

GUIDELINES

for Health Care Sharing

- as of October 2017 -




A Biblical non-insurance approach to health care.



Starting your first need?

Page 66 can guide you through the necessary steps to begin the need process and to find out if your need can be shared.

samaritanministries.org









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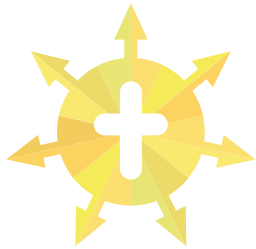
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FOUNDATIONAL PRINCIPLES

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



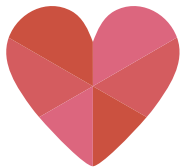
Jesus Christ is our Provider for every need.

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



Our local Christian church offers us support.

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



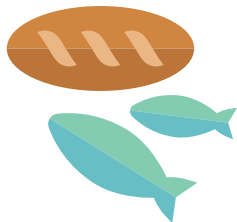
Our needs are more than physical.

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



Mankind is the crown of His Creation.

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



God has made us stewards of His resources.

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

Brief Overview

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

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

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

Eleven months a year, members share directly with each other. On the 12th month, members send their shares to the Samaritan Ministries office. The shares the office receives are used to support the ministry’s administrative services.

Medical needs below the initial unshareable amount of \$300 for Samaritan Classic and \$1,500 for Samaritan Basic are not shared. Needs that exceed the initial unshareable amount are shareable up to the maximum shareable amount of \$250,000 for Samaritan Classic and \$236,500 for Samaritan Basic. The amount above the maximum shareable amount may be shared for members enrolled in *Save to Share™*.

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

SMI is governed by a nine member Board of Directors who have been members for at least two years. Six of the Board members are elected by the membership. Each Board member’s term is for three years. None of the elected board members have a financial or employment interest in SMI. No Board members receive financial compensation for their service as Board members except for reimbursement of expenses incurred attending the meetings. The Board has one regularly scheduled meeting each quarter and additional special meetings as needed.

How it Works

1 Medical Need Begins



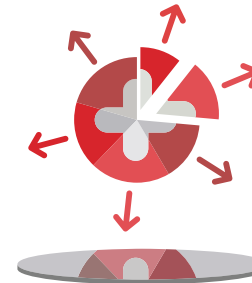
Go to the doctor of your own choice



Collect bills from your provider

When a member has a medical need, they receive treatment from the provider of their choice, collect the bills, contact the Samaritan Ministries office to start the need process, and then send us the bills.

2 The Need is Shared



Send your bills to Samaritan Ministries



Samaritan assigns shares to members

The Samaritan Ministries staff verifies that the need qualifies under the Guidelines, then directs other members to send their shares to the member with the need.

3 The Burden is Lifted



Members pray, encourage, & send shares directly to you








You use the money to pay your bills

The member in need receives shares from the designated members to help pay their medical bills, along with prayer and notes of encouragement.

Introduction to Membership Levels

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

Samaritan CLASSIC Monthly Share

 1 Person	\$220
 2 Person	\$440
 3+ Person	\$495
 Individual ≤ Age 29	\$160
 Widowed/Divorced & Children	\$305

Samaritan BASIC Monthly Share Age of oldest member

Membership Size	≤ 29	30-44	45-59	60+
 1 Person	\$100	\$120	\$140	\$160
 2 Person	\$200	\$240	\$280	\$320
 3+ Person	\$250	\$300	\$350	\$400

Switching Membership Levels

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

Sharing Percentage

The amount of qualifying bills above the initial unshareable amount will be shared at 100% in Samaritan Classic, and at 90% in Samaritan Basic, absent any prorating. (**Section VI.A.8**)

BASIC
90%

CLASSIC
100%

Initial Unshareable Amount

The initial amount that members do not share in Basic is \$1,500, as opposed to \$300 in Classic. The initial unshareable amount can be adjusted down for discounts received. (**Sections VI.A.4**)

BASIC
\$1,500

CLASSIC
\$300

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

Maternity Limit

Maternity Needs in Samaritan Basic have a \$5,000 sharing limit. The maximum 10% co-share amount of \$13,500 also applies to prevent these needs from becoming too great a burden. (**Section IX.A.7**)

BASIC
\$5,000

CLASSIC
\$250,000

Maternity needs in Samaritan Classic have a \$250,000 maximum shareable amount.

Maximum Shareable Amount

The most that can be shared for a given need is \$250,000 in Samaritan Classic. For Samaritan Basic the amount is \$236,500 (\$250,000 minus the \$13,500 maximum co-share). (**Section VI.A.7**)

BASIC
\$236,500

CLASSIC
\$250,000

To share in needs above those amounts, see the *Save the Share™* program Guidelines.

Samaritan Ministries is *not* insurance.

Health Insurance is a contract where one party agrees to be legally responsible for and accept another party's risk of loss, in exchange for a payment called a premium. **Health care sharing** is an arrangement where members share one another's medical expenses through voluntary giving, not because of legal obligation.



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

► **No Premiums**

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

► **No Claims**

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

► **Initial Unshareable Amount**

In a sharing ministry, each member is always responsible for all of their own medical expenses. A medical need below the initial unshareable amount of \$300 for Samaritan Classic or \$1,500 for Samaritan Basic is not shared by the members. When needs exceed the initial unshareable amount, those amounts are shareable up to \$250,000 for Samaritan Classic and \$236,500 for Samaritan Basic. Sharing of needs continues past the maximum shareable amount if a member is enrolled in *Save to Share™*.

► **Operational Costs**

One month each year, on the anniversary month of when they joined the ministry, every Samaritan household sends their monthly share amount to the Samaritan office. In addition, new members send a start-up administrative fee along with their first month's share to the office. The start-up administrative fee is non-refundable. In their first year, new members may also be asked to send their second and occasional third month's shares to the office, depending on administrative needs. Unique services provided to the members may be paid for by other means as determined by the Board of Directors. An audit of ministry finances is conducted by an independent, outside auditing firm each year to verify integrity in how administrative money is handled.

► **Balancing Needs and Shares**

If all needs cannot be met, we use a prorating method to evenly distribute the burden. For example, if there is only enough share money for 90% of the needs submitted for a particular month, only 90% of each need would be shared for that month. We can also overlap needs from two months so that there is enough money for all the needs. 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."

► **Is this legal?**

Samaritan Ministries 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. Health care sharing also satisfies the mandates of the federal Affordable Care Act. Members are to complete the IRS created Form 8965 which indicates what portion of the year they were a member of a health care sharing ministry.

► **Health Care / Doctor Visits as a Cash-Pay Patient**

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

► **Sharing Large Needs**

For each medical need, the maximum shareable amount for members participating in Samaritan Classic is \$250,000. For members participating in Samaritan Basic, the maximum shareable amount is \$236,500. 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 needs exceeding the maximum shareable amount may be shared. (See *Save to Share™* Guidelines.) Massachusetts’ members are required to participate in *Save to Share™*. There is no limit on the number of needs that an individual member or household may have, and neither your membership nor monthly share amount is affected by the amount of medical expenses you have.

► **Receiving Shares**

The sharing turnaround time is normally within two to three months from receipt of your medical bills and required information. If your Need Processing Form is correct and complete, and there are no ongoing financial negotiations with providers, your need will be shared at the beginning of the second month after we receive your need. See page 70.

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

► **Medical Care Outside the U.S.**

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



Section I

Requirements



I. Requirements

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

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

A Be a professing Christian according to Biblical principles and agree 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.*

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

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

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

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

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

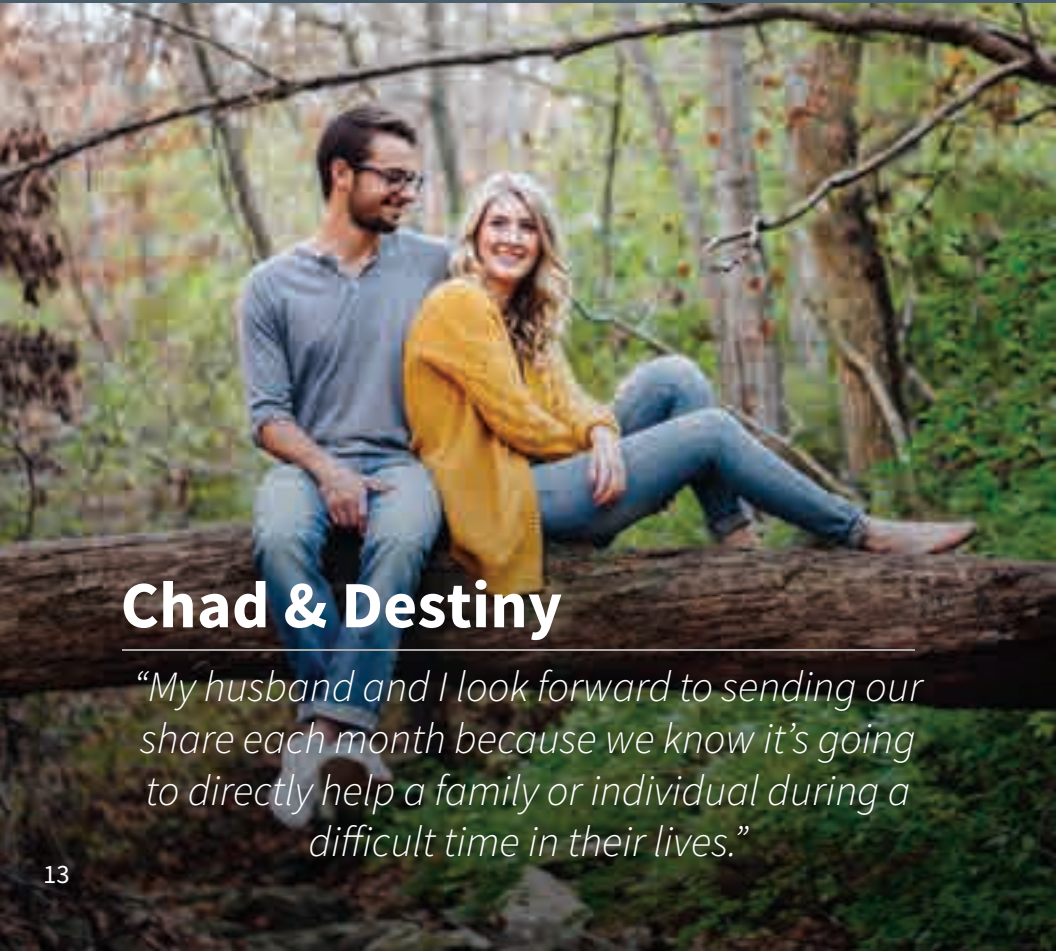
- B** Attend a Christian church regularly (at least three out of four weeks per month that your health or weather permits). If it is not possible for you to regularly attend a Christian church, please submit a letter giving the details. *HEB 10:25*
- C** Believe you are to bear one another's burdens. *GAL 6:2 | PHIL 2:4*
- D** Agree to: not abuse any legal or prescribed substance, abstain totally from illegal drugs and recreational use of marijuana, and abstain from tobacco use (a rare celebratory cigar or pipe, e.g. when a baby is born, is allowed). *ROM 13:1 | 1 COR 6:12*
- E** Limit consumption of alcohol to moderate amounts and never drink to drunkenness, or cause another brother or sister in Christ to stumble. *EPH 5:18*
- F** Abstain from any sexual activity outside of traditional Biblical marriage as designed by God between one man and one woman. *GEN 2:24 | MATT 19:5 | 1 COR 6:18*
- G** Agree to practice good health measures in accordance with the principle that your body is the temple of the Holy Spirit. *1 COR 6:19-20*
- H** Keep your membership active by promptly sending your monthly assigned share to all regular needs assigned to you in your monthly newsletter mailing or e-share notification. A notice will be given to members who are late in sending shares and they will lose eligibility to have their own needs shared until the issue has been corrected. If financial need is the cause of these problems, assistance may be available through the Sponsorship Program (**Section V.C**). *LUKE 16:10*
- I** Agree that when you have a dispute with a fellow Christian, and your fellow Christian is willing to submit that dispute to fellow believers for resolution, you are not to sue each other in the civil courts or other government agencies, (**Section XII**). A person initiating a legal proceeding against SMI to become a member would disqualify himself from membership. *1 COR 6:1-8*
- J** Sign and send in your Membership Continuation Form each year, confirming that you are still meeting the above requirements. *PROV 10:9*
- K** Have your pastor or Christian church leader sign a statement confirming that you meet the above requirements. *HEB 13:17*
- L** You will be required to agree to these requirements when you apply for membership and provide background information including your date of birth. Annually, you will need to reconfirm that you still meet these requirements.

✓ I. Requirements | *continued*

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 shared or not shared by the members, see the shareable needs Guidelines (**Sections VI-IX**).

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



Chad & Destiny

“My husband and I look forward to sending our share each month because we know it’s going to directly help a family or individual during a difficult time in their lives.”



Section II

Family Defined



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

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

A Children Age 18 and Over

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

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

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 Samaritan Classic one-person monthly share of \$220, the AGI limit is $\$220 \times 80$, 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 shared.

D Newborn

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

E Adoption

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

F Grandchildren

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

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

G Splitting Off a Membership

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



Tyler & Katie-Jo

“It has really blessed us to think of the bigger picture, that we as the Church are taking care of one another’s needs.”



Section III

Responsibilities



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

A Check Your Mail

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

B New Members

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

C Sending Shares

After the first two or three months of membership, the next nine or ten 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 eleven 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.

Monthly share amounts

As of October 2017

*** Note:** To share maternity needs in both Samaritan Classic and Samaritan Basic, a minimum of two people are required to be on the membership.

See **Section IX.A.1.**

Samaritan CLASSIC Monthly Share

1 Person*	\$220
2 Person	\$440
3+ Person	\$495
Individual ≤ Age 29	\$160
Widowed/Divorced & Children	\$305

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

D Monthly Share Amount

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

1. Samaritan Classic—See the Samaritan Classic Monthly Share chart for the respective sharing levels. Members must be from the same nuclear family.

Beginning in October 2017 the monthly share is reduced \$60 to \$160 for an individual membership age 29 or younger.

There will no longer be a youth discount for multi-person memberships except for memberships begun before **October 2, 2017**. Those memberships will be “grandfathered” until they no longer meet the age requirement or they make a change in their membership size.

If you need financial assistance with your share amount, see **Section V.C.** “Sponsorship.”

2. Samaritan Basic—Your monthly share amount is based on the number of people in your family who are participating in the membership, and the oldest person of that group, as shown in the chart below. Members must be from the same nuclear family.

Samaritan BASIC Monthly Share

Membership Size	Age of oldest member			
	≤ 29	30-44	45-59	60+
1 Person*	\$100	\$120	\$140	\$160
2 Person	\$200	\$240	\$280	\$320
3+ Person	\$250	\$300	\$350	\$400

* See **Note** with Samaritan Classic sharing chart on previous page.

E Overseas Members

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

F Sending Notes

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

G Respect the Privacy of Other Members

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

H Misuse of Trust and Accountability

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

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

Members submitting needs further commit to work with SMI staff and agents to seek equitable prices from providers (see **Section X.E**) and to document amounts paid to providers.

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

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

I Ending Membership

If you wish to end your membership, SMI must have received notice from you no later than the 15th day of the month that you want to be the last month 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 notifications to send the following month, counting on the share you have pledged to help meet the needs of our brothers and sisters.

J Modifying Membership Size

If you are continuing your membership but removing from the membership a spouse, or otherwise lowering the size, 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. See **Section XIV** regarding switching membership levels: Basic/Classic.

View the most recent version of the Guidelines by visiting:
samaritanministries.org/guidelines

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, which is non-refundable.

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

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

L Restarting a Membership After One Year

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



Section IV

Member Involvement



A Nominations and Elections

From SMI's inception, members have participated in determining how the ministry functions. Members continue to participate in important decisions by voting. Each membership receives one ballot. Three or more person family ballots count for 3 votes, single-parent family: 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, and continues to be such even after His resurrection—fully God and fully man. He was born of a virgin, lived a sinless life, died on the cross to pay the penalty for our sins, was bodily resurrected on the third day, and now is seated in the heavens at the right hand of God the Father.*
- *I believe that all people are born with a sinful nature and can be saved from eternal death only by grace alone, through faith alone, trusting only in Christ's atoning death and resurrection to save us from our sins and give us eternal life.*
- *I believe in the bodily resurrection of all who have put their faith in Jesus Christ, and the bodily resurrection to judgment of all who have not.*
- *All I believe and do should be for the glory of God alone.*

2. For Share Increases—If needs submitted are greater than shares available and “prorating” of needs occurs for three consecutive months in a membership level (Basic or Classic), those members will be provided an opportunity to vote on whether they want to increase the monthly share. Voting may or may not 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 share.

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 Samaritan Classic discount 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 shared.

B Communicating With Each Other

At SMI we believe all members of the body of Christ should give input for the mutual edification of the whole body. We encourage members to communicate with staff about all issues of health care. Your input can help us be more aware of ways to improve the ministry. You may know about new and effective medical treatments. You may know of ways to negotiate discounts or use 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” GAL 5:22-23 and, “Let your speech always be gracious ... ” COL 4:6 (ESV)

C Membership Level Requirement

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



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.



Section V

Additional Giving



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

A Special Prayer Needs

Needs that do not meet the Guidelines may be eligible to be shared as Special Prayer Needs that members may give to in addition to their regular monthly share. SMI reserves the right to decide which needs will or will not be shared as Special Prayer Needs. Requests 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.

The \$1,500 initial unshareable amount (**Section VI.A.4**), and the unshared amount due to the 90% sharing percentage (**VI.A.8.a**) in Samaritan Basic, are not eligible for Special Prayer Needs.

All other unshared bills of a Samaritan Basic participant are eligible as a Special Prayer Need on the same basis as Samaritan Classic participants.

B Proration Months

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

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

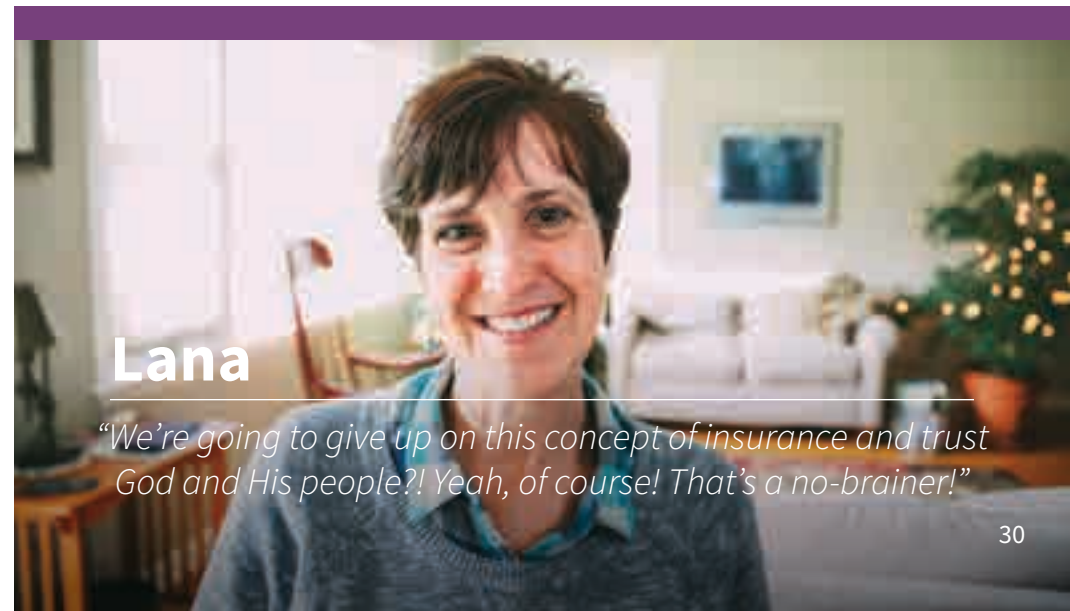
C Sponsorship

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

D Bequests

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

Samaritan Ministries International
Peoria, IL
FEIN 37-1295601



Lana

"We're going to give up on this concept of insurance and trust God and His people?! Yeah, of course! That's a no-brainer!"



Section VI

Amounts That Members Share



VI. Amounts That Members Share

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

A Sharing Amounts

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

1. Need Defined—Bills related to the same condition, including those for separate incidents, (e.g. separate treatments or episodes of symptoms) will be shared as one need and accumulate towards the \$250,000 maximum amount shared in Samaritan Classic/236,500 in Samaritan Basic. If at least 12 months pass without any symptoms, medication, or other treatment for the condition that originally created the need, (or related subsequent conditions), and the condition thereafter recurs, it will be treated as a new need. Tests or a doctor's statement may be required to verify the lapse of symptoms, medication, or other treatment.

2. Multiple, Simultaneous Needs—If more than one shareable condition is treated during the same time period, the member may submit separate needs for each condition. Each need must be submitted with a separate Need Processing Form, whether submitting the need via postal mail or online via your Samaritan Dashboard. The initial unshareable amount will apply to each need.

3. Minimum Amount to be a Shareable Need—Needs of \$300 or less for Samaritan Classic, and \$1,500 or less for Samaritan Basic, 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, or local Christian church. For participants in Samaritan Classic it can be submitted as a Special Prayer Need.

4. Initial Unshareable Amount—When a need is greater than \$300 in Samaritan Classic, or \$1,500 in Samaritan Basic, only the portion of the need that exceeds those amounts will be shareable. See paragraph 6. Due to current technical limitations, an amount less than \$25 that is otherwise shareable may not be shared.

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

6. 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 unshareable amount (\$300 or \$1,500) of each need.

Discounts do not affect the 90% sharing percentage of Samaritan Basic for need amounts over \$1,500.

7. Maximum Amount—The maximum amount shared for each need is \$236,500 for Samaritan Basic and \$250,000 for Samaritan Classic. (If you desire to participate in need sharing for amounts greater than \$236,500/\$250,000, see the *Save to Share™* program Guidelines. Massachusetts' members are required to participate in *Save to Share™*.) There is no lifetime maximum sharing amount for any person or household membership.

8. Special Guidelines for Participants in Samaritan Basic—

- a. 90% Sharing Percentage—Needs for participants in Samaritan Basic are shared at 90% of the need amount that is over the \$1,500 initial unshareable amount.
- b. Maximum 10% Co-share Amount—The maximum amount unshareable due to the 90% sharing is \$13,500.
- c. Maximum Shareable Amount— Paragraphs a & b together make \$236,500 the maximum amount shared in Samaritan Basic.

Example: Member has a total of qualifying bills for a need in the amount of \$252,000, with no discounts and shared in a month with no prorating.

The first \$1,500 is not shared due to the initial unshareable amount, leaving \$250,500 in qualified bills.

The \$500 is over the \$250,000 maximum bill amounts considered, and is not shared unless the member is part of Samaritan Basic/Save to Share™

90% sharing of \$250,000 makes \$225,000 shareable. This would result in \$25,000 not shareable, but because the maximum 10% co-share amount due to the 90% sharing is \$13,500, then an additional \$11,500 (\$25,000 - \$13,500) is added to the \$225,000 making \$236,500 eligible to share.

B Payments from Others

1. Others Obligated to Pay:

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

b. Pursuing Legal Remedy—If a member suffers an injury and a probable liable party or his insurance refuses to pay unless legal remedies are pursued, the member must pursue his legal remedies unless he demonstrates that doing so would violate his Biblically-based conviction against initiating a lawsuit. Conditions may be placed on sharing needs related to such injuries before the matter is settled. Amounts that are received in settlement, to the extent they fairly represent compensation for shared medical expenses, must be sent on to meet other members’ needs.

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

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

expense, then that expense may still be submitted to be shared.

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

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

C Discounts

Discounts given by any health care provider should be listed in the Discounts column on the Bill List and will not be shared. However, discounts do reduce the initial unshareable amount (see VI.A.6) and the amount subject to prorating (see VI.D.2).

D Balancing Needs and Shares/Proration

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

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

2. When Needs are Greater Than Shares/Prorating—It is our goal that all qualifying needs presented by the members will be shared. However, in the event that the shareable needs are significantly greater than the shares available for that particular month, we may use a prorating contingency plan. For example, if \$1,000,000 in total needs are to be shared in a given month, but only \$900,000 in shares are available, we will take the percentage of shares

as compared to needs— $900,000/1,000,000 = 90\%$ —and apply that percentage to each need. Thus, we will share 90% of the normal shareable amount of each need presented for that particular month. If you have a need for which \$1,000 would normally be shared, \$900 would actually be shared that month. If you participate in Samaritan Basic, the 90% proration would first be applied, leaving \$900 (assuming no offsetting discounts), and then multiply that amount times the 90% sharing percentage ($\$900 \times 90\%$) making \$810 the amount shared. We will ask members to pray that God will provide for the unshared portion of these needs in the following month. Members will also be encouraged to give more than their normal monthly share to help make up the shortfall. See **Section V.B.**

If in the month following the prorating we find that the shareable needs are less than the shares available, we will consider carrying over the unshared portion of prorated needs from the previous month. Once a deficit has run and one month has passed, we will not usually carry over the unshared needs to subsequent months. However, we will consider sharing prorated needs that are an excessive burden to a member as a Special Prayer Need. See **Section V.** If medical providers have given you discounts on your bills, the discounts will be applied first to the initial \$300/\$1,500 unshareable amount, and then to the amount that is prorated, reducing or eliminating the impact of prorating on your need.

3. Samaritan Basic/Samaritan Classic—The balancing of needs and shares calculations may be done by combining the two sharing levels, or keeping them separate, as allowed by the SMI Board of Directors.

E Time Limit for Submitting Documentation

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



Section VII

Pre-Existing Conditions

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

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

A Conditions Cured & 12 Months Symptom and Treatment Free

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

Exception: For genetic 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 shared because it resulted from a condition existing before membership, it may still qualify to be shared among our members as a Special Prayer Need. See **Section V.A.**

B Conditions Stabilized and Five Years Symptom Free

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

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

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

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

1. **Diabetes**—Needs resulting from Type 1 diabetes that existed prior to a membership will not be shared even though the member went 12 months without symptoms, treatment, or medication.
2. **Diabetes Explained**—By Type 1 diabetes (also called juvenile onset diabetes), we mean that condition where the body produces insufficient insulin. Type 2 diabetes (also called “non-insulin dependent diabetes”), the condition where your body is insulin resistant, and gestational diabetes, are subject to a 12-month symptom and treatment-free limitation. The condition commonly referred to as “pre-diabetes” will not be considered a condition existing before membership.

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

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

3. **High Blood Pressure Exception**—High blood pressure will not be considered a “condition existing prior to membership” even if you have not gone 12 months symptom free, as long as you have not been treated at a hospital for high blood pressure in the past five years, and you are able to control the condition through medication or diet. Medication for treatment as a chronic condition will not be shared.
4. **Elevated Cholesterol**—Is not by itself considered a pre-existing condition, nor the mere fact that a person is taking a prescribed statin drug. However, if

the prescription is for diagnosed arteriosclerosis for a particular location (e.g. heart, carotid artery), that condition would be pre-existing as to that location.

D Verification 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 that the member went at least 12 months (up to five years for some conditions) without symptoms, treatment, and medication subsequent to the last time the condition occurred before becoming a member.

E Dropping and Rejoining

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

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

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

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

F Adoption

Any physical condition of which the adopting parents had reason to be aware that the adopted child had prior to the adopting parents being legally responsible for the child's expenses, or prior to his effective date within his parents' membership, will be considered a "condition that existed before membership." However, routine maternity needs may be shared as provided in **Section IX.A.5** and needs related to genetic defects and hereditary diseases may be shared as provided in **Section VIII.A**.



Section VIII

Need Sharing



We share expenses you incur for providing medical care to your membership household, within the Guidelines approved by the members or the Board of Directors (including the dollar and time limits of **Sections VI** and **VII**).

Every effort continues to be made to write the Guidelines to be simple and understandable. It is staff's goal to find some way to share your medical bills within the constraints of what you as members have agreed through the Guidelines. Our beginning assumption is that a bill is shareable unless a Guideline clearly says that it is not—with ambiguities always to be resolved in favor of sharing for the member. If there is disagreement on the issue of shareability, there are multiple layers of appeals within staff, and ultimately the matter can be decided by a panel of members. See **Section XII.A**.

The approved Guidelines place some limitations on the types of physical maladies and medical services for which we share needs, and limit the sharing of expenses incurred due to injuries from certain listed causes. 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 shareable. There are special provisions for injuries from motor vehicle accidents (**Part C**), and a few services and charges that are not shared (**Part D**). 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

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

1. **Asthma**—Shareable. During the first three years of membership, the statement described in **VII.D** may be required.
2. **Back Problems**—Shareable. During the first five years of membership, the statement described in **VII.D** may be required.
3. **Bunions**—Shareable. During the first three years of membership, the statement described in **VII.D** may be required.

4. **Cancer**—Shareable, but there may be a limitation if it is related to cancer of a type you had prior to becoming a member (see **Section VII.A**). During the first five years of membership, the statement described in **VII.D** may be required.
5. **Carpal Tunnel Syndrome**—Shareable. 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.3** and **IX.C** for details.
7. **Complications Following Non-Shareable Medical Procedures**—If complications arise from a medical procedure that is not shareable (e.g. a routine colonoscopy and most cosmetic surgery—see **Section VIII.B**), expenses for treating the complications are shareable unless the procedure that was the cause was not shareable due to moral reasons (e.g. Abortion—**Section VIII.D.1**), or the complication itself is not shareable (e.g. a routine dental problem arising from the treatment of a routine dental problem).

8. Dental Problems

- a. We share 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) subject to the respective initial unshareable amounts of \$300 for Samaritan Classic and \$1,500 for Samaritan Basic, and the 90% sharing percentage for Samaritan Basic.
- b. We share non-routine dental treatments, such as any treatment that involves surgery on the bones (not teeth) in the mouth, including when surgery on the bones is a necessary part of otherwise routine dental work (not including the cost of implants) such as listed in paragraph **c**, after an unshared amount of 5 times the Samaritan Classic 3-person monthly share (5 x \$495 = \$2,475) for both Samaritan Basic and Samaritan Classic, and with the 90% sharing of the amount over \$2,475 with Samaritan Basic.
- c. We do not share routine dental work such as (but not limited to): check-ups, cleanings (including deep cleanings), fillings, crowns, root canals, implants, removal of wisdom or infected teeth, dentures, bridges, anesthesia for routine dental care, or treatment of periodontal disease,

except when these routine treatments are necessarily a part of surgery on the bones or other non-routine treatments.

So, for example, if you have an infected tooth removed, that will normally not be shareable. But if the infection went into the jaw bone and required removal of some of the bone, then the entire procedure would be shareable. Implants are not included because they always involve “surgery on the bone,” and there usually are less expensive alternatives.

- 9. Diabetes**—Shareable, unless it is related to diabetes you had prior to becoming a member and it does not come within the exception described in **Section VII.C.2**. During the first five years of membership, the statement described in **VII.D** may be required. Sharing of the cost of prescriptions for medication or supplements to treat diabetes is subject to a 120-day supply limit.
- 10. Foot Disorder and Bunions**—Shareable. During the first three years of membership, the statement described in **VII.D** may be required.
- 11. Genetic Defects**—Shareable when at least one of these is true:
 - a. Neither the condition nor a symptom of the condition was discovered until after membership had begun;
 - b. The condition has not required treatment or produced harmful symptoms, and has not deteriorated for at least five years;
 - c. The condition exists in a person who has been included in a membership from birth and the mother was included in a membership prior to the pregnancy; or
 - d. If the condition exists in a person who was adopted, the person has been included in a membership since the adoption, and the adopting parents were unaware of the condition at the time the adoption was finalized.
- 12. Heart Conditions**—Shareable unless related to a heart condition you had prior to becoming a member, and it does not come within the exceptions described in **Section VII**. During the first five years of membership, the statement described in **VII.D** may be required.
- 13. Hemorrhoids**—Shareable. During the first three years of membership, the statement described in **VII.D** may be required.

- 14. Hereditary Diseases**—Shareable under the same conditions as Genetic Defects.
- 15. Hernia**—Shareable. 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 shareable. It also qualifies for one 120-day period for sharing of prescription expenses (see **VIII.B.28**), as long as you were not previously on medication. Medication thereafter for treating a chronic condition is not shareable. See **Section VII.C.3**.
- 17. Pregnancy/Maternity**—See **Section IX** for the special provisions.
- 18. Prostate Conditions**—Shareable. 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 due to the actions of others (e.g. blood transfusions or medical procedures) will be shared. We do not share needs for sexually transmitted diseases, including the HIV virus and/or AIDS, when contracted by consensual sex outside of marriage, or through irresponsible behavior such as sharing hypodermic needles for legal or illegal drugs. It is the member’s responsibility to explain how the disease was contracted.
- 20. Sleep Apnea**—Shareable. During the first three years of membership, the statement described in **VII.D** may be required.
- 21. Temporomandibular Joint Dysfunction**—Shareable. During the first three years of membership, the statement described in **VII.D** may be required.

B Sharing Limits

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 shareable. “Licensed medical provider” may include for example: osteopaths, naturopaths, chiropractors, and various credentialed levels of nurses, for which we will generally share the expense for what they may lawfully diagnose and/or treat under the license of their jurisdiction. Such lawfully-prescribed treatments will be shared 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 shareable as long as the documentation meets the requirements of **Section X.M**. There are special rules and limitations for some services, and some services are not shareable as explained in this **Section B**:

- 1. Alternative Medical Practices (or non-conventional treatments)**—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 shared 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 sharing the expenses.
- 2. Ambulance**—See “Medical Transportation” (**Section VIII.B.20**)
- 3. Audiological**—Surgery to correct hearing issues due to illness, accident, or congenital defect is shareable. Hearing aids or any related examination or fitting, are not shareable unless for hearing loss caused by accident or disease (e.g. not shareable if due to aging or extended exposure to loud noise). Cochlear implants (and the related consultation and therapy), prosthetic inner ear stimulators, and similar implanted devices are shareable if a physician has provided written verification that the hearing loss cannot be addressed by non-surgical means.
- 4. Biofeedback Therapy**—Will be shared if lawfully prescribed by a licensed medical professional for treatment of a disease, injury, or physical condition, but not if strictly for a mental disorder. Documentation of the prescription may be required and it is subject to the global therapy session limit. See **Section VIII.B.37**.

- 5. Chiropractic**—Services are shareable, 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.37**. To be shareable, billings for each treatment must indicate the condition being treated. Maintenance treatments are not shareable.
- 6. Colonoscopy**—A colonoscopy is shareable when prescribed due to symptoms for a condition not evident prior to your membership, or when it results in the discovery of a shareable condition. Regular tests and checkups (see #36) are not shareable.
- 7. Concierge Medicine**—See “Direct Primary Care” (**#10**).
- 8. Cosmetic Surgery**—Cosmetic surgery for disfigurement caused by amputation, disease (excluding acne), accident, and breast reconstruction following a mastectomy is shareable. All other elective cosmetic surgery done primarily for non-health reasons, including breast reduction or enhancement operations, is not shareable. See **Section VIII.A.11** for cosmetic surgery related to a genetic 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 shareable, within the limit for tests and checkups (**Section VIII.B.36**), as part of a shareable need, up to \$100 for any month in which, in regards to that need, the physician is consulted, makes a referral, or charges for services.
- 11. Fertility**—Fertility treatment or testing is not shareable. However, medical expenses for an embryo adoption and implantation by a married couple will be eligible for sharing as a Special Prayer Need.
- 12. Homeopathic**—Homeopathic prescriptions and treatments will be shared 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 shareable as an Alternative treatment. See **VIII.B.1**.*

13. Hormone, Infusion, and Intravenous Therapy—Shareable 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 shareable.

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

15. Hyperbaric Therapy—Shareable 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.37**.

16. Massage (Therapeutic)—Therapeutic Massage sessions are shareable 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.37**. To be shareable, billings for each treatment must indicate the condition being treated. Maintenance treatments are not shareable.

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

a. Shareable Up to 10 Times the Monthly Samaritan Classic 3-Person Share Amount—Currently \$4,950 (\$495 x 10), for any one need in both Samaritan Basic (subject to the 90% sharing percentage) and Samaritan Classic, if a documented prescription is provided.

1) Rentals—After one month, the additional rental cost of an item is shareable 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 pre-approval and sharing may be subject to conditions including limits on the amount shared. The purchase price of an item will be the maximum total amount shareable for that item whether rented or purchased.

3) Maximum for Therapy Replacement—If an item being purchased is replacing therapy sessions, the maximum amount shared will be 40

times the cost of the therapy, less the cost of any therapy already shared.

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

b. Maintenance/Repair/Replacement—

1) The cost of maintaining, repairing, or replacing equipment is not shareable.

2) Any one item costing over three times the Samaritan Classic 3-person share amount, currently \$1,485 (\$495 x 3) for both Samaritan Basic and Samaritan Classic, requires written pre-approval and sharing may be subject to conditions including limits on the amount shareable.

c. Sharing 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 shareable for the customary cost of 120 days of treatment. All supplies provided during inpatient hospital stays and as a part of outpatient treatment by a medical provider will be shareable. Subsequent sharing for maintenance of the same condition will occur only when there is a new need. See **Section VI.A.1**.

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” (#39) for more details.

20. Medical Transportation—Medical transportation, including ambulance services and life flights to hospitals, is shareable in emergency situations or when prescribed by your health care provider for transport for admission to another medical facility. Transportation for appointments is not shared.

21. Naturopathic—Naturopathic adjustments, manipulations, and similar treatments are subject to the same 40 office visit limits as other therapy (see **VIII.B.37**). Other treatments lawfully provided by a licensed Doctor of Naturopathy that meet all other requirements will be shareable.

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

23. 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 supplements are shareable 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.35**).

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. See Section VI.A.1.*

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

24. Optical—Expenses related to cataracts, glaucoma, and other diseases or injury (including cornea replacement due to disease or injury) are shareable. Vision therapy is shareable, and outpatient therapy will be included in the 40 total outpatient therapy sessions allowed for any particular need. See **Section VIII.B.37**.

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

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

26. Osteopathic—Adjustments and manipulations, etc., are subject to the same 40 office visit limits as other therapy (see **VIII.B.37**). Other treatments that a licensed osteopath lawfully prescribes and that meet all other requirements will be shareable.

27. Physical Therapy—Shareable 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.37**.

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

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

29. 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 shareable.

a. Certain Prosthetics Limited—Prosthetics for hair, teeth, and breasts are generally not shareable with certain exceptions for accidents and disease (see **Section VIII.A.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 shareable. 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 shareable unless it is for a condition that did not exist before membership and:

- (a) the expense is due to a change in the physical condition of the member; or
- (b) it is damaged in an accident. A failure during normal use is not an accident.

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

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

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

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

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

33. Speech Therapy—Therapy needs for treatment of speech problems related to an illness or accident (e.g. stroke) are shareable and subject to the 40 outpatient therapy session limit per need, but developmental related speech therapy is not shareable. See **Section VIII.B.37.**

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

35. Supplements—We normally share 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.

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

37. Therapy

a. Generally—Physical Therapy that is shareable is intended to result in a direct physical change, or measure a physical marker, to move the patient towards healing a physical condition. It must be lawfully prescribed by a medical professional. Documentation of the prescription may be required. A doctor's letter may be required to explain how treatment is specifically treating a condition, and is not for general wellness. Some therapies have unique limitations. Check for entries under the specific therapy within **Section VIII.B.**

b. Examples of Therapies That May Be Shareable—Biofeedback, hyperbaric, physical, occupational, speech, vision, chiropractic/naturopathic/osteopathic adjustments/manipulations, and analogous external therapies only if directly related to treatment of injury or disease (but not for general wellness or for developmental issues).

c. Not Shareable—Therapy where no physical manipulation or measurement is done is non-physical therapy and is not shareable. Therapy that is not directly treating a condition is not shareable. If the intended result is psychological, spiritual, or emotional healing, or is to treat a physical condition by improving wellness, it would not be considered a shareable

medical expense.

d. Limits on Visits—We share all sessions 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. 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.

38. Transplants—See “Organ Transplants.”

39. Travel Expenses—Travel expenses (transportation, meals, and lodging) are not normally shared (**Section VIII.D.23**). However, where it can be demonstrated that a substantial savings in medical expenses resulted from the travel, reasonable expenses will be shared.

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

C Motor Vehicle Injuries

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

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

2. Shareable with Requirements. Needs from injuries in an accident where the member is an operator or passenger (in, on, or being pulled by the vehicle), of on-road, or off-road motor vehicles such as snowmobiles, go-karts, off-road motorcycles, 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 shareable for the amount of the need that is not the responsibility of any insurance or liable party, and if **all** of the following conditions are met. The operator and any rider:

a. were riding or operating the vehicle off a public road, or were riding or operating the vehicle on a public road, which vehicle was of a type allowed on the public road, and

b. were insured as required by law (and if not insured, then only those expenses greater than the legally required medical coverage shall be shareable), and

c. were not engaged in formal racing or stunt competition, and

d. were not operating the vehicle recklessly, or under the influence of alcohol or any illegal substance as defined by the applicable law.

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

D Non-Qualifying Items

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

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

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

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

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

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

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

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 shareable 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. Euthanasia—Expenses for intentionally terminating a human life are not shareable.

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

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

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

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

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

16. Non-Medical Expenses—Phone calls, cots and/or meals for visitors, and other expenses not directly related to provided medical services are normally not shareable.

17. Products such as herbs, teas, vitamins, supplements, etc., are not shareable 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.23** and **35** for sharing limitations. The Guidelines for “Alternative Medical Practices” may also apply in some cases (**Section VIII.B.1**).

18. Prophylactic Surgery—Removal of healthy organs (such as due to increased risk of disease due to gene mutations), is generally not shareable.

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

20. Self-Inflicted Injuries—Intentional injuries to oneself by a member over 12 years old are not shareable.

21. Sterilization—Procedures for sterilization, and not primarily to treat a medical condition, are not shareable.

22. Surrogacy—Expenses related to a surrogate pregnancy, whether or not the surrogate is a member, are not shareable.

23. Travel Expenses—Travel expenses and lodging expenses are normally not shareable. Reasonable travel, transportation, meals, and lodging will be considered shareable if a substantial savings will result (**Section VIII.B.39**).

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



Theodore & Carmela

“I know my family and I are blessed to be a part of a community that sees one another not as a number, but as brothers and sisters in Christ.”



Section IX

Maternity & 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 shareable in Samaritan Basic and Samaritan Classic (**Section A**) and the initial unshared amount (**Section B**). Expenses related to pregnancies and complications of birth of the mother and child where the pregnancy began before membership may only be shared as a Special Prayer Need (**Section C**).

A Maternity Needs That are Shareable

1. One-Person Memberships—No Maternity Sharing—Effective for needs opened after September 30, 2017 there will be no sharing of maternity needs for one-person memberships for both Samaritan Basic and Samaritan Classic except as Special Prayer Needs. This includes post-birth needs of the mother and child that are related to complications of birth. For a maternity expense to be shareable the membership will need to be at a multi-person size at least from conception.

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

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

4. Multiple Birth Needs—When there are complications (anything beyond routine natal care) from, or as a part of, a multi-child pregnancy, the expenses for each child will be considered a separate need.

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

5. Adopted Child—Medical expenses of the birth mother and an adopted child, for which the adopting parents (both a husband and wife) are liable and which are not from a “condition existing before membership” (see **Section II.E**), are shareable 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**.

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

7. Maximum Maternity Shareable Amount under Samaritan Basic—The initial maximum shareable amount for the mother's maternity need (defined at paragraphs **A.2 & 3**) for mothers participating in Samaritan Basic is \$5,000. Then, if the qualifying bills—including the initial unshared amount—exceed \$20,000, then the amount over \$20,000 is shareable at a 100% sharing percentage up to \$250,000. So the total maximum amount shareable is \$236,500.

Example 1: A “mother's maternity need” has qualifying bills of \$7,500 with no discounts and is shared in a month with no prorating. The first \$1,500 is not shared due to the initial unshared amount. 90% of the remaining \$6,000 equals \$5,400. The initial maximum amount of \$5,000 would be shared, and none of the next \$400.

Example 2: The member has qualifying bills of \$251,500 for the mother's maternity need with no discounts and is shared in a month with no prorating.

The first \$1,500 is not shared due to the initial unshared amount, leaving \$250,555 in qualifying bills.

Of the remaining \$250,000, the first \$5,555 is shared at 90%, resulting in \$5,000 (rounded) being shared, and \$244,445 remains.

The next \$12,945 is not shared, leaving \$231,500 which is shareable at a 100% sharing percentage, so a total of \$236,500 will be shared.

Example 3: The member has qualifying maternity bills over \$251,500 with no discounts and shared in a month with no prorating.

In that case, amounts over \$251,500 would be shared at a 100% sharing rate only if the member participates in Samaritan Basic/Save to Share™.

B Initial Unshareable Amount/Proration

- 1. Standard Initial Amount**—Like any other need, only the portion of a maternity need that exceeds \$300 for Samaritan Classic and \$1,500 for Samaritan Basic is shareable. See **VI.A.3** and **4**.
- 2. Home Births**—Home births have the \$300 Samaritan Classic and \$1,500 Samaritan Basic initial unshareable amount waived, and are not subject to prorating (see **VI.D**) because they reduce overall maternity costs.
- 3. After Cesarean**—The \$300/\$1,500 initial unshareable amount 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 (including complications from premature birth or developed through birth) where the pregnancy began before membership may only 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.

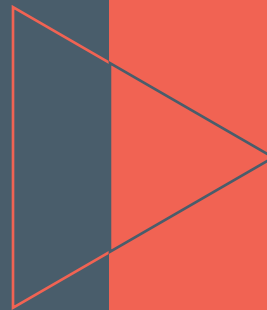
Clay & Alison

“We feel peace about being a part of a Christian community and knowing our money each month is helping other brothers and sisters in Christ.”



Starting your first need?

Section X is the best place to start.



Section X

Submitting Medical Needs

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

To submit your medical needs, please follow these instructions:

A First

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

B Online

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

C Itemized Bill

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

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

The most common need processing delays are caused by bills that do not provide

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

D Read the “Common Questions”

This sheet is included in the Need Processing packet mailed to you. Seek reductions on your bills, using as a guide the “Suggestions for Negotiating Reductions” section and the Healthcare Bluebook available on your Samaritan Dashboard. Reductions may decrease the \$300/\$1,500 initial unshareable amount for your need, and reductions help reduce the burden for all members.

E Obtaining Fair Price

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

Please note: *Almost no one pays a hospital's “list price,” which is the price that is printed on the bill given to you. Hospitals' “list prices” are three to five times what they expect most people to pay. Therefore, you may be able to obtain a cash-pay discount of as much as 75% off the “list price.” Physicians and other non-hospital services typically give cash-pay discounts of 20-40%. Thus, we encourage members to seek discounts even on small bills, but depending on the situation, often our negotiators are able to save even more.*

F Cooperation Required

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. Failure to do so may delay the sharing of your need.

G “Bill List”

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

H Member Questionnaire

Fill out this section. Your need will not be shared without it.

I Explain the Need

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

J Send to SMI

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

K Payment Plan

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

L More Bills

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

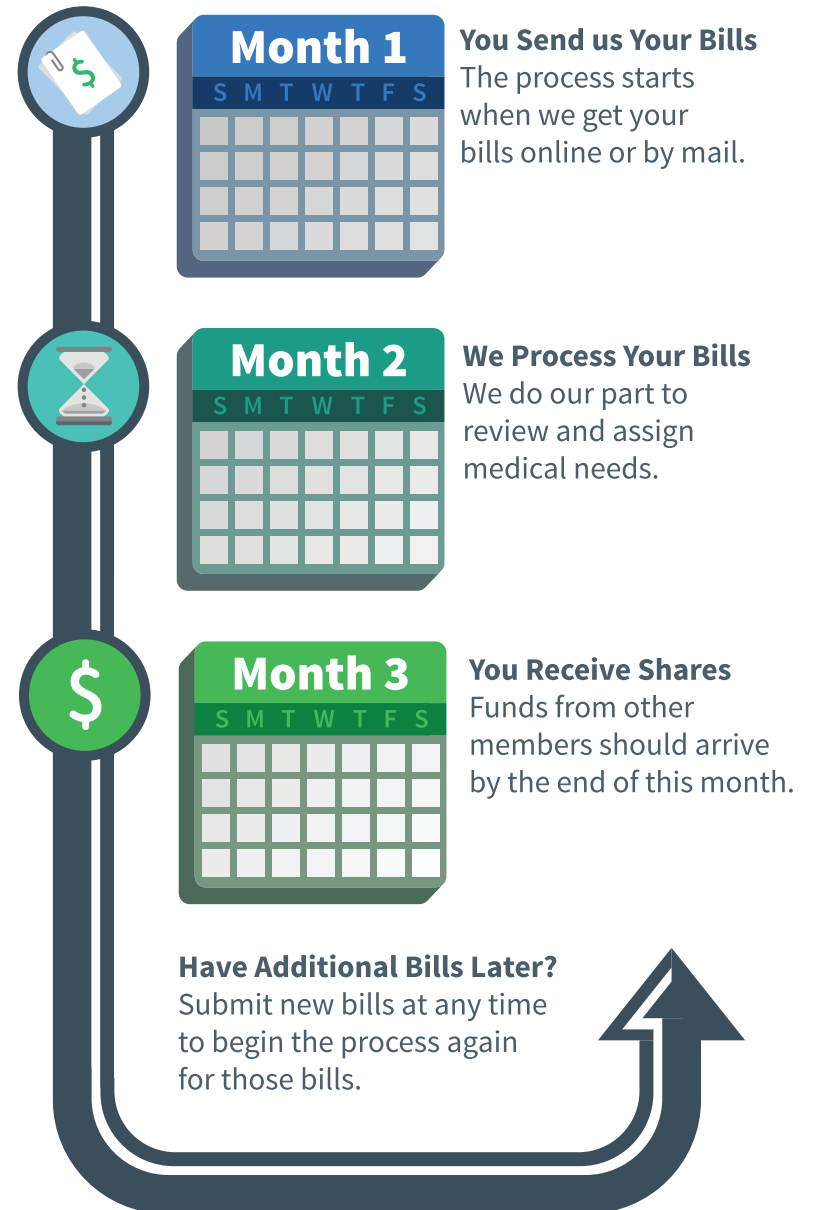
M Overseas Bills

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

N Time Limit for Submitting Documentation

The sooner that bills are submitted to SMI usually means the larger the reduction in price that can be obtained from the provider through negotiations. When there are a number of bills related to treating the same incident, it is helpful for them to be submitted together if they all can be obtained within a 30-day period. With this in mind, itemized bills should be submitted to the Samaritan office as soon as possible (either by mail using the Need Processing Form, or online via your Samaritan

Dashboard). Ordinarily, bills submitted more than one year after the service was provided will not be shared.



Josh & Gina

“Being a part of Samaritan makes me more thankful for the Church and excited to see it working the way it is supposed to work in all other areas as well.”



Section XI, XII & XIII

Advisory Opinions & Binding Decisions

Reconciling Disagreements

Amending Guidelines

XI. Advisory Opinions & Binding Decisions

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

XII. Reconciling Disagreements

Samaritan Ministries is a community of Christians and its members, as followers of Christ, believe that the Bible commands them to make every effort to live at peace and to resolve disputes with each other in private or within the Christian church (see *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 Shareable

Nearly all needs can be determined to be shareable or not shareable according to the Guidelines. In matters where the Guidelines may not provide absolute clarity, Samaritan Ministries can usually determine whether the need should be shared according to procedure and precedent. If Samaritan Ministries cannot determine whether the need is shareable, or if you believe we are misinterpreting the Guidelines or your circumstances, upon your written request explaining why you believe the

bills in question are shareable under the Guidelines, the need will be submitted to a panel of seven to 13 randomly chosen members who will review the need to determine whether it is shareable. The panel's decision will be binding on both SMI and the member. Your written request must be postmarked, or received by 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. 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 Guidelines

A Procedures

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

B Effective Date

Amendments to the Guidelines will go into effect as soon as administratively practical or as designated by the Board. If you have a need which began before the change was adopted, the sharing of bills related to that need will be determined by the Guidelines as they existed on the date the bills were incurred. However, bills related to a member's need that would have been shareable under the Guidelines in effect when a need began, will remain shareable regardless of subsequent Guideline changes.

C Notice of Amendments

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



Arthur & Bonnie

"We are doing something that is consistent with the Bible, consistent with Scripture—a body of believers sharing one another's burdens."



Section XIV

Switching Membership Levels

A Switching from Samaritan Classic to Samaritan Basic

Any bills **received** at the SMI office **after** the day of the switch will be shared under the Samaritan Basic Guidelines, even though the need was started under the Samaritan Classic Guidelines. If a bill is **received** after the switch date for a need that started under Samaritan Classic, a “new” need will have to be started with a new “Need Processing Form.” Such a bill cannot be submitted with a “Need Add-on Form.”

B Switching from Samaritan Basic to Samaritan Classic

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

That means that any condition/injury occurring prior to the switch date, even if it occurred while the person was a Samaritan member participating in Samaritan Basic or Samaritan Classic, is now pre-existing as to both the Samaritan Basic and Samaritan Classic Guidelines until it meets the new time/symptoms/treatment requirements in relation to the switching date.

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

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

C Switching Fee

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

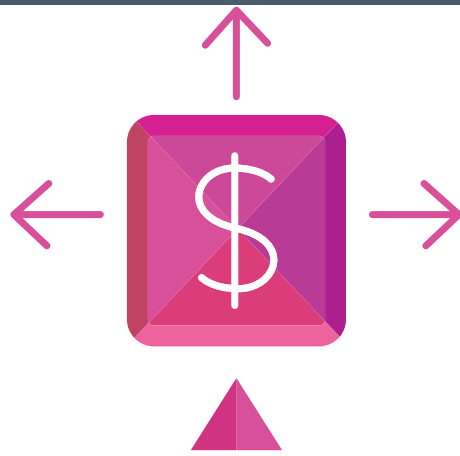
D Splitting Off an Existing Membership

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

E Multiple Switches

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

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



Save to **Share**™

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



I. Participation

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

- A** Only members of SMI are eligible to participate.
- B** An active SMI membership allows you to participate in *Save to Share™* at the same level of membership (one person, two-person family, three or more person family, or single-parent family).
- C** In addition to the annual administrative share, each participating household must set aside funds that will be dedicated for use in the program. As of October 2017, the current **annual** household amount required to be set aside is \$133 for one person, \$266 for a two-person membership and single-parent family, and \$399 for a three or more person family.

Voting—Set-aside amounts can only be raised by a vote of participants with a 60% majority of the 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 program, 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 participation, please contact your Member Services team immediately so that future *Save to Share™* needs will not be assigned to you.



II. Need Sharing

- A** All of the responsibilities of Samaritan members and the requirements for submitting needs as set forth in the “Membership” and “Needs” Guidelines apply similarly to participants except when the *Save to Share™* Guidelines specifically provide otherwise.
- B** Only needs eligible for sharing in the “Membership” and “Needs” Guidelines will be qualified to be shared in *Save to Share™*. Also, for needs from a condition that occurred while an SMI member, but before participating in *Save to Share™*, to be shareable, the condition must meet the same type of symptom and treatment free/time elapse etc. requirements while a *Save to Share™* member, as are found in **Section VII** “Pre-Existing Conditions” and **Section IX.C** “Maternity Needs for Pregnancies Beginning Prior to Membership” (e.g. for a pregnancy of a member joining *Save to Share™* less than 250 days before the estimated due date, the premature complications of the child would not be shareable under *Save to Share™*).

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

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

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

Although participants in Samaritan Basic have a maximum shareable amount of \$236,500, that amount is based on \$250,000 of eligible bills (plus the \$1,500 initial unshareable amount). Therefore, participants in Samaritan Basic/*Save to Share™* are eligible for sharing in *Save to Share™* after the \$236,500 Samaritan Basic sharing maximum is reached.



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

- F** In order to have a *Save to Share™* need shared, a participant must have the appropriate amount set aside, must have given to all *Save to Share™* needs that have been assigned to him, must be current in sharing with all other SMI needs assigned to him, and must be a member in good standing of SMI. A participant who does not send his share after two notices may be removed from participation and, once removed, will not be eligible for reinstatement.
- G** Needs that qualify for sharing will be divided among participating households in proportion to the amounts set aside by participants by year.

Example: *If a participant has a shareable need of \$450,000 after negotiations and adjusting for the initial unshareable amount and discounts, the first \$250,000 would be shared according to the “Needs” Guidelines (including the co-share and implementation of the pro rata provision if necessary). The remaining \$200,000 would be shared in Save to Share™. If the total amount set aside by participants for the current year is \$20,000,000, then each household would be asked to share 1% (\$200,000/\$20,000,000) of their current year set-aside amount balance.*

So a two-person membership which had not yet shared in Save to Share™ for the current year would be asked to send $\$266 \times .01 = \2.66 in addition to their regular share.

- H** If the amount of one need qualifying for sharing in *Save to Share™* exceeds half of the funds for the current year held by the participants when the need is shared, 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: *There is a need amounting to \$3,000,000 (after the first \$250,000 was shared under the “Needs” Guidelines).*

There is \$4,000,000 available in the current year set-aside amount. Only \$2,000,000 of the \$3,000,000 need will be allocated to the current year to stay within the half limitation mentioned above ($\$2,000,000/\$4,000,000 = 50\%$).

If the previous years’ set-aside balance is \$3,000,000, then those Save to Share™ members with previous years’ set-aside amounts will be asked to share one-third



of that balance (\$1,000,000/\$3,000,000) with the second Save to Share™ need to help with the remaining \$1,000,000.

If at any time there are multiple *Save to Share™* needs in process, and the order in which they are shared could affect the maximum amount shared for a particular need, then the need given priority for calculating the shareable amount will be the need for which the properly completed form (and all required documentation) first arrived.

- I** Giving to *Save to Share™* needs is done through the monthly newsletter mailing or e-share notification. The shareable amount of the need is determined and then divided proportionally among all *Save to Share™* member households according to the household size of their membership (i.e. one person, two-person family, three or more person family, and single-parent family). The correct *Save to Share™* amount is then added to the regular share amount for each of these *Save to Share™* households.

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

III. Amendments & Mediation

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

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For more information, visit:

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*Biblical community
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