	Samaritan Ministries			Christian Care Medishare						
	Classic	Basic	500 AHP (29 and under only)	1,250 AHP	2,500 AHP	3,750 AHP	5,000 AHP	7,500 AHP	10,000 AHP	
	Age 30 or Over: Age 29 or Under:  1 Person: \$220 1 Person: \$160	Age of oldest member  29 or Under 30-44 45-59 60 +	Amounts below are for 29 year old Costs reduce for	. Below are the	amounts with olde	est member of hous	ehold 30 years old.	Prices go up with	each year older.	
MONTHLY SHARE	2 Person: \$440 2 Person: \$440	1 Person: \$100 1 Person: \$120 1 Person: \$140 1 Person: \$160	each year younger 1 Person: \$246	1 Person: \$249	1 Person: \$199	1 Person: \$161	1 Person: \$143	1 Person: \$125	1 Person: \$93	
	3+ Person: \$495 3+ Person: \$495  Widowed/Divorced & Widowed/Divorced &	2 Person: \$200 2 Person: \$240 2 Person: \$280 2 Person: \$320 3+ Person: \$250 3+ Person: \$300 3+ Person: \$350 3+ Person: \$400	2 Person: N/A 3+ Person: N/A	2 Person: \$417		2 Person: \$252	2 Person: \$219 3+ Person: \$376		2 Person: \$114	
MEMBER FINANCIAL RESPONSIBILITY	Children: \$305 Children: \$305 \$300 Per medical condition (less provider discounts)	\$1,500 Per medical condition (less provider discounts)	\$500 Annual	\$1,250 Annual	\$2,500 Annual	\$3,750 Annual	\$5,000 Annual	\$7,500 Annual	\$10,000 Annual	
SHARING PERCENTAGE EXTRA FEES FOR CERTAIN CONDITIONS	100% after initial unshareable amount is met	90% after initial unshareable amount is met  None	\$80 per month	h for Health Partner		O% after the AHP is has cetain condition		rol, Excess Weight,	Diabetes, etc)	
ADDITIONAL FEES	One-time Administrative Fee when joining: \$200			\$50 Application Processing Fee; \$75 Administrative Fee for changing AHP; Provider Co-Pay Fees \$35 office or hospital and \$135 ER						
MONTHLY SHARE REDUCED WHEN FEWER NEEDS	Yes			No						
DISCOUNTS FOR BEING HEALTHY IMPACT OF PROVIDER	None  All discounts are applied directly to pay the  All discounts are applied directly to pay the member's \$1,500 per medical			Health Incentive Discount reduces monthly share up to 20%						
DISCOUNTS	member's \$300 per medical condition portion	condition portion  Save to Share	Senior Assist		Does not	reduce member res Senio	ponsibility r Assist			
EXTRA SHARING PROGRAMS	1 Pe	reases sharing limit for those enrolled to half of the total funds available rson Family: \$133 Annually Single Parent Family: \$266 Annually	N/A		plicants 65 or Olde	r are ineligible for N dicare Parts A and B	I for seniors with Me Medi-Share but are e can transition to Se prefer.	ligible for Senior As	sist	
EATHA STAIRTIG TROCKAMIS		erson Family: \$399 Annually  Special Prayer Needs  which are not shared according to the guidelines.		Optional giving to	need amounts whic	Extra Blessings	r sharing through th	e regular program		
REFERRAL PROGRAM	\$100 Credit			\$100 Prepaid Visa or Paypal Credit						
EXAM REQUIRED FOR MEMBERSHIP	None		BMI and waist size measurements are required when starting a new membership to be able to take part of the Health Incentive Discount.							
HOW SOON SHARING STARTS	Membership start date is date application is received at Samaritan for postal mail applications and submission date for online applications. Future start date may be requested. Sharing begins in full immediately on Membership date.		Limited to \$50,000 of Eligible Medical Bills during the first month of membership  Bills paid to providers 'on time' as long as membership is current							
SHARING LIMITS	\$250,000 per medical condition unless enrolled in Save to Share	30 - 60 Days \$236,500 per medical condition unless enrolled in Save to Share		Bill		on time' as long as  Annual or lifetime li		ent		
PROVIDER NETWORK PRE-NOTIFICATION		None No				PHCS Network Yes				
MEMBER ADVOCACY	Karis Group Negitiates Large Bills As Needed		PHCS Network provides discounts. Christian Care Ministry provides Care and Cost management support for members with significant medical needs.							
AVAILABILITY	All States and Several Foreign Countries			All States						
ELIGIBILITY	See Membership Requirements at: https://www.samaritanministries.org/help/guidelines			See Membership Qualifications at: https://mychristiancare.org/medi-share/what-is-medishare/how-medi-share-works/medi-share-guidelines/						
GUIDELINES OF SHARING	https://www.samaritanministries.org/help/guidelines			https://mychristiancare.org/medi-share/what-is-medishare/how-medi-share-works/medi-share-guidelines/						
CHIROPRACTIC CARE	May be shared up to 40 visits per medical need. Maintenance treatments are not shared			May be eligible for sharing in lieu of surgery in cases which have been diagnosed by a licensed physician and the Member is offered only a surgical option. Up to 20 visits in a 6 week period.						
SCREENING / WELLNESS VISITS	May be shared only when prescribed because of symptoms for a condition that were not evident prior to becoming a member. Follow-up tests or checkups more than one year after condition is stabilized, in remission, or cured are not shared.			Not shared - exception is routine well-child care through age 6 for check-ups and labs (vaccinations are excluded)						
DIRECT PRIMARY CARE	The monthly fee for a member is may be shared within the limit for tests and checkups as part of a May be Shared need up to \$100 for any month in which the physician is consulted, makes a referal or charges for services			Not shared						
HOMEOPATHIC CARE NATUROPATHIC CARE	May be shared as long as treatments and prescriptions are within the allowed practice of a licensed provider  Treatments lawfully provided by a licensed Doctor of Naturopathy that meet all other requirements may be shared			Not shared  Not shared						
THERAPY				Eligible for sharing if performed by a licensed therapist, related to an eligible diagnosis, and ordered by a qualified provider. Up to 20 visits per referral.						

MATERNITY	May be shared when membership began 270 days before the due date. Effective March 31, 2018 maternity will be shared only in a multi-person membership. Shared needs include prenatal care, delivery, postnatal care, and congenital conditions. Shared services include those of doulas (up to \$500), midwives, doctors, nurse practitioners and other licensed medical professionals. Subject to the maximum maternity shareable amount under Samaritan Basic of \$5,000 unless qualifying bills exceed of \$50,000.	Not shared for Members with S500 AHP  Shared for those who have been members from month of conception through month of delivery. Delivery must be performed by an MD, DO or Properly Licensed or Certified Midwife					
HOSPICE	May be shared for 90 days upon prescription by physician or certification that the person is terminally ill. Additional 90 day periods may be shared with a renewed prescription or certification.	Eligible for sharing if ordered by a qualified provider for an eligible condition in order to provide care that would otherwise need to be provided in an acute care setting					
AMBULANCE / LIFE FLIGHT	May be shared when medically or otherwise necessary	Eligible for sharing when medically necessary or required for transport between facilities					
PRESCRIPTION DRUGS	Medications prescribed for a shared need are shared up to 120 day supply. Cancer and Auto-Immune drugs are not subject to this limitation. Prescription Discount Card also included free with membership.	Eligible for sharing for 6 months per each new condition that is not pre-existing.					
PRE-EXISTING CONDITIONS	May be Shared if the condition appears to be cured and 12 months have passed without symptoms, treatment or medication Exceptions are for genetic defects, hereditary diseases, cases of related cancers, and heart conditions. These require a symptom/treatment free period of 5 years. Pre-diabetes, high blood pressure, high cholesterol, basal cell carcinoma and pacemaker maintenance and repair (under certain circumstances) are not considered pre-existing conditions. Any un-shared amounts may be eligible for Special Prayer Needs sharing.	After 36 consecutive months without signs/symptoms, treatment, or medication OR After 36 consecutive months of shairing - Eligible up to \$100,000 per Member per calendar year.  After 60 consecutive months without signs/symptoms, treatment, or medication OR After 60 consecutive months of shairing - Eligible up to \$500,000 per Member per calendar year.					
CATASTROPHIC	Save to Share Program increases sharing limit for those enrolled to half of the total funds available (currently approximately \$20 million).	N/A					
WHO SUBMITS BILLS FOR SHARING	Member	Provider					
WHERE DO MEMBERS SEND THEIR SHARE	Directly to Members 11 months of year. Send to Samaritan Ministries 1 month of year for administrative costs.	Monthly Share is sent to an account at America's Christian Credit Union who distributes the funds as directed by Medishare					
FAQ	https://samaritanministries.org/help/faq	https://mychristiancare.org/medi-share/what-is-medishare/how-medi-share-works/faqs/					
PHONE NUMBERS	1-877-764-2426	1-800-264-2562					
WEBSITE	https://www.samaritanministries.org/	https://mychristiancare.org/medi-share/					