



## How to Avoid Obamacare

Guest: Dale Bellis

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*Dale Bellis is executive director of [Liberty HealthShare](#).*

**WOODS:** Tell us about Liberty HealthShare.

**BELLIS:** Liberty HealthShare is a national, non-profit community of like-minded Americans who simply have chosen to share each other's medical costs, and we do that on a monthly basis. So without the help of an insurance company or the government we mutually share our costs together, and it's a systematic method that's dependable and transparent and very cost-effective.

**WOODS:** And also exempt from the Affordable Care Act—so-called Obamacare.

**BELLIS:** Yes, thankfully built into the legislation, the Affordable Care Act, is an exemption for what the ACA calls a healthcare sharing ministry. And so based upon certain religious perspectives and exemptions we're able to do this within the confines of the Affordable Care Act and not be subject to any fines or penalties for not having insurance, because we're all self-paid patients. It's not an insurance program. It's just a mutual aid assistance to one another, and it works beautifully.

**WOODS:** So even before Obamacare came along, you guys were exempt from whatever regulations, whatever bureaucratic structure exists to oversee the insurance industry.

**BELLIS:** Yeah, we are a group of health-conscious Americans who have practiced time-tested principles Christians have been observing for over 30 years about their healthcare, and we've been in existence and actively sharing expenses together since before 1990.

**WOODS:** Now, how does this work? Suppose I join, and I have some medical procedure. I submit it to you, and then it just becomes part of everybody's—you've done the actuarial estimates, and so you can anticipate what everybody's monthly payment ought to be, or does

everybody's monthly payment fluctuate on the basis of how many people are having procedures?

**BELLIS:** Yeah, we calculate on an annual basis what our monthly share amount is going to be, so it doesn't change month to month. So each month everyone's share is matched to another member's medical expenses, and with our secure, online technology you send that pre-determined share amount directly to another member who has the medical expenses. So depending on whether you are single or a couple or a family, we have set share amounts for those different categories, and then should ever you have medical costs, a sufficient number of singles, couples, or families are directed to contribute their monthly share amount directly to you equal to your expenses.

**WOODS:** Dale, I think the question that a lot of people would want to have answered is how do your monthly rates compare to the monthly premium somebody would pay with traditional insurance?

**BELLIS:** Well, it is far less costly. We're able to share our medical expenses together for several reasons, and I can go through those, but for several reasons we're far less than the ordinary health-care costs out there. Our most comprehensive program—and that's sharing medical bills after what we call an annual and shared amount; that's the first part in the course of a year that we've all chosen to be responsible for ourselves, before sharing commences—up to a million dollars per incident is \$199 for a single, \$299 for a couple, \$449 for a family. So we find that one of the side benefits of choosing our own way in terms of managing and directing our own health care is that we cut out a lot of the overhead costs, and the middleman expense, and minimize the expenses of health care significantly.

**WOODS:** Okay, you mentioned several reasons that you might want to get into. Please do so.

**BELLIS:** Okay, well, the reason why we can do it so inexpensively, a couple of reasons, or a few. One is, we share the actual medical expenses of our members. That is, we do not do actuarial projections, which are typically an inflated number, like traditional insurance companies do. So whenever a member has an expense, we share the actual cost, as opposed to some projected amount in the future. And secondly, our members access a very rigorous medical discount system. We experience about a 50 to 60 percent discount on our medical bills. So we end up sharing the true cost of healthcare, not an inflated retail cost. And we keep our costs down by attracting health-conscious people. Now, you notice I didn't say healthy people. That is health-conscious people. People who take responsibility for their health. So our costs are just a whole lot less.

**WOODS:** I still can't help thinking about my own situation, though. For instance, we just had a baby, and the baby had to be in neonatal intensive care for 11 days. Now, in our view, by the way, she didn't need to be there. They claimed they needed to watch to make sure she could gain weight. My wife, who has a lot of experience with children, said, "I'm pretty sure if I bring

her home, she'll gain weight." Well, of course, she has flourished and gained far more weight at home than she did in the hospital, just as my wife predicted.

**BELLIS:** Well, that's exciting to hear.

**WOODS:** But apparently, all things considered, we racked up a bill of \$42,000. Now, when I look at the breakdown, when I get the Blue Cross statement, and I look at the breakdown, some of it is paid for by insurance, but there's another very, very substantial section: contractual provider write-off. In other words, there's an agreement between the insurance company and the provider that we're a big insurance company, so you're just going to lower that fee way, way down, and then we'll pay the remainder. So our out-of-pocket expense wound up being a little over \$3,000 after \$42,000 was the original bill. How is it possible that you guys can save so much money in this way that you could comparably reduce a bill like that down to that much?

**BELLIS:** Yeah, we have created a reimbursement system to our providers, doctors, hospitals, ancillaries that our medical doctors readily and quickly and gratefully accept that just basically creates a value for every medical procedure known to mankind. There are thousands of those medical procedures. We've assigned a value to them—communicate in advance to our provider that says, here is our reimbursement schedule. We're a group of individuals who are all self-paid patients, but we're sharing our bills, and here's how we reimburse, and they readily, happily accept it. It eliminates the overhead cost of having to argue with an insurance company. Every doctor and hospital runs a report every month as to the reimbursements they are not going to receive from the insurance company because they submitted the claims in some way that fell outside the contract, so they get stuck with the bill. None of that stuff. They don't require administrative overhead with a group of people calling up to a gatekeeper trying to get permission on stuff. It just eliminates their costs. It helps us maintain the efficiency and cost-effectiveness so that we're accessing the true cost of health care and our providers readily participate and accept.

**WOODS:** How many people would you estimate are pursuing this, let's say, non-traditional approach to medical provision?

**BELLIS:** In the United States today there are about 150,000 households who are sharing their medical bills together on a voluntary, cooperative basis. There are a number of cost-sharing ministry groups out there. We are somewhat different than the others in that we have a much more robust online technology that we use as opposed to the mail. So your share amount's going online to another member's online account. That's number one. But number two, while we are spiritually based, we do not impose a specific faith requirement on our members because we want to make it as broad based and as open to as many as we can.

**WOODS:** Well, that was going to be one of my questions: whether members have to be religious in general, Christian in particular, or none of the above?

**BELLIS:** Well, they do need to be religious in general in that our basic shared beliefs—and anyone can participate with us who joins in with agreeing with our shared beliefs. I can run through those quickly in a moment, but one of our most fundamental is that our rights, our liberties, our freedoms as individuals come from God. They don't come from an agency of man or from the government. So it would be somewhat difficult to be an atheist and join our group. But it is a shared belief on which our entire nation was founded. It's a fundamental, core belief both with our group and those who were our Founding Fathers who believed our rights came from God.

**WOODS:** Now, this, of course, has to do with the fact that the reason you're able to do what you're doing is that there is a religious, I don't know if exemption is quite the right word, but—

**BELLIS:** It is. Yes, that's the correct word, Tom.

**WOODS:** Okay, so there is a religious exemption here in Obamacare and from general regulation pertaining to insurance because, as you say, it's not strictly an insurance program. It doesn't follow the principles of insurance. It's a sharing program. But if you had just said, we want to have a program where we share medical expenses and we're a bunch of healthy people, and we want to share medical expenses, they would not allow you to do that. Is that what you're telling me?

**BELLIS:** That's correct. The Affordable Care Act requires that there be a set of shared religious or ethical beliefs. And our belief system is basically the following five points. One, that our rights rather come from God. Number two, that we have the right to worship as we choose. Number three, that we have the right and spiritual obligation to help our fellow man when they are in need. Fourth, we have the right, and again, the obligation to maintain a healthy lifestyle and treat our bodies in ways that don't produce sickness or disease. And number five, that we have the right to administer and direct our own health care free from government intervention and oversight. Those are our both religious and ethical beliefs.

**WOODS:** Now, do you make any effort to, let's say, get testimonials from people or documentation that they are registered with a church or anything of that nature? Or do you just more or less take them at their word?

**BELLIS:** We take them at their word. It's an honor system, and they just simply sign off on those shared beliefs, and we welcome anyone who wishes to join.

**WOODS:** Has there been—this is probably the dumbest question of all—an increase in interest in what you're doing since Obamacare came onto the scene?

**BELLIS:** Oh, it's been a dramatic increase of interest, and so it just really gives Americans who are of like mind an alternative to meet their health-care costs apart from traditional health insurance.

**WOODS:** Are you concerned that this dramatic increase in interest in what you're doing, and, I am sure, to some extent also an increase in public awareness of what you're doing and exposure to what you're doing may be a double-edged sword? On the one hand, it's wonderful to have more members, and it makes the program work better and better the more members there are, but on the other hand the more visible you become the more the totalitarians in our midst realize, wait a minute, there's one small sliver of mankind that hasn't been subject to our stultifying rules. Are you concerned about that?

**BELLIS:** Well, while it's true that the Affordable Care Act gives us this basis or this platform on which to operate, and we are open to anyone who will join in with us on our shared beliefs, frankly, Tom, it's not for everybody because it is a change of mindset regarding health care and how health care is paid for. It's really a paradigm shift. We believe that one must change from simply having someone else take care of us, and instead take responsibility and be focused upon caring for ourselves, and as self-paid patients, we direct and manage our own health care. So rather than receiving from a third party out there, someone else who is taking care of the bill, we focus on our own costs, our own treatments, our own expenses, and we share them together, and that's a whole different mindset. It's frankly not for everybody, not everyone identifies with that approach to health care and the way in which we should meet those expenses.

**WOODS:** That's true. On the other hand, I would say my audience, vastly out of proportion to its numbers—

**BELLIS:** Well, then we welcome them all.

**WOODS:** Exactly; it's going to have a lot of people who think about their entire lives in exactly that way, not just medical care. Before we wrap up, what have I left out that we should talk about about this?

**BELLIS:** Well, just the fact that we exist for health-conscious Americans, and when you join, number one, your costs will remain low because that's our primary objective, to do it in a cost-efficient way. Number two, you'll know where your money is going because we have a very transparent online sharing system, and every month you see exactly where your share amount is going to another fellow member that you can message with encouragement, with cheer, with prayer. So not only do we take care of each other's medical costs, but we give each other a hug in the middle of sometimes life's most incredibly difficult crises, and we're there for one another, and you'll be able to make your own healthcare decisions, and you can choose any doctor or hospital you please.

**WOODS:** Well, how about that? Okay, well, the website is [LibertyHealthShare.org](http://LibertyHealthShare.org). Have I got that right?

**BELLIS:** That is correct. [LibertyHealthShare.org](http://LibertyHealthShare.org), or they can give us a call toll-free 855-58-LIBERTY, 855-58-LIBERTY.