



Individuals



	Liberty Freedom	Liberty Rise	Liberty Essential	Liberty Connect	Liberty Unite	Liberty Assist
Monthly Share Amounts	≤ 35 \$89	18-29 \$99	< 35 35-49 50+ \$160 \$180 \$221	< 35 35-49 50+ \$211 \$241 \$281	< 35 35-49 50+ \$261 \$312 \$362	65-91+ \$87 - \$281
Co-Share	No Co-Share	Varies for service	20% Co-Share	10% Co-Share	No Co-Share	No Co-Share
AUA	\$10,000	-	\$4,000	\$1,000	\$1,000	-
Maximum Shareable Amount	up to \$300,000 ²	up to \$50,000 ¹	up to \$600,000 ¹	up to \$1,000,000 ¹	up to \$1,000,000 ¹	up to \$100,000 ¹
Preventative Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	-
Additional Careington Discounts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Choose Your Own Doctor*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Maternity Care**	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	-
Emergency Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Alternative Therapies	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Surgeries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Hospital Stays	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visits	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cancer Care***	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pre-existing conditions waiting period	not eligible	immediately eligible	1 year [†]	1 year [†]	1 year [†]	immediately eligible

INDIVIDUALS is defined as one person. **Monthly Share Amount** is your voluntary contribution each month. • **Co-Share** is the portion of the bill you must pay after meeting your Annual Unshared Amount (AUA). • **Annual Unshared Amount (AUA)** is the annual amount you must pay before bills are eligible for sharing. • **Shareable Amount** is the amount your fellow member's may contribute to your medical bills per incident (program dependent). • **Alternative Therapies** are defined as Naturopathic / Alternative Treatments. | ¹per membership year ²per incident, or per membership year, whichever occurs first. *Members have access to an optional PHCS Network of over 900,000 providers who have agreed to Fair & Reasonable pricing. You may always choose a provider who does not participate in the PHCS network, but your likelihood of a balance bill will increase. Balance bills are not eligible for sharing. **To be eligible for maternity care sharing, you must be a member for 6 continuous months prior to conception. ***To be eligible for cancer care sharing, you must be a member for 12 continuous months prior to start of treatment. [†]From 13 months to 35 months of continuous membership, up to \$50,000 total may be shared. Upon the 37th month, condition is no longer subject to Pre-Existing Limitations. To see complete details on what's eligible and not eligible for sharing, see our [Sharing Guidelines](#). | Liberty Dental and Liberty Vision can be added on to any Liberty HealthShare medical cost sharing program for a low monthly share add-on. Please see [Dental](#) and [Vision](#) for more details. [State specific legal notices](#).



Couples



	Liberty Freedom	Liberty Essential	Liberty Connect	Liberty Unite
Monthly Share Amounts	≤ 35 \$169	< 35 35-49 50+ \$261 \$312 \$382	< 35 35-49 50+ \$342 \$392 \$493	< 35 35-49 50+ \$463 \$514 \$655
Co-Share	No Co-Share	20% Co-Share	10% Co-Share	No Co-Share
AUA	\$15,000	\$8,000	\$2,000	\$1,750
Maximum Shareable Amount	up to \$300,000 ²	up to \$600,000 ¹	up to \$1,000,000 ¹	up to \$1,000,000 ¹
Preventative Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Additional Careington Discounts	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Choose Your Own Doctor*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Maternity Care**	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Emergency Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Alternative Therapies	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Surgeries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Hospital Stays	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Specialist Visits	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Cancer Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pre-existing conditions waiting period	not eligible	1 year [†]	1 year [†]	1 year [†]

COUPLES is defined as two people under the same household (examples include child and parent or two children). **Monthly Share Amount** is your voluntary contribution each month. • **Co-Share** is the portion of the bill you must pay after meeting your Annual Unshared Amount (AUA). • **Annual Unshared Amount (AUA)** is the annual amount you must pay before bills are eligible for sharing. • **Shareable Amount** is the amount your fellow member's may contribute to your medical bills per incident (program dependent). • **Alternative Therapies** are defined as Naturopathic / Alternative Treatments. | ¹per membership year ²per incident, or per membership year, whichever occurs first. *Members have access to an optional PHCS Network of over 900,000 providers who have agreed to Fair & Reasonable pricing. You may always choose a provider who does not participate in the PHCS network, but your likelihood of a balance bill will increase. Balance bills are not eligible for sharing. **To be eligible for maternity care sharing, you must be a member for 6 continuous months prior to conception. ***To be eligible for cancer care sharing, you must be a member for 12 continuous months prior to start of treatment. †From 13 months to 35 months of continuous membership, up to \$50,000 total may be shared. Upon the 37th month, condition is no longer subject to Pre-Existing Limitations. To see complete details on what's eligible and not eligible for sharing, see our [Sharing Guidelines](#). | Liberty Dental and Liberty Vision can be added on to any Liberty HealthShare medical cost sharing program for a low monthly share add-on. Please see [Dental](#) and [Vision](#) for more details. [State specific legal notices](#).



Families



	Liberty Freedom	Liberty Essential			Liberty Connect			Liberty Unite		
	≤ 35	< 35	35-49	50+	< 35	35-49	50+	< 35	35-49	50+
Monthly Share Amounts	\$319	\$429	\$499	\$609	\$559	\$639	\$779	\$729	\$829	\$999
Co-Share	No Co-Share	20% Co-Share			10% Co-Share			No Co-Share		
AUA	\$20,000	\$12,000			\$3,000			\$2,250		
Maximum Shareable Amount	up to \$300,000 ²	up to \$600,000 ¹			up to \$1,000,000 ¹			up to \$1,000,000 ¹		
Preventative Care	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Additional Careington Discounts	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Choose Your Own Doctor*	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Maternity Care**	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Emergency Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Alternative Therapies	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Surgeries	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Hospital Stays	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Specialist Visits	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Cancer Care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>		
Pre-existing conditions waiting period	not eligible	1 year [†]			1 year [†]			1 year [†]		

FAMILIES is defined as three or more (3+) people under the same household. There is an additional \$65 monthly share for each member over 4 people. **Monthly Share Amount** is your voluntary contribution each month. • **Co-Share** is the portion of the bill you must pay after meeting your Annual Unshared Amount (AUA). • **Annual Unshared Amount (AUA)** is the annual amount you must pay before bills are eligible for sharing. • **Shareable Amount** is the amount your fellow member's may contribute to your medical bills per incident (program dependent). • **Alternative Therapies** are defined as Naturopathic / Alternative Treatments. | ¹per membership year ²per incident, or per membership year, whichever occurs first. *Members have access to an optional PHCS Network of over 900,000 providers who have agreed to Fair & Reasonable pricing. You may always choose a provider who does not participate in the PHCS network, but your likelihood of a balance bill will increase. Balance bills are not eligible for sharing. **To be eligible for maternity care sharing, you must be a member for 6 continuous months prior to conception. ***To be eligible for cancer care sharing, you must be a member for 12 continuous months prior to start of treatment. †From 13 months to 35 months of continuous membership, up to \$50,000 total may be shared. Upon the 37th month, condition is no longer subject to Pre-Existing Limitations. To see complete details on what's eligible and not eligible for sharing, see our [Sharing Guidelines](#). | Liberty Dental and Liberty Vision can be added on to any Liberty HealthShare medical cost sharing program for a low monthly share add-on. Please see [Dental](#) and [Vision](#) for more details. [State specific legal notices](#).