saved from eternal death only by grace alone, through faith alone, trusting only in Christ's atoning death and resurrection to save us from our sins and give us eternal life.

*I believe* in the bodily resurrection of all who have put their faith in Jesus Christ, and the bodily resurrection to judgment of all who have not.

*All I believe and do* should be for the glory of God alone.

**2. For Share Increases**—If needs submitted are greater than shares available and "prorating" of needs occurs for three consecutive months, members will be provided an opportunity to vote on whether they want to increase the monthly share, although voting may be limited to those members whose share amount will be directly affected by the outcome. A month will not be considered to be part of three consecutive prorated months if all the needs for that month have been met through a surplus of shares the following month or by extra giving of members for prorated needs (see Section V.B). The Board may propose share increases to the members at other appropriate times, such as when it believes that the occurrence of prorating demonstrates the inadequacy of the share amounts to meet all the needs which members have agreed to publish.

For a proposal to increase the basic share amount to pass, it must receive a three-fifths majority of the weighted votes of the members cast. The discounts for young adults may only be changed by majority vote of the SMI Board.

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

### B. Communicating With Each Other

At SMI we believe all members of the body of Christ should give input for the mutual edifica-

tion of the whole body. We encourage members to communicate with staff about all issues of health care. Your input can help us be more aware of ways to improve the ministry. You may know about new and effective medical treatments. You may know of ways to negotiate discounts or use alternate treatments to keep costs down. You may know of specific medical, spiritual, or financial needs. You may

know of ways the staff can better serve our members and encourage a spirit of community. Input offered in a spirit of love is highly valued, and we welcome it. Our staff and members should always communicate with these scriptural admonitions in mind: “But the fruit of the Spirit is ... kindness ... gentleness” *Galatians 5:22-23a* and, “Let your speech always be gracious ...” *Colossians 4:6* (ESV)

## V. Additional Giving Opportunities

Although we practice good stewardship by adhering to our Guidelines and limiting needs we publish to what members have agreed upon, we also strongly encourage giving above and beyond what is required. This can be done through Special Prayer Needs, through extra giving in proration months, and through the Sponsorship Program.

### A. Special Prayer Needs

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

Before submitting a Special Prayer Need, consider your financial resources, what reductions you have requested from providers, and what assistance is available from your family and local Christian church. Remember that the SMI membership will be giving beyond their monthly shares to lighten your burden. For questions concerning Special Prayer Needs call 1-877-764-2426 to speak to your Member Services team.

### B. Proration Months

In months where a proration occurs, most

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

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

### C. Sponsorship

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

---

*“Through my ordeal, I received much more than healing.” - Wendy Peter*

## VI. Amounts That Members Share

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

### A. Basic Need Amounts

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

**1. Minimum Amount to be a Publishable Need**—Needs of less than \$300 are not considered burdens that should be borne by other members. If a need of this size is a burden that the member cannot bear alone, help can be sought from family, friends, local Christian church, or it can be submitted as a Special Prayer Need.

**2. Initial Unpublished Amount**—When a need is greater than \$300, only the portion of the need that exceeds \$300 will be eligible for publication. Due to current technical limitations, a publishable amount less than \$25 may not be able to be shared.

**3. More than Three Needs in 12 Months**—The special exception for an initial unpublishable amount on a 4th or more need in a 12-month period will not apply to needs created after October 31, 2016.

**4. Effect of Discounts**—Payments by insurers and other organizations, and reductions by health care providers will be applied first, dollar for dollar, to the initial \$300 unpublishable amount of each need.

**5. Maximum Amount**—The maximum publishable amount for each need is \$250,000. (If you desire to participate in a need sharing ministry for needs greater than \$250,000, see the *Save to Share*<sup>™</sup> program Guidelines. Massachusetts' members are required to participate in *Save to Share*<sup>™</sup>.) There is no lifetime maximum amount eligible for sharing for any person or household membership.

**6. Need Defined**—Bills related to the same condition, including those for separate incidents, (e.g. separate treatments or episodes of symptoms) will be published as one need and accumulate towards the \$250,000 maximum amount. If at least 12 months pass without any symptoms, medication, or other treatment for the condition that originally created the need, (or related subsequent conditions), and the condition thereafter recurs, it will be treated as a new need. Tests or a doctor's statement may be required to verify the lapse of symptoms, medication, or other treatment.

**7. Multiple, Simultaneous Needs**—If more than one publishable condition is treated during the same time period, the member may submit separate needs for each condition. Each need must be submitted with a separate Need Processing Form. The initial unpublished amount will apply to each need.

### B. Payments from Others

#### 1. Others Obligated to Pay:

**a. Insurance Type Arrangements**—Bills must be submitted to insurance, Medicare, Worker's Compensation, and any other payer who may be responsible, before submitting them to Samaritan Ministries. Members must receive notice of payment or rejection, and submit documentation thereof, before Samaritan Ministries will consider publishing the need. Any amount paid by insurance, Medicare, Worker's Compensation, or any other responsible or liable party will not be published. If a bill is published and later reimbursed by a third party, or liability is released as part of a settlement, the reimbursed amount must be sent on to meet other members' needs, even if the amount of medical expense compensation is not specified in the settlement.

**b. Pursuing Legal Remedy**—If a member suffers an injury and a probable liable party or his insurance refuses to pay unless legal remedies are pursued, the member must pursue his legal remedies unless he demonstrates that doing so would violate his Biblically-based conviction against initiating a lawsuit. Conditions may be placed on pub-

lishing needs related to such injuries before the matter is settled. Amounts that are received in settlement, to the extent they fairly represent compensation for published medical expenses, must be sent on to meet other members' needs.

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

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

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

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

## C. Discounts

Discounts given by any health care provider should be listed in the Discounts column on the Bill List and will not be published. However, discounts do reduce the initial unpublishable amount (see VI.A.4) and the amount subject to prorating (see VI.D.2).

## D. Balancing Needs and Shares/Proration

The amount of a need that is published may be affected by the amount of other members' needs. Each month there is a fixed amount

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

**1. When Shares are Greater Than Needs**—If the shares available for a particular month are greater than the needs to be published, and all of the unpublished prorated needs from the previous month are also met, needs for the following month may be published or the share amounts assigned to the members may be reduced for the month.

**2. When Needs are Greater Than Shares/Prorating**—It is our goal that all qualifying needs presented by the members will be published. However, in the event that the publishable needs are significantly greater than the shares available for that particular month, we may use a prorating contingency plan. For example, if \$1,000,000 in total needs are to be published in a given month, but only \$900,000 in shares are available, we will take the percentage of shares as compared to needs— $900,000/1,000,000 = 90$  percent—and apply that percentage to each need. Thus, we will publish 90 percent of the normal publishable amount of each need presented for that particular month. If you have a need for which SMI would normally publish \$1,000, only \$900 would actually be published. We will ask members to pray that God will provide for the unpublished portion of these needs in the following month. Members will also be encouraged to give more than their normal monthly share to help make up the shortfall. See Section V.B.

If in the month following the prorating we find that the published needs are less than the shares available, we will consider carrying over the unpublished portion of prorated needs from the previous month. Once a deficit has run and one month has passed, we will not usually carry over the unpublished needs to

subsequent months. However, we will consider publishing prorated needs that are an excessive burden to a member as a Special Prayer Need. See Section V. If medical providers have given you discounts on your bills, the discounts will be applied first to the initial \$300 unpublished amount, and then to the amount that is prorated, reducing or eliminating the impact of prorating on your need.

#### **E. Time Limit for Submitting Documentation**

The sooner that bills are submitted to SMI usu-

ally means the larger the reduction in price that can be obtained from the provider through negotiations. When there are a number of bills related to treating the same incident, it is helpful for them to be submitted together if they all can be obtained within a 30-day period.

With this in mind, itemized bills should be submitted to the administrative office with a Need Processing Form as soon as possible. Ordinarily, bills submitted more than one year after the service was provided will not be published.

## **VII. Conditions Existing Before Membership**

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

#### **A. Conditions Cured and 12 Months Symptom and Treatment Free**

Needs that result from a condition that existed prior to membership (known or producing observable symptoms) are only publishable if the condition appears to be cured, and 12 months have passed without any symptoms (benign or deleterious), treatment, or medication (even if the cause of the symptoms is unknown or misdiagnosed). Tests or a doctor's statement may be required to verify the lapse of symptoms, treatment, and medication.

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

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

Need. See Section V.A.

#### **B. Conditions Stabilized and Five Years Symptom Free**

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

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

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

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

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

**2. Diabetes Explained**—By Type 1 diabetes (also called juvenile onset diabetes), we mean that condition where the body produces insufficient insulin. Type 2 diabetes (also called "non-insulin dependent diabetes"), the condition where your body is insulin resistant,



and gestational diabetes, are subject to a 12-month symptom and treatment-free limitation. The condition commonly referred to as “pre-diabetes” will not be considered a condition existing before membership.

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

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

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

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

#### D. Verification for Certain Conditions

For some of the conditions listed in Section VIII, a statement signed by both the member and the doctor must be submitted verifying that the condition did not exist prior to membership, or the member went at least 12 months (up to five years for some conditions) without symptoms, treatment, and medica-

tion subsequent to the last time the condition occurred before becoming a member.

#### E. Dropping and Rejoining

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

1. the condition meets the cured/symptoms/treatment criteria of Section VII.A;
2. this membership was in good standing when ended, and the person was at all times while not a member either:

- a. insured under a required employer group insurance plan with creditable coverage (If available, the member may be required to purchase COBRA coverage to deal with ongoing treatment.);

- b. a member of another health care sharing ministry with a reciprocal arrangement.

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

or

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

#### F. Adoption

Any physical condition of which the adopting parents had reason to be aware that the adopted child had prior to the adopting parents being legally responsible for the child's expenses, or prior to his effective date within his parents' membership, will be considered a “condition that existed before membership.” However, routine maternity needs may be published as provided in Section IX.A.3 and needs related to genetic defects and hereditary diseases may be published as provided in Section VIII.A.

---

*“The most special blessing I received was when I called the SMI office one day while heavily burdened for my son. The staff member working with us sensed this and asked if I was ok. He then prayed with me right then and there on the phone. Now what insurance company can you call and have the workers pray for you! Praise the Lord for Samaritan Ministries!” - Pam Goolesby*

## VIII. Needs Shared by Members

We publish for sharing, expenses you incur for providing medical care to your membership household within the Guidelines approved by the members or the Board of Directors (including the dollar and time limits of Sections VI and VII). The approved Guidelines place some limitations on the types of physical maladies and medical services for which we publish needs, and limit the publication of expenses incurred due to injuries from certain listed causes. We do not require that treatments be approved by the American Medical Association and welcome nutritional treatment approaches within the limits described in Section VIII.

This section is designed to allow you to quickly check the physical condition (Part A), and the medical services needed (Part B), to confirm whether or not a particular medical expense is publishable. There are special provisions for injuries from motor vehicle accidents (Part C), and a few services and charges that are not published (Part D). Please call your Member Services team if you have any questions regarding the application of these Guidelines. Also, see Section XI regarding Advisory and Binding opinions.

### A. Physical Conditions for Which Medical Expenses are Shared

Expenses for all types of physical conditions are generally publishable with special provisions for some conditions as explained below:

1. **Asthma**—Publishable. During the first three years of membership, the statement described in VII.D may be required.
2. **Back Problems**—Publishable. During the first five years of membership, the statement described in VII.D may be required.
3. **Bunions**—Publishable. During the first three years of membership, the statement described in VII.D may be required.
4. **Cancer**—Publishable, but there may be a limitation if it is related to cancer of a type you had prior to becoming a member (see Section VII.A). During the first five years of membership, the statement described in VII.D may be required.
5. **Carpal Tunnel Syndrome**—Publishable. During the first three years of membership, the statement described in VII.D may be required.

6. **Complications from Maternity**—Bills for complications to the mother are considered part of the maternity need. See Sections IX.A.2 and IX.C for details.

7. **Complications Following Non-publishable Medical Procedures**—If complications arise from a medical procedure that is not publishable (e.g. a routine colonoscopy and most cosmetic surgery—see Section VIII.B), expenses for treating the complications are publishable unless the procedure that was the cause was not publishable due to moral reasons (e.g. Abortion—Section VIII.D.1), or the complication itself is not publishable (e.g. a routine dental problem arising from the treatment of a routine dental problem).

8. **Dental Problems**—We publish:

- a. The treatment of the breaking or injury of natural teeth and caps (but not repairs to dentures or partial plates) by accidents other than from dental care, when eating, and certain motor vehicle accidents. See Section VIII.C.
- b. Operations on bones in the mouth (but not teeth), including such surgery for periodontal disease.
- c. Immediate life-threatening dental problems. An example would be an allergic reaction to previous dental work materials on a life-threatening level. Publication of bills would be limited to helping with the immediate life-threatening problem only. It would NOT include subsequent routine dental work.
- d. Treatment needed due to incidental effects clearly resulting from a disease primarily affecting other parts of the body, e.g. “brittle bone disease,” cancer of the jaw.

We do not publish dental work on the teeth either above or below the surface of the gums, and/or routine dental work such as (but not limited to): cleanings, fillings, crowns, implants, removal of wisdom teeth, dentures, orthodontics, treatment of periodontal disease other than bone operations, etc., except as provided in 8.a through 8.d above.

9. **Diabetes**—Publishable, unless it is related

to diabetes you had prior to becoming a member and it does not come within the exception described in Section VII.C.2. During the first five years of membership, the statement described in VII.D may be required. Publication of the cost of prescriptions for medication or supplements to treat diabetes is subject to a 120-day supply limit.

**10. Foot Disorders**—Publishable. During the first three years of membership, the statement described in VII.D may be required.

**11. Genetic Defects**—Publishable when at least one of these is true:

- a. Neither the condition nor a symptom of the condition was discovered until after membership had begun;
- b. The condition has not required treatment or produced harmful symptoms, and has not deteriorated for at least five years;
- c. The condition exists in a person who has been included in a membership from birth and the mother was included in a membership prior to the pregnancy; or
- d. If the condition exists in a person who was adopted, the person has been included in a membership since the adoption, and the adopting parents were unaware of the condition at the time the adoption was finalized.

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

**13. Hemorrhoids**—Publishable. During the first three years of membership, the statement described in VII.D may be required.

**14. Hereditary Diseases**—Publishable under the same conditions as Genetic Defects.

**15. Hernia**—Publishable. During the first three years of membership, the statement described in VII.D may be required.

**16. High Blood Pressure**—As long as you have not been treated in a hospital for high blood pressure in the past five years, and you have been able to control this condition through medication or diet, an incident that begins after your membership begins is publishable. It also qualifies for one 120-day period for publication of prescription expenses (see VIII.B.27), as long as you were not previously on

medication. Medication thereafter for treating a chronic condition is not publishable. See Section VII.C.3.

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

**18. Prostate Conditions**—Publishable. During the first three years of membership, the statement described in VII.D may be required.

**19. Sexually Transmitted Diseases (STDs)**—HIV, AIDS, or other STDs contracted innocently (e.g. blood transfusions or medical procedures) will be published. We do not publish for sexually transmitted diseases, including the HIV virus and/or AIDS, when contracted sexually outside of marriage, or through irresponsible behavior such as sharing hypodermic needles for legal or illegal drugs. It is the member's responsibility to demonstrate that the disease was contracted innocently.

**20. Sleep Apnea**—Publishable. During the first three years of membership, the statement described in VII.D may be required.

**21. Temporomandibular Joint Dysfunction**—Publishable. During the first three years of membership, the statement described in VII.D may be required.

## **B. Medical Expenses for Which Sharing is Limited**

Visits to licensed medical providers, emergency rooms, hospitals, testing facilities, and outpatient surgery for lawfully-prescribed treatments by a licensed medical professional for injuries and illnesses are generally publishable. "Licensed medical provider" may include for example: osteopaths, naturopaths, chiropractors, and various credentialed levels of nurses, for which we will generally publish the expense for what they may lawfully diagnose and/or treat under the license of their jurisdiction. Such lawfully-prescribed treatments will be publishable if provided by one licensed or certified to provide that treatment within the limits of these guidelines. Treatments provided by non-medical personnel, e.g. acupuncture and massage must be lawfully prescribed by a medical professional and documentation of the prescription may be required. A "Doctor of Acupuncture" or "Doctor of Oriental Medicine" is not considered a "medical provider" for these purposes. Expenses for services rendered in any part of the world are publishable as long as the documentation

meets the requirements of Section X.M. There are special rules and limitations for some services, and some services are not publishable as explained in this Section B:

**1. Alternative Medical Practices (or non-conventional treatments)**—An “alternative medical practice” or “treatment” is a treatment proposed by a member for a condition lawfully diagnosed by a licensed, medical professional, but not prescribed by the member’s provider. The member must present the request in writing, describing in detail the proposed treatment, the length of time envisioned for the treatment, their source of information about the treatment, and why it is not being prescribed by their provider. Alternative treatments may be published with prior written approval from Samaritan Ministries. Approval is based upon factors such as the less invasive nature of the proposed treatment, demonstration that such treatment will prevent more costly conventional treatments, consistency of the treatment with what a licensed medical provider would prescribe for illness or injury, and the member’s acceptance of appropriate preconditions for publishing the expenses.

**2. Ambulance**—Ambulance transportation and life flights are publishable when medically or otherwise necessary or when prescribed by your health care provider for transport between medical facilities.

**3. Audiological**—Surgery to correct hearing issues due to illness, accident, or congenital defect is publishable. Hearing aids or any related examination or fitting, are not publishable unless for hearing loss caused by accident or disease (e.g. not publishable if due to aging or extended exposure to loud noise). Cochlear implants (and the related consultation and therapy), prosthetic inner ear stimulators, and similar implanted devices are publishable if a physician has provided written verification that the hearing loss cannot be addressed by non-surgical means.

**4. Biofeedback Therapy**—Will be published if lawfully prescribed by a licensed medical professional for treatment of a disease, injury, or physical condition, but not if strictly for a mental disorder. Documentation of the prescription may be required and it is subject to the global therapy session limit. See Section VIII.B.36.

**5. Chiropractic**—Services are publishable, including ancillary items, such as prescribed

nutritional supplements for up to 120 days and X-rays. Each office visit where adjustments, manipulations, or other therapy occurs counts towards one of the 40 total therapy-type visits allowed for any one need. See Section VIII.B.36. To be publishable, billings for each treatment must indicate the condition being treated. Maintenance treatments are not publishable.

**6. Colonoscopy**—A colonoscopy will be publishable when prescribed due to symptoms for a condition not evident prior to your membership, or when it results in the discovery of a publishable condition. Regular tests and checkups (see #35) are not publishable.

**7. Concierge Medicine**—See “Direct Primary Care” (#10).

**8. Cosmetic Surgery**—Cosmetic surgery for disfiguration caused by amputation, disease (excluding acne), accident, and breast reconstruction following a mastectomy is publishable. All other elective cosmetic surgery done primarily for non-health reasons, including breast reduction or enhancement operations, is not publishable. See Section VIII.A.11 for cosmetic surgery related to a genetic defect.

**9. Dental**—See “Dental Problems” (Section VIII.A.8).

**10. Direct Primary Care**—Both “Direct Primary Care” and “Concierge Medicine” are methods by which consumers pay a regular fee, usually monthly, to secure more favorable access to a primary care physician. That monthly fee for a member (or his allocable share of a family fee) is publishable, within the limit for tests and checkups (Section VIII.B.35), as part of a publishable need, up to \$100 for any month in which, in regards to that need, the physician is consulted, makes a referral, or charges for services.

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

**12. Homeopathic**—Homeopathic prescriptions and treatments will be published as long as within the allowed practice of a licensed provider.

Note: While many licensed providers use homeopathic methods, no U.S. state licenses homeopaths as such. So treatment from an unlicensed person who has a private certification as a homeopath is only publishable as an Alternative treatment. See VIII.B.1.

**13. Hormone and Intravenous Therapy**—Publishable if prescribed to treat a specific condition, and a treatment plan signed by the provider is submitted. There may be a limitation placed on the number of sessions and maintenance treatments are not publishable.

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

**15. Hyperbaric Therapy**—Publishable if prescribed for treatment of a specific injury or illness. Outpatient sessions will be included in the 40 total outpatient therapy sessions allowed for any particular need. See Section VIII.B.36.

**16. (Therapeutic) Massage**—Therapeutic Massage sessions are publishable if lawfully prescribed by a licensed medical provider to treat a specific medical condition. Outpatient massage sessions will count toward the 40 total of all therapy-type sessions limit for any one need. See Section VIII.B.36. To be publishable, billings for each treatment must indicate the condition being treated. Maintenance treatments are not publishable.

**17. Medical Equipment—Rental/Purchase**—Equipment necessary to treat a publishable condition, or assist the member to perform normal life functions due to a publishable condition, is publishable within the following limits:

**a. Publishable Up to 10 Times the Monthly Family Share Amount**—Currently \$4,950 (\$495 x 10), for any one need if a documented prescription is provided.

**1) Rentals**—After one month, the additional rental cost of an item is publishable only by providing the cost of purchasing the item.

**2) Maximum for an Item**—Any one item costing over three times the family share amount, currently \$1,485 (\$495 x 3), requires written preapproval and publishing may be subject to conditions including limits on the amount publishable. The purchase price of an item will be the maximum total amount publishable for that item whether rented or purchased.

**3) Maximum for Therapy Replacement**—If an item being purchased is replacing therapy sessions, the maximum amount

published will be 40 times the cost of the therapy, less the cost of any therapy already published.

**4) Additional Amounts**—An additional amount over \$4,950 may be published if preapproved in writing and savings over other treatment options are demonstrated for that item, whether rented or purchased.

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

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

**18. Medical Supplies**—Medical supplies related to treating a qualifying medical condition are publishable for the customary cost of 120 days of treatment. All supplies provided during inpatient hospital stays and as a part of outpatient treatment by a medical provider will be publishable. Subsequent publication for maintenance of the same condition will occur only when there is a new need. See Section VI.A.6.

**19. Medical Tourism**—SMI encourages its members to consider using distant providers when there are substantial savings. See the SMI website for more information. See “Travel Expenses” (#38) for more details.

**20. Naturopathic**—Naturopathic adjustments, manipulations, and similar treatments are subject to the same 40 office visit limits as other therapy (see VIII.B.36). Other treatments lawfully provided by a licensed Doctor of Naturopathy that meet all other requirements will be publishable.

**21. Newborn Care**—See the Maternity and Newborn Guidelines (Section IX).

**22. Nutritionists**—Services of nutritionists, dietary consultants or herbalists, and nutritional products are not eligible for sharing unless they are licensed or certified to provide the service, and the service is prescribed by a licensed medical professional or, if the member is hospitalized, prescribed by a member of the hospital staff. Prescribed nutritional products are publishable for the customary cost of a 120-day supply, not including inpatient hospital stays. The Guidelines for “Alternative Medical Practices” may also apply in some cases (Section VIII.B.1). See also “Supplements” and the special provisions for treating cancer (Section VIII.B.34).

Exceptions: The cost of prescriptions of nutritional products for maintenance treatments of chronic or recurring conditions (e.g. diabetes, eczema, blood pressure control) is not eligible for sharing beyond a one-time, 120-day period. Subsequent sharing for nutritional products for the same condition will occur only when there is a new need (Section VI.A.6).

The cost of nutritional education and educational materials is not publishable.

**23. Optical**—Expenses related to cataracts, glaucoma, and other diseases or injury (including cornea replacement due to disease or injury) are publishable. Vision therapy is publishable, and outpatient therapy will be included in the 40 total outpatient therapy sessions allowed for any particular need. See Section VIII.B.36.

Routine and corrective optometric services, exams, or tests, including eyeglasses, contacts, eye refraction, LASIK surgery, cornea replacement, surgery, or other services when done primarily for corrective or cosmetic reasons unrelated to disease or injury are not publishable.

**24. Organ Transplants**—The costs to the member recipient of a routine (not experimental) organ transplant (including costs of the donor) are publishable, and are subject to the limitations for conditions that existed prior to membership (Section VII.A and B). The costs of a member donating a transplant is publishable only if the recipient is a member.

**25. Osteopathic**—Adjustments and manipulations, etc., are subject to the same 40 office visit limits as other therapy (see VIII.B.36). Other treatments that a licensed osteopath lawfully prescribes and that meet all other requirements will be publishable.

**26. Physical Therapy**—Publishable for injury or illness related physical therapy received while you are in the hospital and for up to 40 sessions for outpatient therapy. Outpatient sessions will be included in the 40 total outpatient therapy sessions allowed for any particular need. See Section VIII.B.36.

**27. Prescriptions**—We publish up to a 120-day supply of any prescription for medication related to a qualifying medical condition purchased within 120 days of the date of the first prescription purchased for a need. Direct treatments for cancer, e.g. chemotherapy and drugs that treat the pain and side effects (but not

maintenance or preventative), anti-rejection drugs, and sublingual immunotherapy (a curative treatment for allergies) are not subject to this limitation. All medication, prescribed or not, administered during inpatient hospital stays will be publishable.

Note: We do not publish the cost of prescriptions for maintenance of chronic or recurring conditions (e.g. diabetes, eczema, blood pressure control) beyond a one-time, 120-day supply. (Subsequent publication of a prescription for maintenance of the same condition will occur only when there is a new need. See Section VI.A.6.) We do not publish expenses for psychotropic medications for chemical imbalances unless they are verified by laboratory tests.

**28. Prosthetics and Orthotics**—Prosthetics are artificial devices that “replace or augment a missing or impaired part of the body.” An orthotic is a support or brace for weak or ineffective joints or muscles. The initial costs of prosthetics and orthotics are generally publishable.

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

**b. Replacements and Maintenance Limitations**

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

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

- (a) the expense is due to a change in the physical condition of the member; or
- (b) it is damaged in an accident. A



failure during normal use is not an accident.

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

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

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

**30. Psychological Services**—Psychological services including psychophysiology are not publishable.

**31. Sexual Dysfunction**—Treatments for sexual dysfunction are not publishable unless due to injury or disease.

**32. Speech Therapy**—Therapy needs for treatment of speech problems related to an illness or accident (e.g. stroke) are publishable and subject to the 40 outpatient therapy session limit per need, but developmental related speech therapy is not publishable. See Section VIII.B.36.

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

**34. Supplements**—We normally publish up to a 120-day supply of any licensed medical provider-prescribed nutritional supplement, to treat a specific injury or illness, purchased within 120 days of the date of the first

such prescription purchased for a need. A Supplement Treatment Plan form is required to be submitted, and can be obtained from the Member Services dept.

The 120-day supply limitation does not apply for the term of a pregnancy, nor when prescribed as a treatment (whether primary or secondary) for a diagnosed and continuing cancer condition; however, an updated Supplement Treatment Plan may be required periodically. Once the cancer is in remission, the 120-day supply limit will begin to apply.

**35. Tests and Checkups**—Tests are publishable only when prescribed by a licensed provider because of symptoms that are evident for a condition that was not evident prior to becoming a member. Follow-up tests or checkups more than one year after an illness or injury is stabilized after treatment, in remission, or cured are not publishable.

**36. Therapy**—Publishable for biofeedback, hyperbaric, physical, occupational, speech, vision, chiropractic/naturopathic/osteopathic adjustments/manipulations, and analogous external therapies only if related to treatment of injury or disease (but not for developmental issues), and received while you are in the hospital, plus up to 40 additional sessions of outpatient therapy of all kinds combined—provided for any one need, if lawfully prescribed by a medical professional. Documentation of the prescription may be required. Some therapies have unique limitations. Check for entries under the specific therapy within Section VIII.B. A single visit to a health care provider will only be considered as one therapy session even if multiple types of therapy are provided during that session. Psychological therapies are not publishable.

**37. Transplants**—See “Organ Transplants.”

**38. Travel Expenses**—Travel expenses (transportation, meals, and lodging) are not normally shared (Section VIII.D.21). However, where it can be demonstrated that a substantial savings in medical expenses resulted from the travel, reasonable expenses will be shared.

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

## C. Injuries Involving Motor Vehicles

Most needs for motor vehicle related injuries

are shared. A “motor vehicle” is any vehicle with an engine/motor used for transportation, work, or recreation. Bills must be submitted to any responsible or liable party before they will be considered for publication. See Section VI.B.1 “Others Obligated to Pay.”

**1. Publishable.** Needs from injuries in a motor vehicle accident where the member **is not** an operator or passenger (in, on, or being pulled by the vehicle), but a pedestrian, bicyclist, bystander, etc., is publishable for the amount of the need that is not the responsibility of any insurance or liable party.

**2. Publishable with Requirements.** Needs from injuries in an accident where the member **is** an operator or passenger (in, on, or being pulled by the vehicle), of on-road, or off-road motor vehicles such as snowmobiles, go-karts, off-road motorcycles, four-wheel ATVs, tractors, farm implements, construction equipment, six-wheel ATVs, golf carts, personal moving devices, motorized watercraft of all kinds, and all aircraft, will be publishable for the amount of the need that is not the responsibility of any insurance or liable party, and if **all** of the following conditions are met. The operator and any rider:

- a. were riding or operating the vehicle off public highways, or were lawfully on the highway, and
- b. were not engaged in formal racing or stunt competition, and
- c. were not operating the vehicle recklessly, or under the influence of alcohol or any illegal substance as defined by the applicable law.

**3. Not Publishable.** Expenses from injuries related to accidents involving three-wheel ATVs, even if local law allows them to travel on public roads.

#### **D. Miscellaneous Items Not Shared**

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

Because the Guidelines cannot list all possible treatments that violate Biblical principles, SMI

retains the discretion to not share such treatments, whether or not doctor prescribed, even though not listed below.

**1. Abortion**—Expenses for abortion of a living, unborn baby will not be publishable.

**2. Abuse of Drugs or Alcohol**—Injuries that result from a member abusing drugs or alcohol will not be publishable.

**3. Accidents to Teeth While Eating**—The breaking or injury of natural teeth by accident when eating is not publishable.

**4. ADD, ADHD, and SPD**—Psychotropic medication, to treat chemical imbalances not demonstrable by lab tests, for Attention Deficit Disorder, Attention Deficit Hyperactivity Disorder, Sensory Processing Disorder, and similar disorders are not publishable.

**5. Aging “Reversals”**—Treatments and devices for the normal, natural slow decline in bodily functions are usually not publishable as these are items for which members can normally budget, e.g. eyeglasses, hearing aids, dentures, sexual aids. (When the item is a burden beyond budgeting, it may qualify as a Special Prayer Need.) When there is a loss of function due to disease or injury, generally the treatment will be publishable subject to all other guideline limitations.

**6. Armed Conflict**—Injuries or illness resulting from a member’s active participation as a combatant in an armed conflict, but not including acting in self-defense or in defense of hearth or home, are not publishable.

**7. Contraceptives**—Items prescribed or used primarily for contraception are not publishable.

**8. Donations of Tissues and Organs**—Not publishable unless to be used for another SMI member. Complications from the donation would be publishable, but only if not the responsibility of the donee or the providers involved.

**9. Ectopic Pregnancies**—Expenses related to the termination of the life of an unborn child are not publishable.

The removal of a living unborn child from the mother which results in the death of the child is a “termination of the life of the child” unless the removal was one for the primary purpose of saving the life of the child, or improving the health of the child.

This means that the removal from the mother

of an unborn child due to an ectopic pregnancy (outside the normal location in the uterus) is not publishable unless the member states they believed the child was not alive before the procedure. Considerations of the health or life of the mother does not change that the removal of a living unborn child from the mother may be a termination of life.

**10. Infertility Expenses**—Bills for prescriptions, tests, treatment, in vitro fertilization, or other procedures primarily to address infertility are not publishable. However, medical expenses for an embryo adoption and implantation will be eligible for sharing as a Special Prayer Need.

**11. Injuries from Certain Acts**—Injuries or illness from participation in a riot, criminal act, assisted suicide, or euthanasia will not be publishable.

**12. Interest/Late Charges**—Costs incurred for late payment or interest charges from any care provider are not publishable. Interest or finance charges from a credit card or lending institution that a member borrows from to pay medical bills are also not publishable unless it results in a substantial savings for early payment (30+ percent), and is limited to three months.

**13. Long-Term Care**—Nursing home and other long-term care is not publishable. Separately-charged, non-routine medical services while in long-term care are publishable.

**14. Membership Requirements Violated**—Needs arising from conduct inconsistent with the membership requirements, or occurring when a member is not meeting the membership requirements, are not publishable.

**15. Non-Medical Expenses**—Phone calls, cots

and/or meals for visitors, and other expenses not directly related to provided medical services are normally not publishable.

**16. Products** such as herbs, teas, vitamins, supplements, etc., are not publishable unless prescribed by a member of a hospital staff for a hospitalized patient, or lawfully prescribed by a licensed medical provider. See Sections VIII.B.22 and 34 for sharing limitations. The Guidelines for “Alternative Medical Practices” may also apply in some cases (Section VIII.B.1).

**17. Routine Medical Care** such as routine physicals, checkups, vaccinations, flu shots, long-term maintenance prescriptions, and other routine medical expenses are not publishable.

**18. Self-Inflicted Injuries**—Self-inflicted, non-accidental incidents for members over 12 years old are not publishable.

**19. Sterilization**—Procedures for sterilization, and not primarily to treat a medical condition, are not publishable.

**20. Surrogacy**—Expenses related to a surrogate pregnancy, whether or not the surrogate is a member, are not publishable.

**21. Travel Expenses**—Travel expenses and lodging expenses are normally not publishable. Reasonable travel, transportation, meals, and lodging will be considered for publication if a substantial savings will result (Section VIII.B.38).

**22. Weight Reduction**—Weight reduction programs, diet centers, and clinics are not publishable. Staples in the stomach, balloons inserted in the stomach, jaw wiring, or any other surgical procedures done primarily for weight reduction are not publishable.

---

*“We have been blessed and encouraged by the love, prayers, and financial help God has given through the members of Samaritan Ministries. It is a comfort to know that we do not walk alone in difficult times, but in God’s economy, our joys are doubled and our sorrows are reduced in half when shared with our brothers and sisters in Christ. We count it an honor and blessing to be an active part of this ministry, both in giving and receiving. God is ever faithful.”*

- Jerry and Barbara Bragg

## IX. Maternity Needs and Newborn Care

In general, maternity needs include bills for prenatal care, delivery, postnatal care, and miscarriage, and are treated like any other medical expense.

There are specific Guidelines for types of maternity needs that are publishable (Section A) and the initial unpublished amount (Section B). Expenses related to pregnancies and complications of birth of the mother and child where the pregnancy began before membership will be shared as a Special Prayer Need (Section C).

### A. Maternity Needs that are Publishable

**1. General Rule**—Publishable maternity needs include bills for prenatal care, delivery, postnatal care, miscarriage, and congenital conditions. Publishable services include those of doulas (up to \$500), midwives, doctors, nurse practitioners, and other licensed medical professionals. There are special criteria for publishing needs of the child from genetic defects and hereditary diseases. See Section VIII.A.

**2. Separate Needs**—Bills for all pregnancy and birth-related complications of the mother will be published as a part of the maternity need. Any pre-birth need of the child/children and routine postnatal care of the child, including no more than one routine outpatient doctor visit, will be part of the mother's maternity need. A post-birth need of the child beyond routine natal care will be considered the child's need separate from the mother's maternity need.

**Multiple Birth Needs**—When there are complications (anything beyond routine natal care) from, or as a part of, a multi-child pregnancy, the expenses for each child will be considered a separate need. Exception: If a multi-child pregnancy is the result of the use of fertility drugs, in vitro fertilization, or other artificial means, all pregnancy and birth-related complications of the children will be treated as one need.

**3. Adopted Child**—Medical expenses of the birth mother and an adopted child, for which the adopting parents are liable and which are not from a "condition existing before membership" (see Section II.E), are publishable the same as other maternity needs, less any credit

amount to which the member is entitled under the federal adoption income tax credit due solely to those medical expenses. However, if the parents had reason to know of a physical condition which the adopted child had prior to the adopting parents being legally responsible for the child's expenses, or prior to his effective date within his parents' membership, it will be considered a "condition that existed before membership" under Section VII.

**4. Early Publication**—If a maternity care provider will reduce the normal charges if a member prepays some or all of the bill, we will consider publishing prior to the birth the cost of some of the services to the mother, e.g. hospital or birthing center, physician or midwife, and a doula (up to \$500), but not services for the baby or other services for the mom such as blood and lab work, ultrasounds, chiropractic, anesthesia, massage, or progesterone. The member must request an estimate from the provider and submit it with the Need Processing Form. If the resulting bills are less than the prepaid amount, the member must contact Member Services who will advise where to send the surplus.

### B. Initial Unpublishable Amount/Proration

**1.** Like any other need, only the portion of a maternity need that exceeds \$300 will be eligible for publication. See VI.A.1 and 2.

**2. Home Births**—Home births have the initial unpublishable \$300 waived and are not subject to prorating (see VI.D) because they reduce overall maternity costs.

**3.** The initial unpublishable \$300 is waived for a vaginal birth after cesarean (VBAC).

### C. Maternity Needs for Pregnancies Beginning Prior to Membership

Expenses related to pregnancies and complications of birth of the mother and child where the pregnancy began before membership will be shared as a Special Prayer Need (Section V.A). A pregnancy will be considered to have begun before membership if the doctor's estimated due date is less than 250 days after the mother's membership began.

## X. Submitting Medical Needs

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

Please carefully follow these instructions for submitting your medical needs.

**A.** First verify that your medical need meets the publishable needs Guidelines (Sections VI–IX). Next, call Samaritan Ministries toll-free at 877-764-2426. You will be directed to your Member Services team who will mail you a Need Processing packet.

**B.** Read the instructions in the Need Processing packet and follow them carefully.

**C.** Along with your Need Processing Form, you must submit itemized bills to Samaritan Ministries. Ask your health care provider to itemize all bills, and make copies to keep for your own records.

**D.** An itemized bill will contain the following information:

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

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

**E.** Read the “Common Questions” on the sheet included in your Need Processing packet, and seek reductions on your bills, using as a guide the “Suggestions for Negotiating Reductions” section. Reductions may decrease the \$300

unpublishable amount for your need, and reductions help reduce the burden for all members.

**F.** On the “Bill List,” list the amounts you have been billed. Also list any payments by other agencies and discounts from the health care provider. These reductions will not be published.

**G.** Total the columns on the “Bill List” and number your bills according to the list.

**H.** Fill out the Member Questionnaire section. Your need will not be published without it.

**I.** Have your Christian church leader fill out and sign the Christian Church Leader Verification section. Your need will not be published unless it is completed.

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

**K.** Mail your need to Samaritan Ministries in the need envelope provided. Correctly submitted needs are generally published in 30-60 days, helping you to pay the medical bills in a timely fashion.

**L.** If additional bills for the same need arrive after you have submitted your need, call for an Add-on Form designated for your need, to submit the additional bills.

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

### **N. Time Limit for Submitting Documentation**

The sooner that bills are submitted to SMI usually means the larger the reduction in price that can be obtained from the provider through negotiations. When there are a number of bills related to treating the same incident, it is helpful for them to be submitted together if they all can be obtained within a 30-day period.

With this in mind, itemized bills should be sub-

mitted to the administrative office with a Need Processing Form as soon as possible. Ordinarily, bills submitted more than one year after the service was provided will not be published.

#### **O. Negotiations for Reductions**

One of the reasons that the monthly share is kept low is the substantial reductions from original billings that members and our negotia-

tors are able to obtain. We encourage members to seek discounts even on small bills, but depending on the situation, often our negotiators are able to save even more. When you submit your need you are committing to cooperate with SMI staff and agents to seek equitable prices from providers and to document amounts you have paid to providers if needed.

## **XI. Advisory Opinions and Binding Decisions**

Although Samaritan Ministries staff are trained to be forthright in phone conversations, routine responses to emails, and oral opinions offered by the staff do not constitute binding decisions. Members who call to inform us of their circumstances in order to discover if the need qualifies for publishing will be given an opinion—not a binding decision. Inquiries by members in writing

explaining circumstances and medical procedures involved and specifically seeking a binding, written ruling from SMI Leadership will be answered in writing and will explicitly indicate if it is a decision that will bind SMI. The routine submission of bills to SMI followed by SMI's standard "Need Status Letter" will not be considered such an inquiry or binding ruling.

## **XII. Disagreement and Reconciliation**

Samaritan Ministries is a community of Christians and its members, as followers of Christ, believe that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within the Christian church (see Matthew 18:15-20; 1 Corinthians 6:1-8). A member who chooses to violate this command of Scripture and his covenant with his SMI brethren, and takes a dispute to court, destroys our fellowship and has chosen to be as if he had never been a Samaritan Ministries member, and to not have his needs shared with the membership.

Therefore, in becoming a member or reaffirming your membership, you agree that any claim or dispute you have with, or against SMI, its employees, directors, members and associate members, that is related to SMI and its ministries in any way, shall be settled by Biblically-based mediation and, if necessary, legally binding arbitration. And SMI agrees similarly with respect to any matter SMI might have against you. The procedure to be used depends upon the nature of the issue as explained in paragraphs A and B.

#### **A. Questions Regarding Whether a Need is Publishable**

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

#### **B. Resolution of All Other Issues**

Any issue not included under paragraph A to be resolved by the member panel, shall be settled in accordance with the Rules of Procedure



for Christian Conciliation of the Institute for Christian Conciliation (Peacemaker Ministries). See [www.peacemaker.net](http://www.peacemaker.net). However, if both SMI and the member agree, the dispute may be submitted to a randomly selected panel of members instead. In all events a member will have available the same relief as a court could grant. SMI will pay all of the arbitrator's fees and costs unless the arbitration determines there was no reasonable basis for the member's complaint.

### **C. You and SMI Agree Not to Go to Court**

You understand that these methods shall be the sole remedy for any controversy or claim arising out of your relationship with SMI and expressly waive your right to file a lawsuit in any civil court against SMI, its employees, members, associate members and directors, for such disputes, except to enforce an arbitration decision obtained under paragraphs A or B. This also includes any determinations as to whether the matter in dispute comes within

this arbitration agreement or can be required to be arbitrated. If an arbitration decision has been made, and anyone is failing to follow that decision, then in order to enforce the arbitration award under either paragraphs A or B, the decision may be entered only in the Circuit Court of Peoria County, Illinois.

Resolving disputes within the Body of Christ is always the command of Scripture and in the interest of all our members (Matthew 18:15-20, 1 Corinthians 6). Therefore, even if SMI or a member participates to some extent in a court proceeding regarding a matter in dispute, this participation will not be forfeiting the ability to later demand that the dispute be resolved by these arbitration procedures.

### **D. Applicable Law**

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

## **XIII. Amending the Guidelines**

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

**B. Effective Date.** Amendments to the Guidelines will go into effect as soon as administratively practical or as designated by the Board. If you have a need which began before the change was adopted, the publishing of bills related to that need will be determined by the Guidelines as they existed on the date the bills were incurred. However, bills related to a

member's need that would have been publishable under the Guidelines in effect when a need began, will remain publishable regardless of subsequent Guideline changes.

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

---

*"It might sound strange but I find it a form a worship to send a check to someone I will never meet. Lately we have been sending a gift to those with Special Prayer Needs when we can, and on at least one occasion received back a nice thank-you note that brought me to tears. People loving people whether across the street or across the nation. That's what it's all about." - Daniel E. Bennett*

*Greetings Samaritan Ministries staff,*

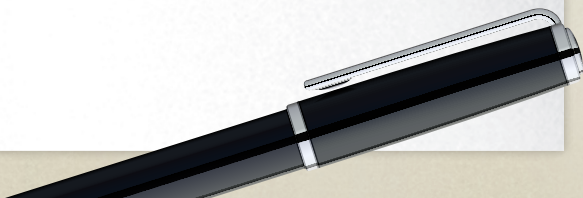
We struggled for years as a self-employed family to keep insurance premiums at a “do-able” rate. Each year as the premium skyrocketed, we would in turn increase our deductible to help manage the balance. We became aware of Samaritan Ministries in 2001 or 2002, but continued to play the juggling game with the insurance industry due to our lack of faith/trust in God’s provision through Samaritan. We finally arrived at an astronomic deductible and a premium of over \$500 a month for a three-person policy ... and then the inevitable happened. We had a medical need that included tests, doctor visits, and even outpatient “surgery” treatment that totaled over \$7,000—all of which was “out of pocket.” It took us three years to pay that off, with forgiveness of some debt by several of the parties. We knew we couldn’t keep this up, so we took a leap of faith and joined Samaritan.

What PEACE! What JOY!!! First to experience the joy of sharing with a PERSON in need each month, to pray for them and put them in the hands of the Lord for strength, healing—physical, emotional, and financial—there are no words to express that pleasure and joy! Then, during the first year we were members, we experienced a need, and it was ALL taken care of. And the strength, peace, and healing from prayer!!!

This past year, our son was 1200 miles from home on a mission trip when, on their last evening at a thank you/farewell party, he was injured while playing basketball. We felt confident and secure in knowing that all would be taken care of, and that he was in the BEST of hands for care—the Lord’s. When the bills rolled in, we continued to be in the best of care—the Lord’s and Samaritan Ministries. Every last cent was taken care of as most providers gave generous discounts to their rates, and the rest was given by our Samaritan family. In fact, three times last year we ended up having a need, and each time, Samaritan was helpful and supportive. Prayers were answered, providers were generous, and our Samaritan family came through. There is no greater joy than sharing with our brothers and sisters at Samaritan. There is no greater peace than knowing that God is answering their prayers, bringing healing, and providing for our needs. Thank you Samaritan for the opportunity to come alongside our siblings in Christ and share in each other’s burdens.

I (Tracy) worked in health care for 10 years, from front desk through billing. I would recommend this over EVERY “insurance” product out there. Traditional “insurance” has no assurances. In fact, everything is written in such a way that there is no assurance at the bottom line. We just wish that we had trusted in His provisions sooner.

*James & Tracy S.*





The members of Samaritan Ministries' *Christian Health Care Newsletter* share in needs up to \$250,000. For those who want to help bear burdens that exceed \$250,000, there is *Save to Share*™.

## I. Participation Requirements

- A.** Only members of SMI through the *Christian Health Care Newsletter (CHCN)* are eligible to participate in the *Save to Share*™ ministry.
- B.** Each household must participate in *Save to Share*™ with the same level of membership (one person, two-person family, three or more person family, or widowed/divorced with children) as they have in *CHCN*.
- C.** In addition to the annual administrative share, each participating household must set aside funds that will be dedicated for use in the *Save to Share*™ program. As of October 2016, the current annual household amount required to be set aside is \$133 for one person, \$266 for a two-person membership and widowed/divorced parents with children, and \$399 for a three or more person family.  
**Voting**—Set-aside amounts can only be raised by a vote of the *Save to Share*™ participants with a 60 percent majority of the weighted votes cast required for approval.
- D.** Any unused funds remaining at the end of a year's participation are to be held for future needs if the household continues participation, and the household will be asked to set aside an additional full year's amount for the new year. (A household will not be asked to add any amount that brings the total set aside to more than three times the current annual set-aside amount.)
- E.** An annual administrative share (currently \$15) will be required from each participating household. This share is separate from the set-aside amount and is paid to SMI.
- F.** The funds set aside are the property of the member and will be used at the member's voluntary discretion. If the member ceases participation in the *Save to Share*™ ministry, unused funds will remain the property of the member.
- G.** Financial Difficulties—If your financial situation changes and you believe you will not be able to continue giving through *Save to Share*™, please contact your Member Services team immediately so that future *Save to Share*™ needs will not be assigned to you.

## II. Need Sharing

**A.** All of the responsibilities of members and the requirements for submitting needs as set forth in the *CHCN* Guidelines apply similarly to *Save to Share*<sup>™</sup> participants except when the *Save to Share*<sup>™</sup> Guidelines specifically provide otherwise.

**B.** Only needs eligible for publication in *CHCN* will be qualified to be published in *Save to Share*<sup>™</sup>. The only *CHCN* publishable needs that would not qualify for publication in *Save to Share*<sup>™</sup> are needs resulting from:

1. Type 1 diabetes that existed prior to joining *Save to Share*<sup>™</sup>; or

2. Any other condition that developed before or while a person was a member of SMI, but before they joined (or rejoined) *Save to Share*<sup>™</sup>; and

a. a 12-month period without symptoms, treatment, or medication had not elapsed (five years for genetic defects, hereditary diseases, cases of related cancers, and heart conditions); or

b. the condition fits the special exception described in Section VII.B of the basic Guidelines, for **Conditions Stabilized and Five Years Symptom Free**. Those newly joining *Save to Share*<sup>™</sup> with such a condition should consider documenting the status of that condition at the time of joining.

It is also necessary to fit within the exceptions of a. or b. above, for a condition which developed while a person participated in *Save to Share*<sup>™</sup>, if the person later dropped out of *Save to Share*<sup>™</sup> and then rejoined.

Note: Members of SMI who joined *Save to Share*<sup>™</sup> prior to January 1, 2004 are able to have published needs from conditions that began prior to their *Save to Share*<sup>™</sup> participation but first occurred after they became SMI members.

**C.** *Save to Share*<sup>™</sup> needs will only be published in months when there is a qualified need to share.

**D.** New SMI members who join *Save to Share*<sup>™</sup> at the same time as they join *CHCN* will not be asked to share in *Save to Share*<sup>™</sup> needs until they begin sharing with regular needs.

**E.** When a member who participates in *Save to*

*Share*<sup>™</sup> has a publishable need that is more than \$250,000, the amount of that need that exceeds \$250,000 will be eligible for publication to other *Save to Share*<sup>™</sup> participants. It will only be the amount of the need over \$250,000 that is published even though the *CHCN* Guidelines may not have published all of the first \$250,000 of the need due to proration or a special limit. See Section IX.

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

**F.** In order to have a *Save to Share*<sup>™</sup> need published, a *Save to Share*<sup>™</sup> participant must have the appropriate amount set aside, must have given to all *Save to Share*<sup>™</sup> needs that have been assigned to him, must be current in sharing with all *CHCN* needs assigned to him, and must be a member in good standing of SMI. A *Save to Share*<sup>™</sup> participant who does not send his share after two notices may be removed from participation and, once removed, will not be eligible for reinstatement.

**G.** Needs that qualify for publication will be divided among participating households in proportion to the amounts set aside by *Save to Share*<sup>™</sup> participants by year.

**Example:** If a *Save to Share*<sup>™</sup> participant has a publishable need of \$350,000 after negotiations, the first \$250,000 would be published in *CHCN* according to those Guidelines (including implementation of the *pro rata* provision if necessary). The remaining \$100,000 would be published in *Save to Share*<sup>™</sup>. If the total amount set aside by participants for the current year is \$500,000, then each household would be asked to share 20 percent (\$100,000/\$500,000) of their current year set-aside amount balance.

So a two-person membership which had not yet shared for the current year would be asked to share \$266 x .20 = \$53.20.

**H.** If the amount of one need qualifying for publication in *Save to Share*<sup>™</sup> exceeds half of the



funds for the current year held by the participants at the time of publication, only half of these funds will be assigned for sharing. Funds held from the previous years would then be assigned to the remaining unmet portion of the need, up to half of these funds.

**Example:** After the example in II.G, there is another need amounting to \$300,000 (after the first \$250,000 was published under the *CHCN* Guidelines).

There is \$400,000 available in the current year set-aside amount after publishing the need in the II.G example. Only \$200,000 of the \$300,000 need will be allocated to the current year to stay within the half limitation mentioned above ( $\$200,000/\$400,000 = 50$  percent). So the two-person membership that now has remaining \$212.80 set aside for the current year ( $\$266$  minus  $\$53.20$  sent to the II.G example need), will be asked to share 50 percent of the balance, i.e.  $\$212.80 \times .50 = \$106.40$  with the second need.

If the previous years' set-aside balance is \$300,000, then those *Save to Share*<sup>™</sup> members with previous years' set-aside amounts will be asked to share one-third of that balance ( $\$100,000/\$300,000$ ) with the second *Save to Share*<sup>™</sup> need to help with the remaining \$100,000.

If at any time there are multiple *Save to Share*<sup>™</sup> needs in process, and the order in

which they are published could affect the maximum amount published for a particular need, then the need given priority for calculating the publishable amount will be the need for which the properly completed form (and all required documentation) first arrived.

- I. Giving to *Save to Share*<sup>™</sup> needs is done through the monthly newsletter mailing. The publishable amount of the *Save to Share*<sup>™</sup> need is determined and then divided proportionally among all *Save to Share*<sup>™</sup> member households according to their level of membership (i.e. one person, two-person family, three or more person family, widowed/divorced with children). The correct *Save to Share*<sup>™</sup> amount is then added to the regular share amount for each of these *Save to Share*<sup>™</sup> households.

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

### III. Amending and Mediating the *Save to Share*<sup>™</sup> Guidelines

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

*"It has been such a great blessing to share medical expenses and know that others are praying for us. Everyone's notes are so sweet and kind."*

- Chris and Debbie George



## It's time for a new dawn in maternity care!

A pregnant woman who chooses life for her child needs a caring community of support. Far too often the Christians who urged her not to abort can offer little more for maternity care than a government aid form.

It is time for Christians to provide loving, personalized maternity care in Jesus' Name, to any mother who needs it—free of charge. Together, we can bring a new day in maternity care and lavish the love of Jesus Christ on women and unborn children who desperately need it.

**Learn how you can help support and pray for the Morning Center:**



**[morningcenter.org](http://morningcenter.org) • [info@morningcenter.org](mailto:info@morningcenter.org)**

The Morning Center was founded in 2011 to provide free, full-service maternity care to women in urban and under-served areas. It is a project of Samaritan Ministries International, a 501(c)(3) Christian charity. The Morning Center seeks to return charitable maternity care to a private, patient-centered model.



“What a blessing to be grafted into an organization who loves the principles of God’s Word. The approach of Samaritan and the words which are spoken each month through the newsletter are a balm of truth which washes over us as relief and hope in these troubled times.

“We recently were blessed with responses from our Samaritan brothers as Dale had some medical expenses arise, and it was so, so fun to go to the mailbox nearly every day and just see the commitment and faithfulness of God’s people through this program.

“It works! Why would we ever doubt? When God’s ideas are embraced, they work. Bless His Name!”

- Dale and Donna Fletcher

# Guidelines Index

Topic	Section
Adoption	II.E, VII.F, IX.A.3
Appeals	XII
Discounts on Bills	VI.A.4, VI.C, VI.D.2
Equipment	VIII.B.17
Family Membership (Defined)	II
“Incident” (Defined)	VI.A.6
Medical Tourism/Travel Expenses	VIII.B.19 & 38, VIII.D.21
Mental Illness	VIII.B.29 & 30
Need (Defined)	VI.A.6
Orthotics	VIII.B.28
Pre-existing Conditions	VII, IX.C
Pre-payment/Early Publishing	IX.A.4
Psychotropic Medication	VIII.B.29
Share Amounts	Brief Overview, FAQ 13, III.D, Back Cover
Supplements/Vitamins	VIII.B.5, 22, & 34
Supplies	VIII.B.18
Surplus Shares	FAQ 25, III.H
Travel Expenses	VIII.B.38, VIII.D.21
Vaccinations	VIII.D.17

## To contact us:

Call  
**1-877-SMI-CHCN**  
 (1-877-764-2426)

Write  
**P.O. Box 3618**  
**Peoria, IL 61612**

Visit  
**samaritanministries.org**



**Send a note:** Burdens can be lightened emotionally as we encourage one another in the Lord.



**Pay your share:** Burdens can be lightened physically as we do our part to meet others’ financial needs, just as they do for us.



**Always stay alert in prayer:** Burdens can be lightened spiritually as we unite to call upon God, the One Who can do the impossible.

Sick of health insurance?

Come Join Us!

**Biblical community  
applied to health care**



[www.samaritanministries.org](http://www.samaritanministries.org)

# A Biblical idea whose time has come...

# again!



**M**any in our nation's history were used to bearing one another's burdens. There was a time when, if a neighbor's barn burned down, his relatives, friends, and neighbors would come together to help him build a new barn. They helped one another because they knew:

- this burden was too large to be borne alone.
- they might need the same kind of help some day.

They had a “barn-raising” mentality, one that actually is rooted in the Bible. *Galatians 6:2* tells us, “*Bear ye one another's burdens, and so fulfill the law of Christ.*” Samaritan Ministries applies this Biblical principle to the medical burdens of fellow Christians.

## Economical as well as Biblical

We all know that depending on God and obeying Him is the only truly effective way to live life. Still, it is sometimes amazing to see how light the financial burden can be on each member when we share medical burdens in this Biblical way. Since Samaritan Ministries members began sharing needs in 1994, the monthly share has not exceeded the current level of \$495 for a family of three or more persons. (The monthly share for one person is \$220; for two persons, \$440; and for a widowed or divorced parent with children, \$305. The monthly share is reduced for heads of household age 25 or younger.)

**Join the growing number of Christians who  
have rediscovered this Biblical, cost-effective way  
of dealing with health care needs.**

**For more info call 888-2-OTHERS or visit [www.samaritanministries.org](http://www.samaritanministries.org)**