

## Affordable.

**Comprehensive.** 



## **MEDICAL ELIGIBILITY COMPARISON**

It can be difficult to tell which healthcare program fits your needs the best. To help you out, we put together this handy comparative table that illustrates which option to choose based on what is most important to you and your family.

|              |                                       | Solidarity                    | Medi-Share  | Samaritan   | Christian Health-<br>care Ministries  | Traditional<br>Insurance 1*   | Traditional<br>Insurance 2*  |
|--------------|---------------------------------------|-------------------------------|---|---|---|---|--|
|              | 100% SHARING                          | ✔ Yes                         | Offers both Co-share and<br>100% sharing depending<br>on membership     | Offers both Co-share and<br>100% sharing depending<br>on membership | The maximum sharing<br>limit per illness is<br>\$125,000<br>b. Sharing limits can be<br>extended up to \$1 million<br>or more per illness by<br>participation in the<br>CHM Plus program. | Depends on Level<br>Bronze: 60%<br>Silver: 70%<br>Gold: 80%                         | Depends on Service and<br>Whether In or Out of<br>Network: 50%-90%   |
| +            | ALTERNATIVE /<br>NATUROPATHIC<br>CARE | ✔ Yes                         | No  | Yes, limited to specific<br>list of alternative<br>treatments       | No  | No  | No   |
|              | AMBULANCE                             | ✔ Yes                         | Yes   | Yes   | Yes   | Yes   | Yes  |
| <b>B</b> all | COSMETIC<br>PROCEDURES                | Yes, when medically necessary | Only for breast<br>reconstruction due<br>to breast cancer<br>procedures | Yes w/ conditions   | No  | No  | No   |
| H            | CHIROPRACTIC                          | ✔ Yes                         | Yes   | Yes   | No  | Services exceeding 20<br>visits per calendar year<br>(Only applies to HMO<br>plans) | Coverage is limited to<br>35 visits for Physical<br>Therapy, Occupational<br>Therapy, Speech<br>Therapy and Chiropractic<br>care combined. |

\* Details of policy vary depending on the plan.

Solidarity HealthShare is not insurance, nor is it offered through any insurance program.

|  |  | Solidarity  | Medi-Share   | Samaritan  | Christian Health-<br>care Ministries                                 | Traditional<br>Insurance 1*   | Traditional<br>Insurance 2*  |
|--|--|---|--|--|--|---|--|
| <b>`</b>   | CANCER,<br>INCLUDING<br>PRECISION<br>GENOMIC<br>TREATMENTS | ✔ Yes   | Yes, not including<br>Precision Genomic<br>Treatment Options | Yes  | Yes, not including<br>Precision Genomic<br>Treatment Options         | Yes, not including<br>Precision Genomic<br>Treatment Options  | Yes, not including<br>Precision Genomic<br>Treatment Options   |
| <b>M</b>   | DENTAL   | No, unless for eligible<br>accident<br>Offers discount with<br>Solidarity care card | No, unless for eligible<br>accident                          | No, unless for eligible<br>accident                                  | No   | No, unless conditions<br>specifically covered in<br>the policy  | No, unless conditions<br>specifically covered in<br>the policy   |
| ۲  | PRE-EXISTING<br>CONDITIONS                                 | Eligible to share after<br>first year of membership.                                | Eligible after 3 years                                       | Eligible after an entire<br>year of being completely<br>symptom free | Eligible after an entire<br>year of being completely<br>symptom free | No  | No   |
| ¢  | DIABETES   | <ul> <li>Yes, both type 1 and<br/>2 with Solidarity Well</li> </ul>                 | No   | Yes, for type 2  | No (PreX)  | Yes   | Yes  |
| <b>1</b> <u></u> | DIAGNOSTIC<br>TESTS  | ✔ Yes   | Yes  | Yes  | Yes  | Yes   | Lab: \$40 copay/visit.<br>Deductible does not<br>apply. Xray \$45 copay.<br>CT/PET/MRI: 35%<br>coinsurance |
| Ţ  | EATING<br>DISORDERS  | ✔ Yes   | No   | No   | No   | Yes   | Yes  |
| ER   | EMERGENCY<br>ROOM VISIT                                    | ✔ Yes   | Yes, with provider fee                                       | Yes  | Yes  | Yes   | Yes w/ 50% coinsurance   |
|  | HIGH BLOOD<br>PRESSURE                                     | Yes, with Solidarity Well   | Yes  | Yes  | No (PreX)  | No  | No   |
| đ  | HOME<br>HEALTHCARE   | ✔ Yes   | Yes, with limits   | Yes, with limits   | Yes  | Home healthcare<br>and infusion therapy<br>exceeding 42 visits (of<br>up to four hours each)<br>per calendar year | Yes w/ 35% Coinsurance   |

\* Details of policy vary depending on the plan. Solidarity HealthShare is not insurance, nor is it offered through any insurance program.

|            |  | Solidarity | Medi-Share       | Samaritan  | Christian Health-<br>care Ministries | Traditional<br>Insurance 1* | Traditional<br>Insurance 2*  |
|------------|--|------------|------------------|--|--------------------------------------|-----------------------------|--|
| ×          | HOSPICE CARE   | ✔ Yes      | Yes, with limits | Yes  | No                                   | No                          | Yes w/ 50% coinsurance   |
| +          | HOSPITAL<br>CHARGES  | ✔ Yes      | Yes              | Yes  | Yes                                  | Deductible / Coinsurance    | 50% coinsurance  |
| B          | MATERNITY,<br>INCLUDING<br>OB, HOSPITAL,<br>MIDWIFE,<br>BIRTHING<br>CENTER, AND/OR<br>HOME BIRTH | ✔ Yes      | Yes, with limits | Yes, with 30% co-share<br>after initial unshareable<br>amount is met. Sharing<br>limit of \$247,000. | Yes, with limits on CHM<br>Gold only | Yes, with limits            | Office visit: No charge<br>Childbirth/delivery: 50%<br>coinsurance<br>Childbirth/delivery<br>facility services: 50%<br>coinsurance   |
| 0          | MENTAL HEALTH<br>SERVICES  | ✔ Yes      | Yes, with limits | No   | No                                   | Yes                         | Outpatient office<br>visits: \$35 copay/visit,<br>deductible does<br>not apply; All other<br>outpatient services: 35%<br>coinsurance<br>Inpatient Services:<br>50% coinsurance |
| Ŷ          | NAPRO<br>TECHNOLOGY  | ✔ Yes      | No               | No   | No                                   | No                          | No   |
| <b>N</b>   | ORGAN<br>TRANSPLANT  | ✓ Yes      | Yes              | Yes  | Yes                                  | Yes, at certain facilities  | Yes, at certain facilities   |
| <b>⊲œ×</b> | PRESCRIPTIONS<br>FOR ACUTE<br>AND CHRONIC<br>CONDITIONS  | ✔ Yes      | No               | No   | No                                   | Yes                         | Yes  |
| Ë          | PHYSICAL<br>THERAPY  | ✔ Yes      | Yes              | Yes  | Yes                                  | Yes                         | Yes  |

\* Details of policy vary depending on the plan. Solidarity HealthShare is not insurance, nor is it offered through any insurance program.

|  |   | Solidarity | Medi-Share | Samaritan                           | Christian Health-<br>care Ministries | Traditional<br>Insurance 1* | Traditional<br>Insurance 2* |
|--|---|------------|------------|-------------------------------------|--------------------------------------|-----------------------------|-----------------------------|
| •  | PROSTHETICS   | ✔ Yes      | Yes        | Yes, up to 120 days when prescribed | No                                   | No                          | No                          |
| <b>\$</b>  | STERILIZATION<br>REVERSAL   | ✔ Yes      | No         | No                                  | No                                   | No                          | No                          |
|  | SUPPLEMENTS   | ✔ Yes      | No         | Yes                                 | Yes                                  | No                          | No                          |
| <<br>S<br>S<br>S<br>S<br>S<br>S<br>S<br>S<br>S<br>S<br>S<br>S<br>S<br>S<br>S<br>S<br>S<br>S<br>S   | TELEHEALTH  | ✔ Yes      | Yes        | No                                  | Yes                                  | Yes                         | No                          |
|  | OCCUPATIONAL,<br>SPEECH,<br>CARDIAC REHAB<br>THERAPIES  | ✔ Yes      | Yes        | Yes                                 | No                                   | Yes                         | Yes                         |
| entres.  | WELLNESS VISITS/<br>ROUTINE MEDICAL<br>CARE, INCLUDING<br>SCREENING<br>MAMMOGRAMS<br>AND<br>COLONOSCOPIES | ✔ Yes      | No         | No                                  | Yes                                  | Yes                         | Yes                         |
|  | VACCINATIONS  | ✔ Yes      | No         | No                                  | No (Only infant)                     | Yes                         | Yes                         |
| B  | FERTILITY<br>PROGRAMS/<br>TREATMENTS  | ✔ Yes      | No         | No                                  | No                                   | No                          | No                          |
| and the second s | NO IN-VITRO<br>FERTILIZATION/<br>EMBRYO<br>ADOPTION   | ✔ Yes      | Yes        | No                                  | Yes                                  | Yes                         | Yes                         |
|  | NO PROVIDER<br>FEES AT POINT<br>OF SERVICE  | ✔ Yes      | No         | Yes                                 | Yes                                  | No                          | No                          |

\* Details of policy vary depending on the plan. ATTENTION: This program is not an insurance company nor is it offered through an insurance company. This program does not guarantee or promise that your medical bills will be paid or assigned to others for payment. Whether anyone chooses to pay your medical bills will be totally voluntary. As such, this program should never be considered as a substitute for an insurance policy. Whether you receive any payments for medical expenses and whether or not this program continues to operate, you are always liable for any unpaid bills.