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Thinking Outside the Box on Health Care:
Health Care Sharing Ministries—a Potential Free Market Alternative to Traditional Health Insurance

by Katie Kerschner
Policy Analyst

Key Points

- Health care sharing ministries deliver better health care at lower costs.
- They do this by operating outside of state and federal health insurance regulations and by putting patients in control of their health care.
- Sharing ministries control costs by recognizing that lifestyle choices impact the costs of health care.
- The individual mandate exemption should be expanded to members of sharing ministries created after 1999 and formed by any group of individuals or communities—religious or otherwise.

SYNOPSIS

Health care sharing ministries provide an alternative approach to meeting health care needs while remaining outside of the existing health insurance model. Understanding how they operate and their potential to circumvent the restrictive nexus between federal health insurance regulations and the rent-seeking behavior of big insurers could encourage a focus on care as opposed to bureaucracy. Such a change could increase access to high-quality, affordable health care for Americans in need.

WHAT ARE HCSMs?

A health care sharing ministry (HCSM) is a nonprofit organization that facilitates the sharing of medical costs between their members. Membership in a HCSM is not insurance, but rather an association of like-minded individuals who agree to share the health care costs of one another. In many ways, HCSMs function similar to a high-risk pool. Distinctively, the members who make up each individual HCSM generally share a common set of ethical or religious beliefs.

The HCSM is not liable for the health care costs of its membership but merely acts as the facilitator between individual members to share needs across the membership. Because HCSMs are not insurance companies and do not have the restrictions of existing insurance entities, there is greater potential for patients to have more control over their care, choice of doctors, and timing of various treatments.

The oldest existing health care sharing ministry began in Barberton, Ohio, in 1982. That year, a rehabilitation clinic began facilitating the sharing of uninsured medical expenses between subscribers to its Christian newsletter. Designing itself around the biblical principle that Christians are to "Bear ye one another's burdens, and so fulfill the law of Christ" (Gal. 6:2), membership of the Christian Brotherhood Newsletter grew to 33,000 subscribers over 15 years (Barberton Rescue Mission). Amid legal turmoil, the newsletter reorganized to form Christian Healthcare Ministries in the early 2000s (Goodnough).

In 1994, Ted Pittenger, a member of the Christian Brotherhood Newsletter, founded Samaritan Ministries (Erlen). Another major HCSM, Medi-Share (part of Christian Care Ministries), was founded in 1993 by Dr. E. John Reinhold, who borrowed and improved upon a cost-sharing system used by the American Evangelists Association (Henriques). Today, six open-membership HCSMs serve members in all 50 states. There are just under 100 additional "closed membership" HCSMs currently in operation in the U.S.

continued

TRADITIONAL INSURANCE V. HCSMs: How They Work

The HCSM model differs from traditional health insurance. In a traditional health insurance policy, the insurance provider sells coverage to the individual or group, and in exchange for a monthly premium payment the insurance company takes on the liability of paying for a range of health care services that are needed by the covered individual. However, over the years state governments have mandated coverage for certain services that significantly increased the cost of the policies. Additionally, prior to the passage of the Affordable Care Act (commonly referred to as Obamacare) in 2010, insurance providers had greater flexibility in offering various insurance plans that would cover different health care services at a range of prices. This changed when Obamacare was implemented in 2013 as insurers were laden with many cost-driving mandates and regulations that prescribed a "one-size-fits-all" federal approach for health insurance policies.

The cost of care for traditionally insured individuals is paid for by the insurance carrier, using revenue generated by collecting monthly premiums from individuals or their employers under the insurance contract agreement. However, since the implementation of Obamacare, taxpayer-funded subsidies are used to cover costs and prop up insurers operating in the highly regulated Obamacare exchanges. This hides the true costs of coverage and shifts the burden covering those costs onto taxpayers. Under this scheme, consumers tend to overuse medical care and further drive up health care costs.

HCSMs, on the other hand, facilitate the sharing of health care costs among members, but hold no financial responsibility to pay for the health care needs of their members. The organization itself does not insure the financial responsibility that comes with health care. Membership in a HCSM does not entail a legal right to reimbursement for any health care services, but rather an agreement among the members to meet the needs of the other members. Most sharing ministries have a minimum amount, similar to an insurance deductible, which must be paid by the member before the remainder of the cost is shared with other members.

Most individuals who are members of HCSMs are considered cash patients by their health care providers. As a cash patient, the member pays the doctor or hospital directly, or sets up a payment plan directly with the doctor. The member then submits the information related to the health care cost to the HCSM for the need to be shared with the other members. The member who incurred the health care cost then receives reimbursement for the cost from other members.

Each HCSM has its own process to reimburse members' costs. For some sharing ministries the members send their monthly share amount to the HCSM office, which then distributes the reimbursements. For others, the sharing ministry simply serves as a facilitator matching the needs of the members to the shares of other members. In this sort of system, the sharing ministry instructs each of their members to send the monthly share amount directly to the member being reimbursed.

Due partly to lower monthly costs and overt adherence to Christian principles, membership since the passage of Obamacare in 2010 has surged to nearly one million nationwide (Alliance of Health Care Sharing Ministries).

EXAMPLES OF SHARING MINISTRIES

Example 1: The Medi-Share Process

Monthly process:

Each month the member deposits a designated share amount into their Medi-Share account. This amount is determined by both age and the specific sharing plan chosen by the member.

The monthly share amount is then transferred out of their account to a pool to cover the care costs of another member.

Members are notified who their share is transferred to and given contact information to send a note of encouragement to the other member. Furthermore, the member is given a monthly statement providing details on how their monthly share is being used to cover care costs.

Members are also notified of other members within Medi-Share in need of additional help, providing opportunities for members to voluntarily help others beyond the monthly deposit.

When members go to the doctor or hospital:

Individual members show their Medi-Share ID to the service provider.

Similar to traditional insurance, the provider ascertains whether Medi-Share is in-network or not. If it is, then Medi-Share will typically cover a higher percentage than if the provider is out of network.

After treatment, the service provider submits the bill to Medi-Share. Medi-Share then determines whether the

member has been seen by an in-network provider and prioritizes the case and resources based on the care needs of the member.

Processing of bills:

Medi-Share processes for discounts and eligibility for sharing.

Before any bills are eligible for sharing, the member must meet their annual household individual payment portion for the year, which varies depending on the plan selected and functions similar to a deductible for traditional insurance. If the member has met their annual household portion, and the bill is for medical services that conform to the guidelines, the bill is published for sharing after being prioritized based on the specific care needs of the member.

Example 2: Samaritan Ministries Process

Monthly process:

Each month members receive a notification with the name and address of the member who has been assigned their monthly share.

Members send their monthly shares directly to the member they have been assigned.

When members go to the doctor or hospital:

Individuals are considered cash patients and are individually responsible for paying for any treatment received. This is what is communicated to the service provider.

All bills are sent directly to the individual member.

Members often negotiate discounts for paying up front for various services, or set up payment plans with the doctor or hospital.

Processing of bills:

Itemized bills are collected from the course of treatment and submitted to the ministry office.

The bills are reviewed to make sure that the charges are within the guidelines of the ministry's guidelines.

If the bills are for items that are in alignment with the ministry's guidelines the ministry office assigns other members to send their monthly shares directly to the member who had the medical needs.

If more bills come in after the initial processing, the member sends them to the ministry office and the process is repeated.

Uncovered costs:

Some individual members of health care sharing ministries supplement their membership with a catastrophic coverage plan in the event costs go beyond the limits of the ministry's guidelines. For example, Samaritan Ministries has a per illness sharing limit of $250,000.

DEALING WITH PRE-EXISTING CONDITIONS

There has been much debate over what the correct policy is to make health care affordable for those with pre-existing conditions. It was estimated that the guaranteed issue provision of the Affordable Care Act would drive premiums up by an estimated 20 to 45 percent, and that has largely proven to be the case (White).

Because HCSMs are not required to follow the same mandates, they have more flexibility to design their own guidelines for pre-existing conditions. As a general rule, pre-existing conditions are not immediately eligible for assistance from HCSMs. That does not, however, preclude an individual from membership in an HCSM, and the sharing of health care costs for conditions that develop after their membership began. Most HCSMs do not exclude pre-existing conditions forever, but instead impose a waiting period before the costs can be shared.

Samaritan Ministries International, for instance, stipulates that medical needs arising from a pre-existing condition are not eligible unless it "appears to be cured, and 12 months have passed without any symptoms (benign or deleterious), treatment, or medication (even if the cause of the symptoms is unknown or misdiagnosed). Tests or a doctor's statement may be required to verify the lapse of symptoms, treatment, and medication." Cardiovascular, genetic, hereditary, or cancer-related conditions must be symptom- and treatment-free for five years before they are eligible for sharing (Samaritan Ministries International).

RESTRICTIONS ON HCSMs

The HCSM sharing model has faced a long and uphill legal battle for recognition as a charitable alternative to health insurance. The Christian Brotherhood Newsletter spent much of the 1990s in court successfully fighting allegations that it was selling health insurance without a license. HCSMs prevailed in these legal battles and fought, state by state, for safe-harbor laws that recognized their model as legal and distinct from insurance. When Obamacare was being debated in 2010 they continued their fight in Congress. In a

2009 press release, Christian Care Ministry (CCM) said the following regarding a preliminary draft of what became the Affordable Care Act:

> "Religious freedom is in jeopardy. It starts with taking away the right to voluntarily share medical bills with other believers based on what CCM believes is a biblical mandate to care for one another. As Christians, CCM is concerned about any effort that limits the personal choice to help other Christians with dollars and prayers (Christian Care Ministry, Inc. 2009)."

Today, federal law explicitly recognizes HCSMs as valid nonprofit ministries and exempts their members from the minimum-coverage requirement (26 U.S.C. § 5000A). Despite this success, though, HCSMs still face regulatory impediments that hinder their operations.

Membership in a qualified HCSM is one of ten exemptions from the individual minimum-coverage mandate that was included in the Affordable Care Act. To be a qualifying organization, a HCSM must be a 501(c)(3) nonprofit as recognized by the IRS, require that members share a common set of ethical or religious beliefs, and share medical expenses among members in accordance with those beliefs and without regard to the state in which a member resides or is employed. Members must also be able to retain their membership after they develop a medical condition, and the HCSM must conduct an annual audit performed by an independent certified public accounting firm in accordance with generally accepted accounting principles. The audit must be made available to the public upon request.

Lastly, the sharing ministry must have been in continuous operation since December 31, 1999, in order for its members to qualify for the exemption. Membership in an organization formed after that date would not qualify the individual for an exemption from the minimum-coverage mandate.

EXPANDING HCSMs AND HEALTH CARE FREEDOM

With the failure of Congress to make good on the promise to fully repeal Obamacare, there remains a real potential for health care sharing ministries to meet a need to provide better care and lower costs for patients. Their potential to foster some semblance of health care freedom is especially critical at a time when both Congress and existing insurance entities clamor for more taxpayer-funded bailout money to keep providers propped up in the failing Obamacare exchanges.

Obamacare prohibited insurance companies from denying coverage on the basis of a pre-existing condition and forced insurers to include coverage for certain "essential health benefits" in each plan they offer. These benefits include hospitalization, ambulatory services, mental health and substance-use treatment, rehabilitation services, and prescription drugs (Centers for Medicare & Medicaid Services). This has been the primary driver of skyrocketing costs, diminished quality of care, and narrowing networks.

HCSMs, however, are not bound by these regulations. They have greater flexibility to set their own guidelines for the sharing of costs related to pre-existing conditions, preventative care, and mental health costs. Further, they may expressly exclude the sharing of treatment costs arising from behavior that is prohibited by the HCSMs' code of conduct. Because of this, membership in an HCSM is significantly less expensive than monthly insurance premiums (See Appendix B).

HCSMs are not required to operate on a state-by-state basis and are free from many other burdensome federal regulations that apply to health insurance companies (26 U.S.C. § 5000A; Alliance of Health Care Sharing Ministries).

Freedom from federal regulation enables HCSMs to keep their overhead costs down and put a higher percentage of members' costs toward paying for care. Traditional health insurance companies spend roughly 15 to 22 percent of member premiums on operating expenses (Anthem, Inc.; Aetna, Inc.; Humana, Inc.; UnitedHealth Group, Inc.).* Meanwhile, in 2016, Christian Healthcare Ministries and Medi-Share (Christian Care Ministry) spent just 2.71 and 8.55 percent of member dues on operating expenses, respectively.**

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* The 2015 overhead ratio for Humana, Inc., was 14.19 percent, calculated as a ratio of "Operating Costs" and "Operating" plus "Benefits" costs as a percentage of "Total Operating Expense" (Humana, Inc.). The 2015 overhead ratio for UnitedHealth Group, Inc., was 18.72 percent, calculated as the ratio of "Operating Costs" as a percentage of "Total Operating Costs" less "Cost of Products Sold" (UnitedHealth Group, Inc.). The 2015 overhead ratio for Anthem, Inc. was 16.0 percent, taken from a graphic representation titled "Selling, General, & Administrative Expense Ratio" (Anthem, Inc.). The 2015 overhead ratio for Aetna, Inc., was 21.15 percent, calculated as "Operating Expenses" as a percentage of "Total Benefits and Expenses" (Aetna, Inc.).

** Overhead ratio for Christian Healthcare Ministries is the ratio of "Management & General" and "Membership Development" expenses deducted from total expenses, all annual with year ending December 31. Christian Healthcare Ministries' overhead ratio for 2016 to 2010 (in descending order): 7.77, 8.82, 6.63, 4.87, 4.57, 3.49, and 2.71 percent (Christian Healthcare Ministries, Inc. 2010–2016). Overhead ratio for Medi-Share is the ratio of "General & Administrative Expenses" from total expenses, all annual with year ending June 30. Medi-Share's overhead ratio for 2016 to 2010 (in descending order): 8.55, 8.91, 10.13, 10.88, 10.13, 8.91, 8.55 percent (Christian Care Ministry, Inc. 2010–2016). Figures include depreciation and amortization expenses.

ACTIONS NEEDED

To further health care freedom, Congress should provide greater competition for these innovative entities by opening up the exemption to sharing associations created after 1999.

Furthermore, Congress should allow the existing religious exemption for sharing associations to be expanded to any group of individuals or communities—religious or otherwise.

These would allow more entities to enter the sharing ministry/association market to compete with existing entities and further drive down costs and provide patients with additional options for their coverage and care needs.

As these reforms occur, sharing ministries should seriously consider taking the initiative to develop an accessible database for their members to ascertain specific medical costs. This would allow HCSMs to create a transparent database of information showing the true cost of health care, further differentiating them from traditional insurers. Such an endeavor would revolutionize how patients think about care. If patients can glean an idea of the coverage rates relative to the costs of specific procedures, they would be able to make even more informed decisions with their respective providers. This action could put pressure on traditional insurance entities to start calculating the real cost of care for their patients and customers, leading to the kind of market-oriented pressure necessary for driving down costs in the long run.

CONCLUSION

Americans' health care costs continue to spike as Washington maintains its one-size-fits-all Obamacare regulatory regime. Fortunately, a small exemption has allowed sharing ministries to flourish in an environment otherwise devoid of free market solutions.

Obamacare should be fully repealed. However, these sharing ministries have great potential to circumvent the existing debate in Washington and deliver better care at lower costs to their members. The existing limitations on their ability to qualify for an exemption and to function outside the regulated system should be rolled back.

This would provide more options for Americans suffering under the crushing burdens of Obamacare's federal mandates and regulations. It would side step the nexus of cronyism that exists between Washington and big insurers and pressure existing insurance providers to compete for their customers' business.

Fully unleashed, HCSMs have the potential to drive down costs and foster the market mechanisms needed to liberate Americans from Washington's health care death grip. In the absence of full repeal, this is the very least that Congress can do to relieve some of the pain inflicted under Obamacare.

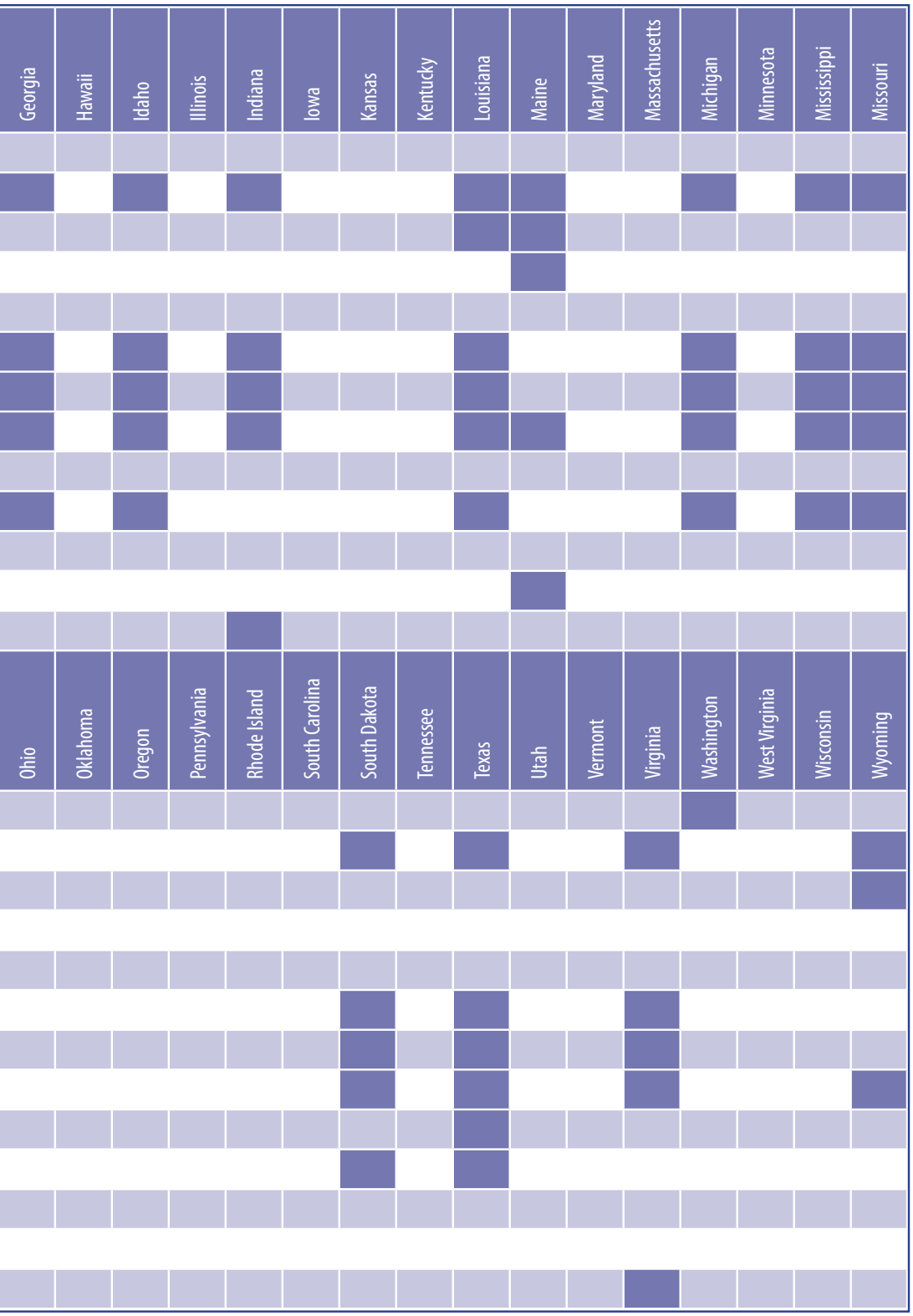
APPENDIX A – SUMMARY OF HCSM STATE REGULATION

	Alabama	Alaska	Arizona	Arkansas	California	Colorado[1]	Connecticut	Delaware	Florida
Only directs to 26 U.S.C.A. § 5000A						■			
501(c)(3) status	■	■	■	■					
Annual audit		■	■						
Grandfather clause	■		■						
Membership retention notwithstanding illness									
Minimum contribution disclosure	■	■	■	■					
Monthly statements	■	■	■	■					
Standard disclaimer	■	■	■	■					
Membership card disclaimer									
Participants of "similar faith"		■		■					
Participants with "common set of ethical or religious beliefs"			■						
Participants of "particular religious affiliation"									
Participants of "similar and sincerely held religious beliefs"									

	Montana	Nebraska	Nevada	New Hampshire	New Jersey	New Mexico	New York	North Carolina	North Dakota
Only directs to 26 U.S.C.A. § 5000A									
501(c)(3) status		■							
Annual audit		■							
Grandfather clause									
Membership retention notwithstanding illness		■							
Minimum contribution disclosure		■							
Monthly statements		■							
Standard disclaimer		■							
Membership card disclaimer									
Participants of "similar faith"		■							
Participants with "common set of ethical or religious beliefs"									
Participants of "particular religious affiliation"									
Participants of "similar and sincerely held religious beliefs"									

Ala. Code 1975 § 22-6A; Alaska Stat. Ann. § 21.03.021(k) (West); Ariz. Rev. Stat. Ann. § 20-122 (West); Ark. Code Ann. § 23-60-104 (West); Colo. Rev. Stat. Ann. § 23-5-106 (West)
Ann. 83-77-1 (West); Mich. Stat. Ann. 500 § 1867 (West); Neb. Rev. St. § 44-311; Mo. Ann. Stat. § 376.1750 (West); S.D. Codified Laws § 58-1-3.3; Tex. Ins. Code Ann. §§ 1681.001

1 "If a governing board of an institution of higher education requires a student to purchase health care insurance, the board must allow the same exemption for those participatin



; Ga. Code Ann. § 33-1-20 (West); Idaho Code Ann. § 41-121 (West); Ind. Code Ann. §27-1-2.1-2 (West); La. Stat. Ann. § 22:318; Me. Rev. Stat. tit. 24-A, 704; Miss. Code (4)–(6) (West); Va. Code Ann. § 38.2-3600 (West); Wash. Rev. Code Ann. § 48.43.005 (West); Wyo. Sta. Ann. § 26-1-1004 (West).

g in a health care sharing ministry as specified in the federal 'Patient Protection and Affordable Care Act.'" Colo. Rev. Stat. Ann. § 23-5-106.

APPENDIX B – OVERVIEW OF HCSMS CURRENTLY IN OPERATION

(Family of Four)	Initial Cost	Monthly Cost	Deductible/ Copay	Per-Illness Cap	Lifetime Cap	Letter from Clergy	Anti-Litigation Clause
Samaritan Ministries International	$200	$495	$300	$250k	None	Req'd	Yes
Medi-Share	n/a	$288–723	$1,125–10,000	None	None	Upon Request	No
Liberty Healthshare	$173	Unfixed	$1,500	None	None	No	No
Christian Healthcare Ministries	n/a	$135 | $255 | $450	$5,000 | $1,000 | $0	$0 | $0 | $150k	None	No	No
MCS Medical Cost Sharing	n/a	$527 | $620 | $963 | $784	$1,000–10,000	None	None	No	No
Altrua Healthshare	n/a	$480–780 | $450–720 | $330–600 (varies by age)	$2,500	$50k annual cap (Bronze only)	$1 Million	No	No
Average Obamacare Plan *(eHealth, Inc., 2017)*	n/a	**$1,021**	**$8,352**	None	None	No	No

1. SAMARITAN MINISTRIES

Membership. Samaritan's monthly membership dues for a family of four are about $495, varying some with age. Monthly dues for a 27-year-old single member are $220 per month. A $200 initial membership fee is assessed regardless of age or family size.

Members must profess the Christian faith, adhere to Samaritan's statement of faith, regularly attend a Christian church, refrain from drug abuse, provide a letter from their pastor, and waive their right to sue Samaritan or a fellow member.

Benefits. Samaritan does not cover the first $300 of a member's medical needs, which includes any discounts or other reimbursements already received. There is no membership lifetime cap, but there is a $250,000 cap on the eligibility of needs arising from a single condition.

Those physical conditions eligible for sharing by members are detailed in Samaritan's member guidelines. Some non-publishable costs include psychiatric care, durable medical equipment rental, fertility treatment, and drug and alcohol rehab. Pre-existing conditions are generally not covered (Samaritan Ministries, n.d.).

2. MEDI-SHARE

Membership. Monthly contributions are structured to replace deductibles with an Annual Household Portion (AHP), which is a fixed annual sum that must be met with contributions before a member's needs are eligible for publication. Members may choose their AHP amount (ranging from $500 to $10,000); the amount of monthly costs vary inversely with the AHP. A 40-year-old married parent can pay $723 per month with a $1,225 AHP to cover her spouse and children, or $228 per month with a $10,000 AHP. Members who meet certain health standards are also eligible for an up-to 20 percent reduction in monthly payments.

Members must profess the Christian faith, adhere to Medi-Share's statement of faith, and practice a healthy lifestyle. A member's church leader may be interviewed for verification.

Benefits. Membership entails a right to vote on significant changes in Medi-Share's guidelines (changes require a 67 percent majority). These guidelines stipulate which medical costs are eligible for cost sharing. Coverage for pre-existing conditions and needs arising in the first month of membership are not excluded outright but rather subject to benefit caps (Christian Care Ministry 2017).

3. LIBERTY HEALTHSHARE

Membership. Liberty HealthShare has three membership classes: (1) Sharing Members, who share the minimum monthly contribution amount and may submit medical needs per Liberty's Sharing Guidelines; (2) Provisional

Sharing Members, who apply to become sharing members but are determined to have a health condition that may be improved by a change in habits, lifestyle, or behavior, and are then given a provisional membership tailored per Liberty's discretion; and (3) Liberty Partners, who donate into Liberty HealthShare but do not contemplate submitting medical needs. Membership dues are $125 initially and $75 each year thereafter. Each member must also pay a $24 administrative fee for the first and second months of their membership. Minimum monthly contributions are not fixed and are set on a monthly basis by a board of directors.

Members must profess the Christian faith, adhere to Liberty's statement of shared beliefs, and practice a godly and healthy lifestyle.

Benefits. Liberty details its coverage of specific medical needs in its member guidelines. During the first two months of membership, cost reimbursement is not available for care unless arising from accidents, acute injury, or illness. Dental costs, medical equipment rental, and psychiatric care is not covered.

Pre-existing conditions are not barred from coverage outright. Rather, their coverage is limited as follows: "once a Chronic or recurrent conditions that have evidenced signs/symptoms and/or received treatment and/or medication within the past 36 months are not eligible for sharing during the first year of membership. In the absence of a Permanent Waiver, after the first full year of continuous membership, up to $50,000 of total medical expenses incurred for a pre-existing condition may be shared in total during the second and third years of membership. Upon the inception of the 37th month of continuous membership and thereafter, the condition may no longer be subject to the pre-existing condition sharing limitations" (Liberty HealthShare).

4. CHRISTIAN HEALTHCARE MINISTRIES

Membership. CHM offers three levels of membership: bronze, silver, and gold. Gold members pay $150 per unit per month and have a per illness reimbursement cap of $150,000. Silver members pay $85 per month per unit but are liable for the first $1,000 per incident and have a per illness reimbursement cap of $125,000. Bronze members pay $45 per month per unit but are liable for the first $5,000 per incident and have a per illness reimbursement cap of $125,000.

Members must regularly attend church as health permits, adhere to CHM's statement of faith, and refrain from the use of tobacco or illegal drugs and the abuse of alcohol.

Benefits. Christian Healthcare Ministries' coverage is typical of HCSMs. Notably, it does not share needs arising from immunizations, non-emergency transportation, and non-emergency dental care.

Needs arising from ongoing treatment of a pre-existing condition are not eligible for publication. A member whose illness has gone 90 days without symptoms or treatment and placed on a maintenance regimen or declared by a doctor to be cured is eligible for publication but limited according to that member's plan and length of membership (Christian Healthcare Ministries 2017).

5. MCS MEDICAL COST SHARING

Membership. MCS offers four membership levels: bronze, silver, gold, and platinum. Monthly contribution amounts for a family of four range from $527 to $784, depending on the membership level. Each plan carries its own deductible amount, but this deductible is reduced by $100 for each year of continued membership. This initial deductible amount ranges from $1,000–$10,000, depending on the plan. There is no lifetime benefit cap.

Members must adhere to MCS's statement of faith, practice a Christian lifestyle, attend church regularly as health permits, and refrain from drug abuse.

Benefits. Members are eligible after their tenth consecutive year to a rebate amounting to the member's total contributions to date, less the total amount received from other members. Costs covered by MCS are inpatient and outpatient services, doctor's visits, physical therapy, home health care, a 24/7 health care help line, and prescription drugs for preventative therapy (MCS Medical Cost Sharing).

6. ALTRUA HEALTHSHARE

Membership. Altrua offers a bronze, silver, and gold benefit plan. The minimum contribution per member per month varies by age and plan tier. Members are responsible for a co-pay calculated as a percentage of the billed cost of a given health care service. The lifetime limit for all plans is $1,000,000. Only bronze members are subject to an annual benefit limit, set at $50,000.

Members must adhere to Altrua's statement of faith and sign a membership commitment form.

Benefits. Each plan covers six office/urgent care visits annually and discounts on prescription drugs. Silver and gold members are also eligible for maternity benefits.

Like most HCSMs, Altrua limits coverage of medical costs arising from behavior that it considers immoral, reckless, or negligent. Caps apply to several different categories of services. Pre-existing conditions are not covered for the first 24 months of membership (Altrua HealthShare).

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About the Author

Katie Kerschner is a policy analyst with the Center for Tenth Amendment Action at the Texas Public Policy Foundation.

Before graduating from college, Katie was instrumental in helping her family start an online training school, which quickly became the leading online water industry training provider in the country. She earned a J.D. from Oak Brook College of Law and Government Policy, graduating with honors, and subsequently opened her own law practice.

In 2015, Katie traveled to Iraq to coordinate the opening of the first safe home for rescued women and children in the Kurdistan region. Upon returning to the States, Katie moved to Houston to work on the Ted Cruz for President campaign, serving as the deputy director of Delegate Operations.

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