



2019

# Membership Guidelines

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*“Caring for One Another”* through the blessing of sharing is a gift received by all members who participate.

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## Glossary of Terms

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# A message from the Executive Director/CEO

Dear Member,

Thank you for choosing Altrua HealthShare Membership as your Health Care Sharing Plan!

Altrua HealthShare is part of Altrua Ministries, a 501(c)(e) nonprofit organization, as a nationally recognized faith-based Health Care Sharing Ministry of individuals and families, a collaborative community of health-conscious people, providers, nurses, staff and members dedicated to a single purpose: improving your health by “Caring for One Another.”

We care for one another through health care sharing by heeding scripture to bear the burdens of individuals and families from all around the world. Altrua HealthShare is inclusive, membership developed and based on Biblical principles established for living a healthy and honorable lifestyle. We deliver skilled and member-centered health care sharing services, and we strive to shape the future of health care by always asking:

“How can we care for one another?”

By each *member* of Altrua HealthShare following this example, we’re able to serve the entire membership through a unique member-to-member *sharing* method through an escrow account. It’s that simple. You don’t have to worry about waiting for checks

from other members or wait for other members’ bank accounts to distribute share amounts to your individual bank account once your medical bill becomes an *eligible* medical need. Altrua HealthShare takes care of the member-to-member *sharing* through the escrow account so each *member* doesn’t have to worry or wait for their *eligible* needs to be shared.

At Altrua HealthShare, we want you to be involved in your own health. The *Membership Guidelines* will tell you how to use your new *membership plan*. It’s important that you read it carefully and keep it in a safe and convenient place.

Again, thank you for joining the thousands of individuals and families across the nation who have made the same decision as you to join the Altrua HealthShare membership. For any questions or concerns, please call us at 1.888.244.3839, Monday to Friday, 8:00 a.m. to 6:00 p.m. Central Time.

On behalf of the entire Altrua HealthShare family, I welcome you. We look forward to helping you lead a healthier life.

Blessings,

  
**Randall L. Sluder**  
EXECUTIVE DIRECTOR  
& CHIEF EXECUTIVE OFFICE

  
Altrua HealthShare

“Carry each other’s burdens, and in this way, you will fulfill the law of Christ.” –Galatians 6:2

# Frequently Asked Questions

## Q Who can take part in the membership?

Our membership is for anyone who believes in living a healthy lifestyle and can agree to our [Statement of Standards](#).

## Q How long has Altrua HealthShare been in operation?

Altrua HealthShare, including its predecessor, Blessed Assurance Bulletin, has been *sharing* the *medical needs* among members since 1996 and have saved or shared more than \$100,000,000 to date. Altrua HealthShare is a DBA of Altrua Ministries, Inc., a 501(c)(3) organization.

## Q Is Altrua HealthShare insurance?

Altrua HealthShare is not insurance and Altrua Ministries is not an insurance company. The membership is a health care sharing ministry that facilitates member-to-member *sharing*. All members' *monthly contributions* are deposited into an Escrow Account from which all *eligible medical needs* are shared on a member-to-member basis. Your *monthly contribution* each month goes to other members having a medical need. Other members are contributing to help you in your *medical needs*.

## Q Is Altrua HealthShare exempt from the Affordable Care Act?

We are recognized by CMS as a Health Care Sharing Ministry and all *active members* are *eligible* for exemption from the tax penalty. See Affordable Care Act on our website at [www.altrua-healthshare.org](http://www.altrua-healthshare.org) for more information.

## Q What is the monthly premium amount?

Altrua HealthShare members do not have a monthly premium. Our members receive a Monthly Contribution Request. The amount varies based on age and the number of members in your family and the *membership plan* you choose. See the specific *membership plans* on our website at [www.altruahealthshare.org](http://www.altruahealthshare.org) or log into your [Member Portal](#).

## Q What is the deductible amount?

Altrua HealthShare members do not have deductibles. Members have *Member Responsibility Amounts (MRAs)* that vary according to the specific *membership plan* chosen. The *MRA* is the dollar amount that a *member* must pay toward *eligible medical needs* before any bill may be shared among

members. For example, if your 1<sup>st</sup> MRA is \$500, then the first \$500 of all *eligible medical needs* will not be *eligible for sharing*; it is your responsibility.

**Q** What guarantee do I have that my contributions will be used correctly?

Financial integrity and accountability of the Altrua HealthShare membership is very important. We operate according to biblical standards for maintaining the highest level of accountability through independent auditing procedures, which are overseen by the Board of Directors.

**Q** How do claims get processed?

Members do not file claims, nor does Altrua HealthShare handle claims. A “claim” suggests there exists an entitlement to other’s money. Altrua HealthShare processes *medical needs for sharing* among the membership. Your medical provider may submit your medical need by using the instructions on the back of the member ID card. Once the medical need is received and determined *eligible for sharing*, the medical need is adjudicated, and *MRAs* are applied. The membership will send your provider a check for the shareable amount. These funds are issued from

the members’ *monthly contributions* held in the membership escrow account.

**Q** What do I tell my provider when I need medical attention?

Members can explain to any medical provider that they are a *member* of Altrua HealthShare, a recognized Health Care Sharing Ministry. Show them the Altrua HealthShare member ID card and explain that the medical need should be sent either electronically or by mail as directed on the back of the member ID card.

**Q** Can I be a *member* of Altrua HealthShare and have health insurance?

Yes, a *member* can have traditional health insurance through work or another source. Members can utilize the membership to share in the portion of *eligible medical needs* that the health insurance plan does not cover. Altrua HealthShare will always be secondary in the *sharing of eligible medical needs* to traditional insurance.

# Getting Started

In order that you may quickly get the greatest benefit from your health care sharing membership, start with these two easy steps:

## 1 Get to know your membership plan.

Review your membership plan for a quick overview of your new membership plan. And be sure to keep this booklet handy, for future reference. You may access the *Membership Guidelines* online at any time at [www.altruhealthshare.org](http://www.altruhealthshare.org) or log in to your [Member Portal](#).

## 2 Familiarize yourself with our health care sharing membership terms and definitions.

This is a great way to get the big picture of the terminology we use as a health care sharing membership. Refer to the *Glossary of Terms* on page 45 for an explanation of the terms used throughout this booklet. This will help you understand our language and how it applies to your health.



# Statement of Standards

**I AGREE** to live a clean and healthy lifestyle and I share the following ethical and religious beliefs:

- › **I BELIEVE** in caring for one another.
- › **I BELIEVE** in keeping my body clean and healthy with proper nutrition.
- › **I BELIEVE** that excessive alcohol consumption, as well as the use of tobacco or illicit drugs, is harmful to the body and soul.
- › **I BELIEVE** I believe sexual relations outside the bond of marriage is contrary to the teachings of the Bible and that marriage should be held in honor.
- › **I BELIEVE** abortion is wrong, except in a life-threatening situation to the mother.
- › **I BELIEVE** it is my obligation to care for my family, and that physical, mental, or emotional abuse of any kind to a family member, or to anyone else, is morally wrong.

# Membership Services at a Glance

As an Altrua HealthShare *member*, you have a variety of eligible services and *sharing* options available to you.

**HERE IS A BRIEF OVERVIEW.**

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## Large Affiliated Provider Network

You may choose any provider from our large network of providers. Our network also includes hospitals and facilities—giving you many options for your health care. Find a complete list of *affiliated* providers on our website under Affiliated Providers or contact us to find out more.

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## Primary Care / Specialist / Urgent Care

Depending on the *membership plan* chosen, any combination of up to six Primary Care, Specialist, or Urgent Care Facility visits may qualify for *sharing* or may be applied towards the *MRA*. Your Primary Care doctor is who you will most likely see the most for your health care needs. This includes checkups, treatment for

colds and flu, health concerns and health screenings. Specialists are doctors who have completed advanced education and clinical training in a specific area of medicine. No referral is ever needed to see a Specialist. Urgent Care is medical care provided for illnesses or injuries that require prompt attention but are typically not of such seriousness as to require the services of an emergency room.\*

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## Telemedicine

With this program, all *active members* have direct access to consult with physicians in their state 24 hours a day, 7 days a week to treat common ailments. Please contact us for more information.

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## Prescription Discounts

Your *membership plan* provides discounts on generic and brand name prescription drugs for *active members* of all ages. Some prescriptions will have restrictions. Please contact us for more information.

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## Hospital Services

All hospital services require preauthorization unless it is an Emergency Room visit or Emergency Room admission. Hospital services are subject to any remaining *Member Responsibility Amount(s)*.

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## Laboratory Services

*Eligible* services include tests and X-rays that help find the cause of illness.

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## Well-Child Visits

Depending on the *membership plan*, well-child visits and immunizations may qualify for *sharing* or may be applied towards the *MRA*.

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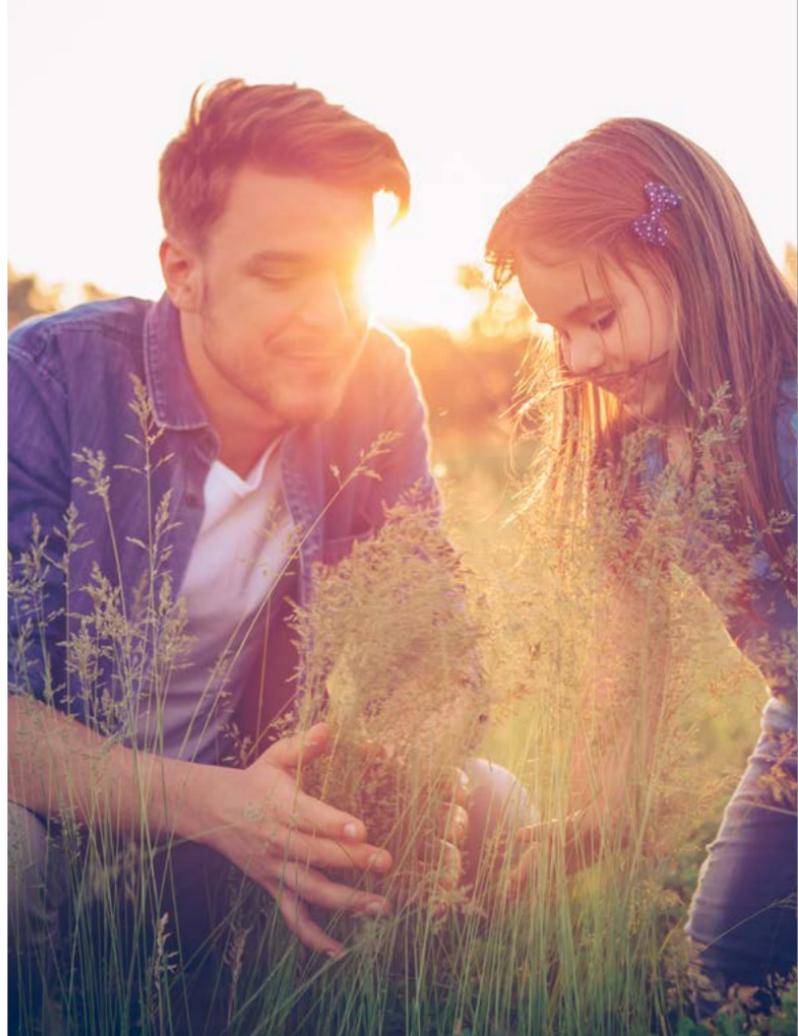
## Maternity Care

*Maternity* needs are *eligible* for *sharing* only on some *membership plans* beginning with the 11<sup>th</sup> month of membership. *Sharing limits* apply.



# Membership Qualifications

This section describes your qualification requirements for an Altrua HealthShare membership, your rights and responsibilities, your *commitments* (including your financial *commitments*), and details you will need for your *Membership Enrollment Application*.





## 1 Qualifying For Membership

You, and any qualified *dependents* you include on a *Membership Enrollment Application*, must each meet the following criteria to qualify for membership in Altrua HealthShare:

### 1.1 Alignment With Beliefs and Standards

All members acknowledge that they share a common set of ethical or religious beliefs as outlined in the *Statement of Standards*. *Medical needs* resulting from or related to actions contrary to a *Statement of Standards* belief may be denied as an *ineligible* need.

If a need is denied as *ineligible* according to the previous paragraph, you will have 30 days to submit documentation correcting the issue. If you do not provide such documentation timely, all of your *medical*



needs resulting from or related to those actions found contrary to a Statement of Standards belief, will be ineligible for sharing.

If the need is related to tobacco, nicotine or illicit drug use, Altrua HealthShare may require a drug screening or nicotine test be administered within 48 hours from the time you have been notified. Test results must be received by Altrua HealthShare within seven days. If you do not provide the results, or if the results are positive, your membership will be withdrawn.

Please note that contributions paid prior to the date of withdrawal are non-refundable as your contributions are already submitted for member-to-member sharing.

If you wish to reapply for membership, your new application may be considered on a case-by-case basis, although Altrua HealthShare has no obligation to reconsider your application. If your ineligible need resulted from or was related to tobacco, nicotine, or illicit drugs, you may reapply for membership after 12 months of abstinence.

## 1.2 Annual Membership Commitment

Each year, you must submit a Membership Commitment Form to officially acknowledge your continued commitment to:

- a. the Altrua HealthShare membership,

- b. the Statement of Standards,
- c. the Acknowledgements section of your Membership Enrollment Application, and
- d. the Escrow Instructions for sharing of member contributions.

If you have a combined membership for your household, your Membership Commitment Form submission represents continued commitment by each member under the age of 17 in your household. Any member 18 years of age or older will need to sign the Membership Commitment Form annually.

It is your responsibility to complete and send the Membership Commitment Form to Altrua HealthShare within 30 days of your annual renewal date. Otherwise, your membership will be placed on hold until Altrua HealthShare receives this document/electronic form.

## 1.3 Accepted Application

U.S. citizens ages 1 through 64 may apply to Altrua HealthShare for individual membership. U.S. citizens ages 0 through 64 may apply to Altrua HealthShare for a combined membership with another qualified dependent(s), provided all other qualifications described

in the *Membership Enrollment Application* are met on the date of application.

Legal non-U.S. citizens under 65 may also qualify for membership. If at any point it is discovered that you are not, or are no longer, a legal non-US citizen, you will be *withdrawn* from the membership. Your *monthly contributions* prior to the date of withdrawal are non-refundable as your *monthly contributions* are already submitted for member-to-member *sharing*.

You must apply by the 25<sup>th</sup> of the month in order for your membership to be effective on the 1<sup>st</sup> day of the next month or you may select the following month for your membership to be effective.

You will be enrolled as a *member* of Altrua HealthShare once your *Membership Enrollment Application* fee and ministry donation are received. Your membership will become active on the 1<sup>st</sup> day of the month you selected on your *Membership Enrollment Application*. However your 1<sup>st</sup> *monthly contribution* must be received for your *medical needs* to become *eligible* for member-to-member *sharing*.

## 1.4 Complete and Accurate Medical History

When you apply for membership, you affirm that you (and any qualified *dependents* on your *Membership Enrollment Application*) have met all medical history criteria. If at any time it's discovered

that you did not submit a complete and accurate medical history on your *Membership Enrollment Application*, the assessment process described in the *Membership Enrollment Application* will be applied. This may result in a *retroactive limitation* or denial of your membership. Any *medical needs* resulting from or related to the *auto denial* will not be *eligible* and your membership will be *withdrawn* on the last day of the month in which the *auto denial* was discovered.

## 1.5 Qualified Dependents

Your *dependent* spouse and your unmarried *dependent* child(ren) through the age of 22 may participate in Altrua HealthShare under a *combined membership*, providing they meet the qualification criteria described in the *Membership Enrollment Application* and the *Membership Guidelines*. Newborns who are born into the membership via an *eligible maternity* need are automatically added to your membership without having to meet any criteria in the *Membership Enrollment Application*. You may choose not to add your newborn by logging into your [Member Portal](#) and completing the *Self-Pay Maternity Form*.

As the *Head of Household*, it's your responsibility to ensure that each person participating in your *combined membership* meets and follows the *Statement of Standards* and the *Membership*

*Guidelines.* All dependents over the age of 18 are required to sign the *Membership Commitment Form* within 60 days of receiving the notification. If your unmarried *dependent* child(ren) has an ongoing need on their 23<sup>rd</sup> birthday, their membership participation is extended for an additional 90 days, *monthly contribution* still applies.

If your unmarried *dependent* child(ren) wishes to continue participating in the membership once they no longer qualify to participate under a *combined membership*, they must complete a *Roll Off Membership Enrollment Application* for their own membership based on the qualification criteria stated in the *Membership Enrollment Application*.

## 1.6 Criteria for Dependents without Parent Participation

Children between 1 and 17 years of age may qualify for membership without their parent's mutual participation. If so, the child's parent or guardian must complete and sign the *Membership Enrollment Application* and any associated materials for the child, and is responsible to ensure that all application requirements, *Membership Guidelines*, and *Statement of Standards* are met.

## 1.7 Financial Participation

To maintain an active membership, you must be up-to-date with your financial *commitments*:

- › Submit your annual \$100 renewal fee to Altrua HealthShare (due on the 1<sup>st</sup> day of your membership anniversary month).
- › Make your *monthly contribution* to Altrua HealthShare for member-to-member *sharing* (due on the 1<sup>st</sup> day of each month).
- › Give a \$25 annual donation to Altrua Ministries (due on the 1<sup>st</sup> day of your membership anniversary month).

## 1.8 Monthly Contributions

Your *monthly contributions* are voluntary contributions that are non-refundable. Once your membership is active, if your recurring *monthly contribution* is not received by the 15<sup>th</sup> of a participating month, you will be assessed a \$35 administrative fee and your *medical needs* will remain *eligible* for *sharing* (assuming they meet the eligibility criteria) until the end of that month. You will also be assessed a \$35 administrative fee for any returns by your financial institution. If your *monthly contribution* has not been received by the end of that month, your *medical needs* will become *ineligible* for *sharing* until your past due contribution is received.

If your *monthly contribution* has not been received by the end of the following month (60 consecutive days from the contribution request due date), your effective date of membership withdrawal shall be the last day of the month in which the last *monthly contribution* was received. If your membership is *withdrawn*, you may reapply under the terms defined in the *Membership Enrollment Application*. Your *medical needs* that occur after the effective date of membership withdrawal, and before you reapply for membership, are *ineligible for sharing*.

As a participating *member* of a health care sharing ministry, you remain responsible for all your *medical needs*. Altrua HealthShare is not responsible for any part of your *medical needs*. If the escrow accounts for shared contributions do not provide for the *eligible medical needs* of the members for any particular month, you (and the other participating members) may be asked to share in these *medical needs* with an additional voluntary contribution. To date, Altrua HealthShare has never requested additional contributions from the membership to provide for *sharing in eligible medical needs*.

## 2 Your Rights and Responsibilities

### 2.1 As a *member* of Altrua HealthShare, you have the right to:

- › Receive considerate, courteous service with respect for your dignity and personal privacy
- › Have your medical records and your personal information handled in a confidential manner
- › Receive accurate information in your *Membership Guidelines*
- › Have your *medical needs* processed accurately once your associated documentation has been received
- › Make decisions regarding your health care, whether or not your treatment is *eligible for sharing* by the membership
- › Be informed about eligibility guidelines so that you may make educated choices about your treatment
- › Be informed about available *affiliated* providers and facilities

- › File an appeal regarding a *notice of action* (preauthorization denial or previously processed medical need)
- › File a *grievance* for any reason which caused the *member* to be dissatisfied or regarding a *notice of action*
- › Make recommendations for changes to *Membership Guidelines* as part of the annual process

## 2.2 As a member of Altrua HealthShare, you have the responsibility to:

- › Treat all *licensed medical professionals* and personnel in a courteous manner
- › Maintain respectful and courteous communication with all Altrua HealthShare employees, and accept the proper consequences if you fail to do so
- › Constructively express your opinions, concerns, or complaints to the appropriate people
- › Take charge of your own health, make positive choices, seek appropriate care, and follow your *licensed medical professional's* instructions
- › Communicate openly with your *licensed medical professional* and develop a collaborative relationship based on trust and cooperation
- › Participate in understanding your health problems, and develop goals both you and your *licensed medical professional* can support
- › Provide accurate and pertinent information to your *licensed medical professionals* so they may assess your condition and recommend treatment
- › Ask questions, and be certain that you understand the explanations and instructions you are given
- › Ask questions, and understand the consequences of refusing a recommended medical treatment
- › Understand that refusing treatment may mean that your future *medical needs* will be *ineligible for sharing*
- › Read and understand the *Membership Guidelines*, the *membership limitations*, and which *medical needs* are *eligible or ineligible*
- › Follow the *Membership Guidelines*, and honor the *Statement of Standards*
- › Contact Altrua HealthShare at 1.888.244.3839 if you have questions or need assistance

## 3 Your Commitments

### 3.1 As a member of Altrua HealthShare, you commit to:

- › Behave in accordance with the membership [Statement of Standards](#)
- › Submit a [Membership Enrollment Application](#), providing accurate and truthful information
- › Submit a [Membership Commitment Form](#) each year
- › Make voluntary [monthly contributions](#) to the [member sharing escrow account](#)
- › Acknowledge that Altrua HealthShare has no financial gain or loss in determining if a medical need is [eligible](#) or [ineligible](#), and therefore is the final authority for the interpretation of the [Membership Guidelines](#) (including determining whether [medical needs](#) are [eligible](#) or [ineligible for sharing](#)), and that these conditions are enforceable and binding
- › Submit an annual renewal fee
- › Give an annual donation to Altrua Ministries

## 4 Changing Your Membership

If you would like to change or upgrade your membership, please log into your [Member Portal](#) to complete this change or upgrade by the 25<sup>th</sup> day of the month prior to the month when you'd like the changes to take place. Altrua HealthShare is the sole authority for approval of any membership changes. Once approved, changes will go into effect on the first day of the following month. If you make changes to your membership, any accumulations toward your previous [membership plan MRA](#) will not carry over to your new [membership plan](#).

## 5 Discontinuing Your Membership

If you'd like to discontinue your membership, please log into your [Member Portal](#) to complete the [Membership Cancellation Request Form](#) along with your reason for canceling your Altrua HealthShare membership by the 25<sup>th</sup> day of the month in order to withdraw participation by the end of that month.

Your cancellation will become effective on the last day of the month you requested. Your contributions and *medical needs* will continue to be processed until your requested cancellation date.

If you would like to reinstate your membership at a later date, please complete a re-enrollment *Membership Application* by logging into your [Member Portal](#) or contact Member Services for assistance.

## 6 Sharing of your Eligible Medical Needs

*Monthly contributions* from members are used for member-to-member *sharing of eligible medical needs*.

### 6.1 How To Submit Eligible Medical Needs

To request eligibility for *sharing of your eligible medical needs*, you or your provider must send industry standard billing forms (CMS 1500 and/or the most recent UB form) in accordance with the *medical needs* submission instructions on the back of your current member ID card.

A *Needs Processing Form (NPF)* and medical records may also be required, depending on the nature of your medical need. Log into

your [Member Portal](#) and click the *Needs Processing Form* button to complete your *Needs Processing Form*.

### 6.2 Working With Your Health Care Provider

To help you get the most out your membership, Altrua HealthShare uses an *affiliated* network of providers and facilities whenever possible. Using PHCS network contracted providers assists you in obtaining the maximum value of your membership. PHCS network contracted providers generally offer significant savings thereby lowering both individual *Member Responsibility Amounts* and membership shared amounts. It's best to identify an *affiliated* provider and/or facility in your region before you seek care. To do so, simply go to [www.altruhealthshare.org/resources/affiliated-providers](http://www.altruhealthshare.org/resources/affiliated-providers) or contact the Provider Affiliation department at 1.888.244.3839.

You must present your member ID card to the provider at the time of services for discounts to apply.

If you use a *non-affiliated provider* or facility that also does not accept Altrua HealthShare memberships standard reimbursement option, you will be responsible for 50% of otherwise *eligible* charges, subject to the 1<sup>st</sup>, and then 2<sup>nd</sup> *MRAs*.

If your provider or facility bills you for an amount exceeding the allowed amount for an *eligible* medical need, you may submit a revised bill reflecting the balance for the remaining amount in addition to proof of payment for any applicable *MRA* amounts. The membership will reprocess the *eligible* medical need according to the *Membership Guidelines*.

### 6.3 What To Do When Your Provider Requires Self-Payment

If your provider will not accept the Altrua HealthShare member ID card, please ask if they can apply a self-pay discount. You will only be reimbursed for *eligible medical needs* for the services that were provided. Preauthorization is still required. Itemized statements must include the following information (at a minimum) for Altrua HealthShare to accept them for review:

- › Provider's Name
- › Provider's Tax ID
- › Diagnosis Code (DX)
- › Procedure Code (CPT)
- › *Date of Service* (DOS)
- › Billed Charges

- › Receipt for Proof of Payment

A *Needs Processing Form (NPF)* and medical records may also be required, depending on the nature of your medical need. Log into your [Member Portal](#) and click the *Needs Processing Form* button to complete your *Needs Processing Form*.

### 6.4 Medical Needs Eligible For Sharing

Eligibility is an assessment based upon a number of factors:

- › Member status
- › *Membership plan*
- › Nature of the need
- › *Membership limitations*
- › *Pre-existing conditions*
- › Circumstances causing a medical need to arise
- › Whether or not you've had the required screening tests
- › Whether or not your membership has been in effect beyond the *waiting period* for a particular treatment
- › Timeliness, completeness, and accuracy of your request for eligibility of shared contributions

- › Whether or not *sharing* for your request requires your 1<sup>st</sup>, then 2<sup>nd</sup> *MRA* to be satisfied first
- › Whether or not you have exceeded *sharing limits*

Generally, if all other criteria for eligibility have been met, the following *medical needs* may be *eligible for sharing* depending on your specific *membership plan*:

- › *Office visits*
- › Urgent Care visits
- › *Maternity*
- › *Medically necessary* emergency room visits, tests, and treatments
- › Surgeries
- › Physical therapy associated with *eligible* surgeries or *eligible* accidental injuries
- › Chiropractic care
- › Preauthorized procedures

## 6.5 When Emergency Room Visits Are Eligible For Sharing

For the benefit of all the members, please use the emergency room at the hospital only for serious, and critical issues when time is of great importance to a member's health. Treat non-emergency *medical needs* such as sick *office visits* or wellness visits at a **primary care physician's office or urgent care facility**. When you use the emergency room for a routine medical need, the cost is typically exorbitant, and will not be shared by the membership.

An *emergency* is when treatment that must be rendered to the patient immediately for the alleviation of the sudden onset of an unforeseen illness or injury that, if not treated, would lead to further disability or death.

Eligibility for *sharing* purposes of an emergency room visit will necessarily focus on the member's presenting symptoms rather than the final diagnosis.

Altrua HealthShare will review medical records for your emergency room visits in order to assess eligibility for *sharing*.

## 6.6 When Cancer Medical Needs Are Eligible for Sharing

Cancer diagnosis, pre-cancerous testing, cancer testing, or treatment within the first 12 months of your membership *effective date* are *ineligible for sharing* until your 1<sup>st</sup> year anniversary of membership. In order for your *medical needs* related to the below types of cancer to become *eligible for sharing* after the first year of membership, the following screening is required:

### For Female Members

Female members age 40 and over are required to have a mammogram or ultrasound (these are the only screening options that qualify to meet our requirement for eligibility) and a Pap smear with a pelvic exam every two years from the date of the last negative test result. (If you've had a hysterectomy, a pelvic exam is still required every two years from the date of your last negative exam.) Failure to obtain the biennial tests listed above will render future *medical needs* for breast, cervical, endometrial, and ovarian cancer *ineligible for sharing*. The biennial tests must be performed within 24 months of your last clean test result and submitted to Altrua HealthShare.

Routine mammograms are treated as an *office visit* and the membership will share or allow up to \$500 for this one visit.\*

*Eligible* diagnostic mammograms will be applied to 1<sup>st</sup>, then 2<sup>nd</sup> *MRA*.\* If diagnostic mammogram comes back with a pre-cancerous or cancer diagnosis, then any future *medical needs* would not be *eligible* until your one-year anniversary.

*Medical needs* related to breast, cervical, endometrial or ovarian cancer will be *eligible for sharing* after your first year of membership, providing that Altrua HealthShare receives clean test results dated no earlier than 6 months prior to the membership *effective date*, or, if test results are not available, then one year from the date of clean test results from a medical provider.

### For Male Members

Male members age 50 and over are required to get a PSA (Prostate Specific Antigen) blood test every two years from the date of last negative test result. Failure to obtain the biennial test listed above will render future *medical needs* for prostate cancer *ineligible for sharing*. The biennial tests must be performed within 24 months of your last clean test result and submitted to Altrua HealthShare.

*Medical needs* related to prostate cancer will be *eligible for sharing* after your first year of membership, providing that Altrua HealthShare receives clean test results dated no earlier than 6 months prior to the membership effective date, or, if test results

are not available, then one year from the date of clean test results from a medical provider.

Please notify Altrua HealthShare within 30 days of each and any cancer diagnosis by contacting the Member Services department at 1.888.244.3839 or log into your [Member Portal](#) and complete a [Needs Processing Form](#). If you fail to notify Altrua HealthShare within 30 days of each diagnosis, you will be responsible for 50% of the total allowed charges that remain after your 1<sup>st</sup> then 2<sup>nd</sup> MRAs have been satisfied.

## 6.7 When Preauthorizations are Needed

Some procedures must be preauthorized as [medically necessary](#) prior to receiving your service. Even if your service is preauthorized by Altrua HealthShare, this does not ensure that your medical need is [eligible for sharing](#). Other factors such as membership status, [pre-existing conditions](#), circumstances causing the medical need, and [membership limitations](#) are considered in determining eligibility for [sharing](#).

The [medical needs](#) below are [ineligible for sharing](#) for a minimum of one year from your membership [effective date](#).

The following procedures and services require preauthorization:

- › Cancer or precancerous testing, procedures and treatments
- › Colonoscopy procedures

The [medical needs](#) below are [ineligible for sharing](#) within the first 90 days of your membership [effective date](#) unless the treatment or services were performed during an [eligible](#) emergency room visit for an accidental injury, life-threatening symptom(s), or [eligible](#) surgery that has occurred after the [effective date](#).

- › Advanced imaging (for example, MRI, MRA, CT, or PET scans. Advanced imaging does not apply to routine mammogram screening)
- › Bone density scans
- › Cardiac testing, procedures and treatments
- › EGD (upper endoscopy) procedures
- › EMG/EEG tests
- › Infusion therapy
- › In-office procedures (e.g., joint injection, skin biopsy)
- › Inpatient hospital admissions (unless admitted through ER)
- › Long term care—any and all treatments involved

- › Nuclide studies
- › Ophthalmic surgical procedures
- › Outpatient surgery, testing, and procedures (including pre-admission testing)
- › Sleep studies
- › Ultrasound scans (does not apply to *maternity* or routine mammograms)

To receive a preauthorization number, ask your provider to call the phone number on the back of your current member ID card. Failure to provide a preauthorization number when processing these *medical needs* will render them *ineligible for sharing*.

## 6.8 Case Management

*Case management* (including both care management and cost management) is available for members having significant *medical needs*. Altrua HealthShare offers this support upon *member* request, and automatically for certain medical conditions. Altrua HealthShare may alter or waive normal *Membership Guidelines* provisions when expecting a cost-effective result, without sacrificing the quality of care. The use of *case management* is voluntary for you and qualified *dependents*; however, non-compliance of the *case management's*

recommendation could result in the medical need, or related *medical needs*, to be *ineligible for sharing*.

## 6.9 International Travel Eligibility

All your *medical needs* received outside of the country (for example, while you're on vacation), and that are not related to medical tourism, will be subject to the usual eligibility requirements.

If you are treated outside the United States, your entire itemized *medical needs* details must be translated into English and converted into U.S. dollars. You must review your *medical needs* details and assume responsibility for all *medical needs* as a self-pay patient, then submit your *medical needs* for reimbursement as described in the section above on "What to do when your provider requires self-payment."

Please note that finance charges and currency exchange fees are not *eligible for sharing*.

## 7 Sharing Funeral Needs

If an Altrua HealthShare *member* passes away, there is help to ease the burden for you and your family in your time of grief. *Sharing of*

funeral needs is one more way those in the membership can help care for one another.

If a person's membership was active for 12 consecutive months prior to death, and the official cause of death is deemed *eligible* under *Membership Guidelines*, up to \$5,000 of these final funeral needs are *eligible* for *sharing*, *per household*, *per calendar year*:

- › Embalming
- › Cremation
- › Casket
- › Headstone
- › Burial plot
- › Funeral director's costs
- › Flowers
- › Travel expenses for the member's body

The member's *legal representative* must submit the original proof of payment and a certified copy of the member's death certificate with the official cause of death within 90 days of the member's death to Altrua HealthShare via fax at 512.382.5520, via email at [eligibility@altruahealthshare.org](mailto:eligibility@altruahealthshare.org), or via U.S. mail at PO Box 90849, Austin, TX 78709.

## 8 Sharing Limits and Eligibility

This section lays out various types of *eligible medical needs* and the associated limitations for *sharing* them. If your personal situation requires it, you may receive additional instructions in writing from Altrua HealthShare about other limitations that may apply for your membership.

### 8.1 Specialist Visits and Urgent Care Facilities

Urgent care visits are *eligible* for *sharing* under the *office visit MRA*. Members are allowed six (combined) office, specialist, or urgent care visits each *calendar year*. If you exceed six *office visits* in a *calendar year*, you will be responsible for any charges you incur for the additional visits. These additional visits will not be applied to satisfy your 1<sup>st</sup> then 2<sup>nd</sup> *MRA*, and these charges are *ineligible* for *sharing*.

**Gold** and **Silver** *membership plan* members submit a \$35 *MRA* to the *licensed medical professional*, and the membership will share up to \$300 per *eligible* visit on the member's behalf. *Office visit MRAs* are not applied to the 1<sup>st</sup> or 2<sup>nd</sup> *MRA*.

**Bronze** and **Copper membership plan** members submit the full or discounted charges of the *eligible* medical need to the *licensed medical professional*, and the membership will allow up to \$300 per visit to be applied to the 1<sup>st</sup>, then 2<sup>nd</sup> MRA (*Membership Guidelines* apply).

The *office visit MRA* only applies if the CPT (Current Procedural Terminology) code associated with an *office visit* is applied with an E/M (Evaluation and Management) code. If an *office visit* CPT code is not documented, charges will be applied to the 1<sup>st</sup>, then 2<sup>nd</sup> MRA. *Membership limitations* and *pre-existing conditions* do not apply to *office visits*.

Eligibility guidelines regarding cancer apply.

*Maternity office visits* are considered part of *maternity sharing limit*, therefore *MRAs* do not apply.

## 8.2 Occupational Sharing Limit

This section is subject to all potential sources of coverage, including workers compensation coverage. Injuries from income-producing or work-related injuries will be shared based on *membership plan* per *eligible need per household*, per *calendar year*.

All income-producing or work-related injuries require a drug and alcohol screening to be administered within 24 hours from the time

of the occupational injury. An *Occupational Needs Processing Form* and test results must be received by Altru HealthShare within seven days. You can find the *Occupational Needs Processing Form* at [www.altruhealthshare.org/resources/forms-and-documents](http://www.altruhealthshare.org/resources/forms-and-documents). You must present this form to your provider at the time your test is administered. The drug and alcohol screening fees will apply towards your MRA(s) unless the test results are rendered positive. If the test results received are positive, your occupational need will be *ineligible for sharing* and assessed according to the *Membership Guidelines*.

## 8.3 Recreational Activities Sharing Limit

Injuries from interscholastic, intercollegiate, and community- or church-organized team sports, programs or *extreme sports* will be shared based on *membership plan* per *eligible need per household*, per *calendar year*.

## 8.4 Service-Specific Sharing Limits

### Alternative Medicine

After the initial 12-month *waiting period*, acupuncture, homeopathic treatments, holistic treatments, naturopathic treatments, biofeedback, and neurofeedback are limited to a combined 12 visits per *calendar year per member*. 1<sup>st</sup>, then 2<sup>nd</sup> MRA apply.

## Ambulance

The amount shared for ground transportation will not exceed \$3,000 per incident. *Sharing* for transportation by air will not exceed \$10,000 per incident.

## Laboratory Services

After the initial 90-day *waiting period* (unless it is a required part of a wellness or preventative care visit), all *eligible* laboratory services will be shared up to \$4,000 per *member*, per *calendar year*. 1<sup>st</sup>, then 2<sup>nd</sup> *MRAs* will apply.

## Organ Transplants

*Eligible medical needs* for an organ transplant may be shared up to a maximum of \$150,000 per *member* per lifetime, not to exceed the maximum *sharing limit* of your membership. This includes all costs related to the actual transplant procedure. If you have *medical needs* requiring multiple organ transplants, they will be considered on a case-by-case basis.

## Outpatient Therapy

After the initial 12-month *waiting period*, occupational therapy, speech therapy, physical therapy, home health care, and chiropractic care are limited to a combined 20 visits in a *calendar year*

per *member*. 1<sup>st</sup>, then 2<sup>nd</sup> *MRAs* apply. Services must be rendered by a *licensed medical professional*.

## Overnight Sleep Testing

Sleep studies require preauthorization and are *eligible* for *sharing* but are limited to a single one-night study done in either a facility or at home. If the home study is done but requires additional testing in a facility, it must be due to medical necessity and the request will be subject to review by a *licensed medical professional*.

## Recreational Vehicles

Injuries resulting from using a *recreational vehicle* will be shared up to a maximum of \$10,000 per incident.

A *recreational vehicle* is a licensed or unlicensed motor vehicle operated on land or water (including ATVs, snowmobiles, motorized scooters, boats, and jet skis), or a licensed motor vehicle with less than four wheels (including motorcycles, excluding motor homes, 5<sup>th</sup> wheels, and bumper-pull RVs). The vehicle must be insured by a third party for any *medical needs* to be *eligible* for *sharing*. Altru HealthShare will only consider the *medical needs eligible* for *sharing* once they have already been processed by the liable third party (such as your automobile insurance provider).

You must submit a *Needs Processing Form* before Altrua HealthShare will share on your behalf. 1<sup>st</sup>, then 2<sup>nd</sup> MRAs will apply. You can log into your [Member Portal](#) to complete a *Needs Processing Form*.

## Colonoscopy

If you are age 50 or over, you may have your colonoscopy testing shared one time per year, not to exceed three for your membership lifetime. Exceptions may be made if you are under 50 with a family history of colon cancer, and in this case, you must provide documentation from the referring medical doctor. Colonoscopy screening is *ineligible* for *sharing* within the first 12 months of your membership *effective date*. Pre-existing and limitations do not apply to screening colonoscopy.

## Temporary Long-Term Care

Long term care or skilled nursing facility use is *eligible* for *sharing* if treating an injury or illness. All services must be rendered by a skilled or *licensed medical professional*. Care may not exceed 40 visits or days per *calendar year* and must be preauthorized.

## Wellness/Preventative Visits

Female members age 40 and over and male members age 50 and over are *eligible* for *sharing* of one additional *office visit* to address

required screening tests without having to use one of their six annual *office visits*. The *Membership Guidelines* will apply.

## 8.5 Self-Pay Maternity Sharing

### Maternity Eligibility

A female *member* of Altrua HealthShare is *eligible* for *maternity sharing* when she is married and has been on a **Gold** or **Silver membership plan** (*married individual member* or combined with her spouse or child/children) for 10 consecutive months prior to conception. *Sharing* for *maternity* starts at the time of conception and continues through delivery for both the mother and the newborn.

When a member's pregnancy has been confirmed by a *licensed medical professional*, the *member* must contact Altrua HealthShare to verify eligibility. The *member* must log into your [Member Portal](#) and complete a *Self-Pay Maternity Form*, with all requests for *maternity* reimbursements. When the *member* submits requests for *eligible maternity* reimbursements, the following must be included:

- › Provider's tax ID number
- › Billed amount reflecting self-pay
- › HCFA 1500 or UB-04 form
- › Receipt for proof of payment

If the *member* elects to use a licensed midwife for delivery, Altrua HealthShare requires that the licensed midwife test for group B strep prior to delivery. Any complications to the mother or newborn due to the failure to test for group B strep will make those *medical needs ineligible for sharing*.

Any complications that arise for a mother and infant during an *ineligible pregnancy* will make all related *medical needs as ineligible for sharing*.

*Maternity* benefits do not apply to adoption.

## Maternity Sharing Limits

- ▶ The membership share amounts do not apply to the mother or newborn's 1<sup>st</sup> or 2<sup>nd</sup> *MRA*.
- ▶ For an *eligible* vaginal or cesarean delivery, the membership will share based on the *membership plan* per pregnancy.
- ▶ *Maternity sharing* for miscarriages are limited to the same *sharing* amount per *member* per *calendar year* based on the *membership plan*.
- ▶ Congenital birth defects for a newborn under an *eligible maternity* has a maximum *sharing* limit of \$50,000 per *calendar year* subject to 1<sup>st</sup> then 2<sup>nd</sup> *MRA*.

- ▶ **Bronze** and **Copper** members' *medical needs* relating to *maternity* are *ineligible* for *sharing*. If a **Bronze** or **Copper** *member* desires to conceive and wants *maternity* to be *eligible*, she must upgrade her membership to a *married individual member* or *combined membership* on a **Gold** or **Silver** membership a minimum of 10 consecutive months prior to conception.

## 1. COMPLICATIONS DURING PREGNANCY

A complication of pregnancy is a disease or condition that is distinct from pregnancy but is adversely affected or caused by pregnancy and occurs during the pregnancy and not just at the time of labor or delivery. Complications that threaten the life of the mother and child that require care or services not normally rendered during pregnancy will be subject to *medical review* and apply towards the mother's *MRAs*.

Complications of pregnancy such as false labor, occasional spotting, *licensed medical professional*-prescribed rest during the pregnancy, and comparable severity associated with management of a difficult pregnancy will apply to the *maternity sharing limits*.

## 2. COMPLICATIONS DURING DELIVERY

Any life-threatening complications for the newborn during and after the delivery will be subject to the *eligible* child's 1<sup>st</sup>, then 2<sup>nd</sup>

MRAs. Any life-threatening complication for the mother will be reviewed under her 1<sup>st</sup>, then 2<sup>nd</sup> MRAs. The *maternity sharing limit* will cease to apply, and the *medical needs* will apply to the 1<sup>st</sup>, then 2<sup>nd</sup> MRAs. An internal review of medical records will be required.

### 3. HOW MATERNITY APPLIES TO THE NEWBORN

An *eligible maternity* for the mother will result in the newborn being *eligible* as a *dependent* on the membership. While the newborn is in the hospital and not under life-threatening circumstances, the *maternity sharing limits* apply.

The newborn will be automatically added to the membership when born. Any membership changes as a result of the newborn that would increase the member's *monthly contribution* amount will be incurred the month the newborn is delivered.

If a *member* does not wish to have their newborn automatically enrolled in the membership, the *member* must notify Altrua HealthShare immediately by selecting the option on the *Self-Pay Maternity Form* and submitting the request to Altrua HealthShare before the newborn is 30 days old. Additional contribution amounts will not be refunded for failure to comply with this requirement.

If the *member* chooses not to have the newborn auto-enrolled, but at a later date, desires for the infant or child to be added to

their membership, the infant or child will be subject to the *Add-On Membership Enrollment Application* process, and the *member* may apply on behalf of the infant or child once the infant or child is over 30 days old. All provisions of the *Membership Enrollment Application* process will apply.

If the *medical needs* relating to *maternity* are *ineligible* for *sharing*, the newborn will be subject to the *Add-On Membership Enrollment Application* process and the *member* may apply on behalf of the infant or child once the infant or child is over 30 days old. All provisions of the *Membership Enrollment Application* process will apply.

## 9 Ineligible Medical Needs

All *medical needs* described in this section are *ineligible* for *sharing* under the *Escrow Instructions*.

### 9.1 Ineligible medical needs related to your *Membership Enrollment Application*:

- 01 Any illness, injury, or condition for which there is a *membership limitation* indicated on the *Membership Enrollment Application*

- 02 Any illness, injury or condition (or associated *medical needs*) for which you are aware of, but fail to disclose on your *Membership Enrollment Application*

## 9.2 Medical needs that require a waiting period for eligibility:

### Not *eligible* in the first 12 months

- › Any cancer diagnosis, pre-cancerous testing (except for mammograms, pap smears, and PSA tests), or cancer treatment within the first 12 months of your membership *effective date*
- › Chiropractic care within the first 12 months of your membership *effective date*
- › Occupational, physical therapy and speech therapy (unless it's associated with an *eligible* surgery or *eligible* accidental injury) within the first 12 months of your membership *effective date*
- › Cataracts and/or glaucoma diagnostic testing or surgery within the first 12 months of your *effective date*
- › Any *medical needs* regarding the female reproductive system, resulting from post-menopausal symptoms

or complications will not be *eligible* within the first 12 months of your *effective date*

- › Alternative medicine within the first 12 months of your membership *effective date*

### Maternity

*Sharing for maternity* needs requires 10 months of active consecutive membership prior to conception, subject to *membership plan*.

#### ***INELIGIBLE MEDICAL NEEDS RELATING TO MATERNITY:***

- 01 Circumcisions resulting from an *ineligible maternity* (as defined by being on a *combined membership* less than 10 consecutive month prior to conception)
- 02 Congenital birth defects for anyone not born under an *eligible maternity*

### Not *eligible* within the first 90 days:

Any medical need that requires preauthorization within the first 90 days of your membership *effective date* is *not eligible*. See Section 6.7 When Preauthorizations are Needed for a list and exceptions.

### 9.3 Ineligible medical needs due to a possible conflict of interest:

Any medical services obtained from any family member including but not limited to yourself, father, mother, aunt, uncle, grandparent, sibling, cousin, dependent or any in-laws

### 9.4 Ineligible medical needs due to carelessness or failure to plan:

- › Any subsequent illness or injury caused by your failure to follow a plan of treatment
- › Second surgeries on previously eligible surgical medical needs, unless you have unexpected and unprovoked complications, or your provider has established (prior to your initial surgery) that one or more follow-up surgeries will be needed to fulfill the treatment of your condition
- › Adenoid removal surgery, if you have had a prior surgery to remove tonsils and your adenoids were not removed at the same time while an Altrua HealthShare Member
- › Medical needs you or your provider submit for sharing more than 6 months after the date you received service

- › Requested documentation you or your provider submit for sharing more than 6 months after the date it was requested (Needs Processing Form, medical records, etc.)
- › Emergency room visits resulting from your failure to follow medical advice or treatment.

### 9.5 Ineligible experimental treatments or not approved by an accepted authority:

Procedures or treatments that are not recognized or approved by the American Medical Association (AMA) or the US Food and Drug Administration (FDA) (This includes procedures not approved by the AMA or FDA for a given application, procedures still in clinical trials, and procedures that are classified as experimental or unproven interventions and therapies.)

### 9.6 Ineligible non-essential medical needs:

- › Use of emergency room for non-urgent medical needs (unless treatment at an emergency room is the only legitimate option because of the severity of the condition and lack of availability of treatment at an alternative facility)
- › Treatment that is not medically necessary or appropriate (as determined by a licensed medical professional)

- › Over the counter medications
- › Inpatient hospital stays exceeding 60 consecutive days per *calendar year*
- › Long term care or other care that does not treat an illness or injury (e.g., custodial care)
- › Transportation (such as by ambulance) for conditions that are non-life threatening

## 9.7 Ineligible medical needs arising from lifestyle or choices:

Any *medical needs* that are caused by lifestyles, choices, or activities that conflict with the *Statement of Standards* are *ineligible* for *sharing*. Examples include:

- › Abortion or abortion counseling, except in the case of a threat to the mother's life
- › Illnesses arising from tobacco use
- › Drug screening and nicotine testing, in the event results come back positive
- › Sexually transmitted diseases (STDs) including HIV. Exceptions include innocent transmission via

transfusion, rape (reported to law enforcement), work-related needle stick or sex within marriage

- › Birth control consultation, as well as any birth control measures to prevent conception (e.g., IUD, injectables, patch)
- › Illness or injury due to excessive use of alcohol, including intentional excessive consumption of alcohol
- › Illness or injury due to illegal or recreational drug use
- › Use of any form of cannabis, including CBD, regardless of whether it has been prescribed by a medical professional
- › *Maternity* resulting from adultery or sexual relations outside of marriage
- › Illness or injury due to any medication (over-the-counter or prescription) intentionally taken in excess of the instructions.
- › Self-inflicted or intentional injuries
- › Illness or injury caused by illegal activities
- › Diseases caused by tattoos, body piercing, or lifestyle choices. (This includes HIV/AIDs and STDs)

## 9.8 Other ineligible discretionary medical needs include:

- › Elective cosmetic surgery

- › Breast implants (placement, replacement or removal) and complications related to breast implants (except as an *eligible* cancer treatment plan)
- › Infertility testing or treatment
- › Risk assessment testing, including but not limited to genetic testing and counseling
- › Sterilizations or reversals, even if life-threatening (e.g., vasectomy, tubal ligation)
- › Sexual dysfunction services
- › Hormone therapy for both men and women
- › Hysterectomy (unless deemed *medically necessary* by a licensed physician)
- › Obesity (as defined as exceeding the Altru HealthShare height/weight requirements and any complication relating to that diagnosis)
- › Weight control and management (including nutritional counseling for weight loss, weight gain or health maintenance), even if related to a medical condition
- › Allergy testing and immunotherapy treatment
- › Chelation therapy
- › Drug testing (unless required by membership)

- › Medical tourism
- › Injuries arising from use of personal aircraft, and any other aircraft not operated by a commercially licensed public carrier

## 9.9 Ineligible psychological medical needs:

These *ineligible medical needs* include counseling, testing, treatment, medication and hospitalization to address:

- › Mental or psychiatric health
- › Learning disabilities
- › Developmental delays
- › Autism
- › Behavioral disorders
- › Eating disorders
- › Neuropsychological disorders
- › Alcohol/substance abuse
- › Attention deficit or hyperactivity disorders
- › Other psychological conditions

### 9.10 Other ineligible medical needs:

- › Medical needs arising from Acts of War
- › Medical needs arising from exposure to nuclear fuel, explosives, or waste

### 9.11 Ineligible equipment medical needs:

Purchase or rental of durable or reusable equipment or devices (and associated supplies) are ineligible for sharing. This includes, but is not limited to:

- › Oxygen
- › Orthotics
- › Prosthetics
- › External braces
- › Hearing aids

### 9.12 Ineligible miscellaneous charges:

- › Handling charges
- › Conveyance fees
- › STAT fees
- › Shipping and handling fees

- › Administration fees
- › Missed appointment fees
- › Telephone/email consultations not part of the telemedicine program
- › After-hour fees
- › Finance charges and/or currency exchange

### 9.13 Ineligible dental medical needs:

Dental services and procedures are ineligible for sharing. This includes, but is not limited to:

- › Periodontics
- › Orthodontics
- › Temporomandibular joint disorder (TMJ)
- › Orthognathic surgery
- › Charges for dental work done under general anesthesia

### 9.14 Ineligible vision medical needs:

Vision services and procedures are ineligible for sharing. This includes, but is not limited to:

- › Optometry

- › Glasses
- › Contacts
- › Supplies
- › Vision therapy
- › Refraction services
- › Optometrist *office visits*

## 9.15 Ineligible hearing medical needs:

Hearing services and procedures are *ineligible for sharing*. This includes, but is not limited to:

- › Comprehensive hearing evaluation
- › Tinnitus evaluation and treatment
- › Counseling and rehabilitation for hearing loss
- › Home testing and services

## 10 Coordination of Sharing

If your *medical needs* are covered by other resources such as health insurance, Medicare, Medicaid, Veteran Affairs benefits, Tricare,

private grants, or by a liable third party such as employer liability, workers compensation, auto insurance or home owners insurance (with a minimum Personal Injury Protection of \$10,000), your *MRAs* and *member sharing* will apply after any discounts or third-party payments are made.

If it is later discovered that your medical need is paid for (or found to be covered) by another institutional source, third party or subrogation, Altrua HealthShare has full rights to recover all *member* contributions amounts that were shared on your behalf by the membership.

Altrua HealthShare asks that all members cooperate and assist the membership in determining whether your medical need is discountable or payable by another party. If our request for additional information or verification is not responded to within 60 days, your *medical needs* will become *ineligible for sharing*.

### 10.1 Medicare

If you become *eligible* for Medicare Part A and/or Part B (whether due to disability or age) please notify Altrua HealthShare via phone at 1.888.244.3839, via fax at 1.512.382.5520, or via email at [medical-needs@altruahealthshare.org](mailto:medical-needs@altruahealthshare.org) and provide a copy of your Medicare Certificate of Coverage before your coverage begins.

If you qualify for Medicare Part A and/or B and you currently participate in a *combined membership*, your membership will change to an individual membership with you as the *Head of Household* if your spouse is younger than 65. If your spouse and you share the same birth month and birth year, your membership will remain a *combined membership*. If you do not qualify for Medicare Part A and/or Part B, you are still *eligible* to remain on your current membership (60–64 *monthly contribution* amount applies).

*Membership Guidelines* apply. Please log into your [Member Portal](#) to see the current *monthly contribution* amounts.

Only existing members who turn 65 on the membership will be *eligible* for this membership *sharing* option. The *Membership Guidelines* still apply with an Explanation of Benefits (EOB) from Medicare.

## 10.2 Other Health Coverage (OHC)

Altrua HealthShare will only share on *eligible medical needs* after they have been addressed by your other health coverage. If you cancel or begin other health coverage, you must notify Altrua HealthShare via phone at 1.888.244.3839, via fax at 1.512.382.5520, or via email at [medicalneeds@altruhealthshare.org](mailto:medicalneeds@altruhealthshare.org). Proof of coverage and the Explanation of Benefits (EOB) from

your other carrier is required before the membership will share your *eligible* medical need.

# 11 Appeals and Grievances

## 11.1 How to File an Appeal if a Medical Need is Denied

Although there are no contractual promises for *sharing member* contributions, it's still important to be sure that Altrua HealthShare is administering shared contributions as described here in the *Membership Guidelines* and in accordance with the *Escrow Instructions*.

If you are a *member* and your medical need is denied for *sharing* under the *Membership Guidelines*, please use the following procedure to ask that your request be reconsidered.

- 01 Call Altrua HealthShare at 1.888.244.3839 and speak with a Member Services Representative. Most situations can be resolved with a simple phone call. Your representative will try to resolve your matter within 10 business days.
- 02 If this representative finds that your request is still *ineligible* for *sharing* according to the *Membership Guidelines*,

you may submit a formal appeal. Please be prepared to address one or more of the following questions.

- › What information does Altrua HealthShare have that is either incomplete or incorrect?
  - › In your opinion, how has Altrua HealthShare misinterpreted the information that they have about your request?
  - › Which provision of the Altrua HealthShare *Membership Guidelines* do you believe is being applied incorrectly?
- 03 Submit your appeal within 90 days of the denial date from your original request. The Appeals Board (a random selection of five peers who share the same *membership plan*) will review your appeal and make a final determination. A formal appeal may take up to 30 days from the time five willing participants have been determined.

## 11.2 Grievances

Altrua HealthShare is committed to providing the highest level of service by collaborating with its members and creating an open environment of communication in which members or their representatives feel comfortable expressing a *grievance* related to the quality of service provided to them. These issues will be addressed in a timely, fair, and thorough manner. Altrua HealthShare strives to ensure that quality services are given to our members. If a *member*,

family *member*, or visitor believes that they did not receive quality services, Altrua HealthShare will address those concerns and take appropriate action as necessary.

### How to File a Grievance

The Member Services department ensures that members have the opportunity to fully express a *grievance*.

- 01 Members may file a written *grievance*, including supporting documentation, if any, with the Member Services department by mail, fax or email.
- 02 You should receive acknowledgment of your *grievance* from Member Services. Appropriate action as necessary will be taken and you will be informed.



# Privacy Practices





## 12 Your Privacy and Confidentiality

### 12.1 Confidentiality

Altru HealthShare and its health partners are required to safeguard the confidentiality and accuracy of *member* records that identify a particular *member*, including both medical documents and enrollment information. Specific *member* information will not be disclosed outside the organization without specific authorization from the *member*.

## 12.2 Member Rights and Responsibilities

Altrua HealthShare provides to its members information regarding Member Rights and Responsibilities which are designed to educate members about their rights and responsibilities concerning their health care needs and the services they receive

Members have a right to be protected against unauthorized disclosure and use of information pertaining to them. This right shall be protected by a presumption against disclosure and applies to all settings. The procedure for the handling and flow of medical records, reports, and other written materials throughout the organization shall ensure that these records, reports, and materials are at no time accessible to unauthorized persons or entities. Member's explicitly or implicitly identifiable health and enrollment information shall not be released unless:

- 01 Written consent, either routine or special, from the *member* has been obtained; or
- 02 Release of information is authorized by law; or
- 03 When there is a valid membership-related, plan-related, or health-related need to know by a person whose job description or position in Altrua HealthShare has the authority to request and evaluate any member-specific issues.

## 12.3 Routine Consent

Upon enrollment, each *member* will sign a routine consent statement. Routine consents permit Altrua HealthShare, or its contracted associates, to obtain and use the member's protected confidential health information for the purposes related to treatment, payment, or health care operations. Routine consent does not include permission to obtain or use protected health information that is protected by law, such as a member's psychotherapy notes.

## 12.4 Authorization/Special Consent

To the extent that *member* information is to be used outside the scope of a routine consent, the *member*, or their *legal representative*, prior to the use and/or disclosure of that information must sign an authorization/special consent form. The form must document:

- 01 The protected class of confidential *member* health information to be obtained
- 02 The purpose for which the information will be used
- 03 The duration the authorization/special consent is in effect
- 04 A copy of the consent form must be kept in the member's account for a minimum of six years.

**NOTE** Psychotherapy notes always require an authorization/special consent for use and release. Other categories of records that may

require an authorization/special consent for use and release include but are not limited to medical records related to the treatment of a mental illness, results of genetic testing and blood tests for HIV.

## 12.5 Members Unable to Give Consent

For members unable to give consent, their health care facility or provider must state how it determines the individual who may authorize the release of information, authorize the member's care and treatment, and have access to information about the member.

## 12.6 Providing Access to Confidential Member Health Information

Members may access their confidential health information (including medical records) at any time by contacting their health care facility or provider directly or by using their [Member Portal](#) as it relates to *medical needs* or *member* contributions. Members must be given the opportunity to review their medical records in a timely fashion. The provider has a right under certain circumstances to deny access to medical records if the provider believes release of the records will cause substantial harm to the member or another person.

Confidential health information is not to be sent or received by fax equipment that is shared by parties not authorized to have access to the information or is not dedicated for use by authorized parties, unless arrangements have been made to verify that the intended party receives the information and removes it from the fax equipment immediately.

## 12.7 Employer Groups and Purchasers

Individual member data will not be shared with employers, even self-insured employers, unless required by law or pursuant to and authorized by special member consent.



# Glossary of Terms

Use these definitions to better understand some of the terminology contained within the *Altrua HealthShare Membership Enrollment Application and Membership Guidelines*.





## Definitions

### A

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**ACKNOWLEDGEMENTS** Your agreement that you understand and accept all of the statements and conditions described in the *Acknowledgements* section of the Altru HealthShare *Membership Enrollment Application*.

**AUTO DENIAL** A medical condition that would render you *ineligible* to join the membership or if later discovered would render you ineligible to remain an *active member*.

## B

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**BALANCE BILL** A practice in which doctors or other health care providers bill you for charges that exceed the allowed amount.

## C

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**CALENDAR YEAR** A calendar year is January 1<sup>st</sup> through December 31<sup>st</sup> of each year.

**CASE MANAGEMENT** A collaborative process available by Altrua HealthShare to help you assess your eligibility, and to assist you with planning, choosing, and coordinating your best possible care.

**COMBINED MEMBERSHIP** A *member* plus one or more qualified *dependents* participating in Altrua HealthShare under the same membership.

**COMMITMENTS** The requirements you acknowledge you must follow in order to maintain an *active membership* in Altrua HealthShare. Please see *Membership Forms* on page 49.

**COMPLAINANT** Also referred to as a grievant, a complainant is the person who filed the *grievance*, including the *member*, a representative designated by the *member*, or other individual with authority to act on behalf of the *member*.

## D

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**DATE OF SERVICE (DOS)** The date medical services were provided to you.

**DEPENDENT** Your spouse and/or any of your unmarried children (by birth, legal adoption, or marriage) through the age of 22, whom you've included on your *Membership Enrollment Application*.

## E

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**EFFECTIVE DATE** The date your membership begins.

**ELIGIBLE** A status indicating that you have met the conditions that qualify for *sharing* as described in the *Membership Guidelines*, and your *medical needs* fall within the *sharing limits*.

**EMERGENCY** An emergency is defined as treatment that must be rendered to the patient immediately for the alleviation of the sudden onset of an unforeseen illness or injury that, if not treated, would lead to further disability or death.

**ENROLLMENT DATE** The date when Altrua HealthShare receives your completed *Membership Enrollment Application*.

**EOS (EXPLANATION OF SHARING)** A statement sent to you and your providers once your *sharing of medical needs* have been processed, are pending, or are denied. This statement specifies the amount you owe—your *Member Responsibility Amount (MRA)*—and the amounts that were shared by the membership.

**ESCROW INSTRUCTIONS** Authorized detailed instructions given to Altrua HealthShare to manage the membership escrow account as the escrow agent.

**EXTREME SPORTS** Activities perceived as having a high level of danger, often involving speed, height, a high level of physical exertion, and specialized gear.

## G

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**GRIEVANCE** A written or oral expression of dissatisfaction regarding the membership or the *membership plan* and may include a complaint, dispute, request for reconsideration or appeal made by a *member* or the member's representative to Altrua HealthShare.

**GRIEVANCE INTAKE FORM** A form used to handle a member's written or oral expression of dissatisfaction regarding the membership or their *membership plan*.

## H

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**HEAD OF HOUSEHOLD** The oldest participating *member* in your *household*, whether you're an individual *member* with no *dependents*, a husband or father, a wife or mother, or a child.

**HOUSEHOLD** If you're an individual *member* with no *dependents*, it's you. If you're a *member* or a *dependent*, it's the members of your family group who have been accepted to a *combined membership*.

## I

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**INELIGIBLE** A status indicating that you have failed to meet the conditions that qualify for *sharing* as described in the *Membership Guidelines*, or that your *medical needs* do not fall within the *sharing limits*.

## L

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**LEGAL REPRESENTATIVE** Any adult who has decision-making capacity and who is willing to act on behalf of a *member*. A legal representative would include an individual who has authority, by law or by agreement from the individual receiving treatment, to act in the place of the individual. This includes parents, legal

guardians or properly appointed agents, such as those identified in Power of Attorney documents, or individuals designated by state law.

**LICENSED MEDICAL PROFESSIONAL** An individual who has successfully completed a prescribed program of study in a health care field and who has obtained a license to practice in that field. Some examples of *licensed medical professionals* are doctors, nurses, chiropractors, physical therapists, and physician assistants.

- a. **AFFILIATED** An indication that your health care facility or *licensed medical professional* has been approved by Altrua HealthShare to receive shared contributions for your *eligible medical needs*.
- b. **NON-AFFILIATED PROVIDER** A health care provider that is not part of the Altrua HealthShare network nor an *affiliated* provider, nor one that accepts Medicare plus 50% reimbursement.

## M

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**MATERNITY** A mother's or child's *medical needs* relating to prenatal care and newborn delivery, including routine hospital

expenses for your newborn child. Please see *Membership Forms* on page 49.

**MEDICAL NEEDS** Charges or expenses for medical services that are provided to you by a facility or by a *licensed medical professional* to address your illnesses, accidents, injuries, or routine *medical needs*.

**MEDICAL REVIEW** The process by which *licensed medical professionals* review medical records to make eligibility determinations in accordance with the *Membership Guidelines*.

**MEDICALLY NECESSARY** A service, procedure, or medication that is necessary to restore or maintain your physical health in the most cost-effective way.

**MEMBER** A person or persons enrolled in the Altrua HealthShare membership (whether you are the *member* or a qualified *dependent*)

- a. **ACTIVE MEMBER** Your status when you have met all membership obligations, providing you remain *eligible* for *sharing of medical needs*.
- b. **INACTIVE MEMBER** Your status when you have failed to meet membership obligations, making you *ineligible* for *sharing of medical needs*.

- c. **MARRIED INDIVIDUAL MEMBER** Your status when you have met all membership requirements to qualify for an *eligible maternity* with proof of marriage certificate.

**MEMBER APPEAL** A request to reconsider an initial denial decision of clinical services that were requested but had not yet occurred.

**MEMBER PORTAL** Your personal online membership access where you can manage your membership.

**MEMBER RESPONSIBILITY AMOUNT (MRA)** The portion of an *eligible* medical need that does not qualify for *sharing* and that is your obligation to pay.

- a. **FIRST MEMBER RESPONSIBILITY AMOUNT (1ST MRA)** The amount you are responsible for before the membership shares in *eligible medical needs*.
- b. **SECOND MEMBER RESPONSIBILITY AMOUNT (2<sup>ND</sup> MRA)** The percentage you are responsible for paying after the *First Member Responsibility Amount (1<sup>st</sup> MRA)* is met. The membership shares simultaneously in your *eligible medical needs* as your *2<sup>nd</sup> MRA* is being met.
- c. **OFFICE VISIT MRA/URGENT CARE MRA** A contribution of \$35 that is applicable for **Gold** or **Silver membership plans**, before membership *sharing* takes place.

**MEMBERSHIP ENROLLMENT APPLICATION** An electronic application that you must complete to enroll in Altrua HealthShare for membership. This electronic form looks at the 10 years of medical history prior to your *Membership Enrollment Date*. You will be notified of any *membership limitations* based on the completion of the medical history questionnaire provided at enrollment. Any information not disclosed during the enrollment process could result in a retroactive *membership limitation* or denial of your membership.

**MEMBERSHIP FORMS** An electronic form used by the membership.

- a. **MEMBERSHIP CANCELLATION REQUEST FORM** An electronic form you must complete and provide to Altrua HealthShare in order to cancel your membership.
- b. **MEMBERSHIP COMMITMENT FORM** An electronic form you must complete and provide annually to Altrua HealthShare to demonstrate your commitment to the membership, *Acknowledgements*, *Statement of Standards*, *Commitments* and the *Escrow Instructions*
- c. **MEMBERSHIP NEEDS PROCESSING FORM (NPF)** An electronic form you must complete and provide to Altrua HealthShare to request eligibility for *sharing* of your *medical needs*.

- d. **MEMBERSHIP UPDATE FORM** An electronic form you must complete and provide to Altrua HealthShare when details of your membership change.

**MEMBERSHIP GUIDELINES** Your reference for acknowledging your *commitments*, assessing your *eligible* and *ineligible medical needs*, and understanding how contributions are shared in accordance with the *Escrow Instructions*.

**MEMBERSHIP LIMITATION** A two-to five-year *waiting period* on the eligibility for *sharing of medical needs*, or associated medical conditions, *eligible for sharing*. An associated condition is one that is caused directly and primarily by the medical condition that is specifically *ineligible*. The *membership limitation* is issued during the application process and may be subject to medical record review.

- a. **RETROACTIVE LIMITATION** A two-to five-year *waiting period* on the eligibility for *sharing of medical needs* or associated *medical needs for an illness* or medical condition for which you have received medical advice or treatment at any time during the 10-year look back period preceding your membership *effective date*. This limitation will be retroactive to your membership *effective date* because you failed to disclose it on the *Membership Enrollment Application*.

**MEMBERSHIP PLAN** **Gold, Silver, Bronze or Copper** *sharing options* that are available with different *Member Responsibility Amount (MRAs)* and *sharing limits*, as selected and approved on your *Membership Enrollment Application*.

**MONTHLY CONTRIBUTIONS** The money you contribute each month for *sharing* among the Altrua HealthShare members.

## N

**NOTICE OF ACTION (NOA)** A formal letter telling members that a medical service or medical need has been denied, deferred, or modified (such as a denial letter).

## O

**OFFICE VISIT** A visit to a doctor's office or urgent care facility to address your illness, your specialty medical need, your *emergency*, or to obtain your preventative care (for example, when you schedule a wellness visit).

## P

**PRE-EXISTING CONDITION** An illness or medical condition for which you have received medical advice or treatment at any

time during the time frame specified in the medical history questionnaire on your *Membership Enrollment Application* preceding your *effective date*.

## R

**RECREATIONAL VEHICLE** A licensed or unlicensed motor vehicle operated on land or water, or a licensed motor vehicle with less than four wheels.

## S

**SHARING** The process in which the membership shares on *eligible medical needs*.

**SHARING LIMITS** The amount(s) the membership will share on your behalf.

- a. **ANNUAL LIMIT** The maximum amount shared for *eligible medical needs per member*, each *calendar year*. The *calendar year* starts on January 1<sup>st</sup> and continues through December 31<sup>st</sup>.
- b. **LIFETIME LIMIT** The maximum amount shared for *eligible medical needs* over your lifetime of membership.

**STATEMENT OF STANDARDS** The religious and moral philosophy that you agree to live by during your membership.

## T

**TELEMEDICINE** A program that allows you to access remote medical services via real-time, two-way communication with a contracted network of third-party *telemedicine* providers.

## U

**USUAL, CUSTOMARY, AND RESPONSIBLE (UCR)** The allowed amount for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service.

## W

**WAITING PERIOD** A period of time from the membership *effective date* that a *member* must wait before specific *medical needs* are *eligible* for *sharing*.

**WITHDRAWN** When a membership is cancelled upon your request or when you've failed to meet your membership obligations.

**EFFECTIVE DATE**

January 1<sup>st</sup>, 2019



## Contact Information

For general information, help with your membership, *monthly contribution*, or *medical needs*, please contact us.



**PHONE**

**1.888.244.3839**

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**EMAIL**

memberservices@altruhealthshare.org

**FAX**

1.512.382.5520

**ONLINE**

www.altruhealthshare.org

**MAIL**

P.O. Box 90849, Austin, TX 78709-0849





## Altrua Ministries

*Loving God While Serving People*

Dear Member,

Altrua Ministries wants to tell you how excited we are that you are now part of the Altrua Ministries family. Not only have you secured your place with a world-class healthcare sharing community, but also with a ministry that is ready and willing to stand alongside you and your family as we walk through life together.

Here is some of how we get that accomplished:

### **PRAYER SUPPORT**

We're here to pray with you for your healing. We believe without compromise the Word of God. Because of that, we stand on faith with you for your healing. You can submit a prayer request at any time through our website at [www.am.family](http://www.am.family) or by email at [prayer@am.family](mailto:prayer@am.family). We'd love to have you as part of our Prayer Team, and you can join online at [www.am.family](http://www.am.family) by clicking on "Prayer" and "Join the Family"!

### **PRAYER BLASTS**

When you call in for a prayer request regarding a medical need or support for a serious illness/procedure that requires preauthorization, Altrua Ministries will be notified, and an email blast will be sent out weekly to all the members asking them to join in prayer for healing. We keep everything confidential, but we believe in the power of prayer as a community.

### **YOUR 60 SECOND ENCOURAGEMENT**

Whether you are going through a hard day, week, month or season, we send out a weekly encouragement based on the Word to inspire you to stay in the fight. Regardless of what you're dealing with, Altrua Ministries believes it will be a blessing to your life as you receive these each week.

### **DIVING DEEPER SERIES**

For those of you who like to study, we provide a monthly series about the Word of God. It's an opportunity to really dive deep into the Word to study and learn more about the Word together.

### **SUPPORT YOUR WHY**

Do you have a dream that you've always wanted to accomplish? The "Support Your Why" may be an excellent venue to accomplish that. Altrua Ministries believes in giving back and this is a great way to do that. To learn more, please visit [www.am.family](http://www.am.family) and click on "Support Your Why".

### **SOCIAL MEDIA**

Be sure to connect with us through Instagram, Facebook, Twitter and YouTube @altruaministries for daily encouragement.

We have that and so much more on our website at [www.am.family](http://www.am.family). Be sure to check the Altrua Ministries page often and bookmark it. In the meantime, if we can help you with anything, please don't hesitate to call us at 800.597.1183.

With our warmest blessings,

**Dr. Kevin Hull**

**DIRECTOR OF MINISTRIES**

*Caring for One Another* 

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