



**Obamacare
Secrets
That Are
Costing You
a BUNDLE.**

If you're like most Americans, you're concerned about the state of medical care and insurance in our country.

With the landscape of Obamacare becoming more unstable and expensive by the day, many families are left wondering what will happen should an unexpected illness or accident befall them. Will your bills be covered, or will you be saddled with enormous debts you may never be able to pay? Worse yet, will you be turned away or denied needed treatments because of governmental red tape and impossible insurance standards?

You may be paying into these insurance plans as the law requires, but more often

than not, you'll never receive real value for your money unless you can jump through all their hoops. Even then, it's not guaranteed you'll be truly cared for in your time of need. Insurance is supposed to provide peace of mind, but with the increasing turbulence surrounding Obamacare and the ACA, peace of mind is a far-off dream.

Perhaps you're one of the lucky ones that has bought into a standard insurance plan that covers many illnesses or injuries, but at what cost? Most often, you'll be spending thousands before you ever see a benefit. If you're finding it difficult to keep up with the rising and unfair costs of Obamacare and the Affordable Care Act, or you are simply looking for a better alternative, consider a plan from a Healthcare Sharing Ministry, like **HealthSharing**.

HealthSharing plans offer a wide variety of robust benefits that traditional insurance can't.

Don't get penalized for prioritizing your family over politics; with a HealthSharing plan, you are exempt from penalties, and you are given the freedom to make your own healthcare decisions, instead of being forced to follow government mandates.

If you've been searching for an affordable and fair health insurance alternative that encourages healthy lifestyles while keeping costs up to 50% lower than standard Obamacare options, then a HealthSharing plan might be the very thing you've been looking for.

On the following pages, we're sharing the 7 secrets that insurance companies don't want you to know that are costing you a bundle.

Why would we share this information so candidly? Because HealthSharing is Like Health Insurance...but better.

Secret No. 1

The Affordable Care Act Isn't Really Affordable



When everyone was forced to buy into Obamacare under threat of government penalties, we were given vague promises of "affordable" healthcare plans that would cover everything we could possibly need. What we were offered, however, was overpriced plans stuffed with "benefits" we didn't want, need, or support, with a hefty monthly bill to add insult to injury.

This reality left many Americans wondering where the "affordable" part of the Affordable Care Act was.

To make matters worse, and to underscore the instability of the entire ACA, steadily rising premiums started to take a toll on those that didn't qualify for subsidies.

Throughout 2017, insurers were set to raise premiums for healthcare plans by an average of 22%, which is nearly three times the percentage increase in 2016. These ridiculous and expensive increases are being passed off as "adapting" to the changing health insurance environment, but it doesn't matter what kind of spin they try to put on it. The ACA wasn't "affordable" for many people in the beginning, and it's not getting any more affordable with the rate hikes, either.

The rate hikes are the result of many factors, not the least of which is the sheer amount of people with pre-existing conditions suddenly sending in claims. Those on the free or low-cost plans were getting better care, but those who didn't qualify for the truly affordable options were the ones left paying the bill in the form of rising premiums and exorbitant out-of-pocket expenses. The end result is that many insurance companies are leaving the health insurance marketplace, further increasing premiums by reducing competition—more on that in a moment.

22%

Average Obamacare Premium Increase for 2017

The future for premium increases is looking just as bleak as the past. Some estimates are as high as 27% and as low as 9%, depending on the state. **No matter which end of the spectrum you're on, the "affordable" part of the ACA is a distant dream.**

Secret No. 2

70% of Counties in the U.S. Have Limited or NO Choices

There are a lot of factors that contribute to the decision to increase the cost of insurance, but one of the most damaging is the number of pre-existing conditions and serious illnesses (such as cancer) being reported and billed to insurance companies.

The costs for insurance companies are skyrocketing, and it's causing many to leave the marketplace, reducing the number of options for buyers. When there's less competition in the marketplace, there's less reason for insurance companies to offer better rates. Since insurance is mandatory to avoid government penalties, buyers have to choose something, even if the rates keep climbing and the plans don't offer suitable benefits.

One of the main points of the ACA was to increase competition between insurance companies and give buyers more affordable options, but the reality is the exact opposite. In fact, in 2017, the choices became fewer and less competitive than the individual health insurance market was before the ACA. There is an estimated 70% of counties in the U.S. with limited or no choice of insurance companies.

In 2013, which was the last year before the ACA was implemented, there were 395 insurers selling coverage in the individual market. By

2017, the number of insurers offering plans in the exchange was only 218 across all states.

As a result, on average, the cost of plans has increased about 12% to 25%.



In California, Anthem Blue Cross abruptly left 17 counties. As the state's most popular carrier, it left over 300,000 scrambling for coverage.

Secret No. 3

You're Paying for Benefits You'll Never Use

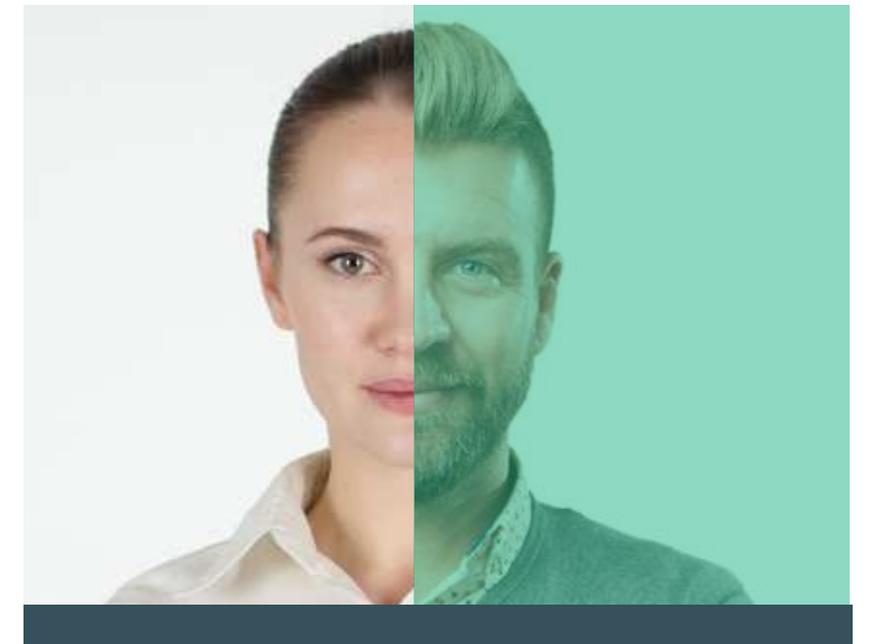
The health insurance marketplace uses language that implies buyers have choices. Plan size, cost, and benefits seem to be varied on the surface, but if you look carefully at the offerings, the truth starts to come through.

We've already covered the rising premiums and insurers backing out of the marketplace, but what of the plans still available? Unfortunately, they are all hiding some nasty secrets.

One big problem with the current Obamacare plans is the definition of "essential" coverage. While the "essential health benefits" are great for some people, they end up being completely useless for many more. It makes no sense to pay for so-called "benefits" that you'll never use, yet every insurance plan in the marketplace has to cover them, whether you agree with it or not.

Age and gender play no part in deciding what's essential. Take maternity or newborn care, for example. **If you're a single man, maternity and newborn care are not essentials for you; so why are you paying for it?** The same goes for lifestyle choices. Why should you be punished (in the form of higher premiums) for those who choose to take drugs or drink alcohol when you never touch the stuff? Obamacare thinks that drug and alcohol treatment is "essential", as well as mental health coverage

and prescription drugs. And if you don't have a chronic illness, too bad. You're still paying for that coverage. Since the ACA considers all of these "essential", you can't remove them or opt out to save money.



Beyond the need for certain coverage or services, there is also the question of personal values. The current choices in the health marketplace don't take those into consideration, putting politics and money above family values. Even if a service goes against your beliefs, you still have to pay for it.

Where are the choices we were promised?

Secret No. 4

You're Paying for Other People's Expensive Medications

Insurance companies want you to believe that the high cost of prescription drugs is unavoidable. It is no secret that these costs have been rising over the years, many surging ever higher after implementation of Obamacare itself. What the drug and insurance companies don't want you to know, however, is why this is happening.



Price increase percentage on Epipens from 2007 to 2014

There are "market exclusivity" regulations in place right now which allow drug manufacturers to charge monopolistic prices for their products. What this looks like for individuals will vary greatly, but in terms of average money across the board, it means an estimated 17% of overall health care expenses go to prescription drugs. Medicaid and Medicare—the two largest insurers, covering 1 out of every 3 Americans—aren't allowed to negotiate prices. Yet again, more choices taken from consumers and patients, and us left paying the cost for poorly-planned politics.

The medication ripple effect can best be seen in one very public case. You may have heard about Epipen costs exploding and the outrage over those price hikes.

Patients spent 535% more out-of-pocket on Epipens from 2007 to 2014. When the manufacturer raised their prices, insurance companies had less to spend on other health services, and so premiums and out-of-pocket expenses started to rise. And the ripple goes on and on.

Secret No. 5

Young and Healthy People Pay for the Sick and Old



Health care is supposed to be personal. You and your health care providers decide on a course of action that best fits your needs and budget. Once Obamacare stepped in, however, things got muddy very quickly, and an obvious (but seldom discussed) inequality began to surface.

Premiums went up, out-of-pocket expenses rose, yet the quality of care didn't increase with those rising costs. So where was your money going?

Under Obamacare, 5% of enrollees represent a whopping 49% of healthcare claims costs.

How is that even possible? With the ACA in place, everyone must be accepted, regardless of health, pre-existing conditions, or lifestyle choices that can affect health. Remember the "essential benefits" discussed previously? This is where those really sting for those people who will never use those types of services.

Insurance companies must pay all claims, starting on day one of coverage, and there is no balance of young and old, or sick and healthy. This leads to a major inequality of costs versus care. Simply put: you're paying more for services you'll never use, just so someone else can have them, too.



Secret No. 6

You'll Pay Thousands Before You See Benefits

Health insurance is supposed to promise peace of mind, but in the days of the ACA and Obamacare, those promises are all but empty.

Rising medication costs, drastically increasing premiums, and high deductibles have four in ten adults on ACA plans afraid they won't be able to afford care if they get sick or injured. Those fears are legitimate, when you look at the numbers.

The health insurance marketplace gives choices between levels of care. Cheaper plans with lower up-front and monthly costs often come with extremely high deductibles.

In 2015, when rates were lower than they are today, half the plans offered on the marketplace had a deductible of \$3,000 or more for a single person. Now, in some cases, people are expected to pay upwards of 10% of their income for a mid-level insurance plan.

To make matters worse, insurance plan premiums continue to rise as people age, with an estimated 22% of a person's income going to health insurance by the time they reach 60.

This has caused many people to pay for their insurance, but then not use it. Why would they? It would take thousands of dollars in visits before they saw a penny of their benefits. This leaves many Americans wondering

"What's the point of insurance?"



Some have gone as far as to skip insurance all together and simply save their money for medical bills when needed. Of course, then they have to pay the penalties. For many, this is better than "affordable" premiums that come packaged with outrageous out-of-pocket expenses.



Secret No. 7

HealthSharing Plans are Cheaper Than and Exempt from Obamacare



We've saved the biggest secret for last because we wanted you to know the whole story, and the six bad secrets, before we gave you the good news. Obamacare plans are NOT your only option for health care plans.

Healthcare Sharing Ministries are an ACA-exempt health insurance alternative, and **can save you 30 – 50% off a typical Obamacare plan**, with the benefit of protection against the governmental penalty fees for not having "traditional" insurance. Sound too good to be true? Don't worry—we're ready to give you the facts!

Being exempt from penalties and saving a bundle of money are nice, but what about coverage, benefits, and the all-important beliefs you hold most dear? Unlike ACA insurance plans, HealthSharing Ministries understand these values, give you and your family clear choices, and offer the kind of benefits you'll actually use, all in a like-minded community that puts family above politics.

Some benefits include: nationwide coverage; the choice of any provider, not just those "in network"; no annual rate increases over the last

two years, and the primary membership demographic is healthy people—meaning less drain on the pool of money and lower costs for members. Obamacare can't offer any of those things. There are even more benefits, of course, so we've included a quick comparison guide at the end of this book to help show why HealthSharing is a better option than Obamacare and can save you more than just a pretty penny.



Average savings with HealthSharing vs. Obamacare

Final Thoughts



With the instability the ACA and Obamacare has brought to the health care landscape, it's no wonder that so many people just like you have been searching for truly affordable alternatives to the government-mandated and unfair insurance offerings in the health marketplace. Choosing an ACA-exempt HealthSharing plan from HealthSharing means freedom from overpriced premiums and out-of-pocket expenses (cutting your monthly healthcare costs in HALF), and having real choices and control over your own health and wellness.

Our HealthShare Advisors are standing by to answer any questions you may have and to help guide you to a HealthSharing plan that fits your budget and goals.

Please call us at 1-844-699-6873 or email help@healthsharing.com to learn more.



HealthSharing vs. Obamacare

When it comes to choosing health care for you and your family, HCSMs like HealthSharing allow you to put family before politics. Unfortunately, the mandates of Obamacare do not.

With Obamacare, you're obligated to pay for individuals who may choose risky medical procedures, and whose unhealthy lifestyle choices result in expensive treatments.

Unlike ACA Insurance, HealthSharing is an ACA-exempt alternative, and can save you 30 – 50% off a typical Obamacare plan, with the benefit of protection against the governmental penalty fees for not having “traditional” insurance.

	HealthShare	ACA/Obamacare
Uninsured Penalty	✗	✗
Nationwide Coverage	✓	✗
ACA Taxes and Fees	✗	✓
Government Involvement	✗	✓
Financial & Private Documents Required	✗	✓
Tax Status of Provider	Non-Profit	For Profit
Mental Health Coverage	✗	✓
Drug & Alcohol Rehab Coverage	✗	✓
Birth Control Provided	✗	✓
Go to Any Medical Provider	✓	✗
Average Annual Rate Increase Last 2 Years	0%	40%
Healthy Lifestyle Choices Enforced	✓	✗
Medical Bill Negotiation	50% Savings	0%
Pre-Existing Conditions Covered	After 12-24 Months	Immediately
Tobacco Users Must Be Accepted	✗	✓
Primary Membership Demographics	Young & Healthy	Sick & Old