

# Altrua HealthShare



Established in 1999, Altrua Ministries, dba Altrua HealthShare, is a 501(c)(3) recognized Health Care Sharing Ministry (HCSM) under The Patient Protection and Affordable Care Act.

Altrua HealthShare is NOT insurance

Instead a recognized Health Care Sharing Ministry (HCSM). Members of Altrua HealthShare are exempt from the shared responsibility payment (penalty) mandated by The Patient Protection and Affordable Care Act.



Altrua HealthShare is a nationwide faith-based membership of dynamic individuals and families who share in each other's medical needs by heeding scripture calling on believers to bear the burdens of others.





# 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.



# Medical Conditions Subject to Automatic Denial

Alzheimer's Disease

Autism Spectrum Disorder

Cancer

Cholera

Chronic Kidney Disease

COPD

Cystic Fibrosis

Dementia

Diabetes Type1

Spina Bifida

Down's Syndrome

Emphysema

Fragile X Syndrom

Hepatitis (Chronic Viral B & C)

AIDS/HIV

Muscular Dystrophy

Parkinson's Disease

Schizophrenia, Paranoia or Psychosis

Typhoid

Sickle-Cell Disease

*Please note: If applicant says they currently are in remission, no longer have related health conditions or cured of medical conditions listed above, confirmation in writing will be required by their physician, as part of their medical records.*

# Height/Weight Guidelines

FEMALE		MONTHLY CONTRIBUTION INCREASE			
Height	Weight (lb.)	\$15.00	\$30.00	\$45.00	\$60.00
4' 10"		150-159	160-169	170-179	180-189
4' 11"		155-164	165-174	175-184	185-194
5' 0"		160-169	170-179	180-189	190-199
5' 1"		165-174	175-184	185-194	195-204
5' 2"		170-179	180-189	190-199	200-209
5' 3"		175-184	185-194	195-204	205-214
5' 4"		180-189	190-199	200-209	210-219
5' 5"		185-194	195-204	205-214	215-224
5' 6"		190-199	200-209	210-219	220-229
5' 7"		195-204	205-214	215-224	225-234
5' 8"		200-209	210-219	220-229	230-239
5' 9"		205-214	215-224	225-234	235-244
5' 10"		210-219	220-229	230-239	240-249
5' 11"	215-224	225-234	235-244	245-254	
6' 0"	220-229	230-239	240-249	250-259	
6' 1"	225-234	235-244	245-254	255-264	
6' 2"	230-239	240-249	250-259	260-269	
6' 3"	235-244	245-254	255-264	265-274	
6' 4"	240-249	250-259	260-269	270-279	
6' 5"	245-254	255-264	265-274	275-284	
6' 6"	250-259	260-269	270-279	280-289	
6' 7"	255-264	265-274	275-284	285-294	
6' 8"	260-269	270-279	280-289	290-299	

MALE		MONTHLY CONTRIBUTION INCREASE			
Height	Weight (lb.)	\$15.00	\$30.00	\$45.00	\$60.00
4' 10"		130-139	140-149	150-159	160-169
4' 11"		145-154	155-164	165-174	175-184
5' 0"		170-179	180-189	190-199	200-209
5' 1"		175-184	185-194	195-204	205-214
5' 2"		180-189	190-199	200-209	210-219
5' 3"		185-194	195-204	205-214	215-224
5' 4"		190-199	200-209	210-219	220-229
5' 5"		195-204	205-214	215-224	225-234
5' 6"		200-209	210-219	220-229	230-239
5' 7"		205-214	215-224	225-234	235-244
5' 8"		210-219	220-229	230-239	240-249
5' 9"		215-224	225-234	235-244	245-254
5' 10"		220-229	230-239	240-249	250-259
5' 11"	225-234	235-244	245-254	255-264	
6' 0"	230-239	240-249	250-259	260-269	
6' 1"	235-244	245-254	255-264	265-274	
6' 2"	240-249	250-259	260-269	270-279	
6' 3"	245-254	255-264	265-274	275-284	
6' 4"	250-259	260-269	270-279	280-289	
6' 5"	255-264	265-274	275-284	285-294	
6' 6"	260-269	270-279	280-289	290-299	
6' 7"	265-274	275-284	285-294	295-304	
6' 8"	270-279	280-289	290-299	300-309	

### Notes

- › Applicants whose weight exceeds the \$60.00 increase limit are not eligible for the membership.
- › If at anytime Altrua HealthShare is notified that your weight has increased or was submitted incorrectly, a height/weight increase will be added to your monthly contribution.
- › Altrua HealthShare offers a health and wellness program to assist prospective applicants with meeting and maintaining the required membership Height/Weight Guidelines.

## Altrua Membership Types

Membership Type	Gold	Silver	Bronze
1 <sup>st</sup> MRA*	\$500 per person per calendar year	\$1,000 per person per calendar year	\$1,500 per person per calendar year
2 <sup>nd</sup> MRA* Affiliated Provider and Hospitals	25% of the next \$10,000	25% of the next \$10,000	25% of the next \$10,000
Office Visits MRA* <u>Includes Urgent Care</u> 6 visits per Calendar year**	Included up to \$300 per visit with a \$35 MRA for Affiliated Providers	Included up to \$300 per visit with a \$35 MRA for Affiliated Providers**	Not Available
Telemedicine	Unlimited Usage	Unlimited Usage	Unlimited Usage
Wellness	10 Mental Health, Nutrition and wellness consultation annually	10 Mental Health, Nutrition and wellness consultation annually	10 Mental Health, Nutrition and wellness consultation annually
Maternity	\$7000 for couples meeting Maternity Requirements	\$5000 for couples meeting Maternity Requirements	Not Available
Prescriptions- Generic and Name Brand	Prescription Program Service Magellan RX	Prescription Program Service Magellan RX	Prescription Program Service Magellan RX
Annual Maximum Limit	Not Applicable	Not Applicable	\$250,000
Lifetime Maximum Limit	\$2,000,000	\$1,000,000	\$1,000,000

\*Member Responsibility Amount (Out of Pocket)

\*\*Females 40 and older/Males 50 and older get 1 additional office visit for wellness screenings

**Affiliated Provider: PHCS network [www.multiplan.com](http://www.multiplan.com)**

(Limitations & Pre-X do not apply to office visits)

## Monthly Contribution Request for Altrua Standard

GOLD			
Age	Single	Member+1	Family
0-39	\$269.00	\$403.00	\$538.00
40-49	\$296.00	\$444.00	\$605.00
50-59	\$363.00	\$625.00	\$740.00
60-64	\$470.00	\$820.00	\$874.00
65+	N/A	N/A	N/A
SILVER			
Age	Single	Member+1	Family
0-39	\$242.00	\$376.00	\$504.00
40-49	\$269.00	\$417.00	\$551.00
50-59	\$336.00	\$578.00	\$672.00
60-64	\$403.00	\$740.00	\$806.00
65+	N/A	N/A	N/A
BRONZE			
Age	Single	Member+1	Family
0-39	\$135.00	\$269.00	\$370.00
40-49	\$202.00	\$302.00	\$403.00
50-59	\$269.00	\$470.00	\$504.00
60-64	\$336.00	\$605.00	\$672.00
65+	N/A	N/A	N/A

If your family is larger than five, add \$50 more for each additional family member. If husband and wife are both participating, "head-of-household" is based on the older spouse's age.

## Altrua Copper Plan (\$7,500 MRA)

- No age banding for Copper Membership
- \$100 application fee for Copper Membership. Ministry Fee of \$25 and annual membership fee of \$100 applies to Copper Membership
- Dependents over 20 must apply for individual plan
- All eligibility, guidelines and Statement of Standards apply
- ❖ Each additional member is \$50 per month

	Single	Member + 1	Member +2*
Monthly Membership Contribution	\$100.00	\$150.00	\$200.00
1 <sup>st</sup> MRA	\$7,500 per member per calendar year	\$7,500 per member per calendar year	\$7,500 per member per calendar year
Annual Maximum Limit	\$150,000 per member	\$150,000 per member	\$150,000 per member
Office visit/Urgent Care	Maximum \$300 counts toward MRA or Shared	Maximum \$300 counts toward MRA or Shared	Maximum \$300 counts toward MRA or Shared
Telemedicine	Unlimited Usage	Unlimited Usage	Unlimited Usage
Wellness	10 Mental Health, Nutrition and wellness consultation	10 Mental Health, Nutrition and wellness consultation	10 Mental Health, Nutrition and wellness consultation
Maternity	n/a	n/a	n/a
Lifetime Maximum Limit	\$1,000,000	\$1,000,000	\$1,000,000
Prescription discount plan Magellan RX	Name Brand and Generic	Name Brand and Generic	Name Brand and Generic

# Financial Participation – Overview

- – Annual membership contribution - \$100
- – Altrua Ministries donation - \$25 – currently
- – Monthly membership type contribution





# Automatic Sharing Limitations

**1. *Any pre-existing condition will have at least a 24 month waiting period before eligible for sharing (Does not apply to Doctor Visits)***

**2. *CANCER will not be covered for the first 12 months of membership. In particular Breast Cancer, Cervical Cancer, and Prostate Cancer will have a 12 month waiting period from the date Altrua receives annual exam results proving member is cancer free. Men over 50 required to submit PSA results, Women 40 and older required to submit Mammogram and Well Women exam results***

# Sharing Limits

- \* **Organ Transplant Limit** – Eligible needs may be shared to a maximum of \$150,000 per member not to exceed the maximum sharing limit per membership type.
- \* **Pre-notification for non-emergency surgery, procedure or test** – The member must have the procedures or services pre-authorized as medically necessary prior to receiving the service. Failure to comply with this requirement will render the service not eligible for sharing.
- \* **ER Visits, Emergency Surgery, Procedure or Test: Non-emergent** use of the emergency room is **NOT** eligible of sharing. Medical records will be reviewed for ALL ER visits to determine eligibility. 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 that, if not treated would lead to further disability or death.
- \* **Eligibility for Cancer Needs** – In order for needs related to cancer of any type to be eligible, the member must meet the following requirements.
  - \* The member is required to contact Altrua within 30 days of the diagnosis. If the member fails at this, the member will be responsible for 50% of the total allowed charges after the MRA (s) has been assessed to the member.
  - \* Early detection provides the best chance for successful treatment and in the most cost effective manner. Members age 40 and older are required to receive appropriate screening tests bi-annually, mammograms and gynecological tests for women and PSA testing for men. Failure to do these will render future needs for breast cancer, cervical cancer or prostate cancer ineligible for sharing.

*For a complete description of limits please see the membership booklet*

# Sharing Limits continued

## **\*Occupational Sharing Limits (available 2019)**

- Total eligible needs shared from escrowed funds are limited as defined in this section and as further limited in writing to the individual member

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 Altrua HealthShare within seven days. You can find the Occupational Needs Processing Form at [www.altruahealthshare.org/resources/forms-and-documents](http://www.altruahealthshare.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.

- **Gold Plan- \$15,000 maximum share amount per household per calendar year.**
- **Silver Plan- \$10,000 maximum share amount per household per calendar year.**
- **Bronze and Copper Plans- Altrua will NOT share.**

*For a complete description of limits please see the membership booklet*

# Sharing Limits continued

- Total eligible needs shared from escrowed funds are limited as defined in this section and as further limited in writing to the individual member
- **Recreational Activities Share** -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.
  - **Gold Plan- \$25,000 maximum share amount per household per calendar year.**
  - **Silver Plan- \$15,000 maximum share amount per household per calendar year.**
  - **Bronze and Copper Plans- Altrua will NOT share.**
- **Recreational Vehicles** – Injuries resulting from a recreational vehicle will be shared up to a **maximum of \$10,000.00 per need.** A Needs Processing Form is required before Altrua HealthShare will share on the member's behalf. A recreational vehicle is a licensed or unlicensed motor vehicle operated on land or water (including ATVs, snowmobiles, motorized scooters, boats, jet skis, etc.) 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's operator(s) must be insured by a third party for any needs to be eligible. Altrua HealthShare will only consider the needs eligible once they have been processed by the liable third party.

*For a complete description of limits please see the membership booklet*



# Sharing Limits continued

- **Maternity** – 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.
  - Gold Plan- \$7,000 maximum for a member plus spouse membership. \$3,500 for individual only membership (Must show proof of marriage).
  - Silver Plan- \$5,000 maximum for a member plus spouse membership. \$2,500 for individual only membership (Must show proof of marriage).

*For a complete description of limits please see the membership booklet*

# *Legal Disclaimers*

Altrua HealthShare is a faith-based medical-need sharing membership. Medical needs are only shared by the members according to the membership guidelines. Our members agree to the Statement of Standards and voluntarily submit monthly contributions into an escrow account with Altrua HealthShare acting as a neutral escrow agent between members. Organizations like ours have been operating successfully for years. We are including the following caveat for all to consider.

This publication or membership is not issued by an insurance company, nor is it offered through an insurance company. This publication or the membership does not guarantee or promise that your eligible medical needs will be shared by the membership. This publication or the membership should never be considered as a substitute for an insurance policy. If the publication or the membership is unable to share in all or part of your eligible medical needs, or whether or not this membership continues to operate, you will remain financially liable for any and all unpaid medical needs. This is not a legally binding agreement to reimburse any member for medical needs a member may incur, but is instead, an opportunity for members to care for one another in a time of need, to present their medical needs to other members as outlined in the membership guidelines. The financial assistance members receive will come from other members' monthly contributions that are placed in an escrow account, not from Altrua HealthShare.

## Legal Notice Concerning Altrua HealthShare

Altrua Ministry or Altrua HealthShare (AHS) is not insurance or an insurance policy nor is it offered through an insurance company. Neither is Altrua Ministry or Altrua HealthShare (AHS) a discount healthcare program nor a discount health card program. Whether anyone chooses to assist you with your medical needs will be totally voluntary, as neither Altrua Ministry nor Altrua HealthShare (AHS) nor any other member is liable for or may be compelled to make the payment of your medical needs. Altrua Ministries or Altrua HealthShare (AHS) should never be considered to be insurance. Whether you receive any amounts for medical needs and whether or not Altrua Ministries or Altrua HealthShare (AHS) continues to operate, you are always personally responsible for the payment of your own medical needs. Altrua Ministries or Altrua HealthShare (AHS) is not subject to the regulatory requirements or consumer protections of your particular State's Insurance Code or Statutes.

# Legal Disclaimers

## Arizona Residents

THE ORGANIZATION FACILITATING THE SHARING OF MEDICAL EXPENSES IS NOT AN INSURANCE COMPANY AND THE MINISTRY'S GUIDELINES AND PLAN OF OPERATION ARE NOT AN INSURANCE POLICY. WHETHER ANYONE CHOOSES TO ASSIST YOU WITH YOUR MEDICAL BILLS WILL BE COMPLETELY VOLUNTARY BECAUSE PARTICIPANTS ARE NOT COMPELLED BY LAW TO CONTRIBUTE TOWARD YOUR MEDICAL BILLS. THEREFORE, PARTICIPATION IN THE MINISTRY OR A SUBSCRIPTION TO ANY OF ITS DOCUMENTS SHOULD NOT BE CONSIDERED TO BE INSURANCE. REGARDLESS OF WHETHER YOU RECEIVE ANY PAYMENT FOR MEDICAL EXPENSES OR WHETHER THIS MINISTRY CONTINUES TO OPERATE, YOU ARE ALWAYS PERSONALLY RESPONSIBLE FOR THE PAYMENT OF YOUR OWN MEDICAL BILLS.

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THE ORGANIZATION FACILITATING THE SHARING OF MEDICAL EXPENSES IS NOT AN INSURANCE COMPANY, AND NEITHER ITS GUIDELINES NOR PLAN OF OPERATION IS AN INSURANCE POLICY. WHETHER ANYONE CHOOSES TO ASSIST YOU WITH YOUR MEDICAL BILLS WILL BE TOTALLY VOLUNTARY BECAUSE NO OTHER PARTICIPANT WILL BE COMPELLED BY LAW TO CONTRIBUTE TOWARD YOUR MEDICAL BILLS. AS SUCH, PARTICIPATION IN THE ORGANIZATION OR A SUBSCRIPTION TO ANY OF ITS DOCUMENTS SHOULD NEVER BE CONSIDERED TO BE INSURANCE. REGARDLESS OF WHETHER YOU RECEIVE ANY PAYMENT FOR MEDICAL EXPENSES OR WHETHER THIS ORGANIZATION CONTINUES TO OPERATE, YOU ARE ALWAYS PERSONALLY RESPONSIBLE FOR THE PAYMENT OF YOUR OWN MEDICAL BILLS.

## Texas Residents

THIS HEALTH CARE SHARING MINISTRY FACILITATES THE SHARING OF MEDICAL EXPENSES AND IS NOT AN INSURANCE COMPANY, AND NEITHER ITS GUIDELINES NOR ITS PLAN OF OPERATION IS AN INSURANCE POLICY. WHETHER ANYONE CHOOSES TO ASSIST YOU WITH YOUR MEDICAL BILLS WILL BE TOTALLY VOLUNTARY BECAUSE NO OTHER PARTICIPANT WILL BE COMPELLED BY LAW TO CONTRIBUTE TOWARD YOUR MEDICAL BILLS. AS SUCH, PARTICIPATION IN THE MINISTRY OR A SUBSCRIPTION TO ANY OF ITS DOCUMENTS SHOULD NEVER BE CONSIDERED TO BE INSURANCE. REGARDLESS OF WHETHER YOU RECEIVE ANY PAYMENT FOR MEDICAL EXPENSES OR WHETHER THIS MINISTRY CONTINUES TO OPERATE, YOU ARE ALWAYS PERSONALLY RESPONSIBLE FOR THE PAYMENT OF YOUR OWN MEDICAL BILLS. COMPLAINTS CONCERNING THIS HEALTH CARE SHARING MINISTRY MAY BE REPORTED TO THE OFFICE OF THE TEXAS ATTORNEY GENERAL.